IDENTIFYING BASIC CHARACTERISTICS OF FORMAL ALTERNATIVE CARE SETTINGS FOR CHILDREN

A DISCUSSION PAPER – MARCH 2013

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Acknowledgments

1. Background and Methodology

This discussion paper is the outcome of an initiative[1] launched in July 2010 to contribute to building understanding and promoting discussion about the Guidelines for the Alternative Care of Children (hereafter "Guidelines") accepted by the UN General Assembly in December 2009. The specific aim was to move towards a common understanding of the different forms of formal care mentioned in those Guidelines (notably at para 29.c).

The discussion paper is grounded in a report submitted in November 2010[2] by an independent consultant, Nigel Cantwell, who was commissioned by the initiators to review current thinking on terminology and to propose tentative "definitions" in that light. In the course of the preparation of the paper it became clear that it would be difficult to arrive at universally acceptable definitions of the different forms of formal care. Nevertheless the organisations involved in commissioning this paper felt that there was considerable value in the effort to arrive at more widely accepted common definitions – and conversely that the lack of agreed definitions is an obstacle to improvements in the out-of-home care of children.

Therefore, the commissioning organisations felt that it would be useful to circulate the draft more widely for further inputs and did so through various networks in early 2011. These included the two NGO working groups on alternative care in Geneva and New York, eventually becoming part of the work plan of the Geneva group. Responses were collected in the first quarter of 2011.

Richard Carter was then selected by the commissioning organisations to collect and analyse these responses. In his report submitted late 2011 he noted that 39 responses[3] - varying in length from one sentence to many pages - had been received, and these were carefully considered to identify any majority views.

During 2012, the commissioning organisations had numerous consultations about the contents of Richard's paper and accordingly developed the discussion paper in its present form. To reflect the potential prescriptive nature of the terminology "definition", it was decided by the commissioning organisations that the discussion paper would be re-titled as "identifying the basic characteristics of formal alternative care settings for children"

We trust that the final product does, indeed, identify basic characteristics of the different formal care settings – hopefully useful among others, for mapping out alternative care systems for any given country.

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Better Care Network

Family for Every Child[4]

International Social Service

Save the Children

SOS Children's Villages International

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[1] This process was initiated by an interagency group made up of the Better Care Network [BCN], Family for Every Child, International Social Service [ISS], Save the Children, SOS Children's Villages International.

[2] Nigel Cantwell, *Refining Definitions of Formal Alternative Child-Care Settings: a discussion paper*, 16 November 2010

[3] NGOs x 16, UN Agencies x 6, Independent consultant x 8, Academic x 3, Government agency x 2, Practitioner x 2 and not clear x 2

[4] This process was initiated by EveryChild and then taken on by Family for Every Child, a new global network working on alternative care issues that was established by EveryChild.

2. Overview of existing definitions

The following table encapsulates existing definitions of formal care within the UN Guidelines. The paper is structured based on discussions of each of these forms of care, with a summary of the basic characteristics at the end of each section. Section 8 provides a summary of both the existing definitions as well as the basic characteristics identified for each.

Existing definition in the UN Guidelines	Identification of basic characteristics
Family based care	
Foster care	
"Situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care"	See discussion at section 5.1
Other family-based care settings	
The UN Guidelines list "other family-based" care placements as an alternative form of care, distinct from residential care, but do not define such settings.	See discussion at section 5.2
Residential care	
Residential care	
"care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short and long-term residential care facilities, including group homes."	See discussion at section 6.1
Family-like care	
The UN Guidelines list "family-like" care placements as an alternative form of care, but they do not define such settings	See discussion at section 6.2
Institutions	
The only mention of "institutions" in the UN Guidelines simply equates these with "large residential care facilities".	See discussion at section 6.3
Supervised independent living arrangements	
The Guidelines do not elaborate on this term.	See discussion at section 7

3. Purpose of this Discussion Paper[5]

The 2009 Guidelines for the Alternative Care of Children[6] (hereafter 'UN Guidelines') focus on "the protection and well-being of children who are deprived of parental care or who are at risk of being so."[7] They cover "all children not in the overnight care of at least one of their parents" except, notably, children deprived of their liberty whose situation is protected by juvenile justice standards,[8] and those staying voluntarily with relatives or friends for "reasons not connected with the parents' general inability or unwillingness to provide adequate care".[9]

The UN Guidelines distinguish between *informal* care arrangements – i.e. those made between individuals on a private basis, without the implication of competent authorities – and *formal* care which is defined as follows: "all care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures."[10]

Two things can be highlighted in that respect. First, adoption is not covered by the UN Guidelines because an adopted child is deemed to be in parental care once the adoption order is made – but of course pre-adoptive care for children is covered until that order is made. Second, all care for a child in a residential facility is labelled "formal", even when it results from an informal approach or agreement by the child's parent(s). This is largely because the provision of care by such a facility would normally (and certainly should) be subject to official authorisation, which is not the case for an "informal" individual care provider such as a relative or friend.

This Discussion Paper is concerned only with the categories of *formal* settings providing 24/7 care considered in the UN Guidelines. A wide variety of formal settings providing care to children are in place throughout the world, and these settings are currently referred to in confusingly different ways (see below: "A complex task"). The global promotion and implementation of the Guidelines would therefore benefit greatly from a clearer and widely-accepted idea of what each of these categories implies. Using commonly-agreed, standardised terminology ensures first and foremost that everyone concerned understands exactly what is being advocated. It also facilitates data-collection and comparative research that can assist in performance assessments and in determining the appropriateness and potential applicability of lessons learned. A standardised approach could also be especially helpful in informing the review of States Parties' reports by the UN Committee on the Rights of the Child.

This Discussion Paper, commissioned by a number of international NGOs working on alternative care issues, is designed to provide an initial basis for consultations that could lead to such a harmonised conceptual and terminological stance. Taking the definitions, categories and types of alternative care settings contained in the UN Guidelines as its starting point, it attempts both to build on them to clarify their scope and to disaggregate them to specify their content.

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[5] This paper was commissioned by the Better Care Network [BCN], EveryChild, Save the Children, SOS Children's Villages international and International Social Service [ISS] as a starting point for a process aimed at clarifying the definitions of formal care included in the guidelines.
[6] United Nations General Assembly, 18 December 2009, UN Doc A/RES/64/142. Available in English at http://www.crin.org/docs/Guidelines-English.pdf as well as in other languages on the Better Care Network website at http://www.crin.org/bcn/initiatives.asp
[7] UN Guidelines, 1.
[8] UN Standard Minimum Rules for the Administration of Juvenile Justice and UN Rules for the Protection of Juveniles Deprived of Their Liberty.
[9] UN Guidelines, 29.
[10] UN Guidelines, 29(b)ii.

As the UN Guidelines note, decisions on alternative care placements should be made on a case-by-case basis, with a view to responding in ways that best meet individual children's circumstances, needs and wishes. Consequently, it is necessary to foresee and make available the fullest possible range of possible care options.

In this sense, all care settings may be valid components of that range on condition, of course, that they are appropriately used and are "suitable", i.e. compliant with international standards, including the UN Guidelines themselves. Thus, it cannot be an aim of this paper to define settings on the basis of any intrinsic appropriateness or quality of the care they might provide, but only to try to establish the basic characteristics of each kind of setting.

Categorisation as one or other kind of setting therefore carries with it no a priori value judgment to the extent it is in the best interests of children and meets quality care standards. This may be particularly important when it comes to attempting to classify what one might call "hybrid" care options, which may not conform neatly to the characteristics outlined in this paper or to the specific forms of care in the Guidelines themselves.[11]

4. Complex Task

It is a fact – and indeed the basic reason for preparing this exploratory paper – that the variety of formal care settings throughout the world is such that it is likely impossible to classify them into neat groups whose defining features have clear boundaries and hold in all circumstances. The problem is compounded by the diverse ways in which many specific care forms have been qualified by specialists to date, and the similarly diverse manner in which terminology has been interpreted. In other words, there are few commonly-agreed baselines from which to start the exercise.

John Parry Williams, for example, has approached the issue in this way: "The division between residential and community-based care is somewhat blurred for of course residential care takes place in the community and small group homes, adoption and foster care are all residential. By residential care I mean large children's homes usually: situated at some distance from a child's carers, so that it usually requires transport to visit; not based on a small family size of about 8-10 children or less; run by staff rather than one or two carers acting as parents and self-contained in that it can carry out its tasks with minimal reference to or involvement of the community."[12]

Another expert source also notes the "blur" between care settings but seemingly has a somewhat different view of what constitutes "residential care": **"**Important changes in the residential environment have also taken place by limiting the number of children in each unit with the aim of creating a family type environment. This development has in many states (the Nordic countries) even blurred the distinction between foster care and small institutions for children."[13]

Many other similar examples of different uses of conceptual definitions and terminology appear in the following sections. Consequently, at present this paper can only go so far in identifying basic characteristics grounded in expert opinion. Furthermore, while it attempts to pinpoint the basic characteristics of each care setting, it cannot always eliminate the "blur" entirely.

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[11] Paragraph 29 UN Guidelines

[12] *Report Introducing A Child Care Policy Standards Framework In Relation To Residential & Community-Based Care In Vietnam*, John Parry Williams, 2005. Available at http://www.ovcsupport.net/s/library.php?ld=647

[13] Council of Europe Working Group on Children at Risk and in Care, *Children in institutions: prevention and alternative care*, Final Report by Bragi Gudbrandsson (Council of Europe, May 2003). Available at http://www.crin.org/docs/resources/treaties/crc.40/gdd_2005_ce_children_institutions.pdf

5. Family-based Care Settings

The UN Guidelines talk of kinship care,[14] foster care and "other forms of family-based or family-like care" as being settings that are not "residential" in nature.

The distinction between what is known as "foster care" and many of these "other forms" – of family-**based** care at least – may in fact often be difficult to justify. As the South African Law Commission has noted: "There are many different kinds of fostering, and definitions of 'foster care' vary internationally." A review of foster care in twenty-two countries found considerable diversity in the way fostering is both defined and practised."[15]

However, a review of a number of definitions pinpoints one essential feature that seems to be ascribed to foster care but not to family-based care in general: the intervention of a "competent authority" ordering the placement. On that basis, this paper deals with the two separately.

An attempt to make a distinction, not sufficiently highlighted in the UN Guidelines, between "family-based" and "family-like" care settings is also necessary and logical, hence the latter is dealt with separately in section 6.2 below.

5.1. Foster care

The UN Guidelines define foster care as: "Situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care"

Foster-care has been defined for Australia in a rather minimalist manner: "the placement of a young person with caregivers who then look after the young person in their own homes on a short or long term basis."[16]

The South African Law Commission arrived at the following definition: "Foster care is care provided in the carers' home, on a temporary or permanent basis, through the mediation of a recognised authority, by specific carers, who may be relatives or not."[17]

These two definitions specify that the length of placement is not a determining feature of foster care, although use of the term "permanent" (as opposed to "long term") may lead to confusion. The second definition also makes the important point that kinship foster care may be ordered, which is indeed a growing practice in some countries.

In this regard, *formal kinship care* may be described as the full-time care, nurturing and protection of a child by someone who is related to the child by family ties or by a significant prior relationship. Kin can be blood relations, legal kin or fictive kin. Blood relations means there is a genetic relationship between the child and kin caregiver, as for example a maternal grandmother caring for her grandchildren. Legal kin are adults who marry into a family but have no genetic or biological

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[14] While kinship care in general is an "informal" care setting, and therefore outside the scope of this paper, it is increasingly being used as a type of foster care in some countries, and in this "formalised" form it clearly falls within the scope of the paper.
[15] South African Law Commission, Project 110 - review of the Child Care Act - Report - December 2002 Available at www.ci.org.za/depts/ci/plr/pdf/salrc_dis/20-dp103-ch17.pdf
[16] Australian Institute of Family Studies, *Foster Care*, Resource Sheet 8, Feb 2005
[17] *Ibid.*

relation, such as a step-grandmother. Fictive kin are adults unrelated by either birth or marriage, who have an emotionally significant relationship with the child that would take on the characteristics of a family relationship (e.g. members of an ethnic community)

A further definition is: "Formal foster care is an arrangement where a child is looked after and accommodated under a legislative order, granted by a competent authority, in a family setting where one or two adults have undergone a process of assessment of their competence to care for children."[18] This definition introduces the specific notion of a "legislative order" which does not, however, seem to be a determining feature of foster care as viewed by other sources. On the other hand, it also introduces the important issue of assessment of foster carers, which is lacking in the two previous definitions.

Only two factors would seem to distinguish foster care from other "family-based" settings: the placements are not ordered by a competent authority but are simply carried out with the latter's approval; and they are not used for emergency care. For example this could be the case when informal kinship care becomes accepted "formally" by authorities after the event without being ordered per se.

Overall, the essential features of these definitions – placement by a competent authority in the home of an existing family selected and prepared for that purpose – seem to be well-captured in the "universal" definition given by the UN Guidelines quoted above.

This definition holds, moreover, for **cluster foster care**, i.e.: "a grouping of caregivers who are linked together to provide mutual support in the care of a number of children, and who receive some form of external support and monitoring."[19]

This type of situation under foster-care might raise the question as to whether there should be a limit to number of children who can be cared for by such a family while the setting retains the "foster care" descriptor, as opposed to being categorised under "other family-based care". Ukraine, for example, puts the ceiling for "fostering" at four.[20] In contrast: "'Cluster' fostering models have been developed in other countries [than South Africa], for example Israel where 'up to twenty foster families living in a single neighbourhood take up to twelve children each.'"[21]

On balance, however, to the extent that the care proceedings, arrangements and setting correspond to the features identified above, there seems to be no reason to set an arbitrary limit on the number of children looked after.

> **Basic characteristics of foster care**
> A care arrangement ordered or administered by a competent authority, whether on an emergency, short-term or long-term basis, whereby a child is placed in a family home where the carers have been selected, prepared and authorised to provide such care, are supervised, and may receive financial or other support or compensation for doing so.

[18] *Manual for the Measurement of Indicators for Children in Formal Care*, UNICEF/BCN January 2009 available at *http://bettercarenetwork.org/BCN/FormalCareIndicators.asp*
[19] South African Law Commission (*op. cit.*)
[20] *Ibid*
[21] M. Colton & M. Williams (1997), *The World of Foster Care: An international sourcebook on foster family care systems* (p. 46). England: Ashgate Publishing Limited, cited in Mary Harber, *Social policy implications for the care and welfare of children affected by HIV/AIDS in KwaZulu-Natal,* School of Development Studies, University of KwaZulu-Natal, Research Report No 17 (undated). Available at http://sds.ukzn.ac.za/files/rr17.pdf

5.2. Other family-based care settings

The UN Guidelines list "other family-based" care placements as an alternative form of care, but do not define such settings.

There exists a wide range of descriptors for other "family-based care" arrangements. For example: "A '**family upbringing group'** consists of an ordinary family that assumes care of children from a specialised institution and receives active assistance from the institution in this undertaking. This is especially used in cases where the children have shown positive outcome in the process of social rehabilitation. The family upbringing group may change its status by becoming a foster family, a guardian family or even adopt the child. On the other hand a '**replacement family'** is a family that hosts a child for a certain period of time with the aim of offer[ing] the child the experience of a family life."[22]

Another form is the "*patronat*" system: "Family based placement concept by which children are placed in 'patronat' families while remaining under the guardianship of the director of their residential institution 'of origin' – through a tripartite agreement between institution-family-guardianship agencies. Children and potential 'patronat' parents are prepared, selected and accompanied by the institution. The institution retains legal power and financial resources to manage this process and intervene as much as needed. […] 'Patronat' care can be short-term care up to 6 months or on holidays, or long-term care.[23]

In the above examples from one region, the children are placed from "institutions" and with a view to their experiencing family life, but there is no reason to see these factors as essential definitional considerations.

Basic Characteristics of "other family based placements"

Any short or long term care arrangement other than foster care whereby a child is placed in the domestic environment of a family where the carers have been selected and prepared to provide such care, and may receive financial or other support or compensation for doing so.

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[22] Council of Europe Working Group on Children at Risk and in Care, *Children in institutions: prevention and alternative care*, Final Report by Bragi Gudbrandsson (Council of Europe, May 2003). Available at http://www.crin.org/docs/resources/treaties/crc.40/gdd_2005_ce_children_institutions.pdf
[23] Selection of useful child-care related terms (unpublished draft) UNICEF CEE/CIS Regional Office 2008

6. Residential Care

All care that is not family based is residential care. The key differentiating factor between different residential care settings is whether or not they are family like. Given the recognised advantages of a family environment for growing up, all residential care should aim to be providing family like care.

The following section provides an overview of basic characteristics of residential care, residential care that is family like and finally, institutions.

6.1 Basic characteristics of residential care

Taking the definition in the UN Guidelines as the base, this category could encompass a wide range of care settings, including some already considered in this paper: "care provided in **any non-family-based group setting**, such as places of safety for emergency care, transit centres in emergency situations, and all other short and long-term residential care facilities, including group homes."

Most sources take a wide-ranging view, such as: "Residential care broadly refers to placements for children in care facilities including infant homes, children's homes, orphanages and boarding homes and schools for children without parental care, boarding schools and homes for disabled children, family-type homes, in SOS villages, etc**.**"[24]

Along those same lines, David Tolfree sees residential care as: "A group-living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society. It […] includes not only institutions but [also] homes, schools, hospital units, correctional and training facilities, and settings where children may be admitted that do not technically qualify."[25]

Tolfree's definition inspires comment on three issues essential to the considerations on residential care in this paper, and that require mention at this point:
1) A number of sources look on residential care as the equivalent of institutional care and/or use the terms interchangeably.[26] Tolfree specifies that "institutions" are simply one form of residential care, and this is very much in line with the approach taken by the UN Guidelines (see section 6 below) and this paper.
2) Following the UN Guidelines, this paper does not consider settings such as "correctional and training facilities" to the extent that the situation of the children concerned (deprivation of liberty consequent to alleged or proven infringement of the law) is covered by juvenile justice standards.[27]

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[24] Andy Bilson & Judith Harwin *Gatekeeping Services for Vulnerable Children and Families: a toolkit* p. iv in *Gatekeeping Services for children and vulnerable families, Changing Minds, Policies and Lives Toolkit*, UNICEF and the World Bank Group, 2003. Available at http://www.unicef-irc.org/publications/pdf/gatekeeping.pdf

[25] David Tolfree (1995) *Roofs and Roots: The Care of Separated Children in the Developing World*, p.6, London, Save the Children UK.

[26] See for example: Jan Williamson, *A Family is for a Lifetime*, Synergy Project, 2004, p. 12, ("Institutional care: the same definition given for residential care"), and Kevin Browne, *The Risk of Harm to Young Children in Institutional Care*, BCN/Save the Children UK, 2009 ("An institution or residential care home for children is defined as…") Available at http://www.savethechildren.org.uk/en/docs/The_Risk_of_Harm.pdf

[27] See UN Guidelines, 30(a)

3) "Alternative care", as opposed to "care" as such, applies only when families are unable or unwilling to look after their children. Thus, facilities such as hospitals or schools are covered only to the extent that they primarily fulfil that role.

Such reflections give rise to the following reflection on the meaning of "institutions" (see further discussion on characteristics at 6.3) as part of the umbrella term "residential care" in the context of an exercise not dissimilar to the present one – identifying indicators: "Countries may also wish to consider including children in hospitals, boarding schools and religious institutions (such as monasteries). **This will depend on the context of different countries, and is a decision which should be made at that level.** […] Some criteria to consider in deciding whether or not to include such facilities are a) whether the children have regular contact with, and enjoy the protection of, their parents or other family or primary caregivers and b) whether the majority of children in such facilities are likely to remain there for an indefinite period of time."[28]

In the heterogeneous and "hybrid" alternative care environment, no definitional method can be foolproof. Thus, while children in "hospitals", as opposed to "health care institutions",[29] are invariably there for specific treatment, we well know that in a country where "institutionalisation" is outlawed for babies and toddlers up to 2 years, the latter may be kept on hospital pediatric wards simply because no family-based alternative care is available. That said, it would not seem feasible to view hospitals worldwide as potential alternative care facilities.

The *automatic* inclusion or exclusion of facilities based on their designation would of course be erroneous: emphasis needs to be placed more on the reason (alternative care) for a child's presence in a given setting rather than on the designation of the setting itself. Thus, in many countries, boarding schools (such as *internat*) are used as care facilities (virtually the only ones available for the age-group concerned, moreover), as well as for purely educational purposes, and these need to be included. On the other hand, while free board and education at Islamic boarding schools reportedly incites some poor families to send their children there, it may be debatable to regard these establishments as part of an "alternative care" system in the same way as an *internat* usually is.

The UN Guidelines "encourage" reference to the standards they contain "where applicable, at boarding schools, hospitals, centres for children with mental and physical disabilities or other special needs, camps, the workplace and other places which may be responsible for the care of children." However, this listing is in no way an indication that the establishments mentioned should be considered as "institutions" – the "workplace" illustrates that fact clearly – and the inclusion of the words "where applicable" demonstrates that those establishments are not automatically to be seen as providing forms of "alternative care" as covered by the UN Guidelines. Residential centres for children with disabilities, whose size, staffing and living arrangements correspond to the definition of "institution" must be included, as should certain boarding schools as noted above. In contrast, hospitals with the mission to treat ad hoc illness, as well as time-limited experiences of collective living such as summer camps, clearly cannot be considered as "alternative care institutions" *per se*.

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[28] *Children in Formal Care – Indicator Consultation*, UNICEF New York, 18 November 2003 (unpublished document)
[29] "A hospital or residential accommodation for children who are disabled or have chronic or long-term illnesses", a definition taken from to the *Manual for the Measurement of Indicators for Children in Formal Care*, UNICEF/BCN January 2009.

The following proposed definition thus reflects the prevailing broad conception of residential care, but attempts to ensure that it is sufficiently limited to exclude facilities whose primary mission is not to provide "alternative care".

Basic Characteristics of residential care

A group-living arrangement in a specially designed or designated facility where salaried staff or volunteers ensure care.

6.2 Additional characteristics of family-like care arrangements

The UN Guidelines list "family-like" care placements as an alternative form of care, but they do not define such settings.

It seems logical first to posit that the essential difference between "family-based" and "family-like" is that the former involves care within an existing family's domestic setting whereas the latter involves a group care arrangement, organised in a manner akin to that of an autonomous family, in which specific carers play a parental role but in a setting outside their domestic environment.

The category of "family-like", which would appear to be synonymous with "family-type",[30] is particularly difficult to delineate on the basis of existing texts, including the UN Guidelines themselves. "Family-like" group settings comply with a basic standard set for residential care that "a small family-style living unit should be provided"[31] and that "individualised and small-group care" be ensured:[32] "All institutions should aim at providing a family-like environment. […] In the case of an institution or pedagogical unit, the living quarters in particular should be of a small size so as to provide as family-like an atmosphere as possible."[33]

That said, the three kinds of setting that Jan Williamson considers as corresponding to the **"group care"** terminology might all be considered as "family-like":
- Small family groupings of children within a larger institution
- Households of children within a compound of such houses (set apart from the surrounding community) under the care of an adult and living as a family unit within a community

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[30] For more information on "family type" settings, please see Andy Bilson & Judith Harwin *Gatekeeping Services for Vulnerable Children and Families: a toolkit p. iv in* Gatekeeping Services for children and vulnerable families, Changing Minds, Policies and Lives Toolkit*, UNICEF and the World Bank Group, 2003. Available at* http://www.unicef-irc.org/publications/pdf/gatekeeping.pdf *and* Assessment of the Adoption System in Ukraine, OSCE/ISS, 2005.Availabe at http://p-ced.com/reference/Ukraine-Adoption_report_230606e.pdf

[31] *The Rights of Children Living in Residential Institutions*, Council of Europe/Committee of Ministers Recommendation 2005(5) Available at https://wcd.coe.int/wcd/ViewDoc.jsp?Ref=Rec(2005)5&Language=lanEnglish&Ver=original&BackColorInternet=9999CC&BackColorIntranet=FFBB55&BackColorLogged=FFAC75

[32] UN Guidelines, 23.

[33] Explanatory Report to the Council of Europe's Committee of Ministers Recommendation 2005(5). Available at http://www.coe.int/t/dg3/familypolicy/enfance/rapport_en.asp

- Children placed in small family-sized units with an adult caretaker in households scattered throughout the community.[34]

Thus, an example of **"small family groupings in an institution"** might be so-called "family-like" boarding schools" (regulated e.g. in Russia)[35] where no more than eight children live together in a group that is referred to as a "family" and with separate living quarters, entrances and way of life.[36] However, it would be important not to confuse these "groupings" with small units in "restructured" care facilities that enjoy far less autonomy and should thus be considered together, as an "institution".

Williamson's second category, "**households of children within a compound**", essentially concerns "children's villages". While SOS Children's Villages considers the form of care provision it has developed as corresponding to a "family-based child care model",[37] Bragi Gudbrandsson has described it rather as "family-like": "SOS Children's Villages is one alternative to large institutions with the aim of providing a family-like childhood to children without parental care. […] Generally, each family comprises of an SOS mother and four to ten children living together in a house of their own. […] The village itself is usually made up of between eight and fifteen such families. Normally, the children are admitted up to the age of ten and siblings are not separated. Every child receives individual support, education and training until they achieve self-reliance."[38]

One source characterises "**small group homes**" as: "Personalised residential care, provided by one or more staff in a house that is not their own, looking after a group of children (typically 10-15) in a home-like environment."[39]

Others, however, put more emphasis on the "family-like" setting, with "parental figures as caregivers", and the fact that the house in question blends in with others in the neighbourhood.[40] One source sets the group size at maximum twelve.[41] On balance, at this stage at least, it seems unwise to specify a maximum size for the group, since there is an implicit limitation by virtue of the setting being "family-like", and this might validly be interpreted differently from country to country.

In such cases, the distinction between these facilities and "family-type homes" on the one hand, and certain variously-defined residential settings on the other, may be – to echo Gudbrandsson above – unavoidably "blurred". Many may feel that all group care falls within the "residential" category, whether "family-like" or not: this would seem to be the majority approach among experts to date as well as that espoused by European – and to some extent international – standards.

Others may consider it necessary and/or desirable to differentiate between family-like settings in the community and those within a larger facility. Yet others would see the features of all "family-like" arrangements as epitomising "hybrid" forms of care, therefore deserving a category of their own.

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[34] Jan Williamson, A Family is for a Lifetime, Synergy Project, 2004, p. 12. Available at http://www.womenchildrenhiv.org/pdf/p09-of/of-30-00.pdf

[35] Holm-Hansen, J. et al (eds) (2003), *Orphans in Russia: Policies for family-like alternatives*, Norwegian Institute for Urban and Regional Research, p. 84. Available at http://www.nibr.no/uploads/publications/2a2f409584e35809e6075db683d02c5e.pdf

[36] Council of Europe Working Group on Children at Risk and in Care, *Children in institutions: prevention and alternative care*, Final Report by Bragi Gudbrandsson (Council of Europe, May 2003).

[37] SOS Children's Villages International , *A Child's Right to a Family*, 2008. Available at http://www.sos-childrensvillages.org/Publications/Guidelines-Policies-Papers/Documents/20081001-CorePositionPaper.pdf

[38] Council of Europe Working Group on Children at Risk and in Care, *Children in institutions: prevention and alternative care*, Final Report by Bragi Gudbrandsson (Council of Europe, May 2003)

[39] *World report on Violence Against Children,* UN Secretary General's report, 2006, p. 178 Available at http://www.unicef.org/violencestudy/5.%20World%20Report%20on%20Violence%20against%20Children.pdf

[40] Save the Children and World Vision among them.

[41] World Vision. *Because We Care: programming guidance for children deprived of parental care*, 2009. Available at http://www.crin.org/docs/Because%20We%20Care.pdf

Thus, "family-type residential care […] in the case of Sweden has been eloquently characterised as 'hybrid homes'."[42]

At this stage, apart from pointing out these considerations, this paper can realistically only limit itself to identifying basic characteristics as a basis for discussion.

> **Basic Characteristics of "family-like" care settings**
>
> Arrangements whereby children are cared for in small groups, in a manner and under conditions that resemble those of an autonomous family, with one or more specific parental figures as caregivers, but not in those persons' usual domestic environment. Caregivers may receive financial or other support or compensation.

6.3. Additional characteristics of "Institutions"

The only mention of "institutions" in the UN Guidelines simply equates these with "large residential care facilities".[43]

A significant and well-recognised international declaration states that "[t]here is indisputable evidence that institutional care has negative consequences for both individual children and society at large".[44] It gives no indication, however, of what specific conditions "institutional care" (as opposed to "residential" or any other type) might imply.

One definition of "residential institutional care" that might be seen as too broad in the light of considerations on "residential care" described above is: A collective living arrangement where children are looked after by adults who are paid to undertake this function."[45]

Kevin Browne indicates potentially useful elements for consideration in the attempt to identify the salient features of "institutions":
- a group living arrangement for more than ten children, without parents or surrogate parents
- care is provided by a much smaller number of paid adult carers. Typically in Europe this would be one carer to six children of a similar age during the day and fewer staff at night.
- an organized, routine and impersonal structure to the living arrangements for children
- a professional relationship rather than parental relationship, between the adults and children.
- children who live in an institution for more than three months are "the focus of our concern."[46]

It is important to remember that it is primarily the 'nature of the care regime' such as whether it is family like, whether caregivers are in a family environment or staff working in shifts, or whether

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[42] Council of Europe Working Group on Children at Risk and in Care, *Children in institutions: prevention and alternative care*, Final Report by Bragi Gudbrandsson (Council of Europe, May 2003)

[43] UN Guidelines, 23

[44] Stockholm Declaration from the Second International Conference on Children and Residential Care, May 2003. Available at http://www.cyc-net.org/cyc-online/cycol-0903-stockholm.html

[45] Manual for the Measurement of Indicators for Children in Formal Care, UNICEF/BCN January 2009. Available at http://bcn.volumesquared.com/stage.bcn/formalCareIndicators.html

[46] Kevin Browne, *The Risk of Harm to Young Children in Institutional Care,* BCN/Save the Children UK, 2009, p. 2. Available at http://www.savethechildren.org.uk/en/docs/The_Risk_of_Harm.pdf

there is a low caregiver to child ratio, that distinguishes institutional care from other forms of residential care, as opposed to solely relying on size. While size is commonly an indicator of an institutional environment, small care setting can still be institutional in nature. Having said that within the scope of this paper, the following aspects of the above listing merit review, particularly with a view to distinguishing "institutions" from other forms of residential care:

Size of facility: there seems to be general, though not total, consensus that the cut-off point between "group care" and "institution-based" care could stand at about 10 children[47] in the care setting concerned. Since the UN Guidelines talk simply of "large" facilities, an indicator regarding capacity would seem to have some importance as a determining factor.

Carer/child ratio: The ratio of children to carers in a family-type home, children's village or even foster care may also be in the region of 6::1. Given the importance of children (especially the very young) having personal contact with their carers, the 6::1 ratio may be an important criteria however, the more pertinent criteria would be that carers in "institutions" work pre-determined hours/shifts and do not act as surrogate parents.

Length of placement: this is a complex issue but for various reasons it seems unwise to rely on a "three-month" rule in order to exclude certain "care" situations (hospitals, emergency care, boarding schools, summer camps…). For example, many "emergency care" settings, such as Observation and Isolation Centres in CEE/CIS countries (closed facilities now often renamed but still under the Ministry of Interior and with the same regime) cannot be described as anything other than "institutions" (i.e. large residential care facilities) but are designed to provide only short-term placements (maximum 2 or 3 months) for children in difficult circumstances.

Quality of lifestyle relate to issues such as whether children live according to a regimented schedule, inflexible for individual needs of children and whether those who are older have any autonomy.

Other potential criteria for determining "institutions" have been suggested, but many do not correspond to reality or are even contradictory. "Geographical isolation" is one such, but there are many examples of facilities in very central and accessible locations that accommodate several hundred children under conditions that are no different from those "situated at some distance from a child's carers". While "total institutions" are ostensibly self-sufficient and cut off from the outside world, many smaller facilities, that most would also claim should be classified as "institutions", could not be autonomous in that way yet have an essentially similar isolationist regime.

In the light of all these considerations, the following attempt to characterise "institutions" as opposed to general residential care is proposed, and relating to facilities that are intended, in whole or in substantial part, to provide alternative care for children.

Basic Characteristics of "institutions"

Residential care settings where children are looked after in any public or private facility, staffed by salaried carers or volunteers working pre-determined hours/shifts, and based on collective living arrangements, with a large capacity.

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[47] For example, Namibia's Minimum Standards for Residential Care Facilities puts the number at a maximum of ten, as seen in Standard 13 in the document in the section on Premises available at: http://www.crin.org/docs/Namibia%20Res%20Care%20Standards.pdf)

7. Supervised independent living arrangements

Generally, living arrangements described in this manner (also sometimes known as "semi-independent" or "pre-independent") involve the provision of accommodation, usually in an apartment but, in some cases, in a small hostel, where care-leavers and other older children without family support acquire the skills and competencies required to live independently, with access to more or less intensive support. A staff-person or volunteer may or may not live on the premises. The young person is expected, with any necessary initial or on-going support, to cater to his/her personal needs (including shopping, cooking and washing), manage a budget and access basic services. The young person may live alone or may share accommodation with a small number of others (e.g. up to three).

Basic characteristics of supervised independent living arrangements

Settings where children and young persons, accommodated in the community and living alone or in a small group, are encouraged and enabled to acquire the necessary competencies for autonomy in society through appropriate contact with, and access to, support workers.

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8. Where the discussion has led us …

After multiple consultations over a number of years with professionals from various backgrounds, our discussions have led enabled us to identify the following basic characteristics for the forms of formal care identified in the UN Guidelines. The following table encapsulates existing definitions of formal care within the UN Guidelines (first column) as well as provides a summary of the basic characteristics (second column) identified throughout this discussion paper.

Existing definition in the UN Guidelines	Identification of basic characteristics
Family based care	
Foster care	
"Situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care"	A care arrangement ordered or administered by a competent authority, whether on an emergency, short-term or long-term basis, whereby a child is placed in a family home where the carers have been selected, prepared and authorised to provide such care, are supervised, and may receive financial or other support or compensation for doing so.
Other family-based care settings	
The UN Guidelines list "other family-based" care placements as an alternative form of care, distinct from residential care, but do not define such settings.	Any short or long term care arrangement other than foster care whereby a child is placed in the domestic environment of a family where the carers have been selected and prepared to provide such care, and may receive financial or other support or compensation for doing so.
Residential care	
Residential care	
"care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short and long-term residential care facilities, including group homes."	A group-living arrangement in a specially designed or designated facility where salaried staff or volunteers ensure care.
Family-like care	
The UN Guidelines list "family-like" care placements as an alternative form of care, but they do not define such settings	Arrangements whereby children are cared for in small groups, in a manner and under conditions that resemble those of an autonomous family, with one or more specific parental figures as caregivers, but not in those persons' usual domestic environment. Caregivers may receive financial or other support or compensation.
Institutions	
The only mention of "institutions" in the UN Guidelines simply equates these with "large residential care facilities".	Residential care settings where children are looked after in any public or private facility, staffed by salaried carers or volunteers working pre-determined hours/shifts, and based on collective living arrangements, with a large capacity.
Supervised independent living arrangements	
The Guidelines do not elaborate on this term.	Settings where children and young persons, accommodated in the community and living alone or in a small group, are encouraged and enabled to acquire the necessary competencies for autonomy in society through appropriate contact with, and access to, support workers.