



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

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Ending institutionalization and strengthening family and community based care for children in Europe and beyond

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# Purpose of the White Paper

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Presents evidence about the current use and impact of SSRC in ECA Region and offers guidance that will result in all children growing up in families.

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Challenges the status quo where there are disproportionate numbers of children with disabilities in segregated facilities.

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Recognises the need for specialised services while at the same time warns against segregated facilities.

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Recognises that large scale residential care should not exist.

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# General trends in ECA Region

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No of children growing up in large institutions has fallen

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A shift towards SSRC, foster care as well as prevention

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Unregulated growth in SSRC care in some countries

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Children with disabilities and from marginalized groups, are over-represented in the remaining institutions and in SSRC

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SSRC was used as temporary & pragmatic 'quick fix' solution to large institutions

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A large part of the state budget is being spent on building and maintaining SSRC

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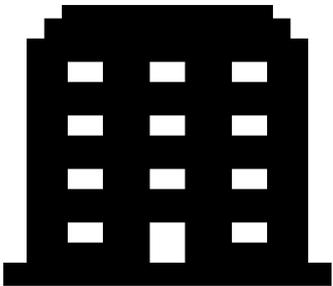
Governments are often unwilling or unable to ensure family care for all children and as a result opportunities are missed to accelerate comprehensive reforms

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Governments and partners are at times referring to something as a SSRC/ SGH when it is an institution

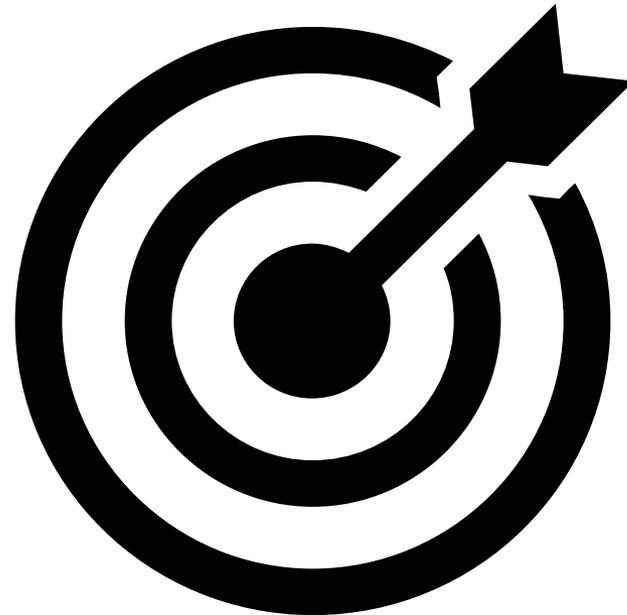
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Lack of agreement on what is an acceptable SSRC/SGH, when, for whom it is used



## 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



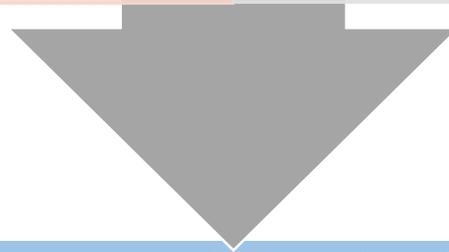
Residential care, including small scale one, is **not a suitable permanent placement for children.**

While residential care may allow for continuity of relationships.

But,

**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 SSRC

## SSRC 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 SSRC for a very small proportion of children, mainly

- where placement 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,
- family strengthening services were put in place, family-based care is being developed, and
- universal services are strengthened to meet the needs of de-institutionalized children (or at risk of separation) and their families/carers.

# Definition of the SSRC



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 SSRC



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 SSRC (1)

- **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 SSRC (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** - to facilitate the child's transition back to family-based care.
- **integrated into the community**, with children attending mainstream services 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.

# SSRC should be properly regulated at national level

- ensuring that children under a certain age (6-8 years) are not placed in residential care,
- ensuring that only those facilities that are really needed are opened,
- limiting and regulating the number of residential facilities that are opened,
- ensuring a ratio of one staff member for every 3-4 children at any given time,
- ensuring that all children are prioritized for family reintegration or family-based care.

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