

# Towards a comprehensive national strategy for deinstitutionalisation/care transformation for Ukrainian children

*Results and recommendations from a five-day DI strategic planning workshop held in April and May 2023*

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## Partners, authors and contributors

The five days of exchanging lessons learned and strategic planning were organised as a partnership between: the Ministry of Social Policy, Ukraine, the Office of the President of Ukraine, the Ministry of Health, the Ministry of Education, the Ukrainian Child Rights Network, UNICEF, the European Disability Forum (EDF), Save the Children Ukraine, Hope and Homes for Children Ukraine, SOS Children's Villages Ukraine and Lumos Ukraine.

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# 1. Introduction

## 1.1 Background and purpose

Before the full-scale invasion by Russia in February, 2022, Ukraine had one of the highest rates of child institutionalisation in Europe. A significant percentage of these children – probably the majority – have disabilities.<sup>1</sup> Institutionalisation has been proven to be inherently harmful for all children, but babies and children with disabilities are at the highest risk of harm.<sup>2</sup>

Moreover, since the war began, institutionalised children have been at a heightened risk of various forms of harm compared with their peers raised in families.<sup>3</sup> In addition, the hardships caused by war – internal displacement and seeking refugee abroad; loss of property; loss of income; trauma; increase in single-headed households; increase in acquired disability due to war-related injuries, inter alia – considerably raises the risk of family separation. Greater pressure on already stretched social and community services is, therefore, likely to lead to increased institutionalisation of children.

These factors have highlighted the need to prioritise transforming the systems of care, health and education for children, even during this time of war. The Ukrainian government should be congratulated for treating this as a priority and moving forward the development of plans to transform the system of care.

As part of this process, the Ukrainian Ministry of Social Policy joined forces with a broad range of civil society actors to facilitate five days of learning and intensive strategic planning on deinstitutionalisation, during April and May, 2023.

These planning days aimed to:

- identify and learn from best practices, as well as from challenges, in care transformation, learning from the experience of government and civil society experts from Ukraine and other European countries
- apply those learnings to the current situation in Ukraine, to outline a roadmap to achieve comprehensive, high-quality, sustainable care transformation, delivered at scale; and
- identify and develop action plans to address the most pressing immediate priorities for children at the highest risk of harm, in the context of the war.

The sessions were attended by more than one hundred people, including: representatives of: the Office of the President of Ukraine; the European Commission Delegation to Ukraine; the Ministries of Health, Education and Social Policy; the National Social Service; UNICEF and a broad range of civil society organisations including, the Ukrainian child Rights Network (UCRN), the European Disability Forum (EDF), Family for Every Child, Hope and Homes for Children, Lumos, Save the Children Ukraine, SOS Children’s Villages. The session was also attended by ten young people with lived experience of institutionalisation, three of whom have disabilities

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<sup>1</sup> As in many countries, there is some confusion over exact numbers and characteristics of children in institutions. This issue is considered in some detail in Section 4.

<sup>2</sup> See the Lancet Commission on Institutionalisation and Deinstitutionalisation (2020).

<https://www.thelancet.com/commissions/deinstitutionalisation>

<sup>3</sup> This issue is covered in detail in Section 6

and several of whom come from areas of the country severely affected by the war, including Mariupol and Bucha. These young people participated in – and brought their unique insights to – all aspects of the strategic planning process. The sessions also heard from experts from Bulgaria, Moldova, North Macedonia and Romania who provided the lessons from their own experiences of care transformation.

Ukraine has embarked upon several programmes of deinstitutionalisation over the past two decades – registering considerable success, as well as facing significant challenges. This strategic planning process learns from those challenges and seeks to build on previous successes.

This document presents the key findings and recommendations from those five days of exchange of ideas and strategic planning. It is hoped that these recommendations will inform the government’s strategic planning process, as well as providing insight for donors to inform their priorities. It was the express wish of all participants that this should be the ‘final push’ to achieve complete care transformation – and end the institutionalisation of children in Ukraine for good.

## 1.2 The harm caused by institutionalisation

An estimated 5.4 million children<sup>4</sup> worldwide live in residential institutions and so-called orphanages that deny them their human rights and that cannot meet their needs.<sup>5</sup> More than 80% of these children are not orphans and have at least one living parent.<sup>6</sup> Around the world, children are placed in institutionalised care because their parents face extreme poverty; because the children have physical and intellectual disabilities; or because they are from socially excluded groups.<sup>7</sup>

Almost one hundred 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 suffer life-long physical and psychological harm as a consequence.<sup>8</sup> The harmful impact of institutionalisation was proven definitively by the Lancet Commission in 2020.<sup>9</sup>

Babies in particular fail to develop as they should without one-to-one parental interaction, and

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<sup>4</sup> Invisible Children, visible harm: the scale and effects of child institutionalisation. (2020) Lumos. <https://www.wearelumos.org/resources/invisible-children-visible-harms/>

<sup>5</sup> ‘Institutional care’ is understood to be any residential care where institutional culture prevails. The size of the institution matters, but is not the only defining feature. Children are isolated from the broader community and/or compelled to live together. These children do not have sufficient control over their lives and over decisions which affect them. The requirements of the organisation itself tend to take precedence over the children’s individual needs. This usually includes large residential units (more than 10 children) but also smaller units with strict regimes, units for children who have committed minor offences, residential health facilities, and residential special schools. Mulheir G, ‘Deinstitutionalisation: A Human Rights Priority for Children with Disabilities’, Equal Rights Review, Volume Nine, 2012.

<sup>6</sup> Csáky, C. (2009) Keeping Children Out of Harmful Institutions: Why we should be investing in family-based care London, UK: Save the Children. p7. Better Care Network. (2009). Global facts about orphanages.

<sup>7</sup> Faith to Action Initiative. (2014). Children, Orphanages, and Families: A summary of research to help guide faith-based action. pp6-7.

<sup>8</sup> Berens, A. & Nelson, C. (2015) The science of early adversity: is there a role for large institutions in the care of vulnerable children? The Lancet. 2015. [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61131-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61131-4/abstract)

<sup>9</sup> The Lancet Commission on Institutionalisation and Deinstitutionalisation (2020). <https://www.thelancet.com/commissions/deinstitutionalisation>

research demonstrates the severe impact of institutionalisation on early brain development. According to numerous studies,<sup>10</sup> children who remain in institutions after the age of six months often face severe developmental impairment, including mental and physical delays. They are likely to suffer from poor health, physical under-development and a deterioration in brain growth.<sup>11</sup>

For children with disabilities, the situation is even worse. They require close, sustained adult engagement to help them to develop – including such skills as learning to eat properly. One study that looked at more than 30 European countries, found that of children under three years of age who were discharged from institutions, 28% of disabled children were in fact ‘discharged’ because they had died.<sup>12</sup> This mortality rate was 100 times higher than for children without disabilities.

For children who do survive institutionalisation, future life chances are extremely poor. Statistics in Russia showed outcomes for young adults leaving the institutional care system: 1 in 3 become homeless;<sup>13</sup> 1 in 5 committed crimes; 1 in 7 became involved in prostitution, 1 in 10 committed suicide.<sup>14</sup>

The European Union has also recognised the harm caused by institutionalisation. With the introduction of an ex-ante conditionality on social inclusion (9: 9.1.) in the Regulation 1303/2013, one of whose investment priorities includes “...the transition from institutional to community-based services”, it effectively prohibits the use of European Structural and Investment Funds (ESIF) for the maintenance or renovation of existing, and the construction of new, large residential institutional settings. This also encourages Member States to prioritise programmes that support the transition to community-based services.

The prevalence of physical and sexual abuse in institutional care is higher than in other forms of care, even in countries where institutional care is better resourced with smaller facilities.<sup>15</sup> Institutionalisation can lead to attachment disorders, cognitive and developmental delays, and a lack of social and life skills, limiting the life chances of children who grow up in institutions and leading to multiple disadvantages during adulthood.<sup>16</sup> Institutions are not a suitable

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<sup>10</sup> Michael Rutter (1998), Development catch-up, and Deficit, Following Adoption after Severe Global Early Privation, *Journal of Child Psychology and Psychiatry*, 39 (4).

<http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=10487&fileId=S0021963098002236>

<sup>11</sup> Marshall, P.J. & Fox, N.J. (2004), A Comparison of the Electroencephalogram between Institutionalized and Community Children in Romania, *Journal of Cognitive Neuroscience*.

<sup>12</sup> Browne, Kevin, C. E. & Hamilton-Giachritsis, R. (2005), Mapping the number and characteristics of children under three in institutions across Europe at risk of harm. Birmingham: Birmingham University Press (in collaboration with EU/WHO), p22.

<sup>13</sup> Holm-Hansen, J., Kristofersen, L., Myrvold, T., Orphans in Russia. Norwegian Institute for Urban and Regional Research, 2003:1. Tobis, D., Moving from Residential Institutions to Community Based Social Services in Central and Eastern Europe and the Former Soviet Union, World Bank, 2000, p33.

<sup>14</sup> Pashkina, N. (2001). *Sotsial'noe obespechenie*, 11: 42-45. As cited in: Fedulova, A.B. & Firsov, M.V. (2003). Orphans in Russia. Norwegian Institute for Urban and Regional Research, p83. <http://www.nibr.no/filer/2003-1.pdf> [accessed 25 August 2015].

<sup>15</sup> Behal, N., Cusworth, L., Wade, J. et al. (2014). Keeping Children Safe: Allegations Concerning the Abuse or Neglect of Children in Care. <http://www.york.ac.uk/inst/spru/research/pdf/Abuseincare.pdf> [accessed 2 May 2018]; Euser, S., Alink, LR., Tharner, A., et al. (2014). The prevalence of child sexual abuse in out-of-home care: a comparison between abuse in residential and in foster care. *Child Maltreatment*.

<sup>16</sup> 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) ; Csáky, C. (2009). op. cit, p7. ; Delap, E. (2011). Scaling

care option for any child, including unaccompanied migrant, asylum-seeking and refugee children.<sup>17</sup>

Family and community-based care has the potential to better meet unaccompanied migrant, asylum-seeking and refugee children's needs based on individual considerations including age, gender and background, and to help them integrate into the community.<sup>18</sup>

### 1.3 Structure of this document

This document is not a strategy. Instead, it addresses the key areas of action required to achieve high-quality, sustainable care transformation at scale. Each area is structured as follows:

- A summary of the challenges outlined by the participants
- A summary of best practice in addressing these challenges
- Participants' recommendations on applying those best practices in Ukraine
- Recommended priority actions.

### 1.4 Definitions, scope and scale of the challenge

One of the challenges faced in developing a strategy for care transformation is firstly understanding the size and shape of the problem. Different sets of data are being used by different actors to define how many children usually live in institutions in Ukraine. This is not unusual – many countries struggle to provide definitive data on institutionalisation. These discrepancies usually relate to several issues:

- institutions are divided among different ministries, as well as authorities at central, regional and local level
- there is often no centralised authority that collects data systematically; and, crucially
- There are disagreements over the definition of institutionalisation. Without an agreed definition it is impossible to collect the right data.

The participants found similar challenges continue to exist in Ukraine. However, with the support of the SURGe project, over the past year, the National Social Service (NSS) has made an admirable attempt to collect and collate all relevant data on children living in institutions. This is presented in some detail in Section 4.

#### **Definition of institutionalisation**

Participants agreed there is a need to define institutionalisation in Ukraine. Learning from the experience of other countries, it was agreed to use the definition of institutionalisation accepted in Europe.

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Down: Reducing, Reshaping and Improving Residential Care Around the World. Positive Care Choices cited in: Csáky, C. (2014) Why Care Matters: The impact of care on children and on society. Family for Every Child: London

<sup>17</sup> UNHCR, UNICEF and IRC (2017) op. cit

<sup>18</sup> Nidos, SALAR, CHTB, (2015) Reception and Living in Families-Overview of family-based reception for unaccompanied minors in EU Member States. Available at: <http://www.scepnetwork.org/images/21/276.pdf>



According to the report of the European Expert Group on the Transition from Institutional to Community-based Care (EEG), An institution is a form of residential care where the people living there are compelled to live together in a facility that demonstrates an ‘institutional culture’. Characteristics of an institutional culture include: residents are segregated and isolated from the broader community; facilities operate regimes that are depersonalised, rigid and implement block treatment; and the requirements of the institution take precedence over individual needs.<sup>19</sup>

Children’s institutions have additional characteristics, specifically harmful to children. The Global Study on Children Deprived of Liberty provides a helpful description of these characteristics: “Evidence shows that institutions are **often characterized by living arrangements that are inherently harmful to children**. The characteristics include but are not limited to: separation and isolation from families and the wider community; forced co-habitation; depersonalisation; lack of individual care and love; instability of caregiver relationships; lack of caregiver responsiveness; lack of self-determination; and fixed routines not tailored to the child’s needs and preferences. The most egregious and direct forms of deprivation of liberty include solitary confinement, physical restraints and forced medication. Conditions in institutions are often characterized by violence, sexual abuse and neglect, amounting to inhuman and degrading treatment.

“Research for the study and the Independent Expert’s first-hand experience, as a former Special Rapporteur on torture, clearly indicate that **children should not be institutionalized to receive care, protection, education, rehabilitation or treatment, as it cannot substitute for the benefits of growing up in a family or in a family-type setting within the community**. This need for deinstitutionalization has already been expressed by States, when adopting the Guidelines for the Alternative Care of Children (General Assembly resolution 64/142) in 2009.”<sup>20</sup> (Emphasis added).

This approach to defining the institutionalisation of children informed the strategic planning undertaken by the participants.

It should be noted that participants emphasised the need, therefore, to address **all** children living in institutions – including those in residential schools and sanatoria. It was understood that this requires the development of a broad range of community-based services, including health and education services, to make complete deinstitutionalisation happen. Therefore, it was important that the process be seen as being about **more than reforming the care system**.

Discussions regarding whether to call the process deinstitutionalisation, care transformation or another title did not reach an agreed conclusion. However, all participants affirmed that agreeing the scope and content of the reform process was more important than agreeing on a name.

All key stages of the process were included in the strategic planning days and this document summarises recommendations regarding each of those stages.

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<sup>19</sup> <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=614&furtherNews=yes>

<sup>20</sup> UN Global Study on Children Deprived of Liberty (2019) <https://www.ohchr.org/en/treaty-bodies/crc/united-nations-global-study-children-deprived-liberty>

## 1.5 A brief history of care transformation in Ukraine

Like most of the former Soviet Union and Central and Eastern European countries that lived under the communist system, care systems were highly institutionalised until the revolutions of 1989 – 1990.

The following table summarises key stages in the process of reforming institutional care in Ukraine.<sup>21</sup>

1987 - 1989	Family type children's homes began. First legal documents on family type children's homes (the first alternative to institutional care across Soviet countries).
1990s	Law adopted on children in special institutions
2000s	Law for social workers for children, families, and youth adopted. Legislative documents to prevent children from entering institutions
2004	New provisions for family type children's homes began and adoption began
2005	Survey conducted in children in family type children's homes; limit enacted regarding the number of children in of family type children's homes. New law for social protection for children without parental care
2007	Resolution to reform institutions for children without parental care. The process of closing these types of orphanages began
2009	Publicity on institutions under the ministry of social policy
2012	National strategy of prevention of social orphanages. Attempt to decrease the number of children going to orphanages. New position created – specialist in social work
2014	Pilot project on DI with the support of World Bank. Foundation of DI throughout Ukraine
2016	Patronage services started across Ukraine. Ten-year DI strategy created. DI started in 5 regions
2017	National office for Deinstitutionalisation created. Legislative documents drafted as a result
2018	National office for DI abolished
2019	DI suspended, except in one region
2021	2 <sup>nd</sup> stage of DI was to start but did not. Temporary commission for investigation began regarding the violation of children's rights in the DI process.
2022	Results of the commission published

### Key points for moving forward.

This history demonstrates that some progress has been made, although there were challenges and some errors. The process to date has built a foundation upon which the new DI strategy

<sup>21</sup> This research was carried out by Mariya Yasenovska of EDF.

should be built. There are many people working in public bodies, as well as experts in civil society who can take forward this work.

However, there is still an absence of a cohesive national policy on children's rights and the process of DI is not well-understood among all policy-makers and professionals responsible for reforming systems of care, health and education.

## 1.6 Successes and challenges in care transformation in Ukraine

The following is a summary of a presentation made regarding successes and challenges in the DI process in Ukraine.<sup>22</sup>

In the beginning of 2021, a needs assessment was carried out in five pilot regions for families that had children returned to them during the COVID-19 pandemic. An analysis of reforms was completed in each region.

We found that not every region had a specific plan in place. Some regions were found to have good results when plans were adopted by the regional council. In some cases, plans were adopted by heads of regional state administration, whose personnel change frequently. This created problems with implementation.

Mapping and counting of children were completed through partner organizations. Regular data was collected on children in institutions. These efforts showed that the number of institutionalized children has not changed.

Unfortunately, we have not adopted terminology around deinstitutionalization and do not have a legal definition of DI. This has created confusion and contributes to a lack of public understanding.

Based on our surveys, the following are the main reasons families placed children into institutional care:

- Social reasons
- Poverty
- Disability
- Absence of services at community level

In the past, positive progress was due to political will and the joined-up efforts of different ministries, NGOs, and local partners. Without professionals and experts committed to this process, progress would have been impossible.

In our research, we found that only 30% of what was expected in the first stage of the strategy was actually implemented. This made it difficult to proceed to the second stage.

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<sup>22</sup> This presentation was made by Mariya Yasenovska of EDF and Marianna Onufryk, the Deputy Chair of UCRN, who formerly worked in the government's DI Project Office.

## 1.7 Findings of the Temporary Investigative Commission on DI of the Ukrainian Parliament

This Commission was established in 2021 to consider challenges and errors in the deinstitutionalisation process. The following is a brief summary of the TIC's findings and recommendations.

*The Temporary Investigative Commission of the Verkhovna Rada of Ukraine on the Investigation of Cases and Causes of Violation of the Rights of the Child during the Decentralization of Powers on Child Protection, Reform of the Institutional Care and Education System, Implementation of the Child's Right to Family Education and Adoption, Development (Modernization) of Social Services (hereinafter referred to as the Temporary Investigative Commission), established in accordance with the Resolution of the Verkhovna Rada of Ukraine [No. 1251-IX](#) on February 18, 2021, found a variety of mistakes during the investigation, and came to the following conclusions and recommendations:*

- *The activities were only partially implemented; therefore, the results are unreliable.*
- *Execution, control, and coordination are headed by the Minister of Social Policy of Ukraine. The Deputy Prime Minister of Ukraine should be Chairman of this Council in order to guarantee objectivity and balanced decision making.*
- *Decentralization reform should ensure the implementation of a full range of measures at the local level.*
- *It is necessary to develop and implement an effective mechanism for inter-agency coordination of actions to achieve the desired goals and objectives.*
- *Financial mechanisms should be developed to ensure the reform of the system and the development of services to support children and families.*
- *All norms of international law should be taken into account when forming state policy.*
- *Ensure professional knowledge and compliance for civil servants involved in child protection through periodic recertification.*
- *Children's policy should be measured by both quantitative and qualitative indicators.*
- *Deinstitutionalisation should not harm children and must always take into account the best interest of the children. Where this is not upheld, perpetrators should be brought to justice.*
- *When calculating the expediency of the liquidation of institutions, the costs the state incurred for the reconstruction of the institution should be taken into account along with the current costs of its maintenance.*
- *Children's rights should be ensured in social protection institutions, including the right to education.*
- *The state must maintain and educate orphans and children deprived of parental care as provided for in [Art. 52](#) of the Constitution of Ukraine.*
- *Moving forward, loan funds should be used efficiently so as not to accrue interest.*
- *Moving forward, data systems on payments and services should be integrated.*
- *The Ukrainian Social Investment Fund (USIF) should be used appropriately with careful coordination of projects among ministries. Quantity and quality of community services should be monitored.*
- *Comprehensive services should be developed for children in conflict with the law.*
- *The Ministry of Social Policy should take necessary measures to recruit new foster families and family-type homes.*

- *The Ministry of Social Policy should monitor the effectiveness and general policy on adoption issues, including the activities of local executive authorities. The Ministry should develop a system to ensure all adoption documentation is secure.*
- *The database “Children” should be updated to ensure functionality.*
- *The need to adopt a Strategy for the Development of Education of Children with Special Educational Needs is urgent, as a separate Strategy for the Development of Inclusive Education will not take into account the interests of all categories of children with special educational needs, who should have the right to choose between different forms of education.*
- *Reliable educational statistics must be reported in order for the Ministry of Education and Science of Ukraine to form an effective policy.*
- *The Cabinet of Ministers of Ukraine and the Budget Committee should provide the costs of allocating state subvention to communities for the development of social services "Physical support for persons with disabilities who have musculoskeletal disorders and move on wheelchairs, with intellectual, sensory, physical, motor, mental and behavioral disorders", "sign language translation" and "support during inclusive learning" in the State Budget of Ukraine for 2023.*
- *The activities of the National Social Service for the Protection of Children's Rights should include both formal issues and real care for the fate of children.*
- *Violations occurring during the implementation of the project should be investigated.*
- *The Ministry of Social Policy should provide regular professional development for its personnel.*
- *In many cases, the reorganization of orphanages and boarding schools took place simply by changing the name of the institution without changing the number of children in them. A by-law should be adopted that would regulate the processes of creation, reorganization, and liquidation of educational institutions.<sup>23</sup>*

It should be noted that many of the observations and conclusions made by the Temporary Investigative Committee identify common challenges and mistakes made in care transformation in other countries – not just Ukraine. ***Most of the recommendations would be addressed if all of the priority actions outlined in the following chapters of this document were implemented.***

However, the conclusion related to the need to adopt a Strategy for the Development of Education of Children with Special Educational Needs requires further discussion and investigation. Inclusive education is a right of all children with disabilities and special educational needs, according to the UN CRPD. But the development and implementation of inclusive education must be undertaken carefully and in full consultation with parents’ organisations and OPDs. An inclusive education strategy should be developed in coordination with the care transformation strategy.

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<sup>23</sup> <https://www.rada.gov.ua/en/news/News/205016.html> RESOLUTION OF the Verkhovna Rada of Ukraine On the report of the Temporary Investigative Commission of the Verkhovna Rada of Ukraine on the investigation of cases of violation of the rights of the child during the decentralization of powers, on child protection, reform of the system of institutional care and upbringing, realization of the right of the child to family upbringing and adoption, development (modernization) of social services

## 1.8 Achieving whole system change, sustainably and at scale

Many of the participants have been involved for a considerable number of years in deinstitutionalisation and care transformation programmes. Frustrations were expressed that previous attempts at deinstitutionalisation had not completely succeeded. Whilst some successes were acknowledged, there were concerns that previous ‘pilots’ or ‘demonstrations’ had not been scaled up across the entire country and that, as a result, there was still a habit of institutionalising children in Ukraine.

This experience in Ukraine is not unique. Achieving major system change at scale is challenging everywhere. According to the expert testimony from countries where deinstitutionalisation has been successful, this is as a result of more than a decade of concerted effort, with commitment from consecutive governments, but still facing many challenges.

### The challenge of achieving scale

According to global experts on scale and sustainability, MSI, achieving scale is by no means guaranteed. Their experience suggests:

- only 5% of “successful” projects ever achieve scale
- bringing projects to scale takes on average 15 years; and
- programmes that contain social or “pro-poor” objectives do not scale spontaneously.<sup>24</sup>

Crucially, scale and sustainability are interdependent – one cannot be achieved without the other. Scaling takes planning, long-term commitment and strategies to address major resistance to change. It also cannot be achieved without cooperation with local government or the private sector – as they are the only entities with sufficient infrastructure to implement at scale.<sup>25</sup>

### Why systems do not change themselves

There is sufficient evidence that:

- institutionalisation is inherently harmful and family care results in considerably better outcomes for children<sup>26</sup>
- institutionalisation is expensive<sup>27</sup>; therefore there is enough money in the system – if redirected – to run the health, education and social services required to ensure all children can live in family care, be educated alongside their peers and fully included in their communities

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<sup>24</sup> See: <https://ag.purdue.edu/scaleup/Presentation%20Library/Cooley%20-Session%201%20-%20Planning%20with%20Scale%20in%20Mind.pdf> and [https://www.msiworldwide.com/sites/default/files/additional-resources/2018-11/ScalingUp\\_3rdEdition.pdf](https://www.msiworldwide.com/sites/default/files/additional-resources/2018-11/ScalingUp_3rdEdition.pdf)

<sup>25</sup> MSI have produced helpful guidance on how to plan for scale and sustainability. For more information, see: [https://www.msiworldwide.com/sites/default/files/additional-resources/2018-11/ScalingUp\\_3rdEdition.pdf](https://www.msiworldwide.com/sites/default/files/additional-resources/2018-11/ScalingUp_3rdEdition.pdf)

<sup>26</sup> See the Lancet Commission on Institutionalisation and Deinstitutionalisation (2020). <https://www.thelancet.com/commissions/deinstitutionalisation>

<sup>27</sup> For recent relevant examples (Bulgaria and the Czech Republic) of cost comparisons between institutional care and family-based care, including for children with disabilities, see: <https://www.wearelumos.org/resources/analysis-financing-deinstitutionalisation-process-bulgaria/> and [https://lumos.contentfiles.net/media/documents/document/2018/09/Czech\\_exec\\_summary\\_FINAL.PDF](https://lumos.contentfiles.net/media/documents/document/2018/09/Czech_exec_summary_FINAL.PDF)

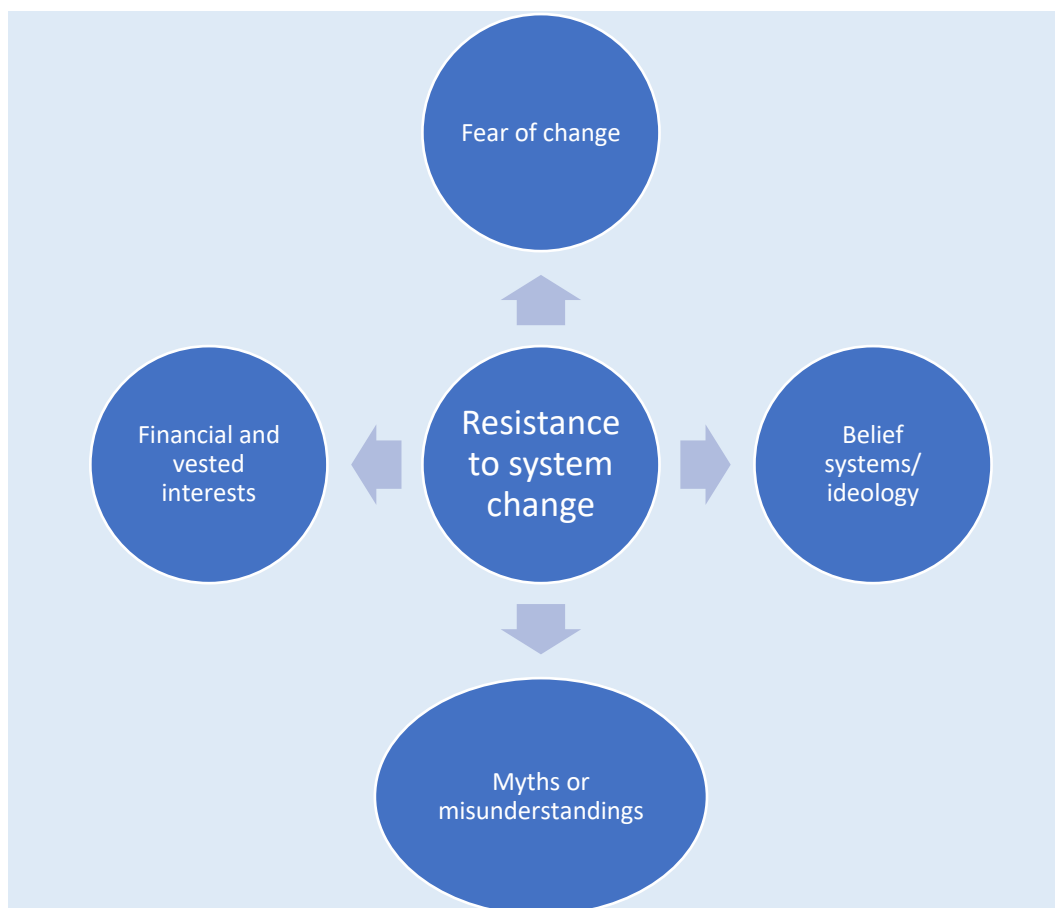
- the alternatives to institutionalisation are possible in a Ukrainian context. If the political will, correct plan and resources are in place.
- There are sufficient examples of good practice in Ukraine from which learning can be taken and scaled up across the country.

Despite this, there is still significant resistance to whole system change in Ukraine. This is because evidence does not, by itself, change behaviour and systems rarely change unless acted upon by a significant external force. Understanding why is essential to planning system change.

Systems are made up of people. Understanding human nature (both individual and group behaviour) and their predictable responses to any given situation helps explain why systems do not change themselves.

Any system made up of people that is faced with a planned – or unplanned – major change will resist that change for a variety of reasons, as presented in the diagram below.

**Diagram: The underlying causes of resistance to system change**

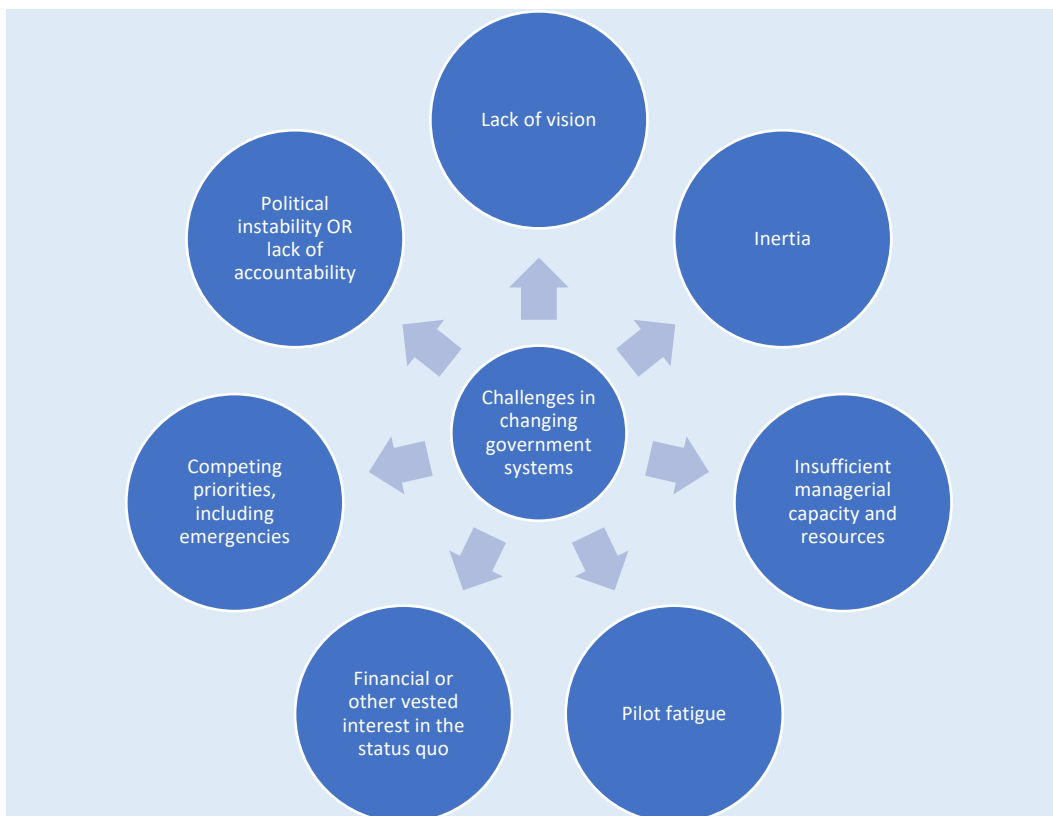


- All human beings fear change. Even if they believe the change might result in something better, they can be concerned by potential impacts on them and their families. *Addressing this requires ensuring that most people affected by the change can see that they will benefit positively and directly.*

- Many people may have financial or other vested interests in the status quo. They view the proposed change as a direct threat to their livelihood or status. *Addressing this requires a strategy to demonstrate that the change will be positive for most – and to reduce or neutralise the resistance from those who will lose out due to the change.*
- Myths, misunderstandings or disinformation about the proposed changes result in heightened resistance to change. *Addressing this requires good information, communicated in the right way to a broad range of different stakeholders.*
- Belief systems or ideological standpoints can hinder system change. Deeply held beliefs are difficult to shift. *Addressing this requires an understanding of the beliefs and ideologies of specific groups of people, and a plan to neutralise their impact on the process of change.*

The challenges of system change are even greater when the system is a large bureaucracy – and there are additional complexities related to achieving change at national government level – in any country – as presented in the following diagram.

**Diagram: Challenges in changing government systems**



In addition to the resistance to change inherent in every system, change at government level presents additional challenges.

- **By far the greatest cause of resistance is inertia of the system.** Large bureaucracies continue to operate the way they always have – unless acted upon by a significant force for change – and this rarely comes from within.



- Few people working in government have a clear vision of a possible future system where things are done differently. This means that **government champions for change are few** - and are likely to face resistance from their colleagues and, at times, their superiors.
- **Competing priorities, political instability and/or a lack of accountability.** All governments must manage a range of priorities. This is especially the case during an emergency. However, in many contexts, governments are loath to plan long-term interventions and solutions, as they tend to focus on what they can achieve during their term in power.
- **Financial and vested interests can be on a completely different scale** to the vested interests seen in smaller systems. Ukraine has acknowledged it suffers from protracted, system-wide corruption. Addressing this is a priority and a requirement for EU accession. Anecdotal evidence from the participants suggests that corruption may be a significant problem in some residential institutions. If true, this is likely to cause considerable resistance to change.
- Many governments and civil servants suffer from **'pilot fatigue'**, where system change has been piloted on a small scale, but this does not translate into large-scale, sustainable whole-system change. This can result in civil servants not believing the change is possible.
- **Lack of sufficient resources and capacity to manage change.** Whole system change is complex and requires a large dedicated team of experts to ensure its implementation. Few countries have these additional resources available. Ukraine has the additional challenge that many professionals had to leave the country due to the war.

### Complex problems require complex solutions

Complexity theory teaches that complex problems require complex solutions.<sup>28</sup> This is certainly true in the case of care transformation. The participants identified a broad range of complex challenges, each of which must be solved to achieve comprehensive system change. Nevertheless, if a complex problem is awarded a high enough priority and is sufficiently well-resourced, scale and sustainability can be achieved rapidly.

### Beyond pilots and demonstrations - learning to deliver solutions at scale

One of the greatest recent examples of developing and scaling a solution to a complex problem is the development and delivery of vaccines against the SARS-CoV-2 virus that causes Covid-19. One of the experts involved in vaccine development summarised some of the key lessons that are directly transferable to care transformation.

- Firstly, no corners were cut – all the usual stages were followed to ensure the process was safe, ethical and efficacious, but some processes were implemented simultaneously, to achieve the end result sooner
- Secondly, the solutions must be scalable and cost-effective as well as high quality
- Thirdly, they could learn lessons from previous pandemics, but must also keep learning continuously as they were implementing this programme.<sup>29</sup>

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<sup>28</sup> For more information on complexity theory, see Mitleton-Kelly, E, (2003) Complex systems and evolutionary perspectives of organisations: the application of complexity theory to organisations. Advanced series in management. Elsevier Science Ltd, Oxford, UK. ISBN 9780080439570

<sup>29</sup> For more information see a summary of Prof Sarah Gilbert's presentation to the UN 13 May 2020. <https://covid19vaccinetrial.co.uk/un-talk-professor-sarah-gilbert>

Several lessons are directly transferable to scaling care transformation.

1. **Scale and sustainability are intrinsically linked.** There was no point in having a high-quality vaccine if it could not be manufactured at scale for a relatively low cost. Systems are also required to deliver the vaccine. To beat the pandemic, a vaccine was required for the entire world. The virus was hugely costly in human lives and in economic deprivation. Investing in a global-scale vaccine was the secret to sustainability and saved millions of lives and money in the long-term. Similarly, with care transformation, investing now in transforming systems of care will save children's lives and significantly improve their outcomes. In the long-term, it will also save significant sums of money, as institutionalisation is so expensive and the long-term cost-benefit of deinstitutionalisation has been proven.
2. **To deliver at scale, we must plan big, but start small.** Starting with demonstrations provides the opportunity to ensure the methodology is effective, safe and of a sufficiently high quality before rolling it out to the entire population. But simultaneous with demonstration, we must establish: the legislative and regulatory framework; the training and preparation of families and service personnel; the financing mechanisms; and structures and systems for delivery of a much larger-scale programme.
3. **Rapid transformation of care at scale is possible because we already know a great deal.** We can learn from others' experience. However, adapting these lessons to different contexts, requires continuing assessment, learning from our current practices and improving them.

### 1.9 Situating the strategy within the triple nexus of humanitarian action, sustainable development and peace-building

Transforming care is usually viewed as a medium to long-term process, situated within the framework of sustainable development. However, as can increasingly be seen, particularly in the context of war or other emergency, care transformation interconnects significantly with humanitarian action and peacebuilding. This is also true in the case of Ukraine. In this regard, it is helpful to situate care transformation within the triple nexus, as per the diagram below.

*Diagram: The Triple Nexus of humanitarian action, sustainable development and peace-building*



According to the CSIS, the ‘triple nexus’ approach aspires to transform the planning, implementation and financing of humanitarian, development and peace activities in fragile situations.... [it] utilizes the combined expertise of the sustainable development, peacebuilding and conflict mitigation, and humanitarian aid sectors in overcoming collective challenges and ensuring the protection and wellbeing of affected populations.”<sup>30</sup>

In particular, the participants identified the following issues related to care transformation in this context.

- Children living in institutions before the war were at particularly high risk of harm – particularly those who do not have an ongoing relationship with their families.
- Children from institutions evacuated internally and abroad were placed in harmful situations due to a lack of better alternatives
- Some children have been inappropriately returned to institutions in unsafe areas of Ukraine
- Children from institutions evacuated abroad have not all been included in those countries’ child protection systems (as required under international law); as a result, some children are at high risk of abuse and neglect, since they are not officially the responsibility of the competent authorities
- Children deported to Russia included a disproportionate number of children who were living in institutions
- There is a real risk that the plans for the post-war recovery of Ukraine will focus on rebuilding residential institutions and other segregating settings. However, there is also an opportunity to ensure the recovery process does not rebuild institutions and, instead focuses on building new health, education and social service systems, based at community level, that support families to care for their own children.

Therefore, it is important to ensure that when planning and implementing humanitarian action, as well as the forward-planning for peacebuilding and recovery, the government, the international community and donors should ensure care transformation is included. These issues were all taken into consideration by the participants and influenced the recommended actions and priorities.

### 1.10 Key challenges identified by the participants

In relation to achieving complete care transformation in Ukraine, the participants identified the following specific challenges:

#### **Service provision – family strengthening, prevention of separation, reunification**

- Lack of available housing
- Lack of available services for children
- Lack of available services for families
- Where services are available, they are not adequate and do not meet the needs of families and children, particularly children with disabilities

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<sup>30</sup> <https://www.csis.org/programs/humanitarian-agenda/themes/triple-nexus-approach>

- Lack of domestic violence shelters
- Lack of assistance with utilities
- Lack of centres for mothers and children
- Lack of affordable medical care, especially when hospital stay is required
- Lack of early intervention services
- Lack of employment opportunities with flexible working hours.

### **Service provision – alternative care**

- Insufficient number of foster families; lack of different forms of alternative family care
- Inadequate training for foster families.

### **Governance and management**

- The child protection system places children into educational residential institutions as a default practice
- Local communities benefit by not being responsible for financially supporting child in institutions
- Not all authorities prioritize children’s rights
- Opposition from the system itself
- Lack of coherent vision from multiple government sectors
- The system is designed to keep children in care, not in families
- Tax incentives to communities with institutions
- Lack of coordination among NGOs
- Duplication of efforts
- Donor support to institutions
- Lack of reform in academia and social work curricula
- Inadequate monitoring and supervision of care system
- Lack of powers to intervene in cases of fraud or abuse in institutions – such as powers to suspend personnel pending investigation.

### **Communication and attitudinal change**

- Community members have supported institutions through in-kind gifts, volunteering, inter alia. Awareness-raising will be needed on the harms of institutional care to change their behaviour
- Overcoming the stigma associated with children from institutions
- Overcoming discrimination against children with disabilities
- Reluctance to change among institutional personnel
- Lack of community willingness for inclusive education
- Community unaware of the problem of institutionalisation and the harm it causes.

### **Human resources and capacity building**

- Low number of professionals
- Overworked and/or burned-out professionals

- Lack of available expertise at community level
- Limited professional development available
- Lack of individualized care

#### **Data**

- Lack of accurate data on children in institutions (even before the war)
- Lack of agreed definitions of institutionalisation.

#### **Resources**

- Lack of support for young people leaving institutions after they turn 18
- Inadequate support for foster families
- Communities lack an adequate budget to provide the services needed at community level. There is no incentive for communities to provide services – and every incentive to continue to place children in institutions.

#### **Challenges specific to the war**

- There is a risk that some families are expressing an interest in adopting children with disabilities for personal gain, because this would mean that the adoptive father would be allowed to travel and live abroad during the war.
- Children evacuated to other countries are not being cared for appropriately, because they remain institutionalised – and outside those countries' care systems. Some children from institutions have been returned inappropriately
- Children deported to Russia are at a high risk of harm. Particularly those taken from institutions will be difficult to return – as their parents are unlikely to travel to Russia to claim them
- Evacuated children and deported children should return to family care, not institutions, but this requires a significantly scaled up foster family care system to be established now – ready for when they return
- War-related increases in homelessness, displacement, unemployment – considerably raises the risk of family separation and institutionalisation.

## 2. Achieving high-quality care transformation, sustainably and at scale

Based on the evidence of the harm caused by institutionalisation, as well as examples best practice in Ukraine and elsewhere shared during the 5-day workshop, and learning from challenges as well as successes, this chapter provides an explanation of best practice in care transformation. It also presents a summary of the Results Framework developed by the Ministry of Social Policy, with support from civil society for the first EU-funded programme to kick-start DI in Ukraine once more.

### 2.1 Primary reasons for care transformation

- Institutionalisation is severely harmful to children. This is proved by nearly 100 years of global evidence. In 2021, definitive global evidence was presented in the Lancet Commission series of articles based on a meta-analysis.
- Institutionalisation is prohibited under international law. Both the CRC (and the Alternative Care Guidelines) and the CRPD expressly require governments to implement deinstitutionalisation processes, including in situations of war or other emergencies.
- Institutionalisation is expensive. Family care has better outcomes for children and is also considerably less expensive in most cases. Therefore, care transformation provides an opportunity to redirect money from expensive, harmful practices to fund more services that will have better outcomes for children.
- Ensuring family care for all children and inclusion of all children in education and in the community, irrespective of background, disability or other characteristic, is a core value of the European Union (EU). This is why the EU has put in place a strong regulatory system to prohibit the expenditure of European Commission (EC) funds on building or renovating residential institutions and to promote deinstitutionalisation.
- Institutionalisation is an outdated model of caring for children that has proved to be harmful. It denies children their rights and increases the risk of all forms of harm, abuse and neglect. In Ukraine, it is a legacy of Soviet autocracy. Transforming care is vital to realising the rights of Ukraine's most vulnerable and marginalised children. It is, therefore, a central component in the shift towards full democracy. Many other countries have made significant progress and, for some, deinstitutionalisation was a core requirement of their EU accession journey.
- There are children at heightened risk in institutions right now, due to the war. The war has compounded the greater vulnerability of children in institutions. The DI programme will address urgent needs right now, but also put in place a system that is resilient in the face of future conflict or disaster, minimising the risk of future harm.

### 2.2 Challenges and risks in care transformation/deinstitutionalisation

- DI is complex and takes time. With the scale of the challenge in Ukraine – even in peacetime – the process would take an estimated ten years. Some governments struggle to commit to such long-term plans – beyond one term in office.
- Unless planned and implemented correctly, addressing all its complexity, DI can fail and children can be harmed in the process. Meanwhile, during the period of planning and careful implementation, children continue to live in harmful institutions.

- DI is a major programme of change. It requires a considerable, large team dedicated solely to managing and implementing this programme. Because it is quite specialised, the skillset is unusual and, therefore, the team must be trained, guided and supported. They will require opportunities to learn from others who have been through this experience.
- There is considerable resistance from many stakeholders to DI. This must be addressed through careful planning and behaviour change communications (BCC) to ensure success.
- DI must be safe, high-quality, sustainable and delivered at scale. Scale and sustainability are co-dependent. Sustainability can only be achieved if the Ukrainian State takes the lead. This will require significant changes of: structures; systems; legislation and regulations, as well as the redirection of resources from the current institutional system to fund services that support children to live happily, healthily and safely in families, be included in education and in their communities.

### 2.3 What is successful care transformation/deinstitutionalisation?

Successful DI involves:

- Designing services based on local needs, rather than a 'one-size fits all' solution
- Strengthening and making inclusive universal health, education and social services
- Developing targeted family and community-based services to replace institutions
- Preventing children from entering institutions
- Finding family-based placements for *all* children currently living in institutions, including children with disabilities
- Prioritising children at the highest risk of harm, including babies and children with disabilities and high support needs
- 'Ring-fencing' (protecting) resources in the institutional system and redirecting them to support the new system of services
- Changing legislation, regulation and financing mechanisms to facilitate the redirection of resources as well as the introduction of new types of services at community level, and to ensure the sustainability of the new system.

To make this happen, we need to:

- Recruit and develop sufficient managerial capacity and specialised professional expertise to manage a programme of major change
- Change attitudes and practices among a wide range of stakeholders
- Empower children, including children with disabilities, and families to take a lead role in every stage of the process (Nothing About Us Without Us).

### 2.4 What can be achieved by December 2025?

The EU has pledged an initial €10 million fund for a 2.5-year programme to kickstart comprehensive, high-quality care transformation.

- Learning from other countries suggests it is not possible to deinstitutionalise the entire system in 2.5 years.
- However, it is possible to put in place the right framework for a 10-year plan that would result in safe, high-quality, sustainable care transformation delivered at scale.

- It is also possible to begin implementation, demonstrate the process, and plan a systematic national roll-out over the following 7.5 years.
- In parallel to the medium and long-term planning, it is also possible to make some urgent interventions for children from institutions who, as a result of the war, are at high risk of harm, abuse, trafficking or preventable mortality.

The plan outlined in the following Results Framework aims to do just that: it looks to the long-term, but also addresses the greatest current concerns regarding children from institutions. Please note, the following chapters provide more detail on each key element of the care transformation process.

## 2.5 Results Framework



A) Reform priorities

## TRANSFORMING AND DEINSTITUTIONALISING CHILDREN’S HEALTH, EDUCATION AND SOCIAL CARE SYSTEM

### Result Chain

<b>Outcome</b>	<b>ALL UKRAINIAN CHILDREN FLOURISH IN FAMILY ENVIRONMENTS, INCLUDED IN EDUCATION AND IN THEIR COMMUNITIES, WITH EQUAL OPPORTUNITIES FOR FUTURE LIFE CHANCES</b>			
<b>Short-term Outcomes</b>	<p><b>STO1. THE NEW SYSTEM IS DESIGNED AND APPROVED</b></p> <p>Cross-government consensus, governance structures and national plan in place to achieve whole-system transformation and deinstitutionalisation.</p> <p>Indicator: yes/no Intermediate target: Draft submitted to Prime Minister (Dec 2023) Target: Plan adopted by parliament (Mar 2024)</p>	<p><b>STO2. CONDITIONS CREATED FOR SAFETY, QUALITY &amp; SUSTAINABILITY</b></p> <p>Legislative, regulatory and financial framework in place to achieve sustainability of the new system, by redirecting resources from institutions to family and community services</p> <p>Indicator: yes/no Intermediate target: Legislative and financial analyses completed (Dec 2023) Target: New laws enacted and national funding mechanism in place (Dec 2024)</p>	<p><b>STO3. THE CONDITIONS ARE CREATED FOR DELIVERY AT SCALE</b></p> <p>Demonstration programmes are designed in three regions and implementation has begun. A comprehensive MEAL programme is in place. Learning is used to: adapt demonstration programmes; and to inform roll-out at national level.</p> <p>Indicator: yes/no Intermediate target: Three regional demonstration programmes designed and implementation has begun (Jun 2024) Target: Seven more regional demonstration programmes are planned Dec 2025)</p>	<p><b>STO4: HARM TO CHILDREN AT THE HIGHEST RISK IS REDUCED</b></p> <p>Children from institutions affected by the war and at the highest risk of harm are provided bespoke, urgent interventions. This reduces risk of mortality, abuse, trafficking and other harm. It also ameliorates the impact of trauma.</p> <p>Indicator: # of children reached and supported by the programme % of children where risk of harm has reduced</p> <p>Intermediate target: 3,000 children (Mar 2024) Target: 15,000 (Dec 2025)</p>
	<p><b>OP1.1 Vision document adopted by Cabinet of Ministers</b> (weight: 20 %)</p>	<p><b>OP2.1 Financial analysis of the residential care system completed. Necessary legislative changes identified to redirect resources;</b></p>	<p><b>OP3.1 Analysis of care system carried out in three demonstration regions. This process includes: situational analysis of current state of</b></p>	<p><b>OP4.1 10,000 children at risk of institutionalization/ reinstitutionalisation are assessed. Services are provided to prevent</b></p>

<b>Outputs</b>	Indicator: yes/no Baseline: no (Apr 2023) Target: yes (July 2023)	<b>Draft law on the redirection of funding from institutions to family and community-based services adopted by parliament</b>  (weight: 25 %) Indicator: yes/no Baseline: no (Apr 2023) Intermediate target: Law drafted (Dec 2023) Target: Law adopted by parliament (Apr 2024)	<b>institutionalisation; comprehensive needs assessment; comprehensive resource assessment. MEAL system designed, based on data from Strategic Review.</b>  (weight: 25 %) Indicator: yes/no Baseline: no (April 2023) Target: yes (Mar 2024)	<b>harm, avoid family separation, where possible and place children in alternative families.</b>  (weight: 25 %) Indicator: % of children prevented from entering or re-entering institutions and provided with bespoke services. Intermediate target: 30% (Dec 2023) Target: 100% (Dec 2024)
	<b>OP1.2. Behaviour Change Communication (BCC) strategy drafted; funding allocated. Implementation has begun.</b> (weight: 20 %) Indicator: yes/no Baseline: no (April 2023) Target: yes (Sep2023)	<b>OP2.2 Analysis of legislative framework for children’s services completed. Amendments to existing laws and relevant new laws drafted and adopted by parliament</b> (weight: 25 %) Indicator: Yes/no Intermediate target: New laws and amendments of existing laws drafted (Apr 2024) Target: New laws and amendments of existing laws adopted by parliament. (Dec 2025)	<b>OP3.2 Based on data from the care system analysis, package of services designed that will: prevent any further family separation/admission to institutions; place all children currently in institutions into family care. Resource transfer plan developed to sustain the new services. Comprehensive regional plans and budgets are in place.</b>  (weight: 25 %) Indicator: yes/no Baseline: no (April 2023) Target: yes (Sep2023)	<b>OP4.2 2,000 children with high support needs (HSN) in institutions at high risk of mortality are assessed. Individualised support is provided to reduce risk and improve health, development and life chances.</b>  (weight: 25 %) Indicator: % of children with HSN with improved developmental outcomes/ reduced risk of mortality Intermediate target: 30% (Dec 2023) Target: 100% (Dec 2024)

<p><b>OP1.3: Draft 10-year national action plan for transformation of children’s services drafted; harmonized with other reform plans; and adopted by the Cabinet of Ministers</b> (weight: 40 %) Indicator: yes/no Baseline: no (April 2023) Target: Plan drafted (Sep 2023) Harmonised with other reform plans (Oct 2023) Adopted by Council of Ministers (Dec 2023)</p>	<p><b>OP2.3 Comprehensive, detailed budget for the ten-year deinstitutionalisation/ care transformation plan drafted and presented to government and external donors</b>  (weight: 25 %)  Indicator: yes/no Baseline: no (Apr 2023) Target: yes (Oct 2023)</p>	<p><b>OP3.3. Based on data from 3.1 and 3.2, plans and budgets are presented to governments and donors, to identify additional funding required for implementation. Funding is allocated by government and donors.</b>  (weight: 30 %) Indicator: yes/no Baseline: no (April 2023) Target: yes (Sep2023)</p>	<p><b>OP4.3 4,000 children from institutions who were evacuated abroad are assessed individually. Care and support plans developed in cooperation with receiving countries. Plans are developed for return to appropriate care placements in Ukraine.</b>  (weight: 25 %) Indicator: % of children evacuated from institutions to other countries who have individual care plans and individual return plans Intermediate target: 30% (Dec 2023) Target: 100% (Dec 2024)</p>
<p><b>OP1.4: Governance structure established to oversee and steer the development and implementation of the 10-year plan.</b> (weight: 20 %) Indicator: yes/no Baseline: no (April 2023) Target: DI office established (May 2023) Steering committee established (Jun 2023) Child and youth council established (Sep 2023)</p>	<p><b>OP2.4 The draft procedures for use of EU funds for deinstitutionalization /care transformation is developed and approved by Cabinet of Ministers. This includes procedures to check all reforms harmonise with this reform.</b>  (weight: 25 %)  Indicator: yes/no Baseline: no (Apr 2023) Target: yes (Oct 2023)</p>	<p><b>OP3.4 Because babies are at high risk of harm, small-scale demonstrations of DI of 3 baby institutions completed, documented and learning shared. Plan for national scale roll-out is developed and costed (aim to have no children under 3 in institutions by end year 5 of the 10-year plan).</b>  (weight: 20 %) Indicator: % of babies from 3 institutions placed in high quality family care or prevented from entering baby institutions Intermediate target: 50% (Dec 2023) Target: 100% of babies from the 3 institutions + 0 admissions (June 2024)</p>	<p><b>OP4.4 Therapeutic foster family care programme developed to receive children from institutions who were deported to Russia. As children return, they are placed in foster families, rather than returned to institutions, and provided therapeutic care and support to recover from trauma. Birth/extended families are traced with a view to reunification where possible.</b>  (weight: 25 %) Indicator: % of children deported from institutions to Russia who are placed in therapeutic foster families Target: 100% (Dec 2024)</p>

## 3. Governance and management

### 3.1 Required structures for governance and management of care transformation

Transforming care is a major, long-term and complex programme of change management. Because it concerns the safety and wellbeing of extremely vulnerable children, the right structures to govern and manage the process well must be established.

Experience from other countries – including that presented by external experts during the strategic planning days – suggest there should be three key structures to ensure high-quality and sustainable programme of transforming care. They are: a Steering Committee; a Project Management Team; and a Children and Youth Council.

Transforming care requires policy and legislative change, and the redirection of large sums of money. Overcoming fierce resistance – from institutions, local authorities, communities, service-providers and even the general public – can only be achieved with high-level political engagement and oversight.

Therefore, the Steering Committee plays a crucial role. This high-level group includes: key decision-makers and senior managers from relevant national or local government departments responsible for children's services; other relevant government ministries, such as health, education and finance; donors; CSOs and other influential stakeholders. Parents' groups and the Children and Youth Council should also be represented.

The Steering Committee should meet periodically to: develop the overarching strategy; approve the Project Management Team's detailed Action Plan; monitor progress and address obstacles; and share the outcomes with relevant stakeholders. Members do not have the capacity to implement care transformation. Their role is to oversee and support the PMT.

The Project Management Team should include a wide range of professional skills - at least project management; social work; therapeutic skills; communications; advocacy;; finance; monitoring and evaluation; human resource management; and logistics. One of the most common mistakes in transforming care is underestimating the human resources needed in the Project Management Team. In the early stages of planning, it is essential to allocate sufficient resources to hiring the right team.

The third structure is a Children and Youth Council. This is one of many ways in which children can take a lead role in transforming care. The Council has two main roles. Firstly, it should develop peer-to-peer networks. Ideally, children from institutions and from the community meet regularly together to have fun and engage in educational activities that build advocacy skills and confidence. This also reduces stigma against children who suffer discrimination, including children with disabilities. It helps children in institutions develop a support network of friends in the community, which also helps prepare them for moving from institutions to families.

Secondly, the Council also provides a voice for excluded and marginalised children and young people across the country. The Steering Committee and Project Management Team should consult them on plans and policies, ideally by ensuring seats on the Steering Committee for Council representatives, involving them in strategic planning and monitoring.

Transforming care is complex – from the development of new services, to changing legislation, to ensuring each child has the care and support they need. But the right governance and management will ensure quality and efficiency every step of the way.

These structures should of course be adapted to specific context in Ukraine. The process has already started.

### 3.2 New governance and management structures in Ukraine

**The Coordination Centre for the Development of Family Care and child Care.** Under the leadership of Ms Iryna Tuliakova, this Project Office was established at the end of May, 2023, by the Cabinet of Ministers. It is understood that this office will lead the development and implementation of the care transformation strategy. This structure is therefore the equivalent **of the Programme Implementation Team.** This office is financed by the European Commission.

According to the joint statement of President Ursula von der Leyen and President Volodymyr Zelenskyy:

*“We are dedicated to supporting Ukraine's child protection reform. We will provide both financial assistance and expert support to facilitate a comprehensive childcare reform, focusing on family-based forms of upbringing, and on the protection of children. The European Commission has committed to supporting Ukraine's childcare reform, with a pledge of 10 million euros. In this regard, we welcome the establishment of the EU Project Office in Ukraine under the Cabinet of Ministers of Ukraine, which will design the childcare reform strategy for children's development and protection, and coordinate its implementation.”<sup>31</sup>*

### 3.3 Recommended Priority Actions

- Establish a Steering Committee to oversee the entire care transformation process. This should be chaired at high level – preferably by a Deputy Prime Minister – and should include all relevant ministers, key international actors, as well as representatives of civil society, parents, children and care-leavers. The steering committee should meet at least every three months.
- Establish a children’s and youth council that is representative of all children and young people in institutions, including children with disabilities. This council could be led and supported by young care-leavers, such as those who participated in the strategic planning process. Representatives of the children’s and youth council should be included in the Steering Committee.

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<sup>31</sup> Joint statement on International Children's Day by President Ursula von der Leyen and President Volodymyr Zelenskyy. [https://ec.europa.eu/commission/presscorner/detail/en/statement\\_23\\_2991](https://ec.europa.eu/commission/presscorner/detail/en/statement_23_2991)

## 4. Analysis of the system, data, legislation and funding flows

### 4.1 How to analyse the system

When planning care transformation, accurate data is often missing. Few countries know how many children live in institutions, who are they are, why they are there, the whereabouts of their families, what happens when they leave and who funds the system. Most importantly, we have rarely asked children and their families about their wishes and desires. However, this data is fundamental to planning the new system to replace institutional care.

Thorough answers to these questions are necessary to plan the right services to replace institutions, as well as to changes to laws, regulations, funding flows and practices. After all, if we don't know the size and scope of a problem, how can we begin to solve it?

Assumptions about children in institutions are often mistaken, leading to the wrong approaches to planning care services. Common errors include: underestimating the number of children who could be reunited with family; believing that foster care at scale is not possible; believing residential care is the only option for children with disabilities; and planning changes in care placements only, without considering children's rights to access inclusive education, healthcare and community inclusion, inter alia.

Systems of care sit along a spectrum of formal to informal. In some countries, institutions are almost exclusively run and funded by the State or local authorities – as is the case in Ukraine. In others, institutions are mostly run by private individuals, donors, businesses and non-profit organisations. Many countries have a mixture of formal and informal institutions, with differing degrees of state involvement in the provision of care.

However, even in countries where most institutions are informal and unregistered, they still operate as a system. Conversely, in some countries with highly formalised systems, placements of children can be arbitrary or unsystematic. It is essential to understand all aspects of the system – formal and informal.

Three systems-analysis processes are presented here that, together, provide all the data needed to plan comprehensive care transformation – a Strategic Review, a Financial Analysis and a Risk Analysis.

The strategic review is a systematic analysis of:

- Numbers and characteristics of children in institutions; admissions to and discharges from institutions; length of stay; family information; inter alia
- The legal, regulatory and administrative underpinnings of the system
- Geographical location and characteristics of institutions and of other services that might prevent institutionalisation, including educational and health services
- Social work practice and case management.

This data assists us in making a reasonable approximation not only of the types of services we need to replace institutions (eg. family support, inclusive education, foster families, inter alia),

but how many of these services are required and where they should be located. In short, the data from the strategic review forms a basis for detailed planning of the new system needed to replace institutions.

The financial analysis considers the economics in the system of care, analysing the amount of money spent on institutions, sources of funding, economic drivers of institutionalisation and whether institutional care represents value for money.

The financial analysis demonstrates how money in the institutional system could potentially be redirected to fund the services needed to replace institutions. This is an essential component of sustainable care transformation at scale. The data required can be difficult to find, as resistance to care transformation can make it difficult to access accurate information.

Data from the Strategic Review and financial analysis provide evidence to: design the system of services to replace institutions; identify and plan required legislative and regulatory reform; and ascertain how to redirect resources from the institutional system to fund the new system of services.

The Risk Analysis is applied to every aspect of the care transformation strategy – during the strategic planning process. This provides an opportunity to develop risk mitigation activities before implementation of the strategy begins – and to identify resources to fund those mitigation activities.

#### 4.2 Available data in Ukraine on the institutional system

As noted earlier, there have been significant challenges in Ukraine (as in other countries) in collecting and collating accurate data on children living in institutions. However, over the past year, NSS with the support of the SURGe project, has made significant progress. They shared their most recent data (from September, 2022) with the participants at the five-day workshop. The following tables summarise the key data from the presentation.<sup>32</sup>

##### 4.2.1 Total number of children in institutions full-time, by type of institution

	Children with and without disabilities	Children with disabilities
Number of children living in education institutions	18,295	3022
Number of children living in healthcare institutions	1,986	498
Number of children living in social protection institutions	3,793	1,129
Number of children living in Private institutions	939	14
<b>Total number of children living full-time in institutions</b>	<b>25,103</b>	<b>4,663</b>

<sup>32</sup> This presentation was made by Volodymyr Vovk of NSS and Uliana Tokarieva, Deputy Minister of Social Policy

There are several points of note:

This total is significantly lower than the figures that are often used publicly. Several public documents refer to 100,000 children in institutions before the war. However, those figures were based on an inaccurate assignment of institutionalisation, as explained below. In addition, the government managed to reunite a large group of children with their families in the first weeks of the war.

The number of children with disabilities is almost certainly an underestimate. Data collected in 2021 showed that children with disabilities and special educational needs made up the majority of children in institutions. There is a need to sharpen the definition of disability to ensure that the data is corrected. This will have a significant impact on the planning of services to replace institutions.

#### 4.2.2 Children living in institutions, by age and type of institution

Age of child	In education institutions	In healthcare institutions	In social protection institutions	In private institutions	Total by age
0 - 2 years	7	853	73	7	940
3 - 5 years	177	924	341	29	1,471
6 - 10 years	3,962	195	1217	180	5,554
11 – 15 years	9,353	11	1616	479	11,459
16 – 17 years	4,805	3	547	244	5,599

Points of note:

*There are 2,411 children aged between 0 and 5 years. With a focused effort, the institutionalisation of babies and young children could be ended within three years.*

There are 17,058 children aged between 11 and 17 years – and it is likely that a significant percentage are children with disabilities. The care transformation process will take time and it is likely that the majority of these children will grow up and become care-leavers before the process is finished. **Therefore, there is a significant need to prioritise care leaving services.**

#### 4.2.3 Children living institutions, by gender and type of institution

Gender of child	In education institutions	In healthcare institutions	In social protection institutions	In private institutions	Total by gender
Boys	11,003	1,143	2,175	440	14,761
Girls	7,292	843	1,619	499	10,253

Points of note:



There is a considerable over-representation of boys in institutions (59% are boys). More analysis is required to ascertain the reasons for this, which will have an impact on planning services to replace institutions.

#### 4.2.4 Total numbers of children living or studying in institutions, by type

	Total number of children in institutions full or part-time	Number of children with disabilities in institutions full or part-time	Number of beds available in institutions	Total number of children living full-time in institutions	Total number of children studying in institutions part-time
Education institution	85,972	14,001	45,032	18,295	67,677
Healthcare institution	1,984	498	3,170	1,968	16
Social protection institution	3,870	1,133	6,908	3,793	77
Private institution	1,262	14	1,452	939	323
<b>Total in all institutions</b>	<b>93,088</b>	<b>15,646</b>	<b>56,562</b>	<b>25,013</b>	<b>68,075</b>

Points of note:

It is likely that the figures for the residential schools caused the confusion over the total number of children living in institutions before the war. *The residential schools also have day-students, who only come to the institution to study during the day and go home each evening to their families. It appears these day-students have previously been included in the figures.* This is an essential point in planning the services to replace institutions: in addition to moving the resident children to family care, appropriate school placements will be required for all the children who are currently (or were before the war) studying at the school.

#### 4.2.5 Numbers of full-time children with family connections

Of the children living full-time in institutions:	Number of children who never return home	Number of children who return home only for holidays	Number of children who return home for weekends and holidays
Children with parents	3146	1,765	14,313
Orphans and children deprived of parental care	5,216	52	494
<b>Total</b>	<b>8,362</b>	<b>1,817</b>	<b>14,807</b>

Points of note:

Only 8,362 children never return home. This means that, with the right support, the majority of children could return home full-time to live with their families. Moreover, a thorough assessment is needed of the children who do not return home, as it is likely that some can be reunited with support.

#### 4.2.6 Reason for institutionalisation

Reasons for full-time stay in an institution:	Inability to find family-based care for the child	Inability to meet the child's needs due to difficult life circumstances	Inability to meet the needs of the child due to developmental disorders, including complex disorders	Specialised education (art, sports, military)	Parents fail to fulfill their duties for unknown reasons	Other reasons
Education institution	1,792	732	6030	6,359	27	2,653
Healthcare institution	965	624	250	0	37	110
Social protection institution	1,259	1,396	860	0	61	216
Private institution	139	317	0	0	4	97
<b>Total</b>	<b>4,145</b>	<b>3,069</b>	<b>7,140</b>	<b>6,359</b>	<b>129</b>	<b>3,076</b>

#### 4.2.7 Admissions and discharges

According to the data, during the period of July – September, 2022:

- 1,860 children were admitted to the institutions; and
- 1,373 children left the institutions.

Please note, these figures are just a brief snapshot of the data currently available. They are further broken down in some detail by region. There is also information available about evacuated children. *However, this snapshot demonstrates that considerable data is available and can be used as a sound basis for planning.*

*It is also essential to note that the overall number of children in institutions, although significant, is much lower than might have been expected.* This should provide encouragement because: it is an indicator of considerable success in care transformation to date; and *with the right support, it will be possible to complete care transformation – and end the institutionalisation of children – within ten years, despite the war.*

### 4.3 Required changes to laws and funding flows

Participants at the five-day workshop identified the following priorities in terms of changing laws and funding flows.

- To introduce monitoring of the right to education, social services, and medical care in institutions.
- To develop a new deinstitutionalisation strategy
- Monitoring of all children in care
- Ensure legislation to implement the principle "money follows the child" in practice.
- Changes in education- to facilitate sending children to school as soon as possible. The problem of access to education for children from institutions.
- Simplification of procedures within the framework of digitalization.
- Support for children leaving institutions, including access to education.
- Amendments to the Law of Ukraine "On Social Services" to allow for direct access to services through direct contact with service providers. Ensure identification and assessment of family needs and diagnostics, and provide appropriate training for parents and education for children. Parents are responsible for the education of a child with a disability – to provide support to parents of a child with a disability to ensure that the child receives education. Develop a protocol, similar to medical protocols, on child development, upbringing and education.
- Amendments to the Law of Ukraine "On Social Services" and the Law of Ukraine "On Social Work to simplify the provision of services – not through a contract, but in a simple way that families trust.
- Adopt criteria for determining the best interests of the child based on international standards.
- Define what are alternative forms of child care and what is institutional child care.
- Redirect money from residential institutions to social services

#### **Required funding**

- Money to support young care leavers – housing, education, etc.
- Financing deinstitutionalisation from the state budget and from donors.
- Raising salaries for employees of children's institutions and service providers. Psychologists and social workers are low paid.
- Funds for staffing: salaries, training, raising the prestige of the profession of social work.

#### **Conclusions:**

The participants believe strongly that services should be created at community level, and supported financially by the state. All participants recognised the need to redirect funding from supporting institutions to providing social services in communities, in all communities in all oblasts, according to the needs of these communities.

To do this, it is necessary: 1) to amend the Budget Code, the Laws of Ukraine "On Social Services", "On Social Work", "On Local Self-Government" => to finance services, => to oblige communities to create services => to introduce parental capacity building, social work, early detection, prevention; 2) to strengthen the professional education of social workers, psychologists and other specialists, including the introduction of specialisation at the bachelor's level (social work with children with disabilities, internally displaced persons, children with mental disorders).

The young care leavers emphasised the problems of children related to institutionalization: 1) the need to support young people after they leave the institution – admission to colleges and universities, housing problems, new needs related to independent living 2) quality monitoring and assessment of the needs of children currently in institutionalized facilities – to prevent violations of children's rights in the institution in a timely manner.

The question remains whether an official strategic document is needed to further transform the child care system. There was a proposal to adopt a new one or update the existing one. This document should be centrally funded, with a clear mechanism for financial support to communities.

#### **Challenges:**

- Most communities are not interested in creating services and financing them because they do not understand the issues. The Association of Ukrainian Cities opposes the creation of services in communities.
- The number of social workers that need improved training is assessed as high. There are few relevant training programs in the country. Social work as a profession is not prestigious, and young people are not motivated to join these professions. No funds are allocated for training institution personnel and ongoing training of social workers and others.
- The Ministry of Finance of Ukraine and other entities (oblast administrations) are insufficiently interested and do not understand why it is necessary to redirect financial flows and co-finance services and the creation of social services in communities. This may result in resistance from the Ministry of Finance to co-financing the deinstitutionalisation Strategy from the state budget.
- NGOs do not have sufficient capacity to prepare strong economic calculations – information that is vital to argue for changing financial flows.

#### **4.4 Recommended priority actions**

- Identify an expert organisation to map the current available data, identify gaps and carry out a Strategic Review to fill the gaps in data
- Identify an expert legal team to carry out a more in-depth analysis of legislation and regulation, to recommend and draft proposed changes to legislation
- Identify an expert organisation to carry out a comprehensive financial analysis of the care system in Ukraine, as a basis for planning the redirection of resources
- Carry out a risk analysis of the entire care transformation process. Develop and resource mitigation activities.

## 5. Behaviour Change Communications

### 5.1 What is a Behaviour Change Communication (BCC) strategy?

A Behaviour Change Communication (BCC) strategy can dramatically reduce resistance to care transformation. It can also mobilise support for care transformation among a wide group of stakeholders. A BCC strategy differs from a public relations campaign. Whilst mass media will play a role, an effective strategy is broader, working at many more levels, using different channels of communication aimed at different audiences.

A BCC strategy involves a range of coordinated activities to repeatedly convey targeted messages that change the knowledge, attitudes and behaviours of specific groups of people. For example, we may need to recruit foster families in a community where foster care is brand new. Therefore, we need to raise awareness of fostering and encourage appropriate families to apply. If we are including children with disabilities in community schools for the first time, there might be fear and hostility among teachers, parents and students. In addition to physical adaptations of the building, a modified curriculum and additional teaching resources, inclusive education requires a change in attitudes, so the school becomes a welcoming environment.

Developing and implementing a high-quality effective BCC strategy is best done by hiring a communications expert or specialist agency. However, it is essential that the BCC expert should work closely with the local experts in care transformation to develop the right strategy.

The BCC strategy should have an overarching message or brand that becomes easily recognisable. This message is regularly repeated and will eventually be remembered by many people and automatically associated with care transformation. Beneath that overarching message, each different group or audience requires a specific set of messages. That is because we may need each different group to undergo a specific attitudinal change or undertake a different sort of action. In addition, different people receive messaging in different ways – certain approaches or channels may work better for each group.

The process begins by identifying and segmenting the different audiences – all the groups whose attitudes or behaviour we aim to change. This might include: politicians; institution personnel; schools and families among others. Ideally, this is followed by research – such as polls and Knowledge, Attitudes and Practices (KAP) surveys. These surveys will provide insights into the specific barriers to change that should be addressed by the BCC strategy.

The next step is to outline the required changes, based on the results from the KAP and polling data. This informs the messages most likely to change the attitudes and practices of the key target group.

This is followed by the identification of the best medium, channel or method to communicate each message. At this point in the planning, it usually becomes apparent that, whilst news stories in the mass media are helpful, many of the stakeholders will require different approaches, such as group meetings, or messages passed by community leaders, such as in places of worship.

The final stage is to calculate the resources and time required to implement the strategy.

Messages should be concise, clear, and positive and should engage the emotions. For example, the message: “we’re closing the institution”, feels negative and like an ending. Whereas the message “we’re finding families for every child” is much more positive and hopeful. It feels like the beginning of something new.

When resources are limited, many people are reluctant to prioritise spending on a BCC strategy, as it is difficult to see how these activities directly help children. However, evidence from other countries demonstrates the transformative nature of an effective BCC strategy. In Romania for example, when the European Commission provided the government with funding for the development of services to replace institutions, it also allocated a significant fund to run a BCC strategy. The resulting campaign – *Casa de copii nu e acasa* (a children’s home is not home) – made a significant impact on the attitudes of an entire society and mobilised huge public support for transforming care.<sup>33</sup> The BCC strategy was essential to success, accelerated care transformation, placing more children with families in a shorter space of time. In the long run, it actually helped save money.

BCC should be planned in coordination with advocacy, because a combination of messaging that satisfies both intellectual concerns (head) and emotional responses (heart) is the most effective in achieving a true cultural and behavioural shift among stakeholders.

Finally, a BCC should not exist in isolation. One expert described communication as ‘the oil in the engine’, keeping all the parts moving effectively and efficiently. But it is not the engine itself. Unless we are changing laws and building new systems, a BCC will be of limited value.

## 5.2 Towards a BCC strategy for Ukraine

The participants at the strategic planning days in Kyiv provided input and insights into the requirements for a BCC strategy to support the care transformation process in Ukraine.

### Target groups/stakeholders

- Directors of institutions
- Representatives of local authorities
- Parents of institutionalised children
- Service providers- all types including rehabilitation, education, health care, and anyone who works with children.
- Non-governmental organisations
- Charities that provide help to institutions
- Philanthropists
- Churches
- Community leaders
- Local governments

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<sup>33</sup> Iusmen, I., (2015) Children's rights, Eastern enlargement and the EU human rights regime. Manchester University Press

- Local council
- Regional council
- Political parties
- Media
- Journalists
- Associations of foster families
- Associations of alternative care services
- Celebrities
- Opinion leaders
- Local businesses
- Large companies
- International organisations
- UN structures
- Small NGOs
- Newly formed organisations for war relief
- The general public
- National government

### **Behaviour and practices that need to change**

Participants discussed behaviours and practices that need to change during the strategic planning days, including:

- Society may not be ready to accept diversity, particularly when it comes to persons with disabilities
- Society excludes or institutionalises those they see as different or unable to compete
- Many professionals and politicians do not know that institutionalisation is harmful so continue with their old practices.

### **Key messages**

Participants discussed key messages for the behaviour change strategy. These messages included:

- The link between homelessness and institutionalisation. When children turn 18, they often end up on the street
- All children will be affected by the war and will need help adapting to life
- Children in institutions are harmed, their development is negatively affected, and they do not survive outside of family
- Institutionalisation was a part of our Soviet past – we are now moving towards the idea of a free democracy
- Informing society of child's rights
- There are options for children with disabilities other than institutional care; all children should live with families
- Volunteering and donating goods and services to institutions does more harm than good; there are better ways to help – focus on families

- Institutionalised children are individuals, not numbers
- Children do better in families
- Institutional care is more expensive than family-based care
- DI for adults must be prioritised at the same time, so that children with disabilities are not re-institutionalised when they turn 18.

### **Resources required**

Participants discussed different resources required to make these changes happen, including:

- National policy
- Political will
- Community level support and services for families and children
- Individual needs assessment for each child
- Expert team to plan, lead and implement BCC.

### 5.3 Recommended priority actions

- Allocate at least €1 million of the EU fund to the development and implementation of a BCC strategy
- Hire an expert organisation to undertake KAPs and polls, to identify the main priorities of the BCC strategy
- Convene a working group to develop terms of reference for the development and implementation of a BCC strategy (informed by the KAP and polling data)
- Hire an expert company to develop and lead the BCC strategy.



## 6. Designing the system to replace institutions – immediate priorities

Care transformation programmes take years to design, implement and deliver safely. However, the longer children remain in institutions, the greater the harm they suffer. Therefore, when planning and implementing care transformation, it is advisable to prioritise urgent interventions for children at the greatest risk of harm.

In the current situation in Ukraine, the risks to children are exacerbated by the impact of the war. It is therefore recommended that emergency intervention plans are made for a range of priority groups of children.

### 6.1 Babies and infants

As the global evidence demonstrates, babies and infants are at particularly high risk of harm in institutions and therefore should be prioritised as early as possible in the care transformation process.

The data from NSS shows that there is now a relatively low number of children aged 0 to 5 years. Given the right plans and sufficient resources, it is reasonable to expect that services for babies and young children could be completely transformed within five years.

However, the Temporary Investigative Committee raised particular concerns about practices in deinstitutionalisation of baby institutions.

Therefore, there is a need to develop a comprehensive approach, learning from best practices in Ukraine and elsewhere, as well as learning from mistakes. It is recommended that, once developed, this approach should be piloted in three baby institutions (potentially in the three pilot regions). This should be expertly monitored and learning should be drawn to inform scaling up to national level.

#### 6.1.1 Recommended priority actions

- Rapidly review the deinstitutionalisation process for baby institutions.
- Improve the approach based on best practices
- Pilot the approach in three baby institutions (years 1 and 2)
- Scale up and roll out for all children aged 0 – 5 years (in years 3 – 5 of the national strategy).

### 6.2 Children with disabilities and high support needs (HSN)

Children with high support requirements living in institutions are particularly at risk of abuse, harm and preventable mortality. Similar to the situation that used to exist in other countries, such as Romania and Bulgaria, there is a documented history of severe neglect of children with disabilities in institutions in Ukraine.<sup>34</sup> This group of children and adults are likely to spend most of their day lying in bed. Many have been suffering from chronic malnutrition – often for years.

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<sup>34</sup> Disability Rights International (2015). No Way Home. The Exploitation and Abuse of Children in Ukraine's Orphanages

Where institutions have become overcrowded and understaffed, there is often insufficient staff time to respond well to personal care needs – such as changing nappies – and to ensure they can eat and drink enough nutritious food. As a result of lying in their beds all day and severe malnutrition, they are extremely thin and are likely to be prone to respiratory and other illnesses associated with malnutrition.

A 2022 investigation observed “children tied down, left in beds in near total inactivity, and held in dark, poorly ventilated rooms that are so understaffed that they are enveloped in smells of urine and feces. Children rock back and forth or self-abuse as a result of years of emotional neglect.”<sup>35</sup>

There are likely to be approximately 2,000 children with high support requirements in institutions in Ukraine.<sup>36</sup> Some of these children have may have been left behind in institutions in unsafe areas; others have been evacuated to Western Ukraine. As a result, some institutions have become overcrowded and understaffed. An unknown number of children with high support needs were evacuated to third countries – particularly Poland and Germany.

In October 2022, the Committee on the Rights of the Child and the Committee on the Rights of Persons with Disabilities put out a joint statement on Ukrainian children with disabilities, saying, in part:

*“The Committees are gravely concerned for the safety of children with disabilities and high support requirements. Due to the particular neglect associated with institutionalization, these children are likely to be susceptible to respiratory and malnutrition- related illnesses.... those children who remain in understaffed, underserved and overcrowded institutions in Ukraine, are subjected to a disproportional risk of mortality.*

*“The Committees call upon all actors to work urgently to address these concerns and reduce the risk of death, trafficking and abuse of Ukrainian children with disabilities in institutions.”<sup>37</sup>*

This group of children should be prioritised in deinstitutionalisation as their risk of severe trauma and mortality is high. But, in most cases, it is preventable with the right intervention.

### 6.2.1 Recommended priority actions

#### **STAGE 1: Rapid triage.**

1.1 Using available data, firstly identify all children and adults in institutions who are:

- babies and young children with disabilities
- registered as Disability Sub-group A
- suffering from severe, chronic illnesses that put them at higher risk of mortality
- exceptionally small and/or underweight for their age

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<sup>35</sup> <https://www.driadvocacy.org/wp-content/uploads/DRI-Ukraine-Left-Behind.pdf>

<sup>36</sup> This estimate is extrapolated from two sources: the 2021 data on institutions documented by the then Presidential Ombudsman’s Office, together with the Lumos foundation; and a detailed analysis of the most recent data provided by NSS.

<sup>37</sup> Joint statement by the Committee on the Rights of the Child and the Committee on the Rights of Persons with Disabilities on Ukrainian children with disabilities (7 October, 2022) <https://reliefweb.int/report/ukraine/joint-statement-committee-rights-child-and-committee-rights-persons-disabilities-ukrainian-children-disabilities>

- physically restrained to prevent aggression or self-harming; or are restrained using psychotropic medication.

It should be noted that not all people in these categories will be at a high risk of mortality. However, it is likely that those most at risk of mortality are included in these categories.

1.2 Using a rapid triage assessment tool, identify the children and adults at the highest risk of mortality without immediate intervention. Ideally, such a triage process should be led or informed by WHO. NGOs with a specialisation in emergency medical care and evacuation may also be a resource here.

1.3 The Ukrainian government is currently undertaking a monitoring process of all the residential institutions. It is possible that the triage process could be incorporated into – or run alongside – that monitoring.

## **STAGE 2: Medical evacuation plan**

2.1 Working with the international community, urgent medical evacuation should be arranged for those children and adults who are unlikely to survive without complex medical intervention. Ideally that evacuation should be within Ukraine, to hospitals that have the facilities to address these complex issues.

2.2 Where it is not possible to relocate children within Ukraine, the European countries with more capacity should offer to take individuals who require the greatest level of support and medical care. Discussions should begin immediately with the European Commission and with European countries who could offer support.

## **STAGE 3: Improve care and support in situ**

3.1 Simultaneous with Stage 2, and whilst evacuation plans to be developed, there is a need for an immediate improvement in care provision for children and adults with high support needs living in institutions.

3.2 A priority list should be drawn up of people at the highest risk of mortality, and individual plans for urgent care should be produced

3.3 There is a need for additional personnel to provide individualised care, support and stimulation to children and adults, to ensure they can eat properly, their personal care is supported and to help them begin to recover.

3.4 Based on the initial triage, the number of additional personnel required can be calculated. Personnel or volunteers should be mobilised from the local area near the institution, so they can visit most days. They do not need to be experts, but should have some experience of providing care and, ideally, some knowledge of disability.

3.5 A team of experts should be appointed at national level to oversee the hiring and training of additional personnel. A Training of Trainers (ToT) programme can be developed and delivered rapidly to these experts. This will provide basic and ongoing training on providing

individualised care and support for children and adults with high support needs – particularly those with eating and drinking difficulties.

3.6 A team of international experts could also be convened who could support the national team online – to help address particularly challenging situations.

Please note, this initial plan is focused solely on helping the children and adults survive. Once that is achieved, further resources should be allocated to detailed individual assessments and medium-term care and support plans.

The humanitarian response agencies should

- assist with or lead a rapid triage assessment
- prioritise a medical evacuation plan for those who need it
- allocate resources to support the hiring of a national team of experts, as well as a small international team, who can oversee the improvement of care during the winter months
- allocate resources to hire additional local personnel or volunteers from implementing partners and CSOs to undertake direct, individualised care work with those at the highest risk of mortality.

### 6.3 Children from institutions deported to Russia

Since the escalation of the armed conflict in Ukraine on February 24, 2022, Ukrainian children have been transferred to Russia and within areas under the effective control of the Russian Federation or Russian Federation-backed Non-State Armed Groups.

“While the Russian Federation claims these are “evacuations”, the UN Commission of Inquiry concluded that none of the cases examined were justified by safety or medical reasons, nor did they satisfy the requirements set forth by international humanitarian law.”<sup>38</sup> On 17 March 2023, the International Criminal Court issued an arrest warrant for the President of the Russian Federation stating he “is allegedly responsible for the war crime of unlawful deportation of population (children) and that of unlawful transfer of population (children) from occupied areas of Ukraine to the Russian Federation.”<sup>39</sup> An arrest warrant was also issued for Ms. Maria Alekseyvna Lvova-Belova, Commissioner for Children’s Rights in the Office of the President of the Russian Federation, with the same accusations.<sup>40</sup>

**There is no clear data** on how many separated and institutionalized children were transferred to the Russian Federation. According to the Commission of Inquiry on Ukraine, transfers affected at least the following categories: children who lost parents or temporarily lost contact with them during hostilities; children who were separated following the detention of a parent at a filtration point; and children in institutions.<sup>41</sup>

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<sup>38</sup> <https://www.gov.uk/government/news/joint-statement-on-deportation-of-ukrainian-children-by-russia>

<sup>39</sup> <https://www.icc-cpi.int/news/situation-ukraine-icc-judges-issue-arrest-warrants-against-vladimir-vladimirovich-putin-and>

<sup>40</sup> <https://www.icc-cpi.int/news/situation-ukraine-icc-judges-issue-arrest-warrants-against-vladimir-vladimirovich-putin-and>

<sup>41</sup> [https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/coiukraine/A\\_HRC\\_52\\_62\\_AUV\\_EN.pdf](https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/coiukraine/A_HRC_52_62_AUV_EN.pdf)

The Ukrainian government has identified over 19,000 children unlawfully deported or otherwise separated from their parents or guardians.<sup>42</sup> The Yale report found 6000 children ranging in age from 4 months to 17 years in 43 facilities, two of them housing children reported to be orphans.<sup>43</sup> Several hundred children have so far been returned to Ukraine and reunited with their families.<sup>44</sup> These are all children whose family members were able to travel to Russia to claim them.

As of March, 2023, according to the Russian Federation's Commissioner Lvova-Belova, 380 orphans from the so-called Donetsk People's Republic and Luhansk People's Republic were placed to foster families in the Russian Federation<sup>45</sup>. According to her previous public statements, at least 133 Ukrainian children acquired citizenship of Russian Federation.<sup>46</sup> As of 2022 – 120 Russian families submitted applications to adopt children from Ukraine<sup>47</sup>.

Thus, numbers of children from Ukrainian institutions or separated children from Ukraine transferred to the Russian Federation may be in the thousands. These include orphans, children without parental care and separated children. Some are placed to foster families or adopted; some are institutionalised; some children acquired Russian citizenship; and some children might be recognised as orphans or obtain other statuses according to Russian legislation.

International Humanitarian Law (IHL) obligates the occupying power that is evacuating civilians outside of the territory to inform the state about the movement of its citizens. This data should be differentiated and include whether the children are unaccompanied, separated or have come from institutions. It should also be sex-disaggregated and account for children with disabilities. However, the Russian Federation has until now failed to develop effective cooperation with the mandated international organisations to cooperate on family tracing and create conditions for their mandated operations as required by the IHL.

**The Impact of changing of the legal status** of a child in the Russian Federation (including acquiring citizenship, adoption and obtaining status of orphan or other statuses in the Russian Federation.)

Although Russian law prohibits the adoption of foreign citizens, President Putin signed a decree making it easier for Russian citizens to adopt Ukrainian children. While some of the children had been living in Ukrainian orphanages or group homes, many have relatives or guardians who want them back. Children who were living in institutions in Ukraine have a right to their identity and heritage as Ukrainians – and may also have families who want them back, if support is provided. This decree will make it significantly more difficult to trace children and facilitate their return to Ukraine and reunification with families or relatives.

During emergencies, such as conflict, it is a well-accepted principle of States' obligations under international law that adoption is not an appropriate response to unaccompanied and

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<sup>42</sup> <https://www.gov.uk/government/news/joint-statement-on-deportation-of-ukrainian-children-by-russia>

<sup>43</sup> <https://hub.conflictobservatory.org/portal/sharing/rest/content/items/97f919ccfe524d31a241b53ca44076b8/data>

<sup>44</sup> <https://www.gov.uk/government/news/joint-statement-on-deportation-of-ukrainian-children-by-russia>

<sup>45</sup> <https://www.interfax.ru/russia/894651>

<sup>46</sup> <https://www.google.com/amp/s/m.lenta.ru/news/2022/08/07/deti/amp/>

<sup>47</sup> <https://www.google.com/amp/s/rg.ru/amp/2022/06/01/120-rossijskih-semej-podali-zaiavki-na-usynovlenie-sirot-donbassa-i-ukrainy.html>

separated children. It is prohibited under the Alternative Care Guidelines.<sup>48</sup> Children separated from their parents during a humanitarian emergency cannot be assumed to be orphans. Until the fate of a child's parents or other close relatives can be verified, each separated child should be considered as still having living relatives or legal guardians and, therefore, is not in need of adoption. Every effort should be made to reunify children with their families, when possible, if such reunification is in their best interest. This includes children who were living in residential care facilities when the crisis escalated, who often tend to be children with disabilities.

These activities constitute potential violations of the Convention on the Rights of the Child and the Geneva Conventions.

### 6.3.1 Recommended priority actions

- To improve reunification activities existing now:
  - Technical dialogue between the Ombudsmans' institutions and the relevant ministries (i.e. Ministry of Reintegration of the Temporarily Occupied Territories of Ukraine and their relevant counterpart in the Russian Federation) needs to be established as a matter of utmost urgency to fulfil children's rights and reunited them with their legal guardians.
  - Establishing a deeper working relationship between civil society organisations in both Ukraine and the Russian Federation.
  - Sharing information within and between countries is essential for tracing, as is the use of the accessible innovative methods for tracing process.
- Modify and strengthen the regulations and processes of the Barnahus, so that they can be expanded. These should be used to facilitate interviewing of all deported children who return to Ukraine. This will mean that all professionals who need to interview children (migration authorities; prosecutors collecting evidence of war crimes; doctors who need to assess health and evidence of injury or abuse; social workers who need to plan appropriate care for the children, inter alia) can do this as a team on one occasion. This will minimise additional trauma to the child and maximise their chances of recovery.
- Develop a specialist foster family care programme for these children. These foster families will be specially trained in carefully addressing the particular needs of these children. Families should be provided regular access to specially trained social workers and psychologists, who will guide them in responding appropriately to the children.

### 6.4 Children from institutions evacuated to other European countries

According to government data, in the first weeks of the war, the Ukrainian government managed to reunite 31,000 children from institutions with their families (the overwhelming majority of whom were children from residential schools). According to UNICEF, the total was 38,882.<sup>49</sup>

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<sup>48</sup> <https://digitallibrary.un.org/record/673583?ln=en>; [https://www.unicef.org/ukraine/media/26731/file/UNICEF\\_CiAC-monitoring%20report.pdf](https://www.unicef.org/ukraine/media/26731/file/UNICEF_CiAC-monitoring%20report.pdf)

<sup>49</sup> Ukrainian Ministry of Social Policy Press Release, 19 March 2022: "since the beginning of the large-scale Russian invasion of Ukraine from institutions with 24-hour stay, 30,582 children have been returned back to the care of parents or other legal

At the same time, mass evacuations of children from institutions took place. Many were organised by civil society organisations working in cooperation with local authorities and institution directors. At this point, in the initial chaos of the war, government oversight of this process was limited. Thousands of children were evacuated within Ukraine and to other countries. According to further government data (5/5/2022), 6,465 children from institutions were evacuated – 2,375 in Ukraine and 4,090 abroad. Of those evacuated abroad, approximately 1,922 are in Poland; 572 are in Germany; 204 are in Italy, etc.<sup>50</sup>

Because children have not been fully included in the child protection system of receiving countries, there have been some instances of inappropriate return of children to Ukraine – including children with high support requirements. These decisions have not been made in the best interests of children and were not based on individual assessments. As a result, children have been placed at heightened risk of harm due to additional unnecessary moves, as well as being returned to unsafe, inadequate conditions.

However, there is little available data about the children left behind in institutions in Ukraine. The government's data suggests that some groups of children were left behind when institutions were evacuated.<sup>51</sup> There is no published data, but civil society organisations suggest that children with the highest support needs tend to be left behind because evacuating them is so complex.

When the Ukrainian government issued its regulations in March to attempt to control the situation of the evacuation of children from the care system, it was understandably concerned about the risks of trafficking and of children being severed permanently from their families, cultures and communities. This is why the government insisted on children staying together in groups.

However, as a result, children have been placed – and left for more than a year – in unsuitable institutional environments, with no prospect of being transferred to better forms of care.

Some receiving countries appear to have accepted the Ukrainian government's regulations. This means the children are not being treated as they should – on an equal basis with citizens and looked after by the receiving country's child protection system. Instead, it appears the children are looked after in a parallel system created specifically for the response to the crisis. Whilst that might be understandable in the early stages of the war, a year later, and with no end in sight, there is a need for the Ukrainian authorities and all receiving governments to reassess urgently the current arrangements and make a plan to achieve compliance with their international legal obligations.

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representatives. [Of these] 30,078 are from institutions under the Ministry of Education and Science; 95 children are from institutions under the Ministry of Health; and 409 from institutions under the Ministry of Social Policy"

<sup>50</sup> Data provided by President Zelenskiy's Office. Full details were included in the previous memo- Annexe 1 to this document

<sup>51</sup> Please note, this is from internal Ministry of Social Policy data provided in confidence to EDF

According to Human Rights Watch, “as of December 2022, 693 of these children had returned to their original institutions, and 537 had returned to their families, according to the Ukrainian authorities.”<sup>52</sup>

Despite the ongoing and escalating war and the impact of winter, there were numerous cases in late 2022 of children returned to Ukraine inappropriately, in circumstances that do not take into account of the best interests of each individual child.

According to NSS, “Ukraine decree number 974... provides for the rights of the custodial care agents –local government bodies – to take decisions on the feasibility of return of children in case of emergency which takes place at the place of their relocation or evacuation. By this procedure 34 decisions of the return of institutions were already taken. 17 were returned from other countries and 17 were returned to their original location from their evacuation within Ukraine.”<sup>53</sup>

In one instance at least, according to representatives of civil society in the Czech Republic, children were returned to an institution in Zhytomyr, Ukraine, from a relatively safe and supported environment. The children had not been included in the child protection system in the Czech Republic and, therefore, the Czech government had no official authority over the children’s care. However, local NGOs and the Czech authorities were providing considerable support to the group of children, including housing, additional personnel (as too few had travelled with the children), food and other necessary items.

The decision to return the children appears not to have been made in the best interests of the children. According to interviewees, there are concerns that the director of the institution who had remained in Ukraine was worried the empty institution might be closed and the personnel might lose their jobs. He therefore instigated the return of the children, without undertaking individual assessments of the children’s needs.

The group included six children with high support requirements, who needed to be transported by ambulance, due to their fragile state of health.<sup>54</sup> This case is of great concern and warrants urgent investigation. If, indeed, children with high support requirements have been returned, comprehensive individual assessments are urgently required. Recent reports from Dnipro suggest similar inappropriate returns have happened. These are the subject of an investigation by the Ombudsman.<sup>55</sup>

This recent rapid return of more children from institutions- including those with disabilities- to very unsafe areas in Ukraine was first highlighted by NGOs. In May, 2023, international organisations working with children in Ukraine and with refugee children in Poland started receiving reports of imminent returns of children in institutional care centres back to Ukraine

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<sup>52</sup> <https://www.hrw.org/report/2023/03/13/we-must-provide-family-not-rebuild-orphanages/consequences-russias-invasion>

<sup>53</sup> Interview with NSS and Surge team as part of EDF’s research

<sup>54</sup> Key informant interviews as part of EDF’s research

<sup>55</sup> [https://ombudsman.gov.ua/uk/news\\_details/zvyazani-diti-vidsutnist-ukrityta-ta-antisanitariya-rezultati-monitoringovogo-vizitu-do-dityachogo-budinku-internatu-u-m-dnipro?fbclid=IwAR3JqDOo7KmGPtcd1PEwly9dSPKUMzmKABBGM5o-pldoGEF7X6Ycd4nds\\_g](https://ombudsman.gov.ua/uk/news_details/zvyazani-diti-vidsutnist-ukrityta-ta-antisanitariya-rezultati-monitoringovogo-vizitu-do-dityachogo-budinku-internatu-u-m-dnipro?fbclid=IwAR3JqDOo7KmGPtcd1PEwly9dSPKUMzmKABBGM5o-pldoGEF7X6Ycd4nds_g)



from Poland. As with the cases in 2022, they were planned without individual assessments and with no preparation or coordinated planning.

Several institutions have already been returned to 2 oblasts in Ukraine. The first institution was returned to the Rivne oblast (30 children). On 15 May, 29 children were returned to the city of Dnipro, which is located close to the contact line. On 21 May, after their return, the city of Dnipro was again heavily shelled with casualties among civilians. The institution in Dnipro lacks a shelter and elevator, contributing to the pre-existing poor conditions that have been reported over the last several years. Since the institution does not have sufficient security and staffing, the children were then placed in several medical institutions in Dnipro to accommodate their high-support needs. 49 children have returned to several facilities in Kirovohrad oblast, where shelling has also taken place including such cities as Kropyvnytskyi.

All children from institutions can be traumatised by unprepared moves – and the more moves a child experiences, the more traumatised they become. As well as the impact on mental health, this can have a significant impact on physical health and on behaviours: self-harming, aggression towards others, eating and sleeping difficulties are commonly noted in children moved suddenly from one institution to another. For children with high support requirements, the impact can be even greater. Increased self-harming may be managed by restraining children physically or through the use of psychotropic medication – practices that have been described as inhuman and degrading treatment. At times, unprepared moves for children with high support requirements result in increased mortality.

There is a significant provision of international law that pertains here. The Special Rapporteurs' letter to the Ukrainian government states: "We wish to recall that the CAT also provides for the protection against the non-refoulement of persons to situations where they may face torture and ill-treatment. This provision may be relevantly invoked in the instances in which, should institutionalized children with disabilities who are received by other countries and placed in families and communities, would be forced to return to institutions once the conflict is over."<sup>56</sup>

Because NSS's regulation allows for return without individual assessment of children's needs and rights, there is a real danger that return will place children – particularly those with disabilities – at serious risk of harm and contravene their rights under international law.

#### 6.4.1 Recommended priority actions

The Ukrainian government should work with European governments to:

- Include all evacuated children in the child protection systems of the receiving countries, to ensure children can benefit from all the protections those systems offer. These should prioritise children at the highest risk of harm, including babies, children with disabilities and high support needs, and children displaying signs of abuse and neglect
- Pause any returns of evacuated children to Ukraine without an individual assessment and care plan. The first response should be to improve the situation and condition where children are living in host countries rather than moving them to a country with ongoing

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<sup>56</sup> Special Rapporteurs' Letter to the Ukrainian government. (29 July, 2022). AL UKR 2/2022 .  
<https://www.ohchr.org/en/press-releases/2022/08/ukraine-un-experts-sound-alarm-situation-children-disabilities>

active hostilities. Returns to Ukraine take place only when it is safe, voluntary, and in the best interests of the individual child.

- Implement individualised assessments of all children evacuated from institutions; develop individualised care and psychosocial support for all children; this will include medium-term plans for careful return to family care in Ukraine, once the situation is safe; assign social worker for every children who visits regularly to implement plans.
- Prioritizing placing children in family-based forms of care in host countries would reduce the risks of the poor conditions and treatment of children in institutions and the potential return to unsafe areas. Ensure that children (starting with the youngest as a matter of urgency) are transitioned to familybased care and de-institutionalized.
- Establishing a cross-border family tracing and reunification program in coordination with key actors
- Develop a foster family care system to take evacuated children, when they can return safely to Ukraine.

## 6.5 Children from institutions who were reunited with their families in the early stages of the war

In the first few weeks of the war, the Ukrainian government rapidly reunited tens of thousands of children from institutions with their families. This was possible because most children who were living in institutions still had relationships with their families and were likely to go home regularly – for weekends and holidays.

However, because these reunifications were not based on individual assessments, it is likely that some – potentially many – of these children are at risk of harm or neglect. Because many of the children were living in residential schools, it is possible that not all of them have been able to access education – particularly children with disabilities or communication difficulties. These children may also be at risk of re-institutionalisation, which would be traumatic for most.

### 6.5.1 Recommended priority actions

- Develop a rapid assessment tool for reunified children
- Develop a triage process, prioritising the children who are likely to be at the highest risk of harm
- Allocate sufficient resources to hire and train a large team of professionals to undertake individual assessments
- Individual assessments for all children reunited in the first weeks of the war
- Development of urgent interventions and medium-term care, education and psychosocial support plans for all reunited children
- Identify resources to support these interventions.

## 7. Designing the system to replace institutions – medium term

### 7.1 Key considerations in designing the new system

Once a comprehensive analysis of the care system has been completed, the data from that analysis is used to design the new system. That is a huge task that will not be achieved if we limit our vision of what is possible. We must ask: what do children need; what services would enable every child currently living in an institution to return to their family or an alternative family; and what services would prevent children entering institutions? However, there are several mistakes commonly made in planning a new system to replace institutions.

**A focus on institution buildings and personnel.** Care services should be designed around the needs and rights of children and families. However, many care transformation programmes begin by planning how to reuse the building and protect personnel from losing their jobs. These concerns are understandable, but this approach often results in establishing the wrong services in the wrong locations.

If an institution is far from families' homes, reusing the building to provide services will considerably reduce the possibility of family reunification. We must design the services based on children's need, rather than a desire to retain existing resources.

**Underestimating the possibilities for family reunification.** There is a tendency to judge parents of children in institutions and to believe very few want their children, or are capable of caring for them adequately. However, evidence and experience demonstrate that most children in institutions could live with their families if universal health and education services were strengthened and made inclusive for all children. In many cases, this belief is due to discrimination against certain communities, such as minority ethnic families, or against children with disabilities. When designing systems, these attitudes often lead to a focus on developing specialised services, such as small group homes, foster care or day centres, rather than prioritising services that keep families together and promote reunification.

**Replacing the institutional system with one type of care.** Institutions are harmful to children partly because they are a 'one-size-fits-all' solution and cannot respond to individual needs. To replace institutions, a range of services is required that respond to the individual needs of a wide variety of children. However, in many cases, only one type of care is developed – such as small group homes, family-type children's homes or foster family care.

**Limitations of vision.** When designing services, many people are limited by a belief that the services children need are not possible in our communities – either because of restrictive legislation or insufficient finances. Transforming care at scale is a long-term process that will require changes in legislation. In many countries, governments and donors invest little money in prevention and family support, whilst spending huge amounts on institutions. The redirection of these funds is essential to making the new system sustainable. Therefore, it is essential we design the new system based on children's need and not be limited by what is possible right now.

## 7.2 The range of services to replace institutions

Every country is different. However, there is a minimum range of services required to replace institutions.

This should start by planning to strengthen universal services. If education and healthcare (including mental healthcare) are inclusive and fully accessible to all children – including children with disabilities – many children could go home to their families with little extra support.

Next, targeted family-strengthening and support services, are required for some families – such as cash transfers and economic strengthening. Families of children with disabilities nearly always require some additional support, such as assistive technology, short breaks and childcare, family support workers or adapted housing.

Sometimes, children become separated or must be removed from a family to protect them. Therefore, emergency response services are needed, such as child protection social workers and emergency foster families. Children who have been abused may also need support to access justice and therapeutic services.

Even where excellent support services exist, there will be some families who cannot provide adequate care and protection for their children – temporarily or permanently. These children need foster or adoptive families.

Whilst most children can live in families, evidence suggests a small number of children with complex needs might do better living in a small group home.

Finally, teenagers in institutions who are moving towards adulthood need a range of supports to prepare them to live independently in the community. And young people who have left care may need support for some years – to access education, accommodation, employment and to build community support networks.

## 7.3 Designing the new system

A system of care is a series of laws, regulations, processes, procedures, services, practices and funding that all operate together with the purpose of providing care and protection for vulnerable children. Developing the new system requires new policies and legislation to facilitate the changes, which we covered in Chapter 4. It also requires the development of the new range of services, as well as new procedures for operating those services.

To deliver a new system at scale, our design of services must:

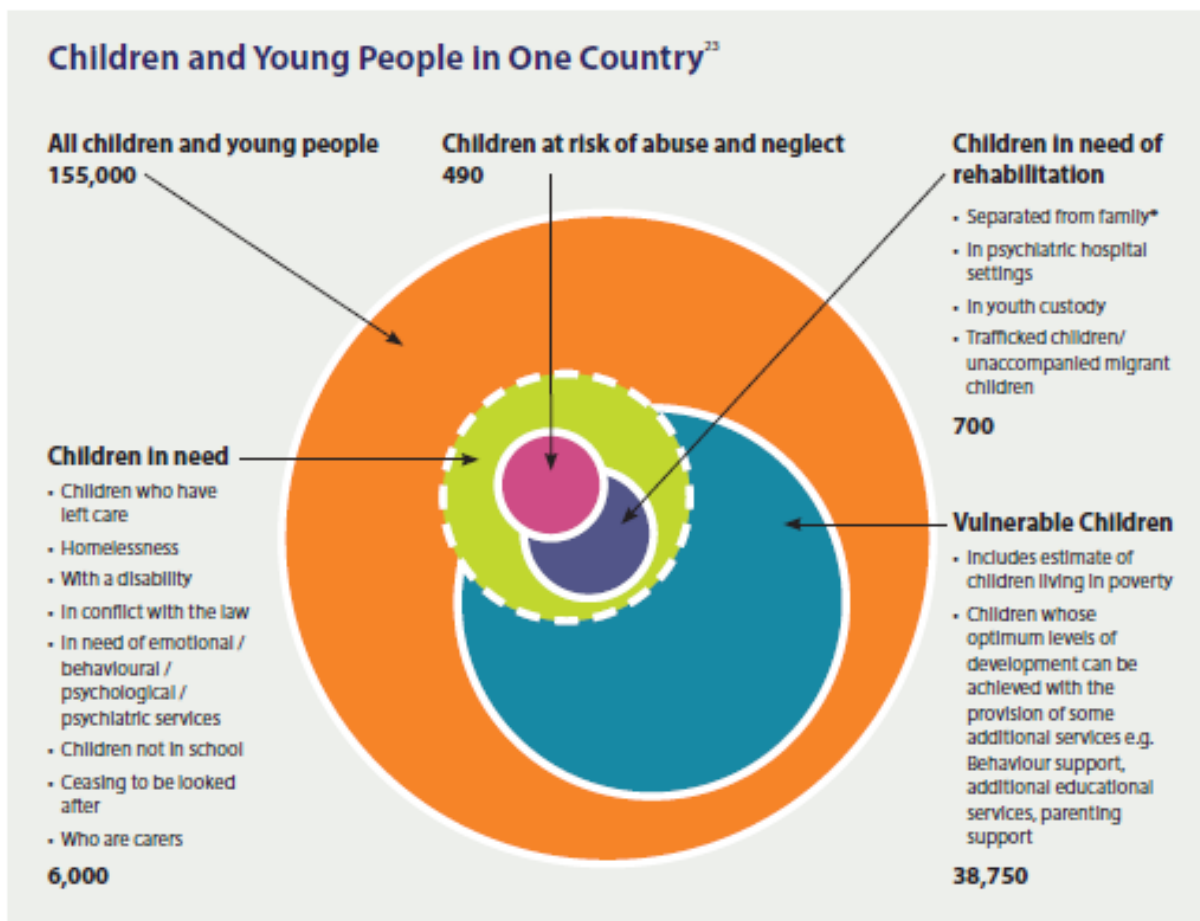
- Provide alternative placements for all the children currently living in institutions
- Develop services to prevent any further admissions of children to institutions
- Develop services to support other children and families who are not accessing adequate support; and

- Redirect resources from the institutional system to fund the services, making them sustainable.

This service design will be informed by the Strategic Review and Financial analysis. However, it is recommended that this data be utilised in conjunction with a service planning tool such as the Hardiker model.

#### 7.4 The Haridker model – an approach to needs assessment at community level

A Model for Assessing Need and Supply of Services,<sup>57</sup> tried and tested in numerous countries, can be used together with the data from the Strategic Review, to estimate service need and plan the required services. The Hardiker model makes it possible to plan the continuum of services required for children and young people, using the following definitions and levels of intervention, which presents actual data from a region of one country.



A crucial aspect of the Hardiker model is the recognition that **all** children need services of some kind – at least health and education services. In some countries, there are also universal community social services, such as child benefit (a cash transfer for every child) or children’s

<sup>57</sup> The information on this page is drawn from Department of Health, London (United Kingdom). (2000). Framework for the assessment of children in need and their families. London: The Stationery Office. Example also found in: Committee for Health, Social Services and Public Safety. (2002). Inquiry into Child Protection Services in Northern Ireland- Evidence. Retrieved from [http://archive.niassembly.gov.uk/health/moe/moe021009\\_vol3d.htm](http://archive.niassembly.gov.uk/health/moe/moe021009_vol3d.htm) NB the actual data is from a different country

centres, available to all families. The model then shows further groupings of children, some of which overlap, who have varying level of needs, as presented in the table below.<sup>58</sup>

Level of need	Level 1 All children	Level 2 Vulnerable children	Level 3 Children in need	Level 4 Children at serious risk and those requiring rehabilitation
Type of services	Universal health, education and other community services accessed by all children in the community	Children assessed as vulnerable, receiving additional services – health, education, social services, police, NGO community services	Children who have had a comprehensive assessment and a specific package of multi-agency support provided –may include child and adolescent mental health	Multi-agency, compulsory intervention; may include child protection plans and will include individual care plans

#### 7.4 Recommended priority actions

The participants recommend that regional and national planning for care transformation should be implemented as follows:

##### Planning and implementing demonstration regions

Stages:

- Local/regional needs assessment (using the Hardiker model, Strategic review and financial analysis). This considers
  - the situation of the children in the institutions
  - the rate of admission and discharge
  - the needs of children in the community at risk of various forms of harm
- Local/regional assessment of resources
  - Available human resources, financial resources, buildings and other capital assets in the institutional system
  - Other services provided by state authorities to support children in families and communities
  - Other services provided by NGOs or others

<sup>58</sup> Please note, the terminology used - 'vulnerable children', 'children in need', 'children at serious risk' etc – derives from the legislation of a specific country. The terminology may require adaptation in different country contexts

- Local/regional plan of services
  - Based on the needs assessment and assessment of available services, a new local plan of services will be developed. It will include plans
  - to strengthen and make more inclusive existing universal and targeted service; and
  - To establish new targeted services
- Local/regional resource redirection plan
  - Based on the needs assessment and the available resources, a plan will be made of how to redirect these resources to support and sustain the newly-designed system
- Local/regional investment plan. This plan considers
  - What additional financial and human resources are needed to develop the new services (up-front investment funding)
  - What additional financial and human resources are needed during the transitional stage (when new services are up and running but the institution has not yet fully closed).

### National roll-out

This is based on a realistic estimate that each region of the country could transform its system in a five-year period. However, if we try to start all regions at once, we will make serious errors. We will not have sufficient managerial capacity to manage roll-out across the whole country all at once.

Therefore, the following programme is suggested:

TIMEFRAME	REGIONS	NOTES
YEAR 1 AND 2	3 REGIONS, including one severely affected by war <sup>59</sup>	Demonstration phase – building the capacity and knowhow to manage a larger programme. These regions will complete DI by end year 6
YEAR 3	ADD 7 REGIONS	Learning from demonstration and expanding. These regions will complete DI by end year 7
YEAR 4	ADD 10 REGIONS	These regions will complete DI by end year 8
YEAR 5	ADD 7 REGIONS	These regions will complete DI by end year 9

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<sup>59</sup> NB This should probably be the three regions implementing the Better Care Initiative led by UNICEF

## 8. Planning the redirection of resources

### 8.1 Redirecting resource to achieve sustainability and scale

One of the greatest challenges in care transformation is ensuring the newly developed systems and services are sustainable. Our primary reason for transforming care is to improve developmental outcomes and access to rights for all children. However, one of the greatest barriers to convincing governments and donors to transform care is the concern that the process is expensive and unsustainable. Involving all key decision-makers in planning the redirection of resources is crucial to ensure government understands how care transformation at scale is possible.

Providing better services usually requires spending more money. However, whilst transforming care requires initial investment, huge sums are tied up in the institutional system. If the process is planned well from the early stages, we can redirect those resources away from the institutions and reinvest them in the new system of care, protection and support for children and families.

Many people believe institutional care is less expensive than family-based care and community services because it represents an ‘economy of scale.’ In reality, most community-based services which replace institutions are considerably less expensive to run. Studies consistently show that institutional care costs significantly more per child than good-quality family support services or foster care. This is even the case for family-based services for children with disabilities – which are slightly more expensive, but still considerably cheaper than institutional care. This is consistent in low-, middle- and high-income countries across the world. One study of countries across Europe found the cost per child to provide institutional care was: eight times more expensive than providing social services to parents and children; up to five times more expensive than foster care; and twice as expensive as small group homes.<sup>60</sup> This is consistent with the findings of more recent detailed financial analysis from Bulgaria and the Czech Republic.<sup>61</sup>

Institutional care costs so much because it requires high numbers of personnel to provide 24-hour care, as well as building maintenance costs. The paradox is that the countries that can least afford to pay for institutions (such as Ukraine), have the greatest numbers of children living in institutions. Whilst donors and governments are spending so much money on institutions, they imagine there is no money available for family support and community-based services.

A small number of children do require expensive services to meet all their needs and wishes, and to respect their rights. This is likely to include: children with disabilities and high support needs; children with complex mental health conditions; unaccompanied refugee children; children with challenging behaviours; children who might have committed serious criminal offences; and children who were recruited into armed groups.

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<sup>60</sup> Browne, K. (2005). A European survey of the number and characteristics of children less than three years old in residential care at risk of harm. *Adoption and Fostering* 29 (4), pp22–33.

<sup>61</sup> <https://www.wearelumos.org/resources/analysis-financing-deinstitutionalisation-process-bulgaria/> and [https://lumos.contentfiles.net/media/documents/document/2018/09/Czech\\_exec\\_summary\\_FINAL.PDF](https://lumos.contentfiles.net/media/documents/document/2018/09/Czech_exec_summary_FINAL.PDF)



However, these children rarely make up more than 15% of the institutional population. If we provide good family support services for the 85% of children currently institutionalised, these services are much less expensive than institutions and so we make considerable savings. *If we commit to reinvesting these savings – rather than letting them disappear from the system – we can afford the complex care and support services required for this small group of children.*

### Cost benefit

Moreover, better outcomes for children result in increased financial benefit to society in the future. Children who are loved, nurtured and protected in families are more likely to grow into adults who will be in employment, pay taxes and support their own family and community. They will also be less likely to require mental health services or to be involved in criminal behaviour.

### How do we plan to redirect resources?

Institutions have three types of resources that should be reinvested in community services. These are:

- financial resources including annual budget and donations;
- human resources including the institution's personnel;
- material resources including buildings, land, vehicles and equipment.

As the care transformation process begins, a decision should be made by key stakeholders to 'ring-fence' or protect all these resources, so they can only be reinvested in services to support the children and families in the community. If funding and resources are not protected and dedicated to fund new services, then as the numbers of children in institutions reduce, the resources will also simultaneously disappear from the system. This leaves insufficient resources to run the new services established to replace institutions.

Therefore, planning redirection requires an analysis of the resources currently in the system, namely the Strategic Review and Financial Analysis outlined in Chapter 4.

Once the data is available, we compare the resources we have with the resources needed to run the services we designed to replace the institutions (chapters 5 and 6). In nearly all cases, the new system of services is less expensive to run than the institutional system.

Next, we consider which resources can be redirected and plan how to make that happen. For example, not all personnel can be redeployed and not all buildings are suitable to house new services

It is then necessary to persuade the decision-makers and donors to adapt the legal or regulatory framework to facilitate the redirection of resources.

Convincing donors and governments to implement care transformation at scale will require the calculation of four sets of figures:

- the amount of money locked in the current system – annual budgets, external donations and the value of the buildings and other assets

- the budget required to run the new system of services in the future
- the one-off and capital costs in care transformation (such as costs to manage the process; any buildings required; the BCC strategy; training and capacity building, inter alia); and
- transitional costs required for a period of time. New services must open before the institutions close. This requires the funding of two systems in parallel for a transitional period.

The process of redirecting resources must consider seriously the issue of corruption, which is known to be a significant challenge in Ukraine.<sup>62</sup> Anecdotal evidence from the participants at the workshop suggests this is a problem inside the institutional system.

## 8.2 Recommended priority actions

- Ensure the Strategic Review includes a thorough analysis of material and human resources currently invested in the institutional system
- Once the new system has been designed, establish a working group to plan the redirection of resources in considerable detail
- Develop legislation or regulations to facilitate the ring-fencing and redirection of resources
- Develop regulations and identify resources for enhanced redundancy payments or other incentives, where personnel cannot be redeployed in the new system
- Where necessary, modify regulations regarding the disposal of buildings and other assets currently used to provide institutions
- Where appropriate, work with other reforms in the Ukrainian government. For example, any reform involving rural development might provide an opportunity to prioritise the development of new enterprises in villages where institutions are closing. In addition, reforms that focus on addressing corruption should assist in identifying and eliminating corrupt or fraudulent practices in the institutional system and ensuring those practices do not transfer across to the new systems of services that replace institutions. Most importantly, transformation of the institutional system for adults should be planned and coordinated with the care transformation strategy for children.

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<sup>62</sup> See, for example, <https://www.transparency.org/en/countries/ukraine>

## 9. Individual assessment, planning and preparation of children

### 9.1 Good social work practice in care transformation

The best-planned care transformation programme will only be successful if all children in institutions are carefully transferred to better placements. For most, this will entail family reunification. For some, foster family care or adoption. For a very small group of children, this may require small-scale residential care. Some young people will need support to move towards independent living.

However, deciding the appropriate placement for each child – and then ensuring the move to the new placement is a positive experience – is complex. It requires a considerable investment of human resources, time and skill. Moreover, it requires a shift in thinking and practice – from relatively simple, binary decision-making, to identifying the most appropriate form of care, based on a comprehensive assessment of each individual child and their family.

If this stage of care transformation is not implemented well, children are at risk of serious harm. Common risks and mistakes made during this process include:

- Making plans for children based on an insufficiently holistic assessment – or no assessment at all. This often results in blanket decision-making – such as reuniting all children with families or placing all children in small-scale residential care. Children might be abused or neglected, and there is a high risk of placement breakdown.
- Placement decisions are made rapidly, or by people who have insufficient knowledge or expertise. Each child's situation is complex and, particularly if children have been institutionalised for many years, deciding the right future placement requires considerable skill.
- Children and families are not fully involved in decision-making. Institutionalised systems tend to make decisions about children and families, not with them. Yet they are the experts in their own lives and, in most cases, families love and want their children, but need support. Unless they are fully involved in making decisions that directly affect them, placement decisions are unlikely to respond fully to children's needs and respect their rights. Authorities are less likely to reunite children with families and more likely to place in another form of residential care, which is more expensive.
- Children are moved without preparation. Change is difficult for all people. Moving children from the institution to a new place without preparation can be frightening, traumatising and result in disturbed behaviour or placement breakdown. For children with severe disabilities who rarely leave their beds in institutions, an unprepared move can be exceptionally harmful – in some cases, fatal.

However, if good social work practice is implemented, the move for every child should be positive and should result in the minimum of disruption. Good social work practice has four key components: assessment, planning, intervention and review.<sup>63</sup> Each component is complex and they should not be implemented in a linear manner. Instead, they operate as interdependent feedback loops. Comprehensive assessment, placement planning and

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<sup>63</sup> Some practitioners refer to this process as 'case management'. The term 'good social work practice' is used here, as describing children and families as 'cases' is not always conducive to a child-centred approach.

preparation of children feed into – and inform – each other. Once the child moves, the new placement is regularly reviewed, to inform continued or adjusted support.

Each child needs an individualised approach to preparation. Some may require urgent or therapeutic intervention before preparation can begin. This is particularly the case for children with severe disabilities and communication difficulties, and for children who have been institutionalised for many years. Specialised approaches, – such as Intensive Interaction or paediatric physiotherapy, and tools, such as communication passports, life-story books and memory boxes, can help children prepare for this major change in their lives.

Self-advocates, including those who have already left institutions, can also assist with preparation, such as feeding into preparation materials, passing on their experiences of leaving the institution, or preparing the community to include children who are moving from institutions.

## 9.2 Recommended priority actions

- Develop tools, procedures and policies for individual assessments, planning and preparation programmes, including, inter alia: standardised assessment frameworks; tools to work with children of different ages; activities to promote or rebuild attachments between children and their families or new carers, to develop a strong sense of identity and to aid recovery from trauma; access to specialised therapeutic approaches for children with particular needs; tools and methods to encourage children and families to participate in decisions made about them.
- Authorities responsible for placement decision-making must allocate sufficient time to consider each child's circumstances and the details of their assessment before a final placement decision is made.
- Allocate sufficient resources to designate a team to carry out comprehensive assessment, planning and preparation.
- Provide training and clinical supervision to support the teams undertaking this individual work with children and families.
- Develop a timetable for assessment, planning and preparation.
- Ensure urgent intervention where necessary. If, at any point during the assessment and preparation process, children are found to be at serious risk of imminent harm, urgent interventions may be required. This might include children disclosing physical or sexual abuse in the institution. Or children might have severe malnutrition or untreated serious illness. These interventions are likely to affect resource allocation and timescales for care transformation. However, the safety of the children must be the paramount concern.
- Ensure a phased transfer of children to their new placements. As far as possible, children should not all be moved in one group. This is to ensure there are sufficient team members available to support each new placement until the child has settled down and trusting relationships have been built with families or carers.
- Build in a review process. Ensure children's new placements are reviewed regularly, to check they are going well. Children's health, development and happiness should improve in the new placement and any institutionalised behaviours should gradually reduce. If all is well, the intensity of support to children and families can be reduced over time. However, if children's health and well-being are not improving, further intervention and support may be required.

## 10. Human resources and capacity building

### 10.1 Human resource considerations in care transformation

The concerns, fears and behaviours of adults – from parents through to carers, social workers, doctors, teachers and service managers – represent the single greatest deciding factor in the quality of care for children and, by extension, the success of care transformation programmes.

Chapter 8 outlined the process of redirecting and reinvesting resources from the institutional system. It highlighted that the most important resource are the personnel. But redirecting that resource requires a careful, complex approach to ensure we have the human resources needed to transform systems of care. This will ensure all children are provided the care, nurture and protection they need to be safe, happy and develop to their full potential.

When planning care transformation, people frequently ask: what will happen to personnel from institutions that will close? Will losing their jobs create social problems for their families? This is an important and understandable consideration. However, the primary concern must always be children's rights and best interests. Children cannot be kept in institutions as a means of providing employment. Therefore, services should not be created in or near institutions to keep personnel employed. Those managing care transformation should strive to be good employers and treat personnel with care and compassion. However, this must not influence personnel structures and the geographical location of new services.

The workforce required should be based on the service design, not on the team that exists in the institution. If not handled with sensitivity and care, the institutional workforce can be a considerable factor of resistance, reducing the likelihood of successful care transformation at scale. Therefore, careful planning is required regarding institution personnel. Those plans might include:

- Redeployment to new posts in the newly designed services
- Finding alternative employment in the organisation or local authority running the institution
- Making some personnel redundant or offering early retirement. Enhanced redundancy packages and retraining can make that process easier.

Transforming care and improving children's lives requires a competent and skilled workforce. The selection of personnel to work in the new services should be undertaken with great care. Comprehensive training will be required to ensure the new services respond to children's and families' needs. Training will be required for new personnel – such as foster families – and those currently working in community services – such as teachers in local schools, to ensure full inclusion children with disabilities.

Planned well, workforce development will ensure high quality services and prevent further children from being separated from their families and entering institutions. Furthermore, considering the personnel in the institution as a resource for the new services and giving them opportunities to apply for new jobs can considerably reduce their resistance to the care transformation process. Instead, they can become champions for change.

Children and young people can be involved as co-trainers for personnel working in the new services. The children and youth council could be a good place to start in identifying co-trainers to work alongside the professionals.

## 10.2 Recommended priority actions

- Ensure the Programme Implementation Team includes a human resource management team, with considerable expertise in change management, redeployment and redundancy processes
- Develop a fair and systematic process for assessing the potential of personnel for redeployment in the new system
- Develop a comprehensive training programme – and identify a team of trainers to deliver this at scale
- As early as possible, inform the personnel about the care transformation process. Information sessions should explain why the change is happening, focusing on positive messages. This helps reduce the feeling they are being blamed and increases the sense of partnership
- Invest in the personnel by providing training and resources
- Involve them with care transformation activities inside the institution
- Implement a fair and independent recruitment process for new posts
- Involve personnel in getting the new services ready
- Train the personnel who will be redeployed to the new services, as well as newly hired personnel
- Provide support to personnel who will not be redeployed – such as assistance in finding alternative employment, retraining or provision of enhanced redundancy payments
- Provide ongoing training and supervision for all personnel in the new services.

## 11. MEAL – Monitoring, Evaluation, Accountability and Learning

### 11.1 MEAL in the context of care transformation

The primary driver behind care transformation is usually an awareness of the harm caused to children by institutionalisation. The primary aim of the programme should be restoring all children's rights to family life, love, nurture, inclusion and protection. Restoring these rights should lead to improved outcomes in health, development, happiness and future life chances.

The programme aims to achieve this for all the children currently living in institutions and to ensure that, in future, no other children are separated from families and incarcerated in harmful institutions. Therefore, programmes should aim to achieve this as quickly – and as safely – as possible. This depends on getting the process right.

Care transformation processes are highly complex. Monitoring, evaluation, accountability and learning (MEAL) are vital tools to: measure effectiveness; ensure everything is proceeding according to plan; and ensure desired results are being achieved. But they are only useful if the learning is used regularly to adapt and improve implementation.

Monitoring is the continuous assessment of the implementation of planned activities. It uses specific indicators to measure whether actions have been taken, are of an adequate quality and are having the desired effect.

Evaluation should be undertaken periodically and aims to assess the overall relevance, efficiency, effectiveness, sustainability or impact of the project design, implementation and outcomes in order to support decisions about what to do next.

There are many risks if care transformation programmes lack a rigorous monitoring and evaluation framework. For example, without regular tracking of activities, there are risks that deadlines will not be met or budgets will be exceeded. This can result in inappropriate decisions, such as moving any remaining children to another institution. Unless the impact of new placements on children's health and development is monitored, it is impossible to know whether these placements are safe, effective and positive for children.

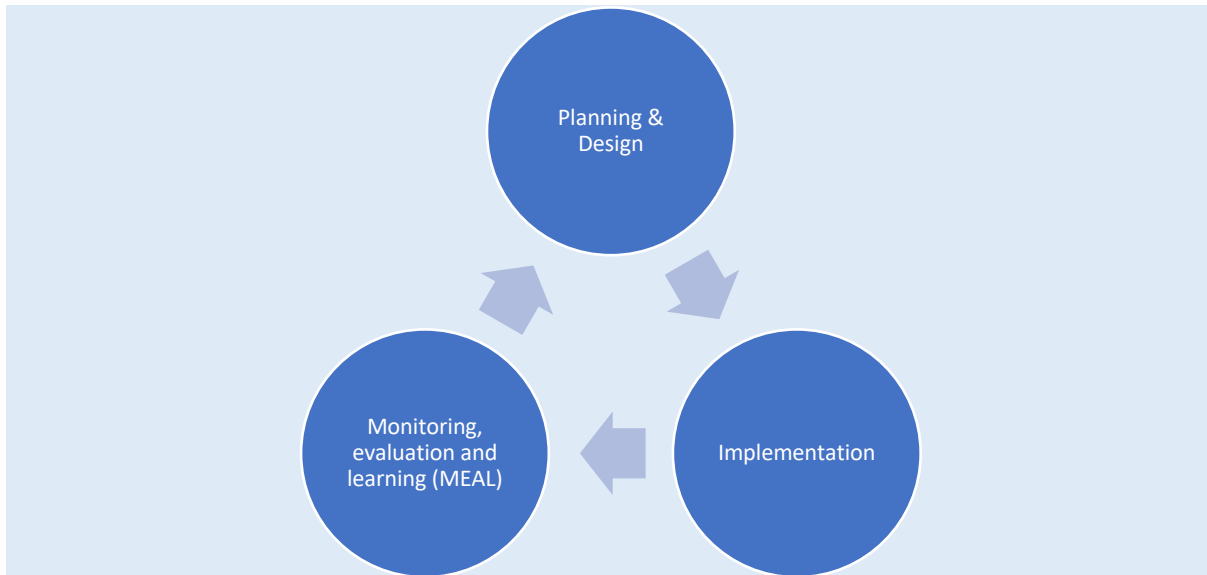
Measuring the effectiveness of care transformation requires baseline data, based on specific indicators. The analysis of the care system (Chapter 4) and children's individual assessments (Chapter 8) can be designed to serve a dual purpose of providing good baseline data for monitoring. Therefore, the MEAL framework should be designed in coordination with these activities.

Most children leaving institutions rapidly catch up their developmental delays. Their development can be measured before they leave the institution – using indicators such as height, weight, cognitive development and educational attainment – and compared with normal development for their chronological age. This provides the baseline data. Once in their new placements, development can be measured again periodically and compared with the baseline to see if they are catching up. Similarly, children in institutions often display behaviours associated with trauma – such as nightmares, hoarding and gorging on food or self-

harming. The frequency of these. Behaviours can be measured before the leave the institution, then periodically once they have moved to a family, to check if behaviours are reducing.

Findings from MEAL should feedback continually into the project management cycle, informing both implementation and planning and design – as indicated in the diagram below.

*Diagram: Cycle of Project Management and MEAL*



## 11.2 Recommended priority actions

- Establish a working group to focus on the development of a detailed MEAL strategy
- Train the working group
- Working group develops a MEAL strategy, based on the Results Framework at Chapter 2, as well as all priority actions outlined in this strategy.

END