



Emergency Centers for Children and Youth with Disabilities: A Review of Selected Countries and a Theory of Change

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Abstract

To provide optimal care for children with disabilities who are at risk, the Disabilities Administration in the Israeli Ministry of Welfare and Social Affairs is developing a model for an emergency center designed for children with disabilities from birth to age 18. Given the service's unique and innovative nature, the Administration commissioned the Myers-JDC-Brookdale Institute to review services provided in Israel and elsewhere to children with disabilities who require immediate protection in emergency situations, as well as to develop a logic model for emergency centers for this population.

A review of out-of-home services for children in emergency situations in four countries – Australia, Canada, Spain, and the United States – identified several shared principles for operating such services:

1. Immediate protection of the child and reducing the risk of further harm
2. Assessment of the child's needs and adaptation of the service to their disability, level of functioning, and needs complexity
3. Multidisciplinary and trauma-informed care based on an individual support plan
4. Coordination among systems and services, particularly among child protection, social services and health services, as well as organizations providing support and services for children with disabilities
5. Family involvement and maintenance of meaningful relationships, when consistent with the child's best interests
6. Stabilization of the child's condition during the emergency period, followed by systematic monitoring of their condition, functioning, and needs
7. Early planning for the transition from the emergency service to a suitable long-term placement
8. Preference for a family-based service or a less restrictive setting, when these can provide the child with appropriate protection and care
9. Oversight of service quality and outcome measurement, particularly with regard to the child's safety and well-being, placement stability, and continuity of care

Based on these findings, as well as on local interviews and a review of out-of-home care services in Israel, a logic model was developed for emergency centers for children with disabilities. The model is a visual working tool that helps formulate, make explicit, and present a theory of change, including its components and the relationships among them.

At the core of the model are adaptation of the service to the type of disability and the child's support needs, considering the child's strengths and changes in their condition following the crisis; protection in an accessible, trauma-informed environment; multidisciplinary assessments; an individual intervention plan; and planning the transition to a suitable long-term placement.

The desirable outcomes are improved child safety and well-being, strengthened meaningful relationships, and transition to a suitable placement.