



WHITE PAPER ON THE ROLE OF THE SMALL-SCALE RESIDENTIAL CARE IN THE CONTINUUM OF CHILD CARE SYSTEM

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A new and important discussion has emerged that focuses on two core questions

- Is residential care, under certain conditions, an appropriate form of community-based care?
- If so, what balance should be struck between residential care and other forms of care such as foster care, kinship and (transition to) adoption within a comprehensive childcare and protection system?

Purpose of the white paper on the role of the small scale residential care

- The purpose is not to promote the use of small scale residential care, but to present the evidence about their current use and impact, and offer guidance that will result in all children being able to grow up in a loving, stable etc. family environment.
- It challenges the status quo where there are disproportionate numbers of children with disabilities in alternative care and that they are often in segregated facilities.
- It recognizes the need for specialised services while at the same time warn against segregated facilities.
- It recognizes that large scale residential care should not exist.

General trends in child care reform in Europe and Central Asia Region

- No of children growing up in large institutions has fallen
- A shift towards SSRC and foster care as well as prevention
- Unregulated growth in SSRC in some countries of the region
- Children with disabilities and from marginalized groups, are over-represented in the remaining institutions and in SSRC facilities
- SSRC facilities were used as temporary & pragmatic 'quick fix' solution to large institutions
- A large part of the state budget is being spent on building and maintaining SSRC facilities
- Governments are often unwilling or unable to ensure family care for all children and as a result important opportunities are missed to accelerate comprehensive reforms
- Governments and partners are at times referring to something as a SSRC when it is an institution
- Lack of agreement on what is an acceptable SSRC facility when, for whom it is used

Committee on the Rights of people with Disability, general comment on the article 19 of the UNCRPD



Neither large-scale institutions with more than a hundred residents nor smaller group homes with five to eight individuals, nor even individual homes can be called independent living arrangements if they have other defining elements of institutions or institutionalization



Although, institutionalized settings can differ in size, name and setup, there are certain defining elements, such as:
obligatory sharing of assistants with others and no or limited influence over care provided
isolation and segregation from independent life within the community,
lack of control over day-to-day decisions, lack of choice over whom to live with,
rigidity of routine irrespective of personal will and preferences,
identical activities in the same place for a group of persons under a certain authority,
a paternalistic approach in service provision

Conclusion on the goal of the child-care system

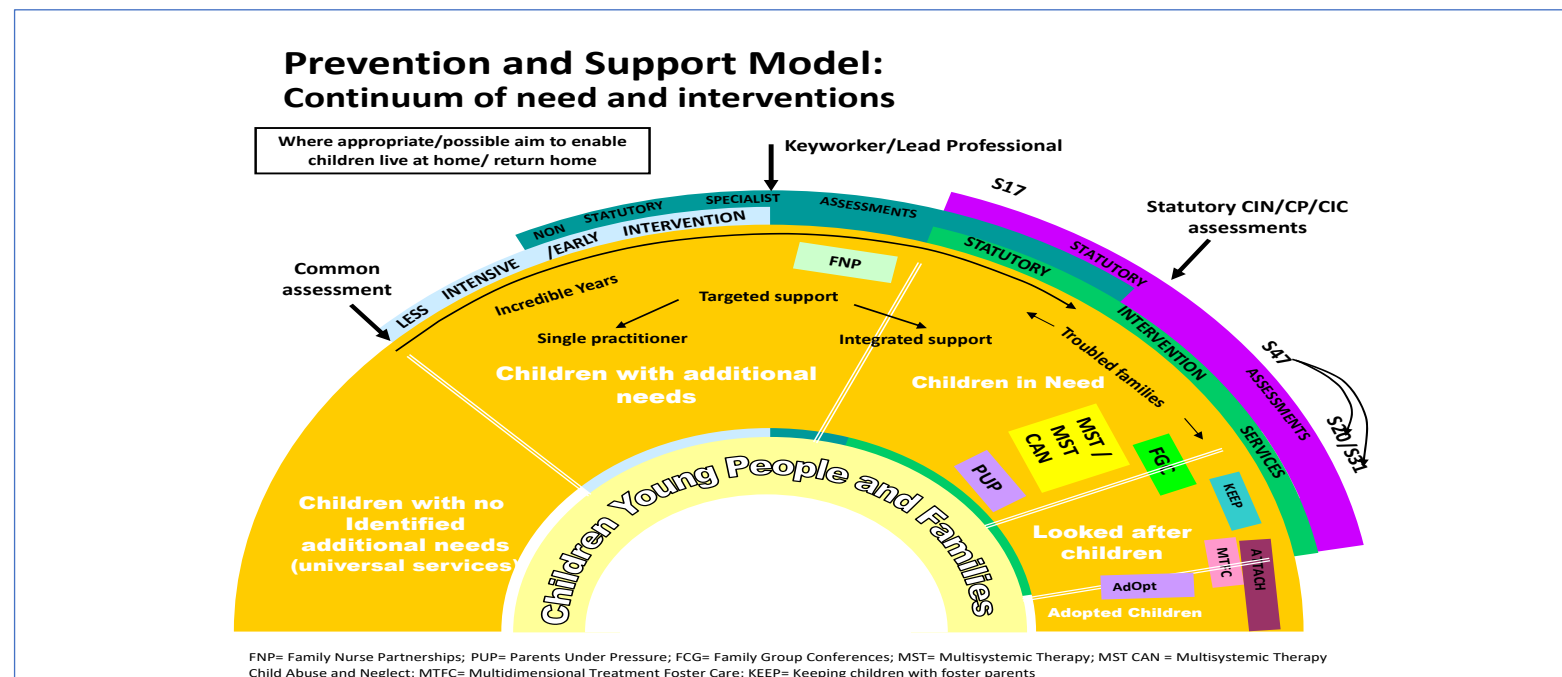
- A coherent child-care system should always aim to **ensure family care for ALL children**
- **All services developed as part of a comprehensive child-care system should aim to:**
 - strengthen families to care for their children,
 - prevent unnecessary separation of children,
 - provide family-based care to children who are separated from their families and
 - prioritize child reintegration and family reunification at any stage of a child's journey in the care system.

Main conclusion on the small scale residential care

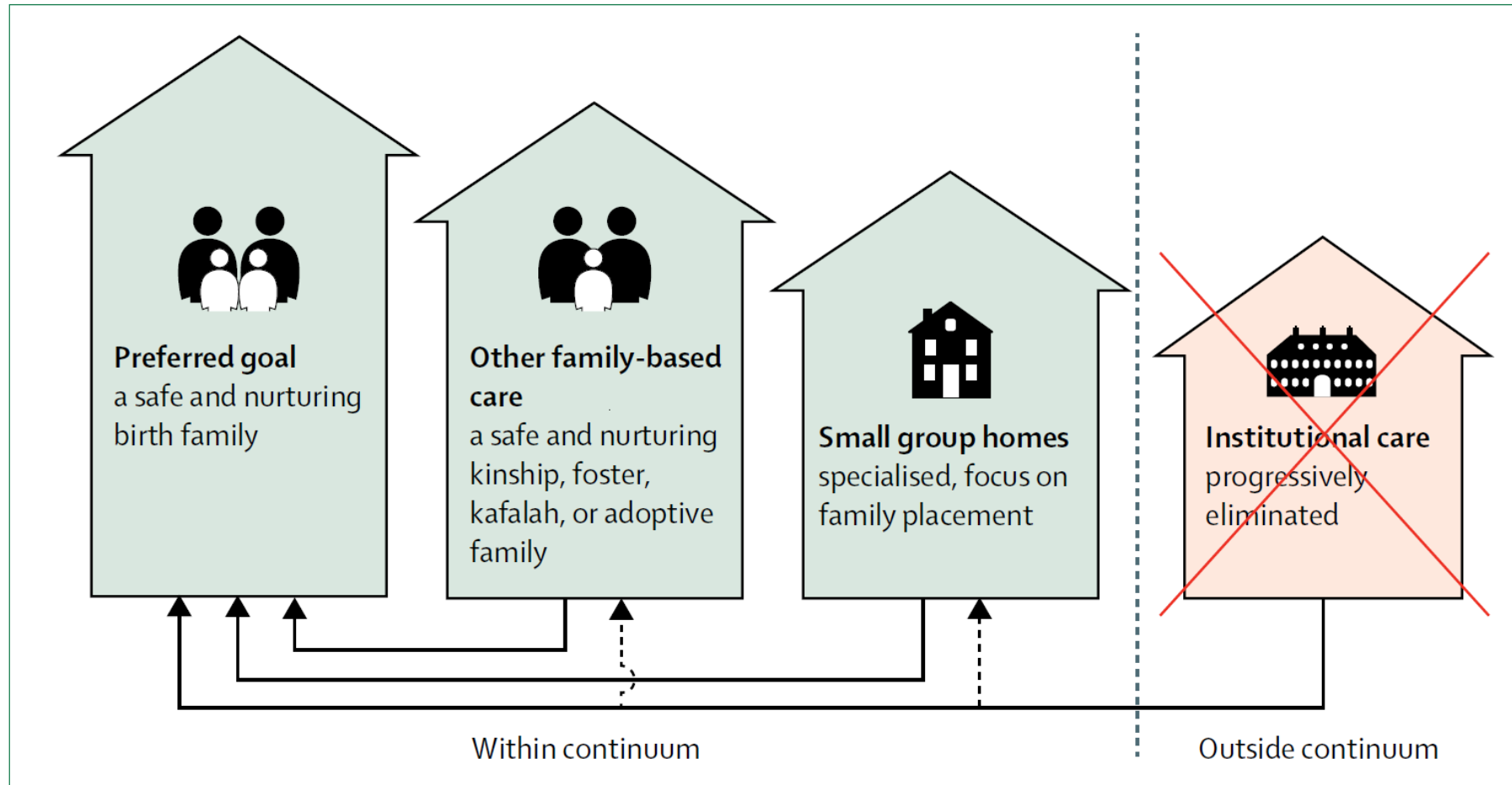
- Residential care, including small scale one, **is not a suitable permanent placement for children**
 - While residential care may allow for continuity of relationships, youth lose these relationships when they ‘age-out’ of the system.
 - Care that is small scale continues to deprive children of their fundamental right to a family and permanent relationships with loving and life-long caregivers.
- Small scale residential care should, therefore, only be used when they represent **the least detrimental alternative**, offering high-quality short-term care until support services are in place for birth, alternative or adoptive families to meet the needs of the child.

The role of the small scale residential care

- It should be seen as part of continuum of care services
 - that is needs-led rather than service-led
 - with a sophisticated system in place to identify the children who may benefit from different types of placement at some point in their care journey,
 - with regular assessment and monitoring to ensure that their needs are met, and that effective support is provided before and after their placement.



Continuum of care



How societies use the SSRC?

- **Societies with well-planned child welfare systems use SSRC for a very small proportion of children mainly**
 - where placement in a SSRC is based on the young person's own informed decision
 - as a shared care resource for parents of children with severe disabilities or children in need of palliative care.
- **Some societies have made use of SSRC in the process of transition**
 - while large institutions are being closed,
 - while family strengthening services were put in place
 - while family-based care is being developed, and
 - while universal services are strengthened to meet the needs of de-institutionalized children (or those at risk of separation) and their families/carers.

Definition of the small scale residential care

Small scale residential care is:

- a public or private, registered, **non-family** based arrangement
- providing **temporary** care to a group of **4-6 children**,
- staffed by **highly trained, salaried carers**,
- applying a **key-worker system**,
- with a small caregiver/child ratio that allows for individualized attention for each child,
- based on the professionally developed case plan,
- which takes into account the **voice of the child**.

The objective of a placement in SSRC should be to contribute actively to:

- the **child's reintegration** with their family or, where this is not possible or in the best interests of the child,
- to secure their safe, stable, and nurturing care in an **alternative family-based care**,
- adoption
- supported **independent living** as young people make the transition to adulthood.

Characteristics of a qualitative small scale residential care

- **has a clear role** within the range of provision and a clear statement of purpose
- **has one ultimate goal:** a child's reintegration, permanent family care or supported independent living
- **is small-scale** – 4-6 children
- **is short-term** – as short as possible but no longer than 6-12 months.
- **is organized in small groups**, with children of mixed age, sex and ability
- with routines that are organized around the **rights and needs of the children**
- **caters for the complex needs**, challenges or circumstances of children, providing specialized, individualized, intensive/often therapeutic support, 24-hours per day
- provides high-quality care, through **highly trained, paid staff**, sometimes organized in shifts
- **applies a key-worker system** with staff providing services that are relevant, tailored to each resident
- **holistic assessment of child and family needs and comprehensive case management** (regular formal reviews of the care plans, in collaboration with the child & family) are essential core services that are coordinated and/or provided by SSRC staff to facilitate the child's transition back to family-based care.
- **integrated into the community**, with children attending mainstream education, health, etc., and promoting inclusiveness: children with and without disabilities live together
- **provides an environment where children feel secure, safe, loved**, supported and able to participate in decisions about their lives and having access to all support they need to become autonomous, independent, self-agents.



Thank you!

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WHITE PAPER The role of small-scale residential care for children in the transition from institutional- to community-based care and in the continuum of care in the Europe and Central Asia Region

