

Friday, July 10, 2020

Hope and Homes for Children

Additional submission on Ukraine's Implementation on the UN Convention on the Rights of the Child.

DATA FROM JANUARY 2020 UNTIL JUNE 2020

Hope and Homes for Children has previously provided:

A submission by civil society organisations to report on the use of institutions for children, progress on deinstitutionalisation and child protection system reform to the United Nations Committee on the Rights of the Child.

In this document we raise issues relating to

- **Family environment and alternative care (arts. 5, 9–11, 18 (1) and (2), 20, 21, 25 and 27 (4))**
- **Children with disabilities (art. 23)**

Friday, July 10, 2020

INTRODUCTION

Since our original submission to the UN Committee on the Rights of the Child, there have been several worrying and significant changes relating to the care and protection of children in Ukraine.

We have been carefully monitoring a number of draft legislative proposals in the parliament that would see 'educational institutions for children' excluded from the national deinstitutionalisation strategy. We are particularly worried about a new law that was passed in March 2020 '*About full general secondary education*' which aims to conserve the existing system of institutions¹. The same facilities will now be called specialized schools, lyceums. There are in effect *internats* which is intended to misguide the public, but all the features of the old type institutions remain. We have already witnessed 7 sanatorium boarding schools being relabelled lyceums because of the new legislation (in the week ending 10 July 2020).

We also offer two significant areas that we feel are important and urgent, for the committee's consideration:

1. The impact of the coronavirus pandemic on the lives of children in institutions for children, alternative care and the child protection system reform initiative.
2. New research on baby homes in Ukraine

N.B. all the key terms (*in italics*) are direct translations or as used by the state statistics bureaus or national legislative and policy instruments.

1. The impact of the coronavirus pandemic on the lives of children in institutions for children, alternative care and the child protection system reform initiative.

This is the most recent picture of the number of children in institutions across Ukraine. **Ukraine has about 1,4% of all its child population in some form of institutions for children.**

Children in residential institutions (terminology as used in state statistics)			99,917
Of which children with disabilities	40,449	22% mental disabilities	14% speech disorders
		11% delayed development	0.9% Down's syndrome
Number of institutions for children			718 ⁱⁱ
Of which	12 baby homes	26 specialized baby homes ⁱⁱⁱ	2790 infants ^{iv}
% of children who have parents			92%
% children with stays of 3 or more years in in institutions for children			Almost 50%
% of children leave institutions after graduation or upon reaching the age limit			52%
% are transferred to another type of facility ^v on leaving care.			11.5% ^{vi}
Children in foster care (and family-type children's homes FTCH) ^{vii}	13.943 (of which children in FTCH, 7.372) ^{viii}	Of which children with disabilities (in foster care and FTCH)	520
Number of foster families (2014) (of which children)	4,123 (6.880 children)	Number of foster families (2018) ^{ix}	3.512 (6.571 children)
Children were under guardianship (2018)			50,317

Quarantine was introduced in Ukraine by the Government decision as of 11 March 2020 (extended until at least 31 July). The quarantine includes all types of educational institutions, and the Ministry of Education and Science on 11 March issued a letter^x banning visitors to all educational institutions. So-called 'Boarding schools' are also considered as educational institutions, so as a result **around 42,000 children, excluding from baby homes (whose parents were not deprived of parental care) were emergently returned home** from 435 institutions (boarding schools of general education) **due to the pandemic**. This was done without any form of planning, family assessment, provision of localised services, case management or case by case review. **80% of the have some form of special educational needs** - based on an inaccurate diagnosis model, as explained in section 2 of this note.

The pandemic has significantly exacerbated the situation of families that were already in need and requiring support services. There are additional worries about the care of children due to the suspension of public transport, the closure of schools and pre-schools and often loss of work by their parents. Also, most families do not have the opportunity to re-register for social benefits, receive cash due to the lack of ATMs in the villages, or buy things such as basic necessities. Research in May of 2020 by UNICEF^{xi} and the Institute of Demography and Social Research, **demonstrated that more than 6 million people may be living below the poverty line due to the socio-economic crisis caused by COVID-19, incl. 1.4 million of children**. This is further worsened by the lack of timely instructions and explanations from the Ministry of Social Policy, which would regulate the actions of social work specialists to provide services and monitoring in the quarantine conditions. The situation was already quite acute

Friday, July 10, 2020

because of the existing lack of overall resources, diversified specialist services and the very small number of social workers.

Based on the information^{xii} collected as of the middle of April 2020, the social workers visited 25,144 families in *difficult life circumstances*, 2,158 were newly discovered as families in *difficult life circumstances*. Since the beginning of the quarantine, 98 children have been removed from their parents due to the threat to their lives and health, and temporarily placed into: medical institutions - 35 children; baby homes - 4 children; institutions of social protection of children - 38 children; families of relatives, acquaintances - 21 children. Also, services on children's affairs have registered 203 children who were left without parental care for various reasons. **Using data^{xiii} as of May 2020, during the quarantine 35,000 families in difficult life circumstances have been identified.**

in June 2020, the Cabinet of Ministers finally approved the Action Plan for the implementation of the second stage^{xiv} of the National Strategy of Reforming the System of Institutional Care and Upbringing of Children (2017-2026) (the Resolution of the Government as of 01.06.2020 №703). It had been previously presented for the public discussion in the end of 2019 during the first meeting of the Coordination Council on reforming institutional care and upbringing of children^{xv}, created under the Cabinet of Ministries of Ukraine, incl. NGOs working in the social sphere.

Hope and Homes for Children remains vigilant and concerned that a large number of children was rapidly returned home from various forms of institutions; in light of infection control measures by the state, these children will eventually all return to the same facilities.

2. New research on baby homes in Ukraine^{xvi}

In this section we highlight two key points of the research. 1) that the majority of children entering baby homes are routinely over-diagnosed with various physical and mental health problems, and 2) that 60% of children showed signs of protein deficiency (malnutrition). The results of the research have also confirmed the negative impact of deprivation of Ukraine's infants in baby homes, on their physical and mental development which is in line with similar studies in other countries over the past decade.

We stress that these are two of many, worrying signs about the use and perpetuation of the model of institutional care in Ukraine. We are happy to share with the Committee, in full the findings of the research on request., which we will ensure are made public as soon as the results a fully available.

The research entitled: "Pilot on Assessing the Situation in Baby Homes and Developing Recommendations for Their Reform" was made possible by the support of the Health Care Reform Support Project, funded by the United States Agency for International Development (USAID) and the UK Government's Good Governance Fund Program.^{xvii}, ^{xviii} The research was conducted by undertaking an assessment of the health and development of children in five baby homes, in: Dnipropetrovsk, Poltava and Kherson oblasts, between 2019-2020.

The Government of Ukraine in its National Strategy to Reform the Institutional Care and Education of Children for 2017-2026^{xix} has envisaged the termination of placement of children under 3 in baby homes. The existing baby homes (numbering 38 facilities in total) currently managed by the Ministry of Health (MOH) of Ukraine are to be transformed into other facilities whereby children shall be offered various types of families, through adoption, reunification or with their biological parents. A main concern of the national approach is that decisions regarding transformation of any type of institutions are made from the top (at ministerial level) instead of being made based on assessment to see if e.g. that there are sufficient community and family based services sufficiently resourced and available before the process begins.

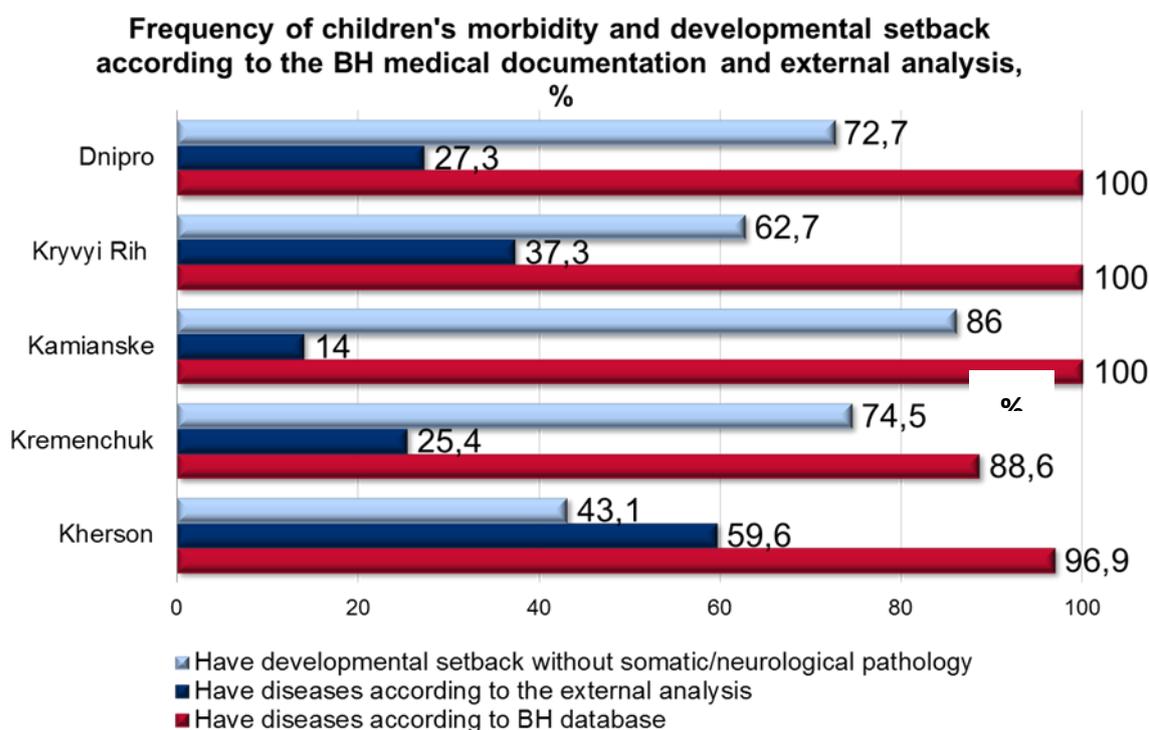
The research found (inter alia):

1. Specific features of physical and mental development observed in many children in the baby homes can be **related to a disadvantaging environment of the institutional care facility and separation from parents.**
2. Despite a large number of nursing staff who claimed during the survey that they provided health care, **children do not receive adequate services or care, including adequate nutrition, health and development screening, medical supervision and timely corrective measures.**
3. **Existing policies on the nutrition of children in baby homes do not meet the needs of children,** specifically if there are diseases that increase those needs.
4. **Baby homes depend on outdated standards and/or lack of regulatory and legal mechanisms** for organizing medical and mental support for children.
5. **Over 80% of the total funding for institutions goes to staff remuneration and only around 10% to child nutrition, clothing and treatment.**
6. Depending on the region, each baby home has its own characteristics (high percentage of children with Foetal Alcohol Spectrum Disorders (FASDs), HIV/AIDS, congenital neural or cardiovascular abnormalities), however, there are also **common trends in medical documentation and child management.** A common child health assessment drawback is **inadequate, excessive or incorrect diagnosis** and simultaneous incomplete indication of all parts of the diagnosis in the presence of a serious illness. **The research established that many children have a false diagnosis where no clear signs or symptoms exist.**

7. **Palliative care and rehabilitation services for children are not developed, and the methods used today do not correspond to the level of medical science**, some of them are not evidence-based, and staff are not trained for coordinated multidisciplinary work.
8. The identified features of the physical and mental development of children in baby homes have several reasons **which are partially guided by and depend on the decisions of the administration of the facility.**

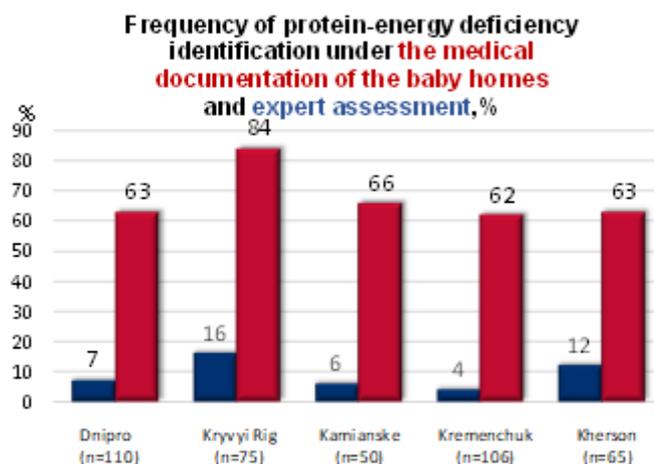
The researchers, who were experts in paediatrics and palliative care, focused on the health and developmental statuses of children in the baby homes. The research clearly shows that there is a remarkable difference between the assessment of children’s health and developmental status under the medical documentation provided by the baby homes and the external assessment: around 100% children have diseases, according to the medical records of the institutions, However, according to the external research analysis – their number is 33% and around 67% have developmental delay without somatic/neurological pathology. **There is a lot of cases of or false or incorrect diagnoses.** “And the moreover, the **children suffer from “aggressive” drug-treatment** – instead of been provided services by a team of rehabilitation specialists and space for development”.

Based on the medical records of baby homes, no healthy children were identified in 3 baby homes and a very small number in 2 others. **The research confirms that developmental delay was found in 89% of all cases, 73% of them due to deprivation in the institution and only 27% due to illness.**



Frequency of children’s morbidity and developmental setback according to the Baby Home medical documentation and external analysis, %

Nutrition status assessment results



Проект USA ID
Підтримка реформы охорони здоров'я

Based on the results of the assessment of the **nutritional status of children**, it was found out that in all baby homes **the proportion of children with signs of protein deficiency (malnutrition) exceeded 60% (while in Kryvyi Rih it exceeded 80%)**. However, in medical records it is listed at only around 10%, which indicates a lack of awareness of the criteria for determining physical development disorders and a lack of specific measures to address them.

The **nutritional status assessment** showed that it impacted **59% of children in the baby homes to short stature, 20% - too low body weight, 11% - to overweight, and 11% - to adiposity**. The earlier children get into the baby home, the more pronounced the growth retardation is (alimentary dwarfism or short stature). **Loss of growth rate up to 2 years is an irreversible loss**. But there is a lack of identification of delayed physical development in the baby homes.

The results of the assessment confirmed the negative impact of deprivation on the physical and mental development of small children which is in line with other countries' data.

We recommend that the Committee in its List of issues, based on the Report submitted by Ukraine, recommend:

Knowing that the first years of life are critical for the development of a child, and echoing the UN Guidelines for the Alternative care of Children (A/RES/64/142) and the United Nations Convention on the Rights of Persons with Disabilities, the state party is urged to urgently ensure that no child is placed in an institution for children on the basis of their disability. Furthermore, the state party should:

- Initiate Family Tracing and Reunification (FTR) where feasible for all children in baby homes and try and find basic information on where the child may have come from, circumstances of separation, identification of parents/primary caregivers and their whereabouts, other key relatives or friends of the family who may be able to provide information, and ascertain the wishes of the child.
- Actively recruit and provide specialist foster and kinship carers with appropriate training and support.
- Create a system of training and on-going professional development for new specialist social workers to support quality and contemporary forms of alternative care, therapeutic care and the delivery of family and community-based care services.
- Ensure adequate nutritional, care and protection for all children in institutions, in particular the most vulnerable including those with disabilities, in-line with international best practice and guidance.
- While continuing to prioritize the current deinstitutionalisation strategy, in the short-term develop an interim baby home operational policy which would include the volume, supply and regulatory framework of services that should be available in the facility; optimize the number and composition of staff; list documents, forms, scales and/or tools for assessing baby health and development, etc.
- Ensure that those involved in the medical assessments of children entering institutions are independent of all connections to the institutions and have no conflict of interests, furthermore, ensure that they are trained in contemporary child developmental theory and practice, applying the social model of disability to their decisions.

In light of the changes due to the pandemic on the provision of alternative care, and recognizing that residential care facilities should never be closed rapidly and without effective care and support plans in place for each child, on a case by case basis:

- Train teams on rapid Family Tracing and Reunification (FTR) where feasible and try and find basic information on where the child may have come from, circumstances of separation, identification of parents/primary caregivers and their whereabouts, other key relatives or friends of the family who may be able to provide information, ascertain wishes of the child.
- If facilities close and children are sent home, follow up visit or phone call should be conducted to all children within the first week of leaving to ensure they are safe and cared for, as well as on-going support and guidance from appropriately trained social workforce.
- For children with disabilities or those with special educational needs, a rapid return home may have a more profound impact on their care, development and well-being, while reducing their access to therapeutic services of inclusive education. Specialist teams and services should be recruited, trained and supported so that these children are not left behind. Also noting that children who may have low immune resilience, may be

Friday, July 10, 2020

especially susceptible to the virus and need added care and protection when returning to community settings.

- Consider that rapid deinstitutionalisation may increase social isolation for certain groups of children, social, cultural and community engagement activities are crucial for these children especially during the pandemic and its aftereffects.
- Monitoring of reintegrated children should use new modalities of case management given the restrictions placed on travel and social contact.
- Where a child has complex needs, including emotional and behavioural challenges, is at risk of exploitation, or there is a particular crisis, such as a death in the family, or the child's carer becomes ill, referral to family group conference services where available may be needed. Local authorities are starting to convene virtual family group conferences, for example via WeChat, WhatsApp, Skype or Zoom, to agree interim plans and arrangements. For examples of information about family group conferences.
- Ensure that children returned home continue to have access to health, education and WASH services
- Provide all staff members with adequate PPE and testing.

Friday, July 10, 2020

Hope and Homes for Children is a global expert in the field of deinstitutionalisation. Our mission is to be the catalyst for the eradication of institutional care across the world. We work to protect children from the harmful effects of institutional care and to ensure they have the opportunity to grow up in a secure and caring family environment and to fulfil their potential. Working in partnership with governments and civil society organisations, our model is creating the conditions for long-term reform.

Hope and Homes for Children has been working in Ukraine since 1998. Our activities are aimed at creating the necessary conditions for reforming the country's childcare system and protecting children's rights. This includes the development and implementation of family support services, the development of family-based forms of care for orphans and children deprived of parental care and the introduction of comprehensive models for the transformation/closure of residential facilities.

Hope and Homes for Children Ukraine

4 Bahhovutivska St., office 57, Kyiv 04107, Ukraine

Tel.: (044) 483 77 83

E-mail: office@hopeandhomes.org.ua

Web: www.hopeandhomes.org.ua

Hope and Homes for Children – Head Office

East Clyffe, Salisbury, Wiltshire, SP3 4LZ, UK

Tel: +40 262 227 419

Email: office@hopeandhomes.org

Web: www.hopeandhomes.org

Hope and Homes for Children is registered on the Transparency Register of the European Union, Identification number: 035163533684-92

Organization in special consultative status with the United Nations Economic and Social Council since 2019.

Friday, July 10, 2020

Citations

ⁱ <https://zakon.rada.gov.ua/laws/show/463-20#Text>

ⁱⁱ and 696 institutions in 2019 (<http://dashboard.diplatform.org.ua/#Indicators>);

ⁱⁱⁱ and 2,742 children in 38 baby homes in 2019 (<http://dashboard.diplatform.org.ua/#Indicators>);

^{iv} Ibid, p. 1

^v Hope and Homes for Children (2017) The Illusion of Protection: An Analytical Report Based on the Findings of a Comprehensive Study of the Child Protection System in Ukraine, Hope and Homes for Children (2017)

<https://www.bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/the-illusion-of-protection-an-analytical-report-based-on-the-findings-of-a-comprehensive-study-of> p.5, Annual State Report on the Situation of Children in Ukraine (2017 Results), P.3.3

^{vi} Hope and Homes for Children (2017) The Illusion of Protection: An Analytical Report Based on the Findings of a Comprehensive Study of the Child Protection System in Ukraine, Hope and Homes for Children (2017)

<https://www.bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/the-illusion-of-protection-an-analytical-report-based-on-the-findings-of-a-comprehensive-study-of> p.5, Annual State Report on the Situation of Children in Ukraine (2017 Results), P.3.3

^{vii} Incl. 6,571 children in foster families and 7,372 children in family type children's homes in 2018. As of 2019 the number of children in foster care was 14,056, incl. 6,187 in foster families and 7,869 in FTCHs.

Foster family – is a family or unmarried single person, who on voluntarily and paid basis takes care for upbringing and cohabitation of 1 to 4 orphans and children deprived of parental care (the Regulations on Foster Family,

<https://zakon.rada.gov.ua/laws/show/565-2002-%D0%BF>).

Family-type children's home - is a single family that created at the request of a spouse or unmarried single person, who takes care for upbringing and cohabitation of at least 5 orphans and children deprived of parental care and up to 10 children in total, including biological children, if any the Regulations on Family Type Children's Home, <https://zakon.rada.gov.ua/laws/show/564-2002-%D0%BF>

^{viii} and 1,153 in 2019 <http://dashboard.diplatform.org.ua/#Indicators> P.3.61-3.62 of

http://www.ukrstat.gov.ua/druk/publicat/kat_u/2019/zb/07/zb_szn_2018.xls

^{ix} and 3,347 children in 2019 (<http://dashboard.diplatform.org.ua/#Indicators>);

P.17, p.18 of http://www.ukrstat.gov.ua/druk/publicat/kat_u/2018/zb/07/zb_zdpus_2017.xls

^x https://mon.gov.ua/storage/app/media/news/%D0%9D%D0%BE%D0%B2%D0%B8%D0%BD%D0%B8/2020/03/11/1_9-154.pdf

^{xi}

<https://www.unicef.org/ukraine/%D0%B7%D0%B2%D1%96%D1%82%D0%B8%D0%B2%D0%BF%D0%BB%D0%B8%D0%B2-covid-19-%D0%BD%D0%B0-%D0%B1%D1%96%D0%B4%D0%BD%D1%96%D1%81%D1%82%D1%8C-%D0%B2-%D1%83%D0%BA%D1%80%D0%B0%D1%97%D0%BD%D1%96>

^{xii} <https://www.msp.gov.ua/news/18561.html>

^{xiii} <https://www.msp.gov.ua/news/18615.html>

^{xiv} <https://www.kmu.gov.ua/npas/pro-zatverdzhennya-planu-zahodiv-z-realizaciyi-ii-etapu-nacionalnoyi-strategiyi-reformuvannya-sistemi-institucijnogo-doglyadu-ta-vihovannya-ditej-na-20172026-roki-i010620-703>

^{xv} <https://zakon.rada.gov.ua/laws/show/596-2019-%D0%BF>

^{xvi} http://hopeandhomes.org.ua/wp-content/uploads/2020/07/9.6-HRS_Full-Presentation_20200622_Ukr_last-1-min.pdf

^{xvii} <https://www.youtube.com/watch?v=ImJVYUnrDnl&t=10s>

^{xviii} http://hopeandhomes.org.ua/projects/prezentatsiia-rezultativ-otsinky-sytuatsii-u-p-iaty-budynkakh-dytny/?fbclid=IwAR3K5KCh-06t3S4Tn9_UjBAnI_PoOE3J-ImvmLTmjW4OQkf0GnfKGoXJq4

^{xix} CMU Resolution as of 08.09.2017 No. 526-r "On Approval of the National Strategy to Reform the Institutional Care and Education of Children for 2017-2026 and Action Plan to Implement its First Stage"