



# International Conference Deinstitutionalisation of Childcare: Investing in Change

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The role of small group homes for children in the transition from institutional to community-based care and in the continuum of care

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## 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 recognises the need for specialised services while at the same time warn against segregated facilities.
- It recognises 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 small group homes (SGH) and foster care as well as prevention
- Unregulated growth in SGH care in some countries of the region
- Children with disabilities and from marginalized groups, are over-represented in the remaining institutions and in SGHs
- SGHs 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 SGHs
- Governments are often unwilling or unable to ensure family care for all children and finalise the transition and as a result important opportunities are missed to accelerate comprehensive reforms
- Governments and partners are at times referring to something as a SGH when it is an institution
- Lack of agreement on what is an acceptable SGH, when, for whom it is used

## Committee on the Rights of people with Disability, general comment of 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 by whom one has to accept assistance,
  - 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,
  - supervision of living arrangements and usually also a disproportion in the number of persons with disabilities living in the same environment.

## UNSG report on the status of the rights of the child - children without parental care

- recognizes that children with disabilities are at increased risk of abandonment / institutionalization, and that they have not benefitted from DI (paragraphs 54-55), acknowledging that they are moved from large to smaller facilities (and suffer from “transinstitutionalization”)
- recognizes the dangers of small group homes (paragraph 7).
- recognizes that there have been developments after the adoption of the Alternative Care Guidelines, see (paragraph 16):
- mentions measures for children with disabilities. The recommendation in paragraph 70(c) for example states:
  - "Prioritizing the deinstitutionalization of children with disabilities,
  - eliminating the placement of children in segregated or specialized facilities,
  - eliminating the placement of children in alternative care based on disability
  - promoting the availability of quality, community-based, accessible services and family-strengthening programmes..."

## Main 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 SGH 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.
- Societies with well-planned child welfare systems *use* SGHs for a very small proportion of children mainly
  - where placement in a SGH 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 SGHs 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.

## Objective of the small scale residential care

The objective of such placement 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, or
- supported independent living as young people make the transition to adulthood.

## Characteristics of a Qualitative small scale residential care (1)

- 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
- short-term – as short as possible but no longer than 6-12 months.
- 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 support, 24-hours per day

## Characteristics of a Qualitative small scale residential care (2)

- provides high-quality care, through highly trained, paid staff, sometimes organized in shifts
- applying a key-worker system with staff providing services that are relevant, accessible and 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 SGH 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.

## Residential care level should be properly regulated at national level

- *To ensure that only those facilities that are really needed are developed*
- This includes the development and enforcement of quality standards,
- limiting and regulating the number of residential facilities that are opened
- the number of residents and staff (aiming for a ratio of one staff member for every 3-4 children at any given time),
- ensuring that children under a certain age (6-8 years) are not placed in residential care and that all children, including those with disabilities, are prioritized for family reintegration or family-based care.