



**From Institutionalization to Community
Based Social Work and Care Services to
Vulnerable Children and Families**

Changing Minds, Policies and Lives

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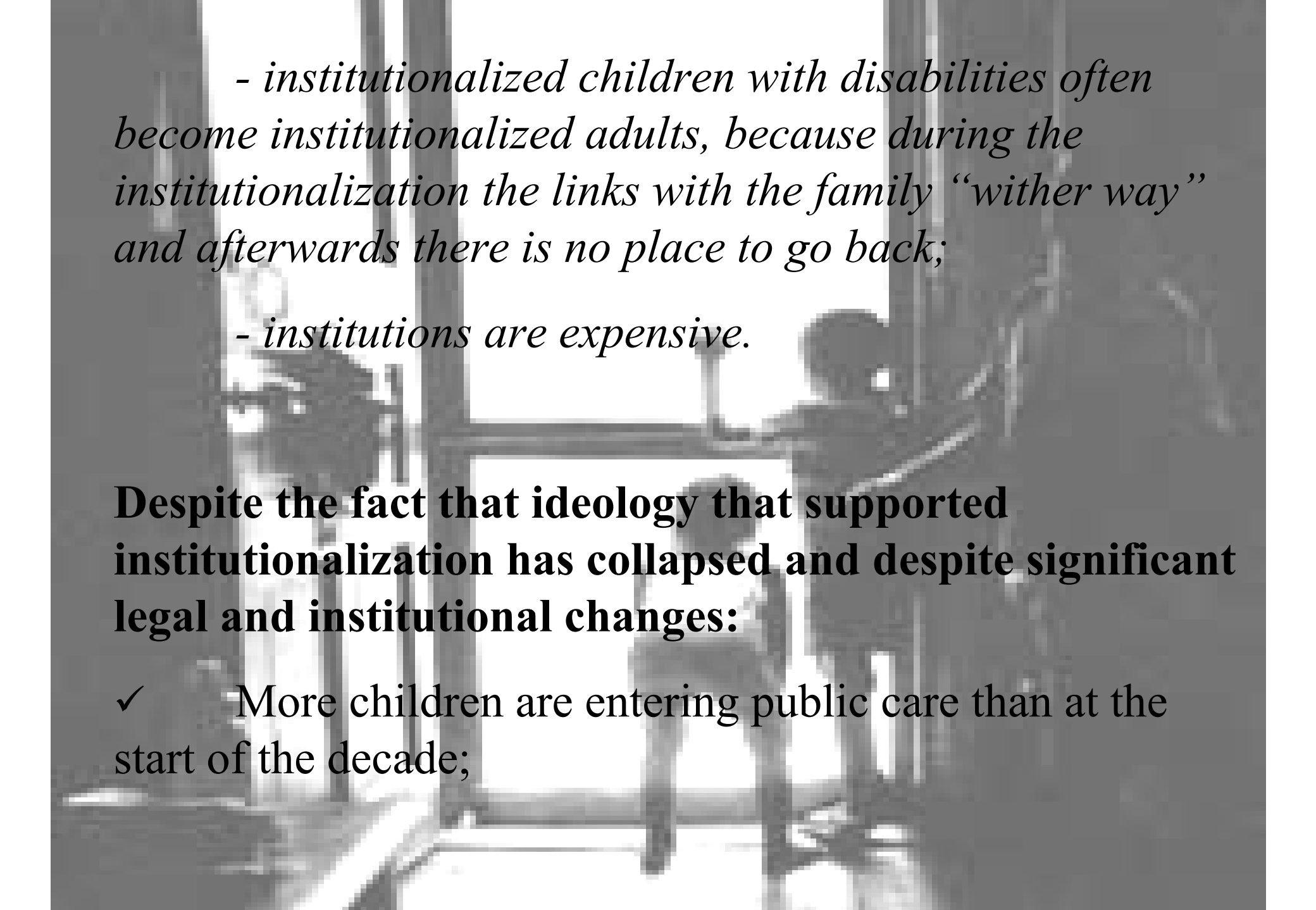
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ECA inheritance: *Excessive reliance on institutional care as a means of looking after children deprived of parental care, poor children and disabled children.*

It is empirically found that:

- institutions are an ineffective, detrimental way of providing care to vulnerable individuals;*
- they debilitate children's development; the adverse impact is particularly strong in younger institutionalized children;*
- children are not well prepared for the outside life and frequently end up as burdens on health, social protection, or public safety budgets;*

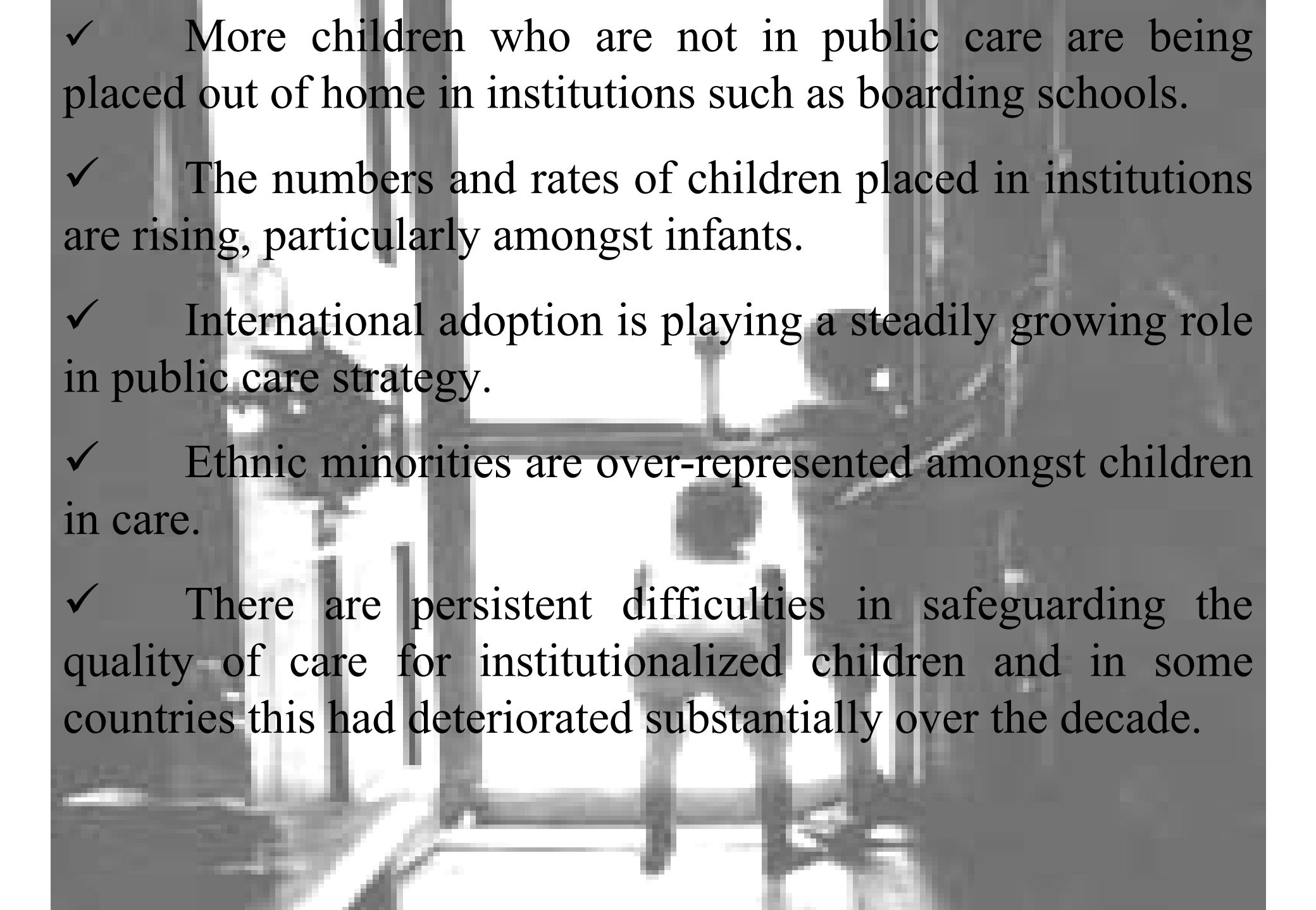


- institutionalized children with disabilities often become institutionalized adults, because during the institutionalization the links with the family “wither away” and afterwards there is no place to go back;

- institutions are expensive.

Despite the fact that ideology that supported institutionalization has collapsed and despite significant legal and institutional changes:

✓ More children are entering public care than at the start of the decade;

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- A black and white photograph of a young child sitting on a wooden chair in a room with large windows. The child is looking towards the camera. The room has a simple wooden chair and a table. The background shows a window with a view of the outdoors.
- ✓ More children who are not in public care are being placed out of home in institutions such as boarding schools.
 - ✓ The numbers and rates of children placed in institutions are rising, particularly amongst infants.
 - ✓ International adoption is playing a steadily growing role in public care strategy.
 - ✓ Ethnic minorities are over-represented amongst children in care.
 - ✓ There are persistent difficulties in safeguarding the quality of care for institutionalized children and in some countries this had deteriorated substantially over the decade.

Why is institutionalization growing (few exceptions in the Region)?

1. High demand (poverty, family dysfunction, demographic and social changes).

2. Systemic weaknesses:

(a) lack of a comprehensive strategy to implement the new national child-centered policy, with de-institutionalization as an explicit goal;

(b) insufficient focus on promoting, developing, and supporting family-type substitute care arrangements (guardianship: kinship foster care and non-kinship foster care; adoption, etc.);

(c) lack of preventive community based social work, assistance and services;

(d) too rapid decentralization of policy implementation in view of limited administrative capacities and resources, including financial resources at sub-national levels;

(e) ineffective implementation of national policies at the regional and local levels; lack of mechanisms

(f) functional fragmentation of the system, with several ministries (usually MOH, MOE and MLSD) responsible for various segments of child welfare, resulting in inconsistent and uncoordinated approaches; unclear accountability and lack of monitoring and evaluation, particularly at the lower government levels;

(g) inadequate and outdated principles and methods of case management and decision making in assisting vulnerable individuals;

(h) possibly, vested interests that support maintaining an important role for institutionalization —residential institutions often are significant employers in their communities.

Protection of children with disabilities

A gradual shift from the medical model towards a more functional approach to disability during the 1990s

The assessment system still places too many children (often) to lifelong institutionalization (PMPK)

Community-based social care and rehabilitation services for CWD and support services for their families have been introduced, but slowly – hence access to such services remains severely limited in most of the countries in the Region

Many countries have introduced elaborate system of cash and in-kind benefits for children officially certified as “disabled.” Still, although benefits to families are numerous in principle, often little such assistance reaches them, and when it does, it is insufficient.

Changing Minds Policies and Lives: from Institutions to Family and Community-based Care and Services

Objectives:

- safeguarding the family – decreasing the number of families and children at risk and reducing the number of children in need of substitute care;**
- providing family setting for children at risk;**
- substantially reducing and transforming the role of institutions in the care of vulnerable children.**

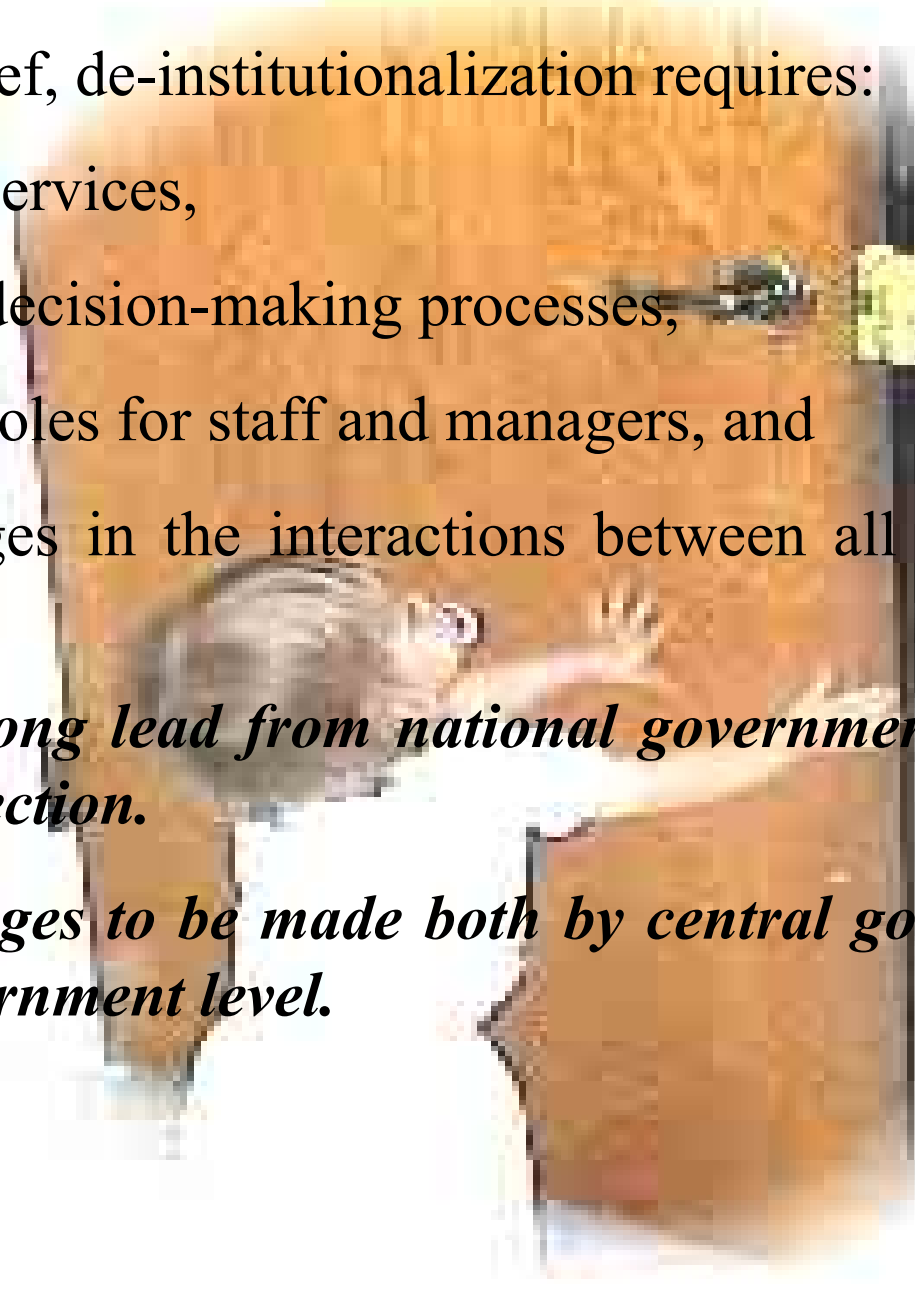
De-institutionalization requires the following changes:

in the decision-making systems and services,

in the attitudes and beliefs about children and the role of parenting.

Effective reforms require a shift from the paradigms of rescue, state paternalism, ethnic discrimination, and the deficit model of disability.

Such a change will require staff, managers and policy-makers to reconsider the value they place on children, their rights and the importance of parents and families in the upbringing of children.



In brief, de-institutionalization requires:
new services,
new decision-making processes,
new roles for staff and managers, and
changes in the interactions between all these parts of
the system.

A strong lead from national government and a clear strategic direction.

Changes to be made both by central government and at local government level.

De-institutionalization – a challenge for the next decade of transition

It has not proved easy to implement even in welfare systems not experiencing the widespread poverty and history of reliance on institutional care widely seen in the ECA region.

However, as proven in industrialized countries, it is possible.

