Deinstitutionalisation of Childcare: Investing in Change
International Conference, 5-8 November 2019 in Sofia, Bulgaria

Summary

On 5-8 November 2019 over 250 practitioners and researchers from around the world gathered in Sofia, Bulgaria, to share and discuss relevant data and experience in the field of deinstitutionalization (DI). This document summarises the participants’ contributions to the conference in order to stimulate further discussions among the DI community members, to produce ideas for DI implementation and to initiate actions for its improvement.

The Know-how Center for Alternative Care for Children (KHC) will manage this discussion through the conference site.

The Context

The conference Deinstitutionalization of Childcare: Investing in Change was held in a time of increasing global concern regarding children living in institutions. The EU has proposed to target this group in its Child Guarantee preparatory action, including by allocating funding in its new budget. Additionally, it was recognized that children living in institutions was not just a phenomenon in Eastern and Central Europe. Children live in residential care also in many western EU member states.

The Bulgarian DI reform has been a subject of debate at EU level. The country was considered a leader in DI: the reform developed rapidly, planned in a participatory manner with all stakeholders at local and central level, funded generously and based on policy documents showing political will for change. Still, DI in Bulgaria has been contested due to debates about whether the small group homes built to support the DI process in the country were violating the children’s rights.

In Bulgaria itself, DI has been considered either as a success or as a failure. This polarization of opinions has made it difficult to have a meaningful dialogue between all stakeholders regarding the process. That is why the conference organizing team decided that the extensive and controversial DI implementation in Bulgaria provides important knowledge and poses crucial questions to the Bulgarian and international stakeholders working on reforming their childcare systems. It was also timely to provide space for scientific debates on the DI reform that is now a global agenda.
The Conference Goals

The conference goals were:

1) to present and discuss relevant research data and promising practices;
2) to highlight the difficulties involved in developing and implementing DI;
3) to "bridge the gap" between accumulated knowledge and decision making in DI.

These goals were translated into organizing questions:

1) Where and how should investments be made in DI?
2) To what extent does DI facilitate attachment relationships and ensure the necessary conditions for children's development?
3) What research exists already and what research is still needed for proper evaluation of the reform?
4) How do children, parents and communities participate in DI?
5) What is the role of residential care within the DI process and what are the risks associated with it?

RESULTS

Participation

The conference brought together over 250 participants from 31 countries in Central and Eastern Europe, USA, Australia and Asia. Representatives of all stakeholders attended the event: scientists, practitioners, politicians, young people living in residential services, non-governmental organizations, parents, care leavers, donor organizations.

The conference was organized by the following organizations: Ministry of Labour and Social Policy of the Republic of Bulgaria; Know-how Center for Alternative Care for Children, New Bulgarian University; Cedar Foundation; UNICEF; Eurochild; SOS Children's Villages; Hope and Homes for Children; Lumos Foundation.

The participants agreed that politicians, academia and non-governmental organizations have to work together to secure a family environment for children participating in DI.

The attendees formulated the DI's mission as follows:

DI has to guarantee life in a family and in relationships of trust, safety and attachment, by providing a system of interconnected and integrated services that are tailored to the individual's lifecycle and are oriented towards development and social inclusion. All DI participants have to be supported by trained professionals.
whose attitudes include understanding the difficulties of the people they work with, showing empathy and believing in their strengths.

The conference has set up a community of DI reformers that want to stay in touch, to learn from each other, to study and to discuss DI implementation.

**KHC’s Commitment**: The Centre’s team will facilitate the communication between the participants and will suggest relevant activities through the conference site.

**Content**

**Outcome**: Presentation of knowledge, practices and high-quality research on DI, outlining important recent developments. All presentations are available on the conference website: [http://www.disofia2019.com/](http://www.disofia2019.com/)

The conference presented the work of scientists from different countries with a focus on the Anglophone world. Participants recommended expanding the range of speakers in future events to include the experiences of non-Anglophone countries. Attendees also requested that future events discuss specific methods of working with children and families.

**Conclusion**: There is a need for regular public events in order to give voice to all DI actors to discuss the reform process and to share and learn from evaluated practices. The content of such events should be announced at least 8 months in advance and coordinated with potential future participants.

**KHC’s Commitment**: The conference site will be active until **04.09.2020**. After this date the KHC will use its own site to continue the communication. Ideas for future events can be sent through the conference site. The KHC will manage those and will offer topics and opportunities for new events on DI. The participants’ contributions will be integrated on a regular basis in this report and published at the conference site.

**Organization and dialogue**

The broad network of co-organizers symbolized the policy-academia-practice cooperation, the global scope of the DI and the human rights concerns. The teamwork between the co-organizers guaranteed the conference’s scale, the program’s richness and the participation of all stakeholders.

Importantly, the conference created a space for dialogue. A range of problems were discussed: the lack of transparency in DI management, the insufficient knowledge and skills of professionals involved in DI that produce human rights violations, the authoritarian and bureaucratic approach in the care provision and the systematic exclusion of children and parents. One of the key issues addressed was the investment in infrastructure vs. in people. Based on this debate, the conference participants identified a range of activities where investments must and must not be made listed in the recommendations section of this text.
The participants’ recommendations were that such events need to provide more time for reflection on the topics presented and for sharing experiences and lessons learned. Without sufficient time for reflection, attitudes and practices cannot change.

**Conclusion:** There is a need to ensure an on-going dialogue on investing in and managing DI.

**KHC’s Commitment:** The KHC team will continue the policy-practice-science dialogue at national and international level. The Bulgarian DI reform has to be explored further: relevant experience and data is accumulated, there is sufficient research capacity and we work in a number of networks of Bulgarian and international professionals.

*The main research questions*

1. **How to invest in DI?**

DI is a reform that has to change attitudes that lead to social exclusion. This means that it aims to change the culture of relationships. Therefore, its conception and its implementation have to be based on an **analysis of the interrelations between the social, the health and the educational sectors** and the impact it has on communities and on the culture of the helping relationships.

Considering this, the **funding must be:**

- **long-term** and based on needs assessment of the DI participants, and
- **flexible**, because during the DI process the needs of the children, the families, the professionals, and the communities are changing.

It is necessary to invest in policies, programs and measures that aim to achieve long-term effects. Short-term solutions and crises interventions may be cost-effective in the short term but have a high social cost in the long-term. Short-term planning perpetuates the cycle of crises resolutions. This insecurity makes the staff rely on regulations and reproduce the institutional culture in the services, including in the small group homes.

The investments must ensure that DI’s ultimate goal is the well-being of children in a safe family environment. Therefore, funding should be oriented towards **multi-sectorial policies** that support children and families through flexible programs that guarantee a family environment.

Investing in people, including in the **capacity building of all professionals** who work with children and families, is a necessary element of the process. The investment has to be oriented towards university programs for standardized training of specialists that is subject to evaluation. The reform also needs a structure that ensures continuous learning from the implementation of DI.
The investments have to ensure that DI leads to **independent living**. They should focus on programs that have proven to be effective in creating inclusive environment and communities for those leaving care.

The accountability of the investments has to change from measuring quantity towards measuring **quality** and effectiveness of care. This has to be done by research teams rather or in addition to the series of consultations that have been used so far. Moreover, the research teams have to:

- guarantee that all stakeholders (including children and families) take part in the studies,
- use participatory methods (such as Action Research) that study the reform process as it evolves, so that the problems can be identified and resolved quickly;
- ensure transparency of the DI process through public events (conferences), available information, especially online?

The guiding principle of any investments have to be the effectiveness and accountability.

2. How **not** to invest in DI?

Investing in infrastructure should not be planned unless there is evidence for the need of infrastructure in every community. Otherwise, **investing in infrastructure** is understood as **neglecting investment in people**.

Investments should not be based on the assumption that there are qualified professionals. Investing in **untrained staff** leads to the reproduction of stigma and an institutional approach. It leads to activities that are harmful for children such as disconnection of relationships through changes of foster families or services, removal from biological families and chronic dependency on the state.

3. What is the existing evidence that should inform DI funding and what evidence is missing?

The conference presented **DI case studies** evidencing that families provide the best environment for children’s development.

New studies are needed to provide data regarding **DI effects on all DI participants and communities**. In order to achieve this, we need to overcome the following difficulties:

I. There is a need for a **shared understanding of DI that is** understood in many ways such as

- the closure of big institutions;
- provision of a family or close-to-family environment and better opportunities, especially for children who have lived in institutions;
- investment in attachment relationships regardless of the places in which they develop;
- residential care has to be used only for preparing the children for independent living in a family environment.
II. DI has not been studied The rich DI experience in Bulgaria has not been explored and systematized.

III. There is no evidence regarding the extent to which DI reform in Bulgaria is implemented in a way that:

- create conditions for developing and maintaining attachment relationships,
- provide the necessary conditions for children’s development,
- break the institutional (state) culture of childcare,
- prevent child abandonment,
- change the group-based culture of care with an individual-based one, thus preparing the service-users for independent living,
- prevent violence and abuse,
- have an impact on communities and cultures,
- develop effective models of family support,
- take into account resilience factors,
- consider the relationship between the specialists’ training and the services’ effectiveness,
- address the needs of children living in small group homes and create effective approaches for their inclusion in the community,
- impact on the child protection system,
- lead to the planned outcomes;
- are influenced by the way funding is targeted and provided.

4. To what extent does DI guarantee the necessary conditions for children’s development, including attachment relationships?

The international studies presented at the conference show that foster care is the most effective approach for institutionalized children when applied before the age of 2.

Further research is needed on the effectiveness of DI approaches for older children living in alternative childcare services.

5. How do children, parents, and communities participate in DI?

The involvement of children, parents and communities in the Bulgarian DI process is insufficient due to stigma and lack of professional skills for social inclusion of vulnerable groups. The participation of children, parents and community representatives can be stimulated when the professionals are able to acknowledge the users’ suffering and strengths.
In Bulgaria the ‘big picture’ policy to close the institutions and to develop a network of child and family support services has been achieved as a whole. The new DI stage has to focus on the way professionals guarantee that children and families receive sustainable support in order to prevent family separations and child abandonment. The priorities are: supporting families, providing early intervention programs and enhancing the overall effectiveness of the child protection system.

6. What is the role of small group homes and how are the rights of the people who live there guaranteed?

Disability rights organizations have presented an analysis of the risks small group homes can pose to the human rights of people with disabilities living in such residential services. It is therefore important to:

- Monitor placements in small group homes in relation to:
  - the quality of support towards achieving independent living,
  - their duration,
  - whether the placement leads to family placement,
  - whether this measure is used as a last resort
- Study small group home good practices,
- Cooperate more closely with disability rights organizations, and
- Develop family-based services for children with severe disabilities and for those at high risk of abuse.

**Recommendations made by the conference participants**

During the conference, participants made a list of recommendations for policy-makers, practitioners and academia listed below.

**Policy Recommendations:**

In line with the new DI focus on families, policies should set requirements that services and the childcare system as a whole guarantee a family life that stimulates optimal child development, skills for independent living and an inclusive community environment. Thus, policies should shift their focus from provision of alternative services to family support by providing the right instruments, including financial ones. An instrument for preventing family breakdown is a financial crisis fund. Moreover, policy should require that municipalities provide family planning programs and family support.

The DI reform requires that professionals who are implementing it are provided with systematic investment in training and supervision. Policies should address the quality of the professional training that is understood as achieving the following learning outcomes:

1) ability to identify and report system failures,
2) skills to implement and evaluate evidence-based approaches and programs,
3) skills to work in multidisciplinary collaboration with doctors, midwives, teachers, social workers and police officers,
4) attitudes that help the DI participants- children and families to develop relationships of trust.

Governments have to ensure the reform’s transparency. Instead of presenting figures showing the outputs of DI – numbers of integrated or deinstitutionalized children – the monitoring system has to gather data on the number of children who used the services and the latter’s impact on users’ lives and wellbeing.

**KHC’s Commitment:** The conference highlighted the need to develop a set of indicators to measure DI policy implementation. KHC will propose and pilot a list of indicators as part of its next DI study.

**Recommendations for practice:**

Practitioners must implement evidence-based services that ensure attachment relationships and stimulate children’s development. They have to be aware that universities and professional organizations are those who have to provide the trainings that correspond to the above-mentioned goals and insist that they receive those. More specifically, graduates have to be prepared (before entering the field) to:

- develop relationships of trust with their clients,
- help children who have lived in institutional care to adapt to a family environment and develop skills for independent living,
- have skills for community work in order to foster social inclusion,
- challenge the medical model and replace it with the social model.

The services have to provide support to staff through supervision, exchange of knowledge and experience (including with advocacy organizations), in order to integrate respect for human rights into their practice.

The services have to provide high-quality specialized programs for children and young people who have experienced institutionalization, children and young people with disabilities, victims of violence, children with multiple psychosocial needs. The programs need to integrate a strengths perspective, so that the professionals can build on the children’s strengths instead of highlighting their deficits.

Learning from practice through data collection and involving children and families has to become a strict requirement related to service development. In addition to the external evaluation procedures, the services have to monitor their quality and include indicators “at the service exit point” such as duration of service and planning the process of community integration (accommodation, job and education opportunities).
Recommendations to the academic community

The universities and the academic community as a whole have to develop and provide education and training programs for caring professionals working in the social sector following the highest professional standards.

As DI is a political priority, the academic community should prioritize research in the field of DI. The conference stimulated debates related to DI implementation in various national and local contexts. The participants suggested creating an international community of researchers in child development and DI. Additionally, there is a need for “quality” indicators for policy implementation evaluation including indicators focusing on the service delivery outcome.

It is essential that researchers are involved in policy development and implementation with the health, the social and the educational sectors in order to identify and scale up effective approaches and services that guarantee secure families and independent living in inclusive communities.

The KHC’s commitment:
The KHC is launching a new study on DI in Bulgaria that will:

- take into account the recommendations of the conference;
- set up a list of indicators to measure the DI progress in Bulgaria;
- organize a public event in late 2020 to discuss the results;
- write and publish an overview of the DI reform in Bulgaria.