

DEINSTITUTIONALIZATION OF THE CHILD CARE SYSTEM IN LITHUANIA

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Abstract: The reform of the child care system in Lithuania started with the Ministry of Social Security and Labor approving the Strategic Guidelines for Deinstitutionalization in 2012, followed by the Transition from Institutional Care to Community-Based Services in 2014. The strategic aim of the reform was to create a system including a comprehensive range of services that would enable every child and their family or guardians to receive individual services as well as community assistance according to their needs. The process of transformation of institutional care was designed in two steps: creation of the necessary conditions for the transformation, which took place in 2014 to 2017, and development of infrastructure in the regions, planned for 2017 to 2020, but now extended to 2023. The goal of this article is to discuss the deinstitutionalization process by presenting legal regulations, information about the conceptualization and scope of the project, and evidence based on documents and statistical and secondary data analysis. I will also discuss possible contradictions between analytical and political discourses, and quantitative and qualitative evidence.

Keywords: deinstitutionalization, child care system, community-based services

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This paper describes the process of deinstitutionalization of the child care system in Lithuania, which is still ongoing, from its beginning in 2012 to the present (2020). It is based on a presentation given at the 34th FICE International Congress on Residential and Out-of-Home Care, “Better Future Opportunities for Children and Young People in Multicultural Societies”, which was held in Tel Aviv in 2019. As the Opening Doors for Europe’s Children (2020a) website states:

The transition from institutional to family- and community-based care has received ... support from the European Union and its Member States. On one hand, the EU has been issuing policy guidance and allocating significant amounts of EU funds while, on the other hand, countries across Europe were increasingly adopting strategies or action plans to shift away from institutions. (para. 1)

Lithuania was one of the countries shifting away from institutions. In 2012, the Strategic Guidelines for Deinstitutionalization (Order No. A1-517, 2012) were approved. In 2014, an action plan for the Transition from Institutional Care to Community-Based Services for the Disabled and Children Deprived of Parental Care (Order No. A1-83, 2014) was introduced. The process of transforming institutional care was designed to take place in two steps: (a) creation of the necessary conditions for the transformation (2014–2017); and (b) development of infrastructure in the regions (2017–2020), which has been extended to 2023.

Deinstitutionalization can be viewed from different points of view, which sometimes contradict each other, or at least do not match. In an ideal situation, the political approach and agenda should be supported by a theoretical analytical approach, and by evidence at both the meso and micro levels; moreover, the theoretical approach and the evidence should complement each other. However, this is not always the case in practice. This article will address these problematic issues by examining documents, and through statistical and secondary data analysis. As the deinstitutionalization process in Lithuania is ongoing and as yet there has been little research done, this paper is based more on description than in-depth analysis. Insights from some of the few qualitative studies that have been done, those by Čižikienė (2018), Genienė and Šumskienė (2016), Gražulis and Čižikienė (2016), and Gvaldaitė and Šimkonytė (2016), will be presented.

Legal Regulation

The adoption of the European Commission Recommendation on Investing in Children in 2013 created momentum as it called on Member States to use European Structural and Investment Funds (ESIF) to stop the expansion of institutional care in Europe and promote quality family- and community-based care. (Opening Doors for Europe’s Children, 2020a, p. 13)

Member State countries are making systematic progress towards the development of alternative child care services to transform the lives of children living in institutions. (Janta et al., 2019, pp. 43–44)

According to the official documents mentioned above that established the reform in Lithuania, the strategic aim was to create a system of a comprehensive range of services that would enable every child, person with disabilities, or their families (guardians) to receive individual services and assistance in the community according to their needs. The first specific aim is that children and their families (guardians) will receive community-based services according to their individual needs; the second sets out the same goal for adults with disabilities. The third specific aim seeks (a) to promote a change of moral values in society while forming a positive public attitude towards the restructuring of the system, and (b) to ensure the transparency of these processes.

The first step undertaken was to create the necessary conditions for the transition from institutional care to the sustainable development of family- and community-based social care services in Lithuania by (a) evaluating the individual needs of every service recipient; (b) determining the motivations of the staff, and what new knowledge and skills they will need; (c) developing an individual care plan for every resident of a social care institution, as well as a plan for the transition for each institution, and regional plans of services and infrastructure; (d) preparing the methodological basis (methodological documents, legislation, etc.) for the new types of service; (e) informing and educating the public, and social marketing. The goal of the second step is to provide new forms of community-based social services for the target groups and to develop the necessary infrastructure for the services in the context of available regional services and infrastructure development plans.

According to the State Child Rights Protection and Adoption Service (2015), based on approved legal documents:

From November 2015 the State Child Rights Protection and Adoption Service under the Ministry of Social Security and Labour together with the Department of Disabled Affairs under the Ministry of Social Security and Labour implements the project “Creation of the conditions of the system in Lithuania of sustainable transition from institutional care to the services provided in the family and community”. The purpose of the project: to create the conditions that are necessary for the development and implementation in Lithuania of [an] effective system of transition from institutional care to the services provided in the family and community.

The purpose of the institutional care restructuring [is] to pursue ensuring [a] sustainable environment and conditions for every child (and for the intellectually and/or mentally disabled child) to grow in the biological family, and for the children

deprived of parental care to grow in the foster, adoptive family or household, to be assisted by the community. (para. 1–2)

Another important step was the centralization of the child welfare system (Lietuvos Respublikos Socialinės apsaugos ir darbo ministerija, 2018):

The Lithuanian government has established the Child Protection and Adoption Department under the Ministry of Social Security and Labour, integrating regional child protection agencies under its umbrella.... The government has also created a case management service to identify the child protection issues and address them in an efficient way. (Opening Doors for Europe’s Children, 2020c, para. 2)

Moreover:

Each municipality in Lithuania has now the duty to develop a network of care centres responsible for recruitment, training and support of professional foster carers. In addition, small group home projects are piloted nationwide and have proved so far to be an effective measure to organised care provision. (Opening Doors for Europe’s Children, 2019, p. 2)

According to the new regulations, “a child removed from parental care can be placed in the childcare institution only in exceptional cases where there is no possibility to take care for (guard) the child in the family of foster parents, care centre or household” (State Child Rights Protection and Adoption Service, n.d., para. 1). In addition:

From 2020 the children removed from parental care and the children at social risk cannot be provided with ... social care (with the exception of a short-term social care up to 3 months) in the Social Care Homes for Children. (State Child Rights Protection and Adoption Service, n.d., para. 8)

Scope

The European Union plays a key role in transforming child protection systems, by providing the additional investment needed to accelerate reform, leading the transfer of knowledge and experience among Member States, and keeping the transition from institutional to family- and community-based care high on the political agenda. (Opening Doors for Europe’s Children, 2020a, p. 5)

During the current funding period, €76 million of structural funds have been allocated for the transition from institutional to community-based care in Lithuania. Out of €76 million, €38 million have been allocated for the development, piloting and implementation of the new social services; the remaining amount is used towards the development of infrastructure. Most recently, €14 million have been allocated to the municipalities across Lithuania to strengthen the role of small group

homes and day care centres for children. (Opening doors for Europe’s children, 2019, p. 2)

Based on EU data:

The number of children growing up in institutions ... decreased and, in 2018, family-based care grew in most of the campaign countries. For example, in Romania, Bulgaria, Latvia, Lithuania, Hungary, Serbia, and Moldova, the number of children without parental care who grow up in foster and kinship families exceeded the number of children living in institutions. (Opening Doors for Europe’s Children, 2020a, p. 15)

In Lithuania, the decrease in the number of institutionalized children was due to the fact that “the childcare institutions restructured themselves into Community Childcare Homes. As demonstrated by the data of 2018, there are 84 community childcare homes in the country that accommodate 490 children” (State Child Rights Protection and Adoption Service, n.d., para. 7).

Table 1. *Children in Care in Lithuania 2017–2019*

Year	All children in care			Children in institutions		
	n	Annual change		n	% of children in care	Annual change (%)
		Δn	%			
2017	8912	n/a	n/a	2872	32.2	n/a
2018	8177	-735	-9.0	2419	29.6	-2.6
2019	7446	-731	-9.8	1954	26.2	-3.4

Note. Data taken from Valstybės vaiko teisių apsaugos ir įvaikinimo tarnyba [State Child Rights Protection and Adoption Service], 2020.

In recent years, the number of child care institutions and the number of children in care institutions has decreased in Lithuania (see Table 1). However, deinstitutionalization is a complex issue, involving much more than simply restructuring care homes and allocating children to other places. In the process of deinstitutionalization, the closure of care institutions is a consequence of the transformation, but not its primary point.

Conceptualization

The theoretical conceptualization of deinstitutionalization mostly began in disability studies and with people involved in the disabilities rights social movement. Nowadays deinstitutionalization is seen as having a wider scope and is generalized to various vulnerable groups. Deinstitutionalization has been defined as a change in the organization of the provision of services that is implemented in three stages: (a) release of service users from residential institutions, (b) directing potential users to alternative institutions, and (c) development of community services (Baghragh, 1996). Another definition of deinstitutionalization, one that deals more with human rights issues, sees it as a means for better ensuring the human rights of various

vulnerable groups (Johnson, 1998). Dunajevas (2012) combined both approaches and described deinstitutionalization as a change from a hierarchical structure and relations to a network and networking, as the right of organizations to control people's actions gives way to the right of people to control their own actions. Pūras (2012) argued that the changes to the system that are necessary for deinstitutionalization should be guided by a holistic understanding of human rights and a concern for the best interests of child and family.

It is important that all involved in the process, whether directly or indirectly, ground their actions in a common accepted understanding of deinstitutionalization; differences in deinstitutionalization theories and processes could lead to miscommunication between social policy makers, social services providers, and service users.

The explanation of deinstitutionalization in Lithuania follows theoretical paradigms. Stakeholders involved in the reform, the Asociacija “Nvo Vaikams Konfederacija” et al. (2016), have developed informational materials stating that deinstitutionalization is a systemic change based on political will, the end result of which is reduced reliance on institutional care and increased access to services aimed at maintaining children in their biological families and communities. They further state that the reform seeks to reduce dependence on institutional care by increasing the services available in family and community environments; preventing the separation of children from parents by providing appropriate support for children, families, and communities; and developing support and assistance for those leaving care (both institutional and non-institutional). The main components of deinstitutionalization are identified as: investing in families and children, developing services, using and adapting existing resources, creating appropriate care environments, doing ongoing work with the community and developing community sensitization, and investing in workers (Asociacija “Nvo Vaikams Konfederacija” et al., 2016).

In practice, there will be two active systems — two paradigms of care — that exist side by side during the period of transition. Challenges are created when decisions are made to close residential institutions without fully deciding how community-based services will be provided and whether provision of these services will be ensured. Moreover, residential institutions usually aim to keep their existing power and will make use of their financial, human, and technical resources to do so (Genienė & Šumskienė, 2016, p. 55).

Evidence

As deinstitutionalization in Lithuania has progressed, little reliable and valid evidence has been collected. The first step of the reform has been evaluated (BGI Consulting, 2020), but only a summary of the results had been presented to the public at the time of writing this article. An overview of some qualitative studies (Čižikienė, 2018; Genienė & Šumskienė, 2016; Gražulis & Čižikienė, 2016; Gvaldaitė & Šimkonytė, 2016) that give insights into the process of deinstitutionalization is presented below. It should be noted that these qualitative studies were conducted and published earlier than the quantitative data from Valstybės vaiko teisių apsaugos ir

įvaikinimo tarnyba [State Child Rights Protection and Adoption Service], (2020), which were collected at least two years later.

Quantitative research data show that the beginning of the process was not easy. Both Gvaldaitė and Šimkonytė (2016), and Pūras (2012) agreed that deinstitutionalization requires more than just the restructuring of residential institutions. Even though many institutions have been converted to smaller living units, they still do not and cannot provide a close family environment, and thus are not suitable for positive child socialization.

The voices of children best illustrate how deinstitutionalization was implemented in practice. BGI Consulting's (2020) evaluation survey of 205 children in care who moved to alternative (community-based) care homes showed that they evaluated the transition positively, emphasizing that the community-based care is better at meeting their needs, especially emotional ones, that it allows more independent living, and that it better prepares them for care leaving. However, some elements of institutional care remain: control of food and housekeeping, daily and weekly agendas, rigid rules, a dominance hierarchy among the children, bullying, extensive record-keeping, and inspections by managers (BGI Consulting, 2020). Care workers also admit that these disadvantages exist (BGI Consulting, 2020). Qualitative data show that although the setting may be new, an institutional culture very similar to the old institutional culture arose; the buildings and staff remained the same, and newly created community services were not so different from the services that had been provided by the residential institution (Genienė & Šumskienė, 2016).

In the transition to community-based services, the responsibilities, functions, and activities of care workers changed; care workers needed to update their knowledge and apply different working methods. During BGI Consulting's (2020) evaluation survey, the generic and professional (subject-based) competences of 104 care workers were assessed. The survey found that some generic skills — interpersonal, leadership, and teamwork — could be improved; also, some workers lacked motivation, the courage to act independently, and change-management skills. Among professional competences, the ability to work effectively with the residents' biological families required improvement. This involves a wide range of skills, starting from how to acquire basic knowledge about a resident's family, and then how to apply appropriate working methods with that family. However, not all care workers surveyed were motivated to involve a family in the process. Other areas where knowledge was lacking were psychology of children and youth, sexuality training, working with trauma, prevention of bullying, consultation skills, ability to motivate children, and stress and conflict management (BGI Consulting, 2020).

Care workers were highly motivated to provide community-based services; indeed, this motivation rose during the reform process (BGI Consulting, 2020). However, there were factors that diminished motivation: inadequate salary, heavy workload, lack of services in the community, lack of dissemination of good practice examples, and lack of clear regulation of care workers (BGI Consulting, 2020). The fact that care workers viewed their work as meaningful and important was partial compensation for the inadequate salary; however, a better salary was named as the main

factor in a care worker's decision to change to another job (BGI Consulting, 2020). Qualitative data show that those who had a strong motivation to work with children were willing to continue their work under the new conditions, and those with weaker motivation had more doubts about the new system and whether they would be able to conform to it (Gvaldaitė & Šimkonytė, 2016).

The evaluation survey showed that more than half of the participating care workers evaluated the deinstitutionalization reform as “excellent”, and said that both their emotional state and that of the children had improved; as well, the workers felt they had a better perspective on their work (BGI Consulting, 2020). These data were supported by qualitative data from two recent studies. In Gvaldaitė and Šimkonytė's (2016) study, all informants agreed that the reform was necessary because the institutions were not the equal of a family environment in meeting the needs of children. In Čižikienė's (2018) study, interviewed social workers agreed that in a process of deinstitutionalization the transition to community services is necessary and evaluated it positively.

However, looking more deeply into these qualitative data, some of the interviews showed that professionals were lacking information on the topic of deinstitutionalization within care institutions, and had not had discussions on the topic with external experts or with representatives of responsible authorities. Ignorance about the reform process increased anxiety among workers: they raised questions and doubts, they remembered unsuccessful projects, and they worried about their jobs or changes in duties; for this reason, it seems that some social workers were sceptical about the deinstitutionalization and even opposed it (Gvaldaitė & Šimkonytė, 2016).

The same studies provide evidence of the challenges faced during deinstitutionalization: there is a lack of a clear and unified action plan to be implemented in different regions and of a clear financial mechanism, the legal framework needs review, the right human resources management must be carefully chosen, workers need training and retraining, the public must be kept informed about the positive impact of transformation on the development of children (Čižikienė, 2018), the deinstitutionalization process lacks political will and the unitary participation of all subjects involved (Gvaldaitė & Šimkonytė, 2016), and there is a lack of public support and developed community services that would ensure that new needs and requirements in the ongoing process of deinstitutionalization are met (Čižikienė, 2018).

An urgent issue arises from the seemingly complementary aims of reducing the number of young children accommodated in institutions while building up community services to decrease the number of vulnerable families and their children. Social workers worry that the directive to keep the number of children in residential and community-based institutions as low as possible will result in children being forcibly sent back to live in their own problematic families, or left with them, and in children being transferred to other places of residence merely to satisfy a quota, regardless of their actual situation, needs, and best interests (Gvaldaitė & Šimkonytė, 2016).

As mentioned earlier, there is a critical shortage of social services for families. The *2018 Country Fact Sheet* for Lithuania (Opening Doors for Europe's Children, 2019) notes:

Despite strong commitment and active engagement of the Lithuanian government in deinstitutionalization reform which makes feasible progress nationwide, the lack of continuity measures in the project's planning presents a challenge to developing a well-functioning and sustainable network of services in some regions. (p. 2)

Conclusion

The process of the transformation of institutional care in Lithuania was designed in two steps: (a) creation of the necessary conditions for the transformation (2014–2017), and (b) development of infrastructure in the regions, planned for 2017 to 2020, but now extended to 2023 as progress was slower than anticipated. In 2020, the assessment of the first step has been completed and will be made available to the public¹.

The conceptualization of deinstitutionalization in Lithuania is grounded in theoretical reasoning, and there is no big contradiction between analytical and political discourses. However, there are differences in what was planned and what is actually happening.

Quantitative and qualitative empirical data supplement each other, and looking at both gives a fuller picture of the state of deinstitutionalization in Lithuania. However, some contradictions were found in the qualitative and quantitative data, especially when the focus was switched from general statements to everyday practice.

Statistical data show that the planned quantitative outcomes of the reform have been reached. Nevertheless, there are still major challenges. For example, the perceived necessity to reach a quantitative measure — to diminish the number of children in institutions — may result in children being left with, or reunited with, their families even when it is not in their best interests. Meeting such challenges will be an important focus in the ongoing deinstitutionalization effort in Lithuania.

¹ At the time of writing this article, only a preliminary summary of the results was available. Please see http://www.pertvarka.lt/wp-content/uploads/mediavault/2020/03/Pertvarka_santrauka_20200328.pdf

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