

***Limiting institutional placements
through reordering of services
and financial flows***

Presentation in the Working group

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What facilitates decisions on institutional placements as a "last resort"

- **Introduction of case management in government organs in charge of decisions and/or follow up of the service users**
- **Decreasing family separations through development of a continuum of services**
- **Eliminating the budget priorities given to institutional care versus family-based care**
- **Planning as a means for achieving right balance among different types of services**

Streamlining decision making procedures

- Decision-making organ(s) have a **clear mandate**
- **Potentials for improving or supporting parental (or wider family) capacity** to cope with the situation is the **key criteria** for decision-making on type of service and it's length
- **Case manager is accountable** for following a due process (proofs of examination of all possible alternatives)
- **Case Conference** recommends temporary measures and deadlines for **repeated case assessment, when permanent solutions might be feasible but were not explored**

Decreasing family separations through development of a continuum of services

- **Prevention of abandonment, abuse, and parentlessness** diminish the necessity for coercive and/or rehabilitation interventions towards parents
- **Family support services** (and other interventions restoring parental capacities) contribute to reducing the number of parents deprived of parental rights
- **Family reintegration** becomes feasible for a significant number of institutionalized children, once services (and/or other interventions restoring parental capacities) become available to parents
- **Substitute family arrangements** replace the biological families and reduce excessive reliance on institutional care

What are the financial resources needed for


- **Statutory services should be equipped with sufficient number of case managers** within the decision-making organ or the organ should dispose of **funds for commissioning** assessments and individual plans from competent individuals or teams
- **Financing of a minimum "basket" of services should be guaranteed at local level** and it's functioning co-financed by national level in accordance with the local level revenue capacity
- **Local authorities administering residential institutions from central financial allocations should be allowed to use these funds for diversification of services** for the present service users and for amplification of community-based services for new service users

The principle "Money Follows the Client" has at least three ways of being operational:

- All or part of the money received by the institution is being transferred from the institution for **covering the costs of a new service to which the client is being transferred**
- The institution starts to provide a **new service to the former resident and is covering its costs for that service**, while the rest is kept for overhead costs
- **Savings from the budget line for institutional care are not producing diminishing budgets for child protection** but are being transferred to the new budget lines such as foster care etc.
- **For all the services' costs per capita should be established** and in principle, the service user could have access to more than one service at a time (i.e. his costs for the system would reflect the intensity and diversity of care he needs)

How can planning contribute to diminished rate of entries in the institutions

- Plans should have **quantitative objectives - i.e. forecasts of a decrease in some services and increase in others**
- There should be **three target groups** when planning services at regional and/or local level
 - **Primary target group** - children who should be reverted from entering institution
 - **Secondary target group** - children who should be reintegrated in their families or placed in family substitute care
 - **Tertiary target group** - other children at risk



Plans which do not include the first and second target group fail to produce any impact on deinstitutionalization.

Instead, lesser risks are being tackled while the most vulnerable children are further victimized through family separations and institutional placements!