

The Development of Gate-Keeping functions in  
Central and Eastern Europe and the CIS

Lessons from Bulgaria, Kazakhstan  
and Ukraine

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This report has been prepared by Dr Andy Bilson, Professor of Social Work at the University of Central Lancashire, at the request of the UNICEF Regional Office for CEE/CIS. Andy started work as a child care social worker in 1972, managed offender services and campaigned on juvenile justice in the UK. He was a senior manager in the NGO and local authority social work before becoming an academic in 1990. He has been involved in consultancy internationally since 1996 when he was the director of the UNICEF and Council of Europe's Observatory on European Children's Rights – the Centre for Europe's Children. He was part of the team working on the *Changing Minds, Policies and Lives* project where he was a principal author of the toolkit on Gatekeeping. He has worked in many countries on the development of gatekeeping systems before undertaking the project reported herein.

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## **Preface**

There are a million children in institutions across Eastern Europe and Central Asia according to the most conservative estimates. Many of these children could be supported in their own families and communities with the right support. It is widely accepted that a system of gatekeeping is required in order to ensure that children are not unnecessarily deprived of parental care and placed in alternative accommodation and also to ensure the shortest possible stay consistent with the child's best interests. This report assesses the situation of gatekeeping in three countries representing different geographical locations as well as different stages of reform of their child protection systems. In looking at Bulgaria, Kazakhstan and Ukraine, the aim is to find what can be learned about developing effective gatekeeping.

First of all we all know that children develop best when they live in supportive families and communities. In these circumstances they receive the love and attention that they need to grow and develop; their educational, health and emotional needs are met; and they learn from those around them how to conduct a productive life in their community. Not all children are so lucky. Some of them live in circumstances that place them under considerable pressure and limit their family's ability to provide the environment their children need to thrive. Such conditions often include extremes of poverty but may also occur where children have specific problems such as chronic illnesses or severe disabilities; where groups such as the Roma minority face social exclusion or where parents themselves are incapacitated or dead. In these circumstances the job of the state is, wherever possible, to provide support to the family, including the wider family where a child's parents are unable to care, in order to overcome any problems and help to provide the environment in which the child can grow up.

Unfortunately, in many states in Eastern Europe and Central Asia many families are in this latter category. At the moment the ability of the state to provide help is often severely limited. The guarantee of a job and free support for families such as nurseries and Kindergartens disappeared soon after the end of the communist state. Despite pockets of good practice, there are few services which can support families particularly when, for some reason, a crisis such as illness or homelessness is precipitated. In these circumstances the state provides little support other than the possibility of institutionalisation and this is usually a long-term option with the child remaining in alternative care. The systems in many states are thus predominantly focussed on providing alternative care in institutions or through guardianship, rather than seeking to prevent family breakdown and provide support to families in crisis.

The need to change from this position is widely recognised and in many countries there have been recent policy changes that are aimed at reducing the use of institutional placements for children without parental care. Such a major change in the way families are supported requires a comprehensive strategy based on targeting services to reduce the numbers of children in difficulty and protecting those children who are at risk of serious harm. It is this sort of strategy that is referred to as "gatekeeping." It involves a change from the practice of allocating services on the basis of entitlement (e.g. where a child has a specific disability) to one in which allocation is based on assessment of the social and emotional needs of children and their families within a wider framework of preventive services that aim to reduce the number of children and families who are in difficulty.

## Preface

The focus of this report is on three key areas necessary to understand the operation of gatekeeping: pathways through the care systems; case management systems; and the policy environment. I will discuss these areas in turn to highlight the nature of the study.

Children can enter care for a number of different reasons and be dealt with by different decision making systems and types of institutions. For example a child with a disability may be 'abandoned' and placed in the care of the state or may enter a boarding school ostensibly to meet educational needs. Once in an institution they can stay for different periods of time depending on the routes out of the system such as returning to parents or being adopted. This report looks at children who enter because of being without parental care, children with disabilities, child victims of abuse and children in conflict with the law. The aim is to identify key routes through the systems in order to understand the nature of the difficulties that lead children to be placed in institutions and thereby to be able to identify alternative strategies that will better support families and children. Despite considerable agreement on the need for gatekeeping there remains relatively little organised information on these pathways through the child protection systems and this report aims to pull together what information is available and to identify where more knowledge is required.

The UNICEF and World Bank *Changing Minds, Policies and Lives* project identified that key elements of gatekeeping included having an agency or organisation to manage gatekeeping particularly assessment, review, standards and purchase or provision of services; having a range of community based services; and a process of decision making based on assessment. Case management systems cover the range of tasks necessary to assess and provide support for children and their families. They include the process and organization through which a worker supports the child and family. The nature of this task is captured by the US National Association for Social Work's (NASW) definition:

*All aspects of social work case management rest on a body of established social work knowledge, technical expertise, and humanistic values that allows for the provision of a specialized and unique service to designated client groups. The social work case manager must have the capacity to provide assistance in a sensitive and supportive manner to particular client populations based on knowledge of human behavior and well-developed observational and communication skills. With this foundation, a social work case manager establishes helping relationships, assesses complex problems, selects problem-solving interventions, and helps clients to function effectively and, thus, is a therapeutic process.*  
NASW 1992.

This definition thus stresses the complex nature of case management and the need for it to be underpinned by knowledge, expertise, values and skills usually associated with the social work profession or similarly skilled and trained staff. This requires that staff have a wide range of training and also an organisational context in which these skills can be supported. At the same time the task, at the individual level, involves making effective relationships, complex assessments, problem solving involving accessing interventions which can only be provided by having a wide range of services designed to meet the diverse needs of children in difficulty and their families. The report aims to provide an overview on how these systems of case management, which were largely absent in Soviet times, have developed and what can be learnt about how better to develop this important area of gatekeeping.

## *Preface*

Thirdly, the report considers the policy environment which allows or inhibits the development of a system of gatekeeping. In order to develop gatekeeping a range of policies, legislation and new structures need to be put in place by central and regional government alike. The three countries are at different stages in these reforms and have adopted differing strategies. It is thus helpful to identify where there have been reforms, what approaches have been used and what success there has been, so that lessons for future developments can be drawn. It is also important to identify any areas which have been overlooked or otherwise not addressed. To do this the report will look at the different strategies and stages of reform relating them to particular pathways and developments. It will also consider where difficulties leading to institutionalisation remain unaddressed or have not received sufficient focus. In this way the study aims to provide aid in identifying possible strategies that may be useful in a range of countries.

This report offers ideas and support for those wishing to set up services and systems for gatekeeping. It provides the opportunity to learn from examples of good practice and the hard won experience of others. In this preface I have attempted to give an overview of key issues that need to be addressed to develop a comprehensive child protection system. At present in countries throughout Eastern Europe and Central Asia there is a real possibility of reform. This opportunity needs to be carefully grasped. There is a danger in the current financial climate that institutional care will decline through withdrawal of funding with no support for families or that it will simply be replaced by other forms of long term care for children and thus the underlying problems in local communities will not be tackled. High levels of children in state care not only impact on the rights of the children concerned but also they are expensive in direct and hidden costs. International research shows that a high proportion of children growing up without parental care do not attain their potential in terms of education and life skills thus failing to contribute to the economy and, worse, many go on to have serious problems exacerbated by their experience in care that require expensive state intervention into and through their adult lives. Thus developing gatekeeping is the means to provide a comprehensive support system for children and families that would, in the long term, reduce the number of children living in all sorts of difficult life situations benefiting both families and society.

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## **Executive Summary**

This report is the output from the study undertaken by Professor Andy Bilson following a series of meetings and visits in Bulgaria, Kazakhstan and Ukraine during the summer of 2009 and supplements the three country reports giving recommendations at a country level. The remit was to look at gatekeeping for children without parental care; children with disabilities; child victims of abuse; and children in conflict with the law considering the following three connected areas: pathways through the care systems; case management systems; and the policy environment.

The three countries examined in this study show, despite periods of severe pressure on government and economies, a number of positive gains in recent years. These vary in the amount achieved within each country. General areas of progress include:

- Legislative and policy reform particularly concerning children without parental care
- Growth of social work agencies
- Slow development of support and services for families and family based alternatives to institutions
- Increasing use of assessment and review in formal decision making

All three countries are in the process of developing systems of social work to carry out case management but they differ in organisation and remit. In particular, Bulgaria and Ukraine have come a long way in establishing national social work systems in a relatively short period. Bulgaria has a long established legislative framework and Kazakhstan is currently implementing new legislation. However in all three countries much remains to be done.

There is no single classification of pathways through the care system that fits all three countries. This paper considers the following sometimes overlapping systems: children under three years old; older children entering because of lack of parental care; children with a disability; children placed in boarding schools with their parents' permission; and children dealt with through the juvenile justice system.

### *Children under three*

The nature of infant abandonment differs between these three countries. In all three countries there is a common issue concerning the abandonment of children with disabilities. Apart from this in Bulgaria the main issue is the abandonment of infants from the Roma community and these children, once abandoned, tend to remain in institutional care throughout their childhood. In Kazakhstan and Ukraine there are different patterns of social exclusion that lead to infants being placed in institutions and different patterns of outcomes (see 2.1 to 2.3).

Positive practices with children under three include:

- the development of regulations in Bulgaria that require maternity hospitals to refer to the child protection department cases where the mother is felt to be at risk of abandoning her child

## *Executive Summary*

- in Bulgaria and more recently in the Ukraine there have been changes to maternity allowances which have increased payment in order to encourage families not to abandoned babies
- Bulgaria also has pilots in which social workers are placed in maternity hospitals to provide support for mothers.

All of these positive practices are worth establishing in countries where children under three are placed in institutions.

Key issues that require to be addressed in order to prevent young children entering institutions include:

*a) Hospital practices that increase the risk of abandonment*

This includes medical staff who advise parents, particularly those with a disabled child, that it would be in the child's best interest to be placed in an institution or to be adopted. The absence of practices that strengthen attachments between mothers and children such as skin to skin contact and promotion of breastfeeding. The provision of counselling and support for mothers considering adoption or abandonment.

*b) The lack of targeted strategies to reduce abandonment in specific localities*

This includes the lack of use of information systems to identify hospitals or localities with high rates of abandonment and carrying out community needs assessments to develop specific services to reduce future risk.

*c) There is little use of foster care for infants.*

There was little use of foster care for this age group in the three countries studied. In western countries infants have proved to be one of the easiest groups to place in foster care. Short-term foster care is used in many countries for children waiting for placement in adoption. Similarly it is possible to place children with a disability in foster care as has been shown in Ukraine using 'money follows the child'.

### *Older children*

The routes into institutions and reasons for entry of children aged over three are varied. They include children who drift into institutions from the infant homes; street children; children who exhibit disorderly behaviour; and in some cases children who lack access to education. In addition there is a growing trend of children being left to be cared for by the state when their parents leave their homes to work overseas. In all three countries children tended to stay in care until aged 16 or over and were ill prepared for leaving care. This indicates a severe problem in care planning and preparation for independence.

Positive practices include:

- Ukraine's development of a more positive use of shelters for street children;
- Bulgaria's legislation for care planning;
- the "money follows the child" initiative in Ukraine which demonstrates that, with the right financial inducements, older children including those with a disability can be placed in foster care;
- the development of family type Care Homes in Bulgaria; and
- the legal requirement for social work departments to support children returning from care in Ukraine.

Key issues that need to be addressed for older children (children in conflict with the law will be included in the following section) include:

- a) *Preventing the drift of children from infant homes into long term care.*  
Disabled children are at very high risk of continuing to be placed in institutions once they enter an infant institution. A starting point to address this would be to have a specific scheme to assess and provide alternatives such as foster care, and small group homes for disabled children in infant homes. In Bulgaria many of the children in homes for older children had entered care as infants though this was less often the case in Ukraine and Kazakhstan. These were mainly children of Roma origin who proved difficult to adopt. Specific programmes of fostering and adoption for Roma children could be usefully developed.
- b) *Street Children*  
Responses to street children generally tend to be carried out through police sweeps and arrests. This leads to children being placed in institutions, initially often these are remand centres, and whilst work to return them to their families is undertaken there is often little support offered either to parents or to children. Programmes of work with street children which are more child rights focused including, for example, engaging them in education whilst still on the streets could be more effective.
- c) *Family type care*  
The programme “money follows the child” in Ukraine has demonstrated that children in this age group can be placed in foster care if the right incentives are offered to foster parents. Programmes such as this provide an approach that could be implemented more widely both in Ukraine and other countries.
- d) *Care planning and preparation for independence*  
Care planning with the focus of returning children to parents or family should be an ongoing part of social work practice with children and families involved in reviews of children’s situation. Also programmes of support are needed for older children to prepare them for independence and to support them through the transition from institutions to successful adult life. This might usefully include changes in regime within institutions as well as support services such as leaving care teams to work with children as they leave and on their return to the community.

#### *Children with a disability*

In all three countries a high proportion of children with a disability are abandoned in infant homes and this has been discussed in the earlier section. Older children are placed in institutional care through abandonment later, often because of the lack of availability or access to kindergarten or schools, or placed in boarding schools because of lack of community based education provision for them.

Positive practices include:

- early intervention initiatives such as the ones in Ukraine
- widespread development of day care for children with a disability;
- support teams such as those found in Kazakhstan;
- pilots of inclusive education
- day schools

Key issues that need to be addressed for children with a disability include:

- a) *Changing the decision making process*  
Decision-making is often undertaken through a psycho medico pedagogic commission. These commissions do not assess social support and often the medical assessment is of poor quality. These systems need to be reformed to provide access to social support and improved diagnosis and treatment.
- b) *Reducing the incidence of disability*  
There has been an increase in the number of children born with a disability particularly in some areas of high deprivation and social exclusion. Introduction or improvement of prenatal care could not only reduce the incidence of disability amongst children, but also provide a referral system to prevent abandonment.
- c) *Early intervention*  
Developing schemes of early intervention to identify and support to parents of children with a disability such as those of the Early Intervention Institute in Saint Petersburg.
- d) *Assessing needs*  
Whilst there is a growing range of community support such as day care this is not reaching many of the high risk groups for a range of reasons including such as severe problems with access due to lack of transport. Community needs assessments could identify this type of problem and allow targeted responses

#### *Boarding schools*

In all three countries a high proportion of children in institutional care were placed in boarding schools. Children are placed for a range of reasons including having a disability, lack of local educational provision, disorderly behaviour and so on. Whilst the functions of boarding schools are variable between countries, they have many of the same poor outcomes as other forms of institutional care. Boarding schools have generally not been subject to gate keeping. There is a range of alternatives to these expensive and ineffective institutions including strengthening access to mainstream education; providing education in isolated areas using the Internet and new technologies; inclusive education for children with a disability and so on. However, the need for these new approaches is hidden from policy makers by the uncritical use of an expensive and, for many children, ineffective use of institutional care. Information on the use and outcomes of placement in boarding schools is lacking.

The key issues are:

- a) *Information*  
There is a need to gather information on the use of boarding schools in order to plan for the use of alternatives.
- b) *Gate keeping*  
The decision making process needs to be changed to ensure alternatives are used wherever possible.

#### *Children in conflict with the law*

The system for children in conflict with the law in all three countries has two tiers. Children over the age of criminal responsibility are dealt with in the adult criminal justice system. The age of criminal responsibility is 14 in Bulgaria and 16 in Kazakhstan and Ukraine although

exceptions in these two countries mean that 14 and 15 year olds are still dealt with in the adult system.

Positive practices for older children include:

- pilots of juvenile courts
- the development of a probation service
- provision of social inquiry reports in some cases

Key issues for children over the age of criminal responsibility:

a) *Specialised Juvenile Courts*

There is a need for specialised juvenile courts. Children, and particularly those under 16, should not be dealt with in adult courts. In the interim a change of legislation is needed to introduce strengthened criteria for 14 and 15 year olds to be heard in either a juvenile court or commission.

b) *Social Inquiry Reports*

Legislation is needed to ensure the court consider reports on the social circumstances and best interests of children at a minimum in all cases where a custodial or residential penalty is being considered.

c) *Non-custodial penalties*

Community based penalties and diversion from prosecution need to move from pilot status and be implemented nationally.

A quasi-judicial process of decision making separate from adult criminal justice services, often called a commission for minors, is in place for children under the age of criminal responsibility. Children can come to the commission for various reasons from 'offences' through to 'anti-social' acts. The latter often includes children who would be better dealt with in child protection proceedings. Commissions are not always seen to be independent and impartial, and regulations and practice is not uniformly in place to ensure proceedings respect basic standards of fairness, including adequate investigation of the facts and circumstances of the child's conduct as well as respect for the right to be heard.

Positive practices include:

- the requirement for courts to be involved before a placement in a special school can be made;
- an increasing involvement of social workers in providing reports; and
- the power to involve a range of local agencies in supporting a child.

Key issues for children below the age of criminal responsibility include:

a) *Improved Safeguards*

The need to strengthen safeguards for children including the provision of reports by properly trained staff rather than the militia; better representation for children; and removal of 'anti-social acts' as criteria for referral to the commission.

b) *Community Services*

The need to strengthen community based services providing support for children.

## *Executive Summary*

### *Case Management*

Case management is complex and multi-faceted activity requiring social work knowledge, expertise, values and skills and an agency able to provide or purchase a range of services. This requires that staff have a wide range of training and also an organisational context in which these skills can be supported.

Both Ukraine and Bulgaria have demonstrated that it is possible to develop a national social work system in a relatively short period. However, in both countries the coverage is patchy with a small number of areas with well developed agencies and many more with a very limited service. In addition, social workers tend to be paid very little and there is a high level of unqualified staff and high staff turnover.

Key issues in developing case management include:

- a) *Social Work Salaries, Workload and Professional Status*  
Governments should undertake a review of the remit of social work agencies and prioritise those duties that are most important. It should also review social work salary scales and qualifications.
- b) *Information systems and planning*  
There is a need to develop information systems and community based planning in order to concentrate resources on areas of highest need.
- c) *Limiting bureaucracy*  
There is a need to review and minimise paperwork and increase the capacity of social work supervisors to monitor the quality and efficiency of work.
- d) *Improving the Capacity of Social Work Agencies*  
There is a need to strengthen local service provision and focus limited resources on areas of greatest need. Box 7 provides a list of possible strategies and approaches to this.
- e) *Quality of Social Work*  
Quality control needs to be strengthened and given a positive focus. This includes developing examples of good practice and standards of excellence.

### *Benchmarks for the Development of Gatekeeping*

Finally the report provides benchmarks developed from this study and a review of reports on gatekeeping and case management in the CEE/CIS. These benchmarks provide a tool to measure progress made in a country in the following key areas of gatekeeping:

- a) Assessment and Review
- b) A Range of Community Based Services
- c) An agency or organization arrangements to manage assessment, review and gatekeeping
- d) Information Systems

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## **Acronyms and Definitions**

CEE/CIS	Central and Eastern Europe and the Commonwealth of Independent States
CPD	Child Protection Department
CRC	UN Convention on the Rights of the Child
CCRP	Committee for Children’s Rights Protection – A state agency in Kazakhstan responsible for protecting children’s rights and coordination between ministries on child protection
CSW	Centre for Social Work
ECA	Europe and Central Asia
EU	European Union
GDP	Gross Domestic Product
NGO	Non-governmental Organisation
SACP	State Agency for Child Protection – A state agency in Bulgaria responsible for protecting children’s rights, developing standards and coordination between ministries on child protection
SSSFCY	State Social Services for Family, Children and Youth
SDAPCR	State Department for Adoption and Protection of a Child’s Rights
TsVIARN	Centres for temporary isolation, adaptation and rehabilitation in Kazakhstan
UN	United Nations
UNICEF	United Nations Children’s Fund

## Definitions

This section provides definitions of key terms commonly used in the report to assist with interpretation of the different legal and practice frameworks used in different countries

**Formal care** refers to those children under the full-time care of the State either on a permanent or a temporary basis typically for family reasons (orphans and social orphans). It covers children placed in state facilities, facilities operated by NGOs and the private sector whether placed in residential care or substitute families.

**Children without parental care** - Children who are not living with or being cared for by either biological parent and who are registered as being without parental care according to decisions made by authorities based on either: a) Family Law, b) Social/Child Protection Law, or c) Criminal Law.

**Institutional care** broadly refers to placements for children in care 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. Children in general-type boarding schools or punitive institutions are normally excluded but should be included if placement of children left without parental care in these facilities is common. If so, only count those children left without parental care.

**Infant homes** are those institutions for young children aged under three years old which sometimes have children with disabilities up to the age of seven

## *Acronyms and Definitions*

**Ordinary boarding schools** are those schools where children are accommodated with the agreement of their parents. They include schools for children with a disability

**Substitute family care** refers to children in formal care placed in a family setting provided by relatives (termed here guardianship) or non-relatives (termed here foster care)

**Foster care** is substitute family care provided by non-relatives on a short- or long-term basis.

**Guardianship** is substitute family care provided by relatives on a short- or long-term basis.

**Community based services** are services provided as part of the child protection system for children who live in their own homes. They are mainly non-residential but may include short periods of respite care in a residential setting. These services can be provided by the state and the non-state sector.

**Respite care** refers to short term care delivered either by foster carers or residential homes to support vulnerable families, and sometimes it also is used to support foster carers. Respite care is paid for by local authorities.

**Family centres** provide a range of services to support vulnerable families. These include parenting support, counselling and educational support.

**Day centres** provide support to families often with young or disabled children

## 1 Introduction

This report is the output from the study undertaken by Professor Andy Bilson following a series of meetings and visits in Bulgaria, Kazakhstan and Ukraine during the summer of 2009. The report will principally draw on this material though it will also be informed by the experience of other countries where UNICEF has projects and also in countries in which Professor Bilson has been providing consultancy and evaluation.

### 1.1 Context

The CEE/CIS region is in the process of transition from a command economy to a market oriented society. This involves a shift in the social contract from state responsibility to a shared state-community responsibility for care of vulnerable groups. Most of the countries in this transition inherited a system of child protection which focused almost entirely on the use of institutional care for children in difficulty. The latest figures in the TransMONEE database (2009) for the rates of children in institutional care show that there has been an increase in the rate of children in institutional care since the start of the transition in seventeen of the twenty three countries covered by the data<sup>1</sup>. There is thus a continuing problem in this area.

The three countries which are the focus of this report are at different stages of this transition and each is in the process of developing legislation, policy, and practice relevant to gatekeeping. The table below shows the economic and demographic information for these three countries and demonstrates a variety of situations. Kazakhstan has the highest per capita GDP of the Central Asian states (if Russia is not included) whilst Bulgaria (alongside Romania) has the lowest per capita GDPs of those countries of the CEE/CIS that are members of the European Union. Finally Ukraine is poorer than either of these countries. There are also major demographic differences with Kazakhstan having a far higher proportion of its population consisting of children (those aged under 18). Also Kazakhstan has a higher birth rate. Like other central Asian states the rate is over 20 live births per 1000 population compared with around 10 in Bulgaria and Ukraine (UNICEF 2009: table 2.2)

**Table 1 Basic Demographic and Economic Indicators**

Country	GDP per capita, PPP 2007 (current international \$)	Total Population (1000s) start of 2008	Under 18 population start of 2008
Bulgaria	11,298	7,640	16.9%
Kazakhstan	10,829	15,572	29.6%
Ukraine	6,916	46,192	18.0%

Source: UNICEF TransMONEE database 2009

<sup>1</sup> This compares figures from table 8.5 for the rate of children in institutions per 100,000 aged 0 to 17 in the population in 2007 (or 2006 if 2007 figures are not available) with those for 1989 (or 1990 if 1989 figures are not available).

## 1.2 Study aims and methodology

The remit for this study involves considering the following aspects of the gatekeeping system or systems in each of the three countries:

- Pathways through the care systems focussing on:
  - analysis of the entry points to the systems of care including what can the client expect to accomplish by entering the system This will cover eligibility for services such as guardianship, cash assistance, placement in services -emergency or regular, procedures pertinent to children in conflict with the law and corresponding interventions including judicial orders
  - Decision making processes including: care orders or similar formal acts; reviews and/or other forms of follow up; and termination of the case and /or decisions on after care.
- Case management systems focussing on:
  - assessment of the child's situation
  - individual plans
  - Management and organisational support for staff involved in gatekeeping
  - Information systems
- Analysis of the policy environment

The remit for the groups at risk to be examined included children without parental care, children with disabilities, child victims of abuse and children in conflict with the law.

Initial analysis was undertaken in each of the three countries through a detailed desk review of available information (being laws and regulations, national strategies, action plans, and other documentation relating to institutional and financial mechanisms, human resources, social care standards).

Field research was then undertaken in the three countries (Bulgaria, Ukraine and Kazakhstan) to review gate-keeping mechanisms at country level. It involved interviews with stakeholders, including professionals fulfilling gate-keeping functions, professionals in ministries involved in the reform of the child care system, UNICEF staff, NGO partners, civil society representatives, judiciary and families and children who have been in contact with services fulfilling gate-keeping functions. Field visits were for an average of 10 days.

## 1.3 Pathways through care

The report will start by looking at the context of the gatekeeping systems by providing an overview of the numbers of children in various forms of formal care. The report will give an overview of the various routes into the care systems and the pathways through these systems. These pathways are determined by decisions that are made about children and in some instances by the lack of formal decision making and review. It will be seen that these pathways overlap and that children in the same institution may have entered through different legal systems with different difficulties or problems and be involved in different processes of case management and decision making. Not all children enter these systems

through formal processes such as the removal of parental rights and many children enter institutional care at the request of parents and this often means that parents and children are not dealt with through formal case management processes but rather administrative processes of decision making. Thus for example we see children with disabilities who are left in hospitals shortly after birth, often on the advice of medical personnel, entering the system by being dealt with as being 'abandoned' and hence entering through the system for children lacking parental care whilst children entering a little later with the permission of their parents may come through a totally different route involving assessment by psycho medico pedagogical commissions (PMPC) or by being placed without assessment in an institution on a voluntary basis. A more detailed picture of these pathways through the child protection systems is provided separately in the three individual country reports.

In addition to this overlapping of different pathways within a country there are major differences between the countries. Whilst all three inherited the Soviet system of child protection with its overuse of institutional care, this was applied differently in the particular social context of each of the countries. From this starting point each of the countries has carried out various reforms which at a glance might appear to be similar but which can lead to significant differences and diversity in outcomes for children. There is thus no one simple classification able to adequately capture these differences between countries and the overlapping of systems within countries.

#### ***1.4 Children in formal care***

These three countries represent different stages of reform of their child protection systems. In Kazakhstan most of the reform is still in a relatively early form with a range of pilot projects and a recent legislative change offering framework for a new child protection system to be developed. The new legislation (the Law on Specialised Social Services) provides a framework for reforms of social work, but it is in the early stage of implementation having only been passed in 2009. In contrast Bulgaria passed its Child Protection Act in 2000 following a range of earlier initiatives and laws which have led to the establishment of child protection teams and a range of initiatives across the country. There has been a fall in the number of children in institutions and particularly those that deal with children without parental care. Finally in Ukraine the reform has taken shape mostly in recent years under an initiative of the president and has seen the development of children's services and social services departments; and a growth in the use of foster care.

The TransMONEE database provides data on the number of children in residential care. These three countries illustrate the difficulty in providing comparable data internationally. The 2010 version of the database shows that in 2008 Bulgaria had 8,174 children in residential care, a rate of 644 children per 100,000 aged 0 to 17. However this covers only children accommodated in specialised institutions under the Law for Child Protection. If other children accommodated in boarding schools are included (as they were prior to 2000) the figure at the end of 2006 was 15,943 or 1,183 per 100,000 aged under 18. Kazakhstan includes children in boarding schools in the figures provided in TransMONEE and has a figure of 79,520 children in institutions on 31<sup>st</sup> December 2008 a rate of 1,708 per 100,000



aged 0 to 17 years. Finally the figures in TransMONEE for children in residential care in Ukraine in 81,613a rate of 997 per 100,000 children aged 0 to 17.

Figure 2 shows estimations of the ratios of children in different placements at the end of 2008, the data is from a range of sources and not necessarily provided on the same basis and occasionally extrapolated from previous year. These estimates are provided to give a picture of the ratio of different types of placements in formal care. It will be seen that the proportion of children placed in boarding schools and in guardianship form a majority of children in all three countries. The second issue that stands out in these diagrams is the low proportion of children placed in foster care. Only in Ukraine is foster care starting to demonstrate that it can play a significant part in out of home care at a national level. Also, whilst children placed in the various correctional schools through the juvenile justice system often face many serious contraventions of their rights, they represent only a small proportion being at most 2% of children in formal care.

In considering the different routes into institutional care in these three countries it soon became clear that there is no simple classification that provides clear and unequivocal categorization. Children sometimes enter the same institutions on different legal bases and children with similar life difficulties can be treated in different ways depending on how they come to the attention of the authorities. It is thus impossible to have a classification without overlaps. The one chosen for further analysis is as follows:

- Children under three years old  
This pathway covers children who are placed in state care because their parents want them to be adopted; children whose parents do not take their child from the maternity hospital; children with disabilities; children placed in institutions on a voluntary basis by parents for short periods; and children who are neglected or are victims of violence. These children have in common their extreme vulnerability to harm because of their particular developmental needs.
- Older children entering because of lack of parental care  
This group includes children who enter for a range of reasons. They may be street children; truants; children who are considered disorderly but are dealt with through the child protection rather than the juvenile justice system; and children who are subject of neglect and harm by parents.
- Children with a disability.
- Children placed in boarding schools with their parents' permission.
- Children dealt with through the juvenile justice system.  
This includes those found guilty of an offence as well as those in conflict with the law but who are under the age of criminal responsibility. In some cases this system is also responsible for street children and children who have been harmed by parents.

In doing this the report will focus on lessons to be learned as well as the positive practice which is starting to be generated across these countries.

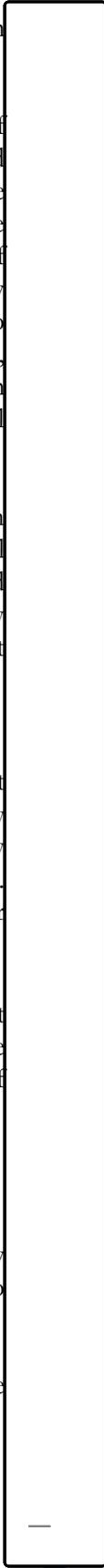
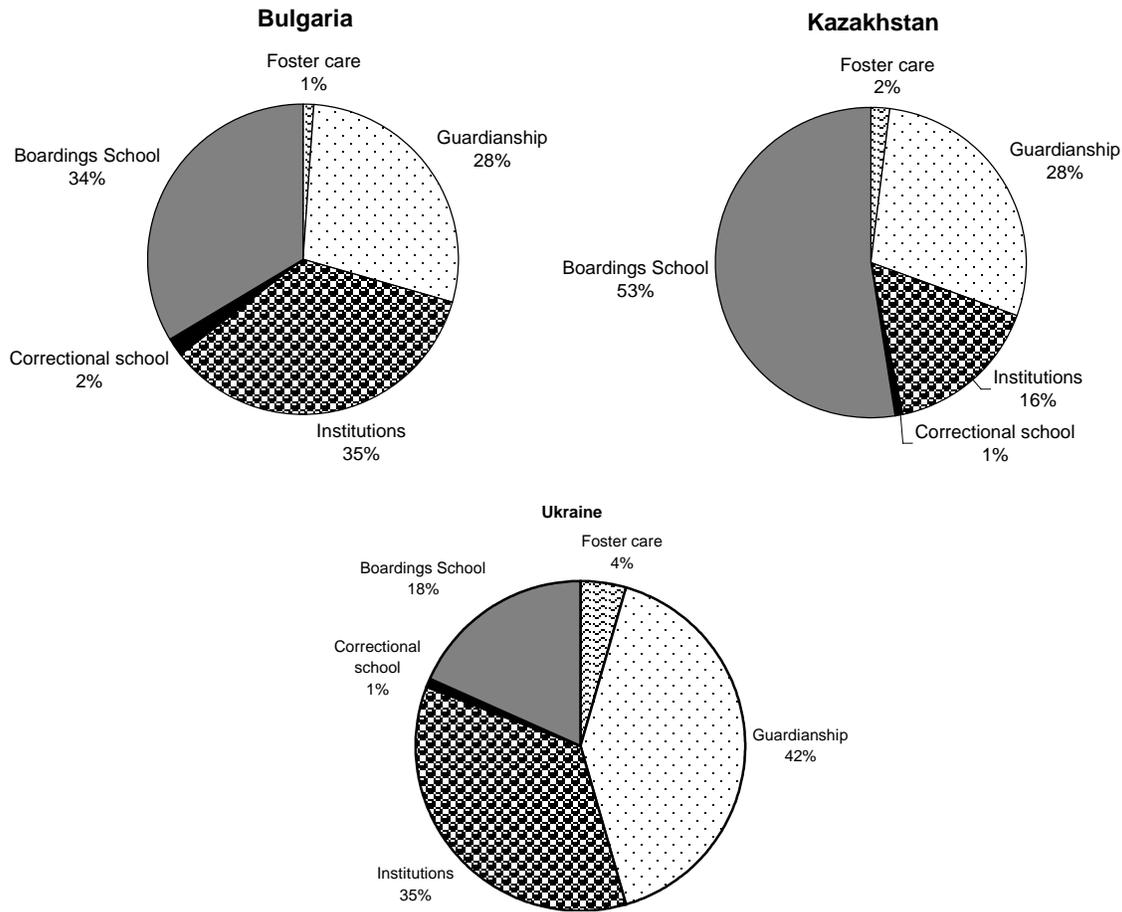


Figure 1 Approximate ratios of children in different placements in formal care<sup>2</sup>



Source: Data is from a range of ministerial sources and not necessarily provided on the same basis and occasionally extrapolated from the previous year but shows a fairly accurate ratio of different types of placement in formal care

### 1.5 Case management and gatekeeping

Case management covers a range of tasks and is a process occurring over the period a worker is supporting a child and family. This is captured by the US National Association for Social Work's (NASW) definition:

*All aspects of social work case management rest on a body of established social work knowledge, technical expertise, and humanistic values that allows for the provision of a specialized and unique service to designated client groups. The social work case manager must have the capacity to provide*

<sup>2</sup> The TransMONEE 2010 data on numbers in boarding schools used here is an estimate based on information given by the state statistics department this may significantly underestimate both the number and proportion. A UNESCO report (2007: 8) stated that over 61,000 children with a disability were in boarding schools in 2005/6. If this figure is correct it is likely that figure substantially underestimates the proportion in boarding schools which would then be nearer to 38% with other institutions reduced to 15% making it more similar to the other two countries.

## Introduction

*assistance in a sensitive and supportive manner to particular client populations based on knowledge of human behavior and well-developed observational and communication skills. With this foundation, a social work case manager establishes helping relationships, assesses complex problems, selects problem-solving interventions, and helps clients to function effectively and, thus, is a therapeutic process.*  
NASW 1992.

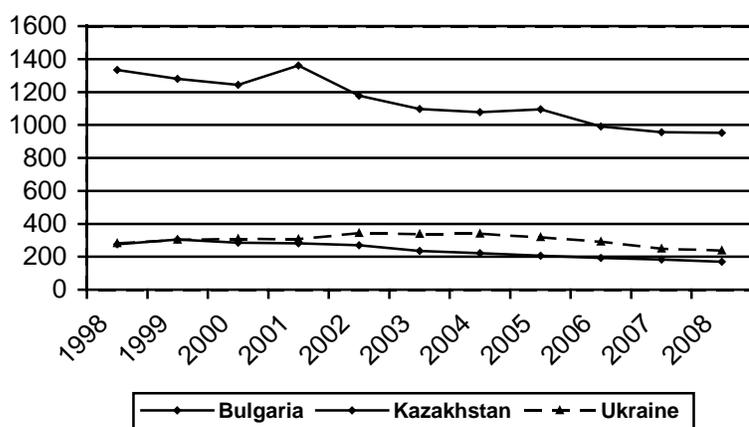
This definition thus stresses the complex nature of case management and the need for it to be underpinned by knowledge, expertise, values and skills usually associated with social workers or similarly skilled and trained staff. This underpinning requires that staff have a wide range of training and also an organisational context in which these skills can be supported. At the same time the task involves making effective relationships, complex assessments, problem solving involving accessing interventions which can only be provided by having a wide range of services designed to meet the diverse needs of children in difficulty and their families. For this reason the *Changing Minds, Policies and Lives* project identified that key elements of gatekeeping included having an agency or organisation to manage gatekeeping; having a range of community based services; and a process of decision making based on assessment. Appendix 1 gives a review of recent publications by NGOs, and IGOs that have attempted to provide frameworks for developing gatekeeping and preventing institutional placement. From this review this paper suggests a number of benchmarks for case management in gatekeeping and an attempt has been made to show how this might be used in assessing the situation of the three countries studied.

The three countries covered by this study are in the process of developing different systems of social work to carry out case management with different remits and the report will consider each of these in later sections. None of the three countries has a single system covering all aspects of social work with children but in this they are no different from countries in which social work is long established. As will be seen Bulgaria and Ukraine have come a long way in establishing national social work systems in a relatively short period.

## 2 Pathways for children under three

The TransMONEE database shows that at the end of 2008 there were 33,100 children in infant homes in the 19 states providing these figures. Whilst this may not seem high numbers, a high proportion of these infants will suffer long term harm at a level which requires continuing medical or special educational treatment in later life: suffering a reduction in cognitive capacity; autistic type symptoms; and a range of mental health disorders. Research now confirms that these harms are because of the child's experience of even relatively short stays in these institutions at key developmental periods and are not genetic or caused by poor nutrition during pregnancy (Nelson *et al.*, 2007). It is not the purpose of this report to review this issue (for a review see Bilson, 2009a) and it is assumed that the reader is familiar with the substantial research on the particularly poor outcomes of children institutionalised at this vulnerable age even in good quality institutions (see Johnson *et al.*, 2006) and also the strong evidence of the benefits of placement in foster care for those who cannot stay with parents (Nelson *et al.*, 2007).

Figure 2 Rate of children in Infant homes per 100,000 in the population at 2002 to 2008



Source: UNICEF 2010: table 8.7

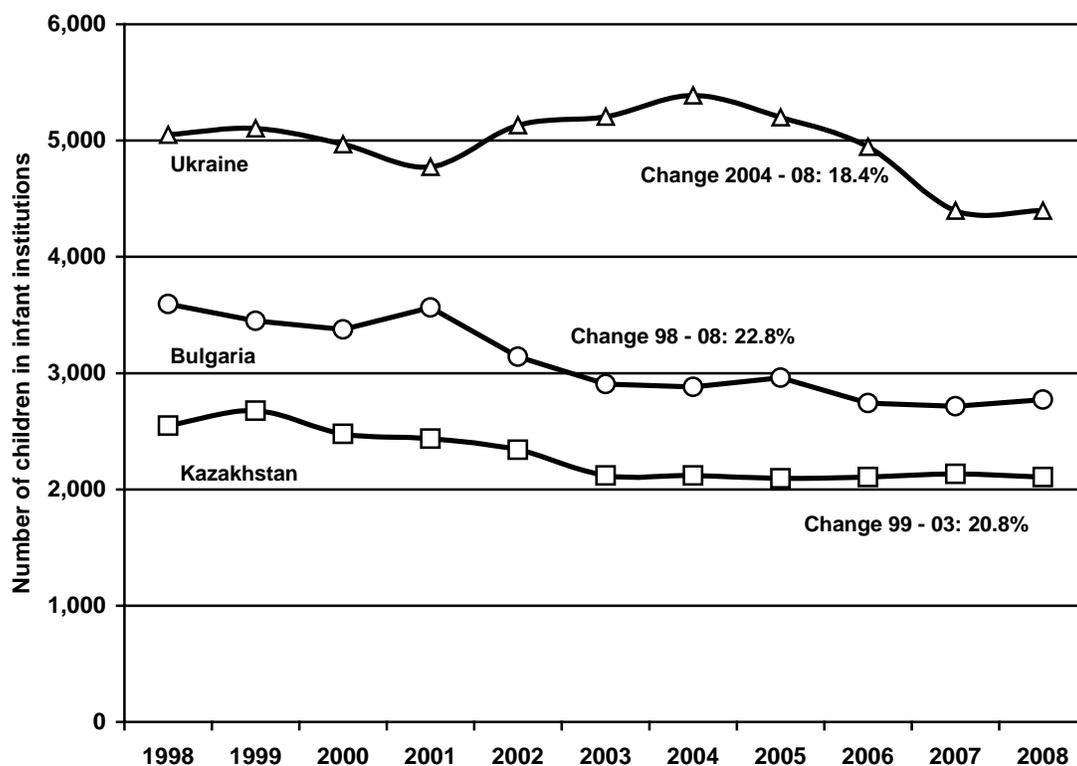
This section will deal with what was found out about the pathways available to children in need aged 0 to 3 years; which groups of children are at risk; routes into institutional care; length of time in care and where children go on exit from institutions.

For many children the immediate route into infant institutions are directly from maternity wards though children are also found abandoned elsewhere (foundlings), taken directly to the institution by parents or referred because of neglect by parents. This section will start by reviewing the numbers involved before going on to look at the process of assessment and review for these young children and the range of services and strategies aimed at reducing abandonment and supporting mothers and families.

Figure 2 shows the rate per 100,000 children aged 0 to 3 years of children in infant institutions. As will be seen Bulgaria stands out with a rate of nearly 1% of children aged 0 to 3 in institutional care though this rate has steadily fallen over the period. Ukraine and Kazakhstan have lower rates at 0.18% and 0.25%. The numbers of children in infant

institutions in each of the three countries has fallen in the ten years since 1998 with Ukraine falling rapidly since 2005 a period of intense government activity on promoting community services and gatekeeping. In Bulgaria there was a fall of 20.8% between 1999 and 2003 and since then the numbers have remained constant. In Kazakhstan the numbers have been steady since 2003 and Ukraine has seen a recent fall since 2004 (see Figure 3).

**Figure 3 Number of children in infant institutions 31<sup>st</sup> Dec 1999 to 2008**



Source: UNICEF 2010: table 8.6

The figure for the number of children placed on a particular day is misleading when considering the size and cost of the problem. The report will now look at the information available on entry to and exit from these institutions. Each country will be considered in turn. There will be more detail given of these pathways for young children than in later sections due to a number of factors:

- the important part they can play as an entry point to the system as a whole (in some countries many children remain in care for years once admitted);
- although numbers institutionalised on a particular day may not seem high many children stay for short periods and there is a much higher rate of admission meaning a higher proportion of the total population are institutionalised ( e.g 1 in every 78 children aged under one year-old in Bulgaria entered these institutions from maternity wards alone and others aged under 1 will have entered directly from families);
- because they cross the boundary with services for children with a disability;
- they are also linked to levels of international adoption; and

- because they demonstrate issues relevant to other age groups and other reasons for entry to institutions.

### ***2.1 Routes through care for children under three in Bulgaria***

In Bulgaria figures for the total number of children entering institutions were not available. Figures for direct admissions from maternity hospitals were supplied and showed a falling rate of entry from 1,326 babies in 2005 to 966 in 2008. However this still meant that one in every 78 live babies born in 2008 was admitted directly from maternity ward to the infant institution. This is partly because in Bulgaria infant institutions provide medical and intensive care facilities and 596 (62%) of these direct admissions required intensive care. However this is not the whole story and 158 of these babies (fully 26.5%) never return to their mothers and remain in the infant institution making a total of 528 children 'abandoned' from maternity hospitals.

Studies of 129 children in the two infant institutions in the regions of Vidin and Pernik have been carried out as part of a larger study of all children in institutions in these regions undertaken by UNICEF (2007). The main route into the infant homes was through maternity wards which accounted for 57% of all entrants. A further 21% entered before the age of 6 months making the first months of life the most vulnerable for entry to institutional care. The ethnic origin of the children is based mainly on the information given by the mother at admission of the child, i.e. the self-identification of the mother. At least 60% of the children in the two infant institutions are of Roma origin (there are a further 9% of children for whom the ethnic origin is not available and who are likely to be Roma). Similar figures were found in a national survey of children in infant institutions carried out by the State Agency for Child Protection (Petrova-Dimitrova, 2009; page 13).

The reasons for entry of the children resident in the institution in July 2007 were ascertained from files and staff interviews. This showed that only 8% entered because of neglect or abuse and 3% because of parental health problems. The main reasons for entry were for the child to be adopted (29%), because of poverty (28%), child health problems (14%) or abandonment (12%). This latter reason, limited to the home in Pernik, probably hides further problems of poverty. There is also a low level of single mothers (4%). 21% of the children had a mental or physical disability which, considering these children can stay beyond the age of three, means they would represent a smaller proportion of new entrants.

National figures are available for the placement of children on leaving the institution. These 1796 children leaving the institutions go to a range of places. Whilst 787 children (44%) returned to their families this included 438 children (24%) who were premature babies who had entered for medical treatment leaving only 351 (20%) of those who entered for social rather than medical reasons returned to their families. Apart from this, adoption is the most common placement on leaving with 33% of leavers being adopted and 357 (20%) children are transferred to other institutions. foster care and kinship care play a very minor role in returning children to families from these institutions, accounting for a total of only 60 (3%) of children.

*2.1.1 Assessment and planning for children aged 0 to 3 in Bulgaria*

Much has been achieved in Bulgaria in recent years. The establishment of the Child Protection Departments has meant that there is a formal process of decision making with social workers responsible for carrying out assessments of all children before entry to the institution.

In order to ensure children are referred for assessment an ordinance has been passed that requires the maternity hospitals to nominate a member of staff to identify children at risk of abandonment and to refer them to the Child Protection Department. Whilst this does appear to be having some positive effects, in many cases referrals take place only after the mother has decided to abandon her child. The only legal exception to a child's admission following an assessment is where there is a medical emergency. The section above showed that at least a third of children from the maternity hospital who eventually stay in the institution entered for medical treatment in the intensive care unit of the institution and thus are likely to have avoided assessment prior to entry (they are assessed later but often parents are no longer traceable and the bond with the child has not been established).

Whilst studies of gatekeeping projects in Bulgaria and elsewhere have shown that many parents only require a small amount of support to get them through a crisis, small payments or help in getting access to social assistance benefits the range of services available to social workers has a major impact on their ability to assess: there is little purpose in assessment without the possibility of something being done if problems are identified.

This section looks at planning for children placed in the infant institutions and the care provided there. For the majority of children in the UNICEF studies the CPD plan was for a return to parents. However little work was being done to help parents to maintain contact with their child or to prepare the family for the child's return. This is mainly because of the competing demands for the time of CPD staff. Likewise it was reported that the requirement that plans should be reviewed every three months with the involvement of parents, child and other interested parties (article 22 of the ordinance on prevention and reintegration) is either not done or carried out in a peremptory fashion.

Few children leave the MSCHC to be placed in foster care or kinship care though this is the stated plan. There is little done to facilitate children remaining in contact with their parents. The institutions are forbidding places for parents to visit. Facilities for parents to visit are often poor (on my visit to an institution the visiting parents were sitting in a corridor with their child whilst a member of staff sat watching over them). Parent's visiting times are limited and they often have to get medical certificates before they can visit. Parents or relatives need positive encouragement and support for visiting their children including a welcoming environment open to them at times that are convenient to them and, if the parents are poor, help with transport or travel expenses or places to stay if they have to travel long distances.

Care of children in the institutions is medicalised and children remain understimulated and receive little warmth or emotional care. In addition practices such as having children move between groups catering for different age ranges in the institutions prevent the opportunity

to form lasting attachments to care staff. All of this leads to children having developmental delays, limited speech and reduces the possibility of successful reintegration or adoption.

### *2.1.2 Community based services to prevent admission in Bulgaria*

Whilst there are pockets of good practice and some good pilot schemes run by NGOs, in general the range of services available to CPDs to prevent the entry of babies into institutional care is limited:

- a) CPD staff have a limited range of support to offer parents. In some areas there are mother and baby units for single mothers (though the UNICEF study and others found that single mothers having a first baby constituted only a small proportion of entrants to MSCHCs), and support from community support centres but these are still the exception. Beyond this the worker can offer limited financial support or counselling and persuasion.
- b) Whilst there is some very limited availability of foster care this is currently only available for long term placements for able bodied children and I suspect not for Roma children. The main alternative is kinship care which is well developed but could be enhanced with better financial support. There are no/few family type placements for children with a disability or for children waiting to be adopted. Specific campaigns are needed to recruit foster parents willing to have short term placements of children waiting to be adopted or to provide long term care to children with a disability. This might include recruiting foster parents who might be single women or older people willing to undertake short term placements. It also requires a review of incentives to provide foster care.
- c) There is a lack of preventive services. One key issue is housing. This was mentioned in reports and by social workers, NGOs and parents I interviewed. Many of the abandoned children are from large mainly Roma families who share a single room, often with other family members. Mothers can be placed under pressure by family or made homeless if they do not abandon their child. Given that these women can have 4 or 5 other children and often a partner, mother and baby units are not an appropriate response. This issue is made more difficult in some areas where Roma families are illegally occupying land so the purchase or building of accommodation (which would be much cheaper than residential placement) is not possible for government agencies.
- d) Day care for children with a disability is being developed in some infant homes. However, not only is this a very limited resource, it can end up being limited to Bulgarian origin children only, as was found in the UNICEF study of the use of institutions in Russe. This can be because of segregation and prejudice or because of other barriers such as transport (many Roma in Russe live in outlying villages, though there is a community in the city).
- e) There are few services to support reintegration. Whilst there are limited, mainly administrative, attempts to find parents of children who have no contact with their institutionalised child, little work is done on encouraging contact and there are few resources (transport, facilities for parents to visit children, payments for travel etc.). Similarly, even where there is a plan for rehabilitation there is little work done to improve the family's situation and support the return home.

## **2.2 Routes through care for children under three in Kazakhstan**

Figures given by the Ministry of Health show 1851 children were in the infant institutions on January 1st 2009. One estimate (Andreeva, 2009) is that 1 in every 200 new born babies were abandoned and entered institutional care before their first birthday during 2008. The overall figures show 1851 new entrants during 2008 of whom 1230 were orphans and children left without parental care and 621 were placed on a voluntary basis by parents. This is an underestimate of the total number of infants abandoned as many children are adopted straight from hospital - figures for Ust Kamenogorsk in 2008 show that a quarter of adoptions in that region were direct from maternity hospitals (Andreeva, 2009) and others may go to guardianship or foster care.

The reasons for infant abandonment are not collected in any detail. In Ust-Kamenogorsk three quarters of the 120 children entering the home came direct from the maternity hospital. Others included children where parents brought their child to the institution because they were homeless or living in hostels, often single parents and unemployed. A similar situation was described by a representative of the infant home in Semey and the guardianship authority in Ust-Kamenogorsk. The guardianship authority in Astana reported that many of the children who entered care but were not considered to be without parental care were children of foreign students at the universities who wanted to take care of the children once they had completed their studies. These latter children were placed in the institution but often contact was lost.

The placements of the 1,906 children who left institutions during 2008 are shown below. For 60.5% of these children abandoned at birth the stay in institutional care is likely to be short and they are quickly adopted. It was reported by the head of the infant home in Ust-Kamenogorsk that most adoptions of babies from that institution take place within two to three months of birth. In 2007 Kazakhstan had 3,822 adoptions and this is the highest overall rate of adoptions (414 per 100,000 children aged 0 – 3 years in 2007), and this includes the fifth highest rate of international adoptions, of states reporting in the MONEE database. Just over a quarter of children return to parents and 10.5% go on to other institutions (69 per 100,000 children aged 0 – 3). 55 of these latter children had severe disabilities and went to homes for disabled children.

**Table 2 Placement of children on leaving an infant home during 2008**

Taken by parents	507	26.6%
Adopted	1154	60.5%
Transferred to institutions of social protection	55	2.9%
Transferred to education institutions	144	7.6%
Number of children died this year( total)	46	2.4%
Total	1906	

### *2.2.1 Assessment and planning for children aged 0 to 3 in Kazakhstan*

Where a mother intends to leave a child in a maternity hospital or the mother signs papers for adoption, the hospital contacts the guardianship authority and gains permission for temporary placement in an infant home. The guardianship authority will then process the removal of parental rights through an administrative order and where appropriate initiate

adoption procedures. The guardianship and trusteeship authority undertakes work to locate parents if they are missing and to check that there are no family members willing to care for the child. However, this work is mostly of an administrative nature. There is no detailed social assessment of the child's situation and there is very little support that can be offered for parents or family if willing to care for the child. The involvement of the guardianship authority is often after a mother has already disappeared and is too late to prevent abandonment. In Astana the guardianship authority reported that a social worker/psychologist was based in the maternity hospital to offer advice to mothers but this is not the case in most of the country.

Another route of entry is where a parent brings a child to the infant home asking for admission. I was informed that the director of the institution carries out an interview of about 20 minutes before deciding whether to accept the child. This appears to be the only assessment in these cases.

Assessment and individual care planning for children who are abandoned at a maternity hospital is minimal and limited to medical aspects or the legal requirements for assuming parental rights or freeing the child to be adopted. Once children are placed in the infant institutions there is little support for parents and plans, where they do exist, tend to focus either on achieving adoption or on the medical aspects of care. Thus the requirement of the Convention on the Rights of the Child to have regular reviews of the situation of individual children in residential care is not adequately fulfilled.

### *2.2.2 Community based services to prevent admission in Kazakhstan*

There is very little support available for parents and children who are classified as being without parental care. Even where there is a pilot project of a family centre it appears that these are not engaged with the decision making process. Once a child enters the institutions other than adoption of infants there is little or no planning or provision of services aimed at returning children home or to family based care.

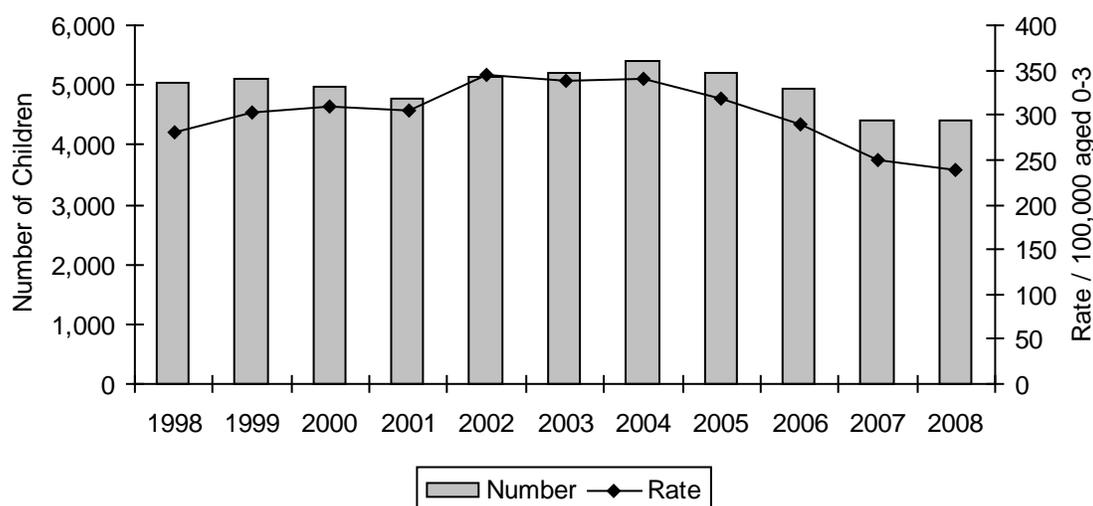
## **2.3 Routes through care for children under three in Ukraine**

At the end of 2008 there were, according to the TransMONEE 2010 database, 4398 children aged from 0-3 in infant institutions. Figure 2 shows the number and rate per 100,000 children aged 0 to 3 years of children in infant institutions from 1998 to 2008. As can be seen in Figure 2 both the number of children and the rate of children in these institutions have fallen in the four year since the peak of 2004 during which time the overall numbers fell by 18.4% and the rate per 100,000 children aged 0 to 3 fell further by 30.1% due to increases in the number of births. Some of this change has been achieved by providing long term family care through guardianship, adoption and foster care. At the same time there have been increases in maternity benefits and through paying them over a period of time rather than as one off payments when the child is born.

However this is a situation in which the studies in Kazakhstan and Bulgaria show that the static figure for the number of children placed on a particular day can be misleading when considering the size and cost of the problem. Because I was not able to obtain figures for entry to institutions by age the report will now use figures provided by one of the infant

homes. It is not possible to know how representative this data is of the national picture but it at least gives an indication of possible issues from this limited perspective. According to this data, out of 98 children in the institution on 1<sup>st</sup> January 2009, 42 (43%) were orphans and children deprived of parental care and 56 (57%) placed at the request of a parent and this compares with 66% and 34% at a national level. 59% entered the institution before they were a year old and 43% in their first six months of life. The legal grounds for placement of these children are shown in the table below. It is not clear whether the 5 children officially classified as abandoned at the maternity hospital were the only children admitted from this source or whether other children admitted at the request of parents came directly from the hospital.

Figure 4: Children in infant institutions and rate per 100,000 aged 0-3 from 1998 to 2008



Source: TransMONEE 2010

The placements of the 85 children leaving the institution during 2008 were as follows: adoption 42 (49% including national adoption, 36 and international, 6); transferred to other institutions 20 (24%); foster families 7 (8%); guardianship 7 (8%) and returning to parents 9 (11%). It is possible for so many children to be adopted because all children classified as being without parental care are eligible for adoption

Table 3 Legal grounds for placement of children in the infant institution in 2008

Legal Ground	Number
Child abandoned by parents or relatives at maternity hospital or healthcare institution	5
Orphans	2
Proceedings before the court on termination of parental rights	4
Temporary removal of the child without termination of parental rights	3
Parents' parental rights terminated	22
Parents imprisoned	5
Court decision on incapacity of the mother	1
At request of single mothers	35
At request of parents	21
<b>Total</b>	<b>98</b>

### *2.3.1 Decision making*

Children can enter infant institutions either through deprivation of parental rights or through an agreement for temporary placement. About a third of children in institutional care are their on a voluntary and temporary basis with the agreement of their parents. These children do not have the status of being deprived of parental care. Admission of these children is through the agreement of the Head of the Establishment. These children can return to their parents at their request. However many drift into permanent placements.

In the case of children abandoned at a maternity hospital or foundlings the court is not involved in deprivation of parental rights and an administrative order under either the Ministry of Health or the Ministry of Internal Affairs is all that is required. One respondent described how, in a maternity ward, a mother could fill in a brief written statement confirming that she did not wish to care for her child and her reasons for this refusal and that little more was done to prevent the child entering formal care where a placement, usually in an institution, will be made. This paperwork was sufficient for the child to be given the status of being deprived of parental care. However, it is not clear how representative such a process is nationally. The allocation of the status of being deprived of parental care to a child is relatively permanent (the order is reversible but requires a court hearing and a challenge to grounds) and makes the child available for adoption.

### *2.3.2 Community based services to prevent admission in Ukraine*

In principal there are a number of different types of community based child care services in Ukraine including kindergartens, outside school hours care (children's clubs and study groups), Operators of child care services include mainly state agencies and sometime NGOs and private organisations. The State Social Services also provide consultative services/points in maternity and baby homes and women's prenatal consultations in 734 locations.

One very specific service for prevention of child abandonment is the Social mother and child centre. There are 16 such units at oblast level covering all of Ukraine. It is understood that mother and baby units work in close cooperation with local centers for social services for family, children and youth in order to ensure resettlement of the mother and child when they come back from the centre to their community. According to legislation the maximum length of staying for mother or father and the child in the Social mother and child centre is from pregnancy to when child is 18 months old. Likewise the Centres of social and psychological help have been developments of shelters. They still supply residential care but other services akin to day care and a more therapeutic orientation.

There have also been a number of specific initiatives that particularly affect infants. Between 2005-2008, a package of initiatives was announced and guided by the Ministry for Family, Youth and Sport. This included:

- Promotion of national adoption and the creation of the State Department of Adoption and Protection of the Rights of a Child

During the period in question overall levels of adoption have not increased though national adoption has gone up whilst international adoption has fallen.

- Introduction of the system of funding foster care known in Ukraine as “money follows the child”.

The ‘Money follows the child’ initiative has initiated a significant increase in the availability of foster care. Figures published by the Ministry for Family, Youth and Sport show that the number of children in foster homes has risen more than five fold from 1313 in 2005 to 6655 in 2008. A significant proportion of children fostered have a disability who attract a higher allowance. This demonstrates that the use of financial incentives can have a significant affect on availability of foster parents even in cases of children who are often hard to place. In addition to the raises in the allowances for foster families there is a scheme to encourage foster families to care for four or more children. These large groups attract added benefits such as support with housing and a wage for one of the parents. The scheme is limited to children who are orphans or deprived of parental care which means that placements are, in most cases, permanent. However a pilot of short-term foster care is being developed in Brovary City (see Box 1). Foster care however remains a form of quasi-adoption providing only permanent long term placements and does not add the flexibility in supporting families that it provides in other countries. This programme does demonstrate that a key issue in developing foster care is to have good incentives.

- Introduction of a significant one off payment at birth for families in order to encourage procreation.

There has been a significant change in maternity allowances. This has been introduced mainly to try to reverse the falling birth rate. It includes a substantial increase in both the maternity grant and the monthly social assistance payments following birth. There is also a further increased amount for those with more than one child. It is not possible to assess the extent to which this alone has led to the reducing rate of abandonment though interviews suggested that parents were vary aware of this new form of support.

**Box 1 Practice example gatekeeping infant homes Brovary City**

In Brovary City EveryChild are in the process of developing a project to provide gatekeeping for the local infant home. The project is working on four connected streams of activity. It is establishing preventive services and processes of identification of children at risk of entry to the institution; care planning and review for children within the institution; analysing financial and staff resources to consider reallocation; and analysing the legislative framework. It is building on the approach, already used in an earlier project in Kyiv Oblast, of developing regulations at Oblast level on issues such as care planning and assessment procedures. It aims to strengthen interagency partnership by working in a consultative fashion with local government and local representatives of ministries to develop commitment and expertise. A key element of the project is the development of staff capacity in the Centres for Social Services and the institution through establishing a training and resource centre.

The data gathered for this project confirms the high use of institutions on a voluntary basis for temporary placements. The project aims to provide support and care planning to prevent or reduce periods spent in the institution. The project has worked with the City authorities who are using the powers given by the Law “On Self Governance.” to set up short-term foster care and fund it from the local budget. This allows children without the status “orphan or child deprived of parental care” to be temporarily placed in foster care whilst social workers help the biological parents.

The project has identified three groups of children who are at risk of placement in baby homes from a study of recent entrants. These are children in their first year of life who are living in families with difficulties; A second group is children between 0 and 3 who have stayed for more than 1 month in hospitals because of social reasons rather than medical ones; and newly born children abandoned at birth. They were able to identify children falling into these categories to target them for family support. The numbers concerned were manageable being 139 in 2009.

This project deserves to be carefully researched and evaluated, whether or not successful, so that lessons can be learnt about targeted approaches and applied more widely.

**2.4 Overall issues and recommendations for gatekeeping children under three**

Many children are abandoned in maternity hospitals where there is seldom an assessment or support. Some key issues relating to the hospitals themselves include:

- a) *Medical staff who advise parents, particularly those with a disabled child, that it would be in the child's best interests to be placed in an institution or to be adopted.*

There should be procedures and training to prevent such a practice. In addition a commitment to provide counselling for parents of a disabled child might enable the development of an effective preventative service in maternity hospitals. A system of having a social worker on call to provide counselling immediately on diagnosis alongside procedures for medical staff that ensured this takes place would have benefits for parents of disabled children more generally as well as helping to reduce abandonment. This counselling might usefully cover the following issues and social work staff need to be given training and resources to implement such a programme of support:

- helping parents to deal with the emotional shock of discovering that their child is disabled;
- helping parents, where necessary, to gain support from their family and community;
- helping them to access any support they should receive from statutory or voluntary agencies (through ensuring that they have legal papers, know about and are supported in accessing the different agencies providing services, treatment and social assistance benefits);
- informing them about the implications of the diagnosis for the child's future development and what caring for the child will entail;
- giving advice on what parents can do for their child; and
- helping them, if they wish, to have contact with parents of children with similar disabilities.

b) *Hospitals do not promote practices for these children that might reduce abandonment and strengthen attachments between mothers and children such as early skin to skin contact and promotion of breastfeeding. Bystorva and colleagues (2009: 97) in a study in Russia concluded that "Skin-to-skin contact, for 25 to 120 minutes after birth, early suckling, or both positively influenced mother-infant interaction 1 year later when compared with routines involving separation of mother and infant."*

Responding to these issues would benefit all children not just those at risk of abandonment. UNICEF has done work on the baby friendly initiative and this might be a useful extension targeting hospitals with high levels of child abandonment and developing a training package to change hospital practices. This might include:

- training on medical practices to promote mother baby attachment in maternity hospitals such as early skin to skin contact and breast feeding;
- training on the medical and social impact of early institutionalisation
- changing procedures and practices that prevent hospitals from being parent and baby friendly. This includes such practices as charging parents to stay with their sick child

c) *Mothers considering adoption or abandonment get little support or counselling in the hospital.*

In Bulgaria a set of procedures on the early identification and referral to social work of parents who are at risk of abandoning their children in hospital have been developed. Combining this with a social work presence on wards able to, for example, undertake ward rounds with the consultant would also enable early identification

Given the limited resources available it is important to target services more accurately. This requires a system of monitoring levels of abandonment from maternity hospitals and targeting hospitals with high rates of institutionalisation. There will also be a requirement for better information on the reasons children are abandoned. Using information systems to target communities and issues and then developing strategies at a local level is time consuming but likely to be more effective than blanket national policies and directives. State social services agencies might usefully develop a model for local needs assessment of this type and ensure that the information system on children in state care is able to identify hospitals and communities where there is a high risk of children being institutionalised. The needs assessment process should be sufficiently simple that it can be applied with a minimum use of resources. It should also be inclusive using participative methodologies

such as surveys undertaken by local residents in areas of high levels of abandonment. The ARK project in Bulgaria developed a simple model of needs assessment (ARK 2009 see Box 2). Finally it should be owned by all local agencies as the problems leading to abandonment will cross the boundaries of different departments including health, education, housing, employment as well as social services. In particular when developing local targeted strategies issues such as increasing health visiting and access to pre-natal care should not be overlooked as they can not only lead to a lowering of unwanted births but also provide important early identification points for mothers at risk of placing their babies in institutions.

Finally approaches such as that in Ukraine of increasing social assistance benefits in a targeted way may also have a beneficial effect not only on reducing child placement in institutions but also on children in poor families more generally.

**Box 2: Planning and developing multi-agency problem focussed services in Bulgaria**

One Roma community in Stara Zagora from which many children are institutionalised has been identified by ARK who have done an assessment of the specific nature of the problems. Ark's assessment in Stara Zagora was not an extensive piece of research but rather involved drawing on their own practice knowledge and that of other service providers. Staff and a consultant then visited the community over a period of time, talking to families who had had children entering institutions as well as community leaders and staff working there. This found that though there were high levels of poverty this alone was not the problem that led to institutionalisation as many poor families did not abandon their children. It also identified some key problems that were associated with institutionalisation for families in the community; a group of families with a history of high levels of abandonment; along with a problem of pregnancy amongst young girls in certain institutions with their children being institutionalised. Ark are planning the following problem focussed preventive measures alongside improving gatekeeping by placing a social worker in the local maternity hospital:

- *Develop and implement outreach prevention of abandonment and institutionalisation services amongst high risk communities*
- *Improve the access of vulnerable groups to health and social services.*
- *Improve the living conditions of vulnerable families where children at risk are identified.*
- *Develop and implement family planning services amongst high risk communities ... and in the 3 institutions for children from 7-18 years.*
- *Raise awareness amongst high risk communities about reproductive health, contraception methods, STDs, family planning and the need for children to grow up in a family environment.*

ARK, 2009

A particular problem in this community was housing and families were living on land without having legal rights. This made options such as buying housing, which might otherwise be a cheap alternative to institutionalisation, impossible for the authorities. Ark have thus included targeted work on housing and health services in their programme of prevention. Alongside this changes are required in health services and for older children education services. Community prevention thus needs to be multidisciplinary.

This work provides a good example of a simple and effective process of planning that focuses on a community in which there is a high use of institutions. The planning involved gathering local views, the views of those who have the problems as well as others in the community, community leaders and professionals. The range of services proposed provides a targeted approach to early prevention whilst bolstering the already existing gatekeeping and family support services.

**Source:** ARK (2009) *Bulgaria prevention work briefing* Stara Zagora, ARK

### **3 Pathways for older children**

This section will now look at the pathways through institutional care for children aged over three. There are clearly a number of different problems faced by children in this age range. In all three countries there are street children, there is of course children who are subject to harm and neglect and there are a group of children whose behaviour causes concern.

#### ***3.1 Pathways for children over 3 in Bulgaria***

For older children in Bulgaria there are effectively two types of institutions. These are homes for children aged 3-7 and the other for those 7 to 18. Data is available from two studies of children in the oblasts of Vidin and Pernik (UNICEF 2007) and Russe (UNICEF 2008) and these show a number of key issues. The first is that over half of children were already in an institution prior to placement and a high proportion of these have spent most, if not all of their lives in institutional care. Fully 57% of the children in the homes for those aged 3-7 entered from an infant home and most of these are Roma children who were placed for adoption but were not adopted because of their ethnicity. Similarly 54% of the children in the homes for those aged 7-18 entered from another institution. Large proportions of the children are Roma especially amongst younger children. 60% of those where ethnicity is known in the homes for those aged 3-7 and 29% of the children in the homes for those aged 7-18 (53% in Vidin and Pernik but only 18% in Russe). National figures show that in 2006 around 50% of children in these two types of homes had Roma ethnicity.

Whilst a key route into these institutions is from infant institutions the studies show that for younger children who enter the institutions having lived with their families prior to entry the reasons for entry are mainly those associated with poverty and neglect and many are of Roma origin. Amongst older children the UNICEF reports seem to indicate two issues. There is a group of children of mainly Bulgarian ethnic origin who enter mainly because of their behaviour, running away, begging, antisocial behaviour. Amongst older children of Roma origin the report points to issues of access to education as a reason for admission.

Respondents suggested that there are some areas of good practice with social workers undertaking excellent assessments. However, the overall picture is poor with extremely busy and often inexperienced social workers and many children simply being processed for institutional care rather than being assessed. The studies and interviews show there is a lack of effective planning with plans predominantly for adoption or rehabilitation with little or no work to promote either of these outcomes and consequently these children drift into long term institutionalisation. Few children have regular contacts with parents or family and many of those who lived with their family prior to placement soon lose contact with around three quarters of children in both types of establishment having no or irregular contact. Large proportions of children stayed in the institution beyond the age of 18 indicating the problems in preparing children for independent living.

##### ***3.1.1 Community based services to prevent admission in Bulgaria***

Given the high rate of children entering care from the infant homes this should be treated as a key decision point for gatekeeping. There does not appear to be any thorough

reassessment of the child's situation before a transfer takes place in order to ensure that this is in the best interests of the child. At the moment transfer is carried out on a relatively administrative basis even where a court is involved because of a change of protection measure (CPA Article 30a).

Many older children entering these institutions do so because of issues like begging and living on the streets or antisocial behaviour. Some of these will enter via the Shelters for homeless children following being picked up on police raids. Again there are examples of good practice where services have been piloted but generally there are few community services for children to prevent this route into the institutions. The type of community based services required to prevent entry to the institution might include a range of services such as group work, educational provision or support, family therapy or family group conferencing. For those who do require accommodation family type care is required. The particular services required could be assessed by a detailed study of recent entrants and their problems. Children should be involved in carrying out such a study (for an example of this see Bilson and Cox, 2007).

Similarly for some of the older Roma children entering the institutions a key issue was access to education along with the free food, clothing and accommodation provided for children. This requires a similar assessment of the reasons for these issues and community based services that might prevent entry or facilitate return home. This might include considering access to the educational provision in some communities.

### ***3.2 Pathways for children over 3 in Kazakhstan***

There is little information available on the flow through the system for older children deprived of parental care. This is partly due to the absence of data about age in the database of the CCRP as well as little information on entrants and those leaving institutional care. This database shows that 9,340 children are classified as being deprived of parental care during 2008 and around 1,600 of these were directly from the maternity hospital. A rough estimate is that between 2,000 and 3,000 older children are deprived of parental care and placed in Ministry of Education institutions each year through the systems above. The complexity of the child protection system is illustrated in Table 4

Table 4: Different Legal Systems and Statuses of Children in Formal care

	Legal System/Legal Status			
	Deprived of parental care	Sentenced to Correctional Special School	Residential Boarding School with parental permission	Temporary placement in TsVIARN
<b>Number of Children placed on a particular date</b>	<b>46,126</b> Including: Institutions 16,008 Foster care 2,005 Guardians 28,113 <i>Source: CRPC Placements on 01.01.09</i>	<b>840</b>  <i>Source: State Party Report 2007 section 261 date not provided</i>	<b>52,052</b>  <i>Source: TransMONEE database 01.01.2008</i>	<b>8000 / year approx.</b> <i>I haven't found figures for the stock of children in TsVIARNs. The State Party report suggests around 8,000 a year are placed there but many for short periods</i>
<b>Decision Making Bodies that can be involved</b>	Family Court Guardianship Authority Commission of Minors	Criminal Court Commission of Minors	Education Department PMPC	Police Prosecutor Commission of Minors Guardianship Authority
<b>Child's Circumstances</b>	<i>Marked with an X if children in this circumstance can enter formal care through the system above</i>			
<b>Children in Conflict with Law</b>	X	X	X	X
<b>Street Children / Homeless</b>	X	X <i>If Offence Committed</i>		X
<b>Victims of Violence and Neglect</b>	X	X <i>If involved in Prostitution</i>	X	X
<b>Disabled Children</b>	X		X	
<b>Abandoned Children/ Foundlings</b>	X			X <i>Abandoned aged over 3</i>
<b>Difficult Life Situation</b>	X		X	X
<b>Other social/educational reason</b>			X	

A key part of the system, particularly for older children are the centres for temporary isolation, adaptation and rehabilitation (TsVIARNs) run by the ministry of the interior. The State Party Report in 2007 stated that in the previous 8 years more than 70,000 minors across the Republic were placed in TsVIARNs almost 1 in 6 of whom were children running away from institutional care. Apart from this, it proved impossible to locate figures which break down the reasons children went to TsVIARNs or where they went on leaving them including how many were found to be without parental care.

The key routes for children over 3 will now be considered in turn. These are children in difficult life circumstances, street children and victims of violence and neglect.

### *3.2.1 Children in difficult life situations*

Schools and school inspectors play a key role with regard to children 'in difficult life circumstances.' The numbers of school inspectors who are ministry of interior staff carrying out police duties was increased in 2005 to develop a role in prevention of juvenile crime and violence and neglect. Each of these inspectors works with several schools. This role of work with families with problems is in addition to tasks which include crime prevention, investigation of crimes and random drug testing of children in schools

Also since 2002 each school has staff responsible for families. The school and school inspectors maintain a 'social portrait' of children who have family problems. This consists of a short form holding details of a family and any problems that it might have. The forms contain brief information but do not represent a thorough assessment of the family situation. Some families are classified as being in difficult life situations. This includes those struggling because of poverty alongside others where there is neglect or violence or most commonly where excessive use of alcohol by parents or carers has been identified at the school or by the school inspectors. The school can offer some limited support through school psychologists and children can receive free school meals, clothes and attend summer camps. In addition help can be offered through charities. A worrying aspect of this is that there appears to be no, or limited confidentiality where a family is identified in this way and, during my visit, the classification of particular families was openly discussed in large meetings sometimes in front of families themselves.

Where the limited support that can be offered is not sufficient, the child is referred to the Commission for Minors. The Commission can refer to education, police, employment services, health and so on to provide support for the family. If these options are exhausted or the child is deemed to be at risk or in need of placement outside of the family the guardianship authority is involved and the case is referred to the family court for removal of parental rights.

### *3.2.2 Street Children and Truants*

For street children and truants the police undertake raids or pick up children who have been reported to them and, where they are unable to identify the child's family, he or she is placed in the TsVIARN on a temporary basis. The child so placed is referred to the commission for minors and to the guardianship authority and attempts are made to locate parents or guardians to take over the child's care.

The aim of this work is to place the child either back with his or her own family or if that is not possible in institutional care. Many of the street children are runaways either from home or commonly from institutions. Almost 1 in 6 of the children taken to the TsVIARNs are running away from other institutions. Where the child is found to be running from an institution the child is returned there. There does not appear to be any detailed investigation of why a child might be running away either from home or institutional care with work being undertaken by police officers with an investigative approach.

### *3.2.3 Victims of Violence and Neglect*

Children who are subject of violence and neglect at home are dealt with by the school inspectors as described above. Where a child is a victim of violence and neglect and

considered to be at risk if left at home, he or she can be taken to the TsVIARN or, where one is available, a crisis centre. In the TsVIARN the child is placed with offenders on remand and street children.

Children can also be removed by the Guardianship Authority and placed temporarily in an institution. 99 children were placed on such orders on 1st January 2009.

There appears to be little work done with families of victims of violence and the approach is one of issuing warnings and waiting for a threshold of violence or neglect after which children are removed and placed in institutional care. There is little ongoing work with families to create a safe environment to return the child to or services for families to reduce risk to children. There are examples of work done with children in one or two pilot sites and there are a small number of crisis centres some of which will work with children who are suffering or at risk of serious harm.

#### *3.2.4 Assessment and individual planning*

For all these groups of children assessment is undertaken in the main by police officers. There is little in the way of social assessments or care planning. Once a child is placed in an institution there is little or no work undertaken with families to return children home or to maintain contact with parents and family. The high number of children in hostels for children aged over 16 who are unable to return to their communities indicates the lack of preparation of children for a return to their communities and the lack of services available for them.

At entry a key issue is the lack of any comprehensive social assessment of families and the investigative bias that comes from having a police oriented response to families in difficulties. It was reported that there is a lack of trust of the inspectors by many children and families in difficulty and this is confirmed in media reports (see for example Institute of War and Peace Reporting, 2009).

Once children are in the care system there appears to be no reviewing process that focuses on rehabilitation or longer term planning. The Guardianship Authority does checks on children in Guardianship but this focuses on an inspection of conditions in the home rather than being a review of the continuing necessity for the child to be in formal care or the plans for the child's future.

### *3.3 Pathways for children over 3 in Ukraine*

Again in the absence of studies or detailed information from an information system it is hard to provide any picture of the routes through the care system in Ukraine. Out of the 24,436 in institutions through the child protection system on 1<sup>st</sup> January 2009 there were 20,543 children aged over 3. Across all ages just over 24,000 children were left without parental care during 2007 though many of these will be placed in foster care or guardianship and others will be aged under three. The ministries involved in the child protection system are illustrated in Table 5. Less than 15,000 of the children in these institutions were classified as being without parental care (Ministry of Family, Youth and Sport), there are thus 9 to 10,000 children in institutions who are there on a temporary basis.

A key group within this age range are street children and there have been significant developments of services in this area. The CSS who work in this area have done much work on identifying parents and attempting to rebuild relationships. They have redeveloped some of the former shelters allowing them to provide a wider range of rehabilitative services. Whilst this approach to rescuing children may have some attractions projects working with street children advocate a wider approach. They suggest the need to provide services on the streets such as education and mobile clinics; to engage children using participatory methods; and so on.

Many street children and 10% of those committing offences are running away from institutional care. Research in the UK identified that the regimes of institutions are the major factor in children running away rather than the child's personality. Information should be gathered on institutions with high rates of children running away and work done on these to improve regimes and quality of care.

**Table 5 Number of institutions and Services for children by ministry responsible**

<b><i>Institutions under Ministry of Family, Youth and Sport</i></b>	
Shelters for children (3-18 years)	95
Centre of social and psychological rehabilitation of children (3-18 years)	30
Centre of social and psychological help (families with children) Residential facility developed from shelters	23
Social dormitory for orphans and children deprived of parental care (15-23 years) – residential service for children leaving care	18
Social mother and child centre (pregnant women and mothers with children aged 0-18 months) – provides accommodation and support to mothers and babies	16
Centre for HIV-infected children and youth – provides a range of services mostly non-residential	7
Centre of social and psychological rehabilitation of children and youth with functional disabilities (7-35 years) Mainly provides day care	15
<b><i>Institutions under Ministry of Health</i></b>	
Infant home/baby home (children aged 0-3 years)	48
Centre of medical and social rehabilitation of children (before 18 years)	32
<b><i>Institutions under Ministry of Labour</i></b>	
Children's internat home (4-18 years; youth department - 18-35 years)	56
Centre of social rehabilitation of disabled children (2-18 years)	62
Mixed-type rehabilitation institution for disabled people and disabled children with mental retardation (disabled children before 18 years)	2
<b><i>Institutions under Ministry of Education and Science</i></b>	
Children's internat home for orphans and children deprived of parental care (Mixed type children's home for children from 6-17)	115
Internat school for orphans and children deprived of parental care (6-18 years)	53
Schools (children under 14) and professional-technical schools (older than 14) of social rehabilitation (for children under the age of criminal liability)	14
Other institutions under MoES	178
<b><i>Institutions under Ministry of Internal Affairs</i></b>	
Juvenile reception centre (11-18 years)	4
<b><i>State Department for Penal Implementation</i></b>	
Infant home under correctional colony	2
Correctional colonies for juveniles	10

Source: State Institute For Family And Youth Development (2009)

**Table 6** summarises the routes into institutions under child protection system in Ukraine. The formal process of decision making regarding deprivation of parental rights in Ukraine is

similar to that under a guardianship committee. The Executive at the level of the Rayon, City or Village is responsible for the placement of children who have the status of being deprived of parental care and is advised by a Commission on the Protection of the Rights of the Child. This commission is administered by the Services for Children with their powers and duties outlined in great detail by Resolution 866 “On Activities of Child Welfare Authorities, Related to the Protection of the Rights of the Child”.

Under Article 24 of this resolution a court is involved where deprivation of parental rights is being considered to confirm certain other issues where parents are deemed not able or incapable to care for their child (section 24(1) to 24(9)). This appears to give little role for the court in assessing the best interests of the child under what seems to be the assumption that the status of being deprived of parental care is necessarily in the child’s best interests if one of these issues is present.

Decision making for children abandoned at a maternity hospital or foundlings is through an administrative order under either the Ministry of Health or the Ministry of Internal Affairs and has been described above

The allocation of the status of being deprived of parental care to a child is relatively permanent (the order is reversible but requires a court hearing and a challenge to grounds) and makes the child available for adoption.

Resolution 866 does place some safeguards for family placement once the child is classified as being deprived of parental care saying in section 35 that the responsible authority shall undertake “comprehensive measures to place a child in a family of Ukrainian citizens (adoption, care and guardianship, foster family, family-type children’s home).” It also seeks to maintain links between siblings.

The Commission “considers and submits proposals to individual social protection plan for a child in difficult living conditions, orphaned child and a child deprived of parental care.” Despite having a detailed overview of the timescales for arrangements for the actions of the Services for Children Resolution 866 does not provide timescales for a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement which is the right given by article 25 of the UNCRC. Nor does it make arrangements in line with the guidance of the Committee on the Rights of the Child that placement in an institution should be for the shortest time feasible. Some of these issues were under consideration by a working group during my mission.

**Table 6 Ways children enter the system of state care in Ukraine**

№	Agency responsible	Description	Required documents
1	Through maternity homes to baby home	Child can be abandoned at birth. After a while she/he is transferred to infant/baby homes	Written statement from mother witnessed by maternity home
2	Infant/baby home directly	Child can be placed temporary to baby home. This placement may lead to permanent placement if mother/father do not have regular contacts with a child	Written application from one/both parents.
3	Other institutions directly (MES, Ministry of Labour)	The same description as above but for children over 3 years old	The same documents as above
4	Service for children	Service for children can initiate the process of deprivation of parental rights. In such cases child will get status “child orphaned or child deprived of parental care” and become available for adoption or placement to any forms of care included institutions	Court decisions
4	Service for children	Service for children can also provide status “child orphaned or child deprived of parental care” <sup>3</sup> for children whose parents are died or imprisoned as well as those children who found at the street and those parents are unknown	Decision of Head of rayon administration (or City Mayor)
5	Oblast department of Education/Labour for oblast level institutions	On the request of local authorities a child can be placed at oblast level institutions both temporarily or permanently	Letter request from local authorities with authorization from appropriate oblast department
6	Psychology Medico Pedagogical Commission	Usually assess the level of disability of children of school age and provide the recommendation for placement children in special boarding school according to their educational needs	Decision of the Commission

Source: V. Kuzminsky, EveryChild Ukraine

### 3.4 Overall issues and recommendations for gatekeeping children over three

In all three countries it was hard to gather information on this group and a key lesson is that more information is needed in this area. However a number of themes are discernable as follows:

#### a) Drift from Infant Institutions for children with a disability

In all three countries children with a disability who entered the infant institutions, often directly from a maternity hospital, tended to drift from the infant institutions to be placed in institutions for older children. These often have some of the worst conditions in the institutional sector and provide no opportunities for children’s development. Promoting return to family by providing support through aids to daily living and developing family care alternatives such as foster care (in Ukraine the *money follows the child* initiative shows that, with

<sup>3</sup> According the legislation and formalities the Head of Local Authority or City Mayor signs all the documents for giving the status “child orphaned or child deprived of parental care” but all the practical work has been conducted by the Service for Children.

the right incentives and support, disabled children can be successfully placed in foster care); small group homes; and promoting adoption through targeted campaigns for these young children can prevent drift and start the much needed reform of the institutions for children with a disability by preventing entry.

*Governments should prioritise family based care for young children with a disability in order to prevent drift into long term institutional care. A starting point would be to assess and provide schemes for children currently in infant institutions.*

b) Other children drifting from infant homes

In Bulgaria many of the children, not just those with a disability, came directly from the infant homes so gatekeeping entry from that source is a key issue. This did not appear to be such an issue in Ukraine and Kazakhstan though the absence of information on these issues makes it difficult to judge the level of this drift.

*Governments need to develop information systems capable of tracking the routes into and out of care*

c) Street Children

Another key group within this age range are street children and there have been significant developments of services in this area. All three countries had instituted programmes of carrying out police sweeps and picking up street children. They are then placed in temporary accommodation ranging from shelters in Ukraine to remand centres in Kazakhstan. Attempts were made to find parents. A large proportion of children were running away from other institutions and these children are simply returned. Whilst this approach to rescuing children may have some attractions projects working with street children advocate a wider approach. They suggest the need to provide services on the streets such as education and mobile clinics; to engage children using participatory methods; group work, family therapy or family group conferencing to aid with return home and so on.

*Further development of the approach to street children is needed. Ukraine is developing its shelters to take on such a role but further work on this issue is needed in all countries*

With regard to children running from institutions major research in the UK identified that the regimes of institutions are the major factor in children running away rather than the child's personality.

*Information should be gathered on institutions with high rates of children running away and work done on these to improve regimes and quality of care.*

d) Disorderly behaviour and children in conflict with the law

Many children entering later did so because of disorderly behaviour and conflicts with the law. These issues are discussed further in the section on juvenile justice systems below.

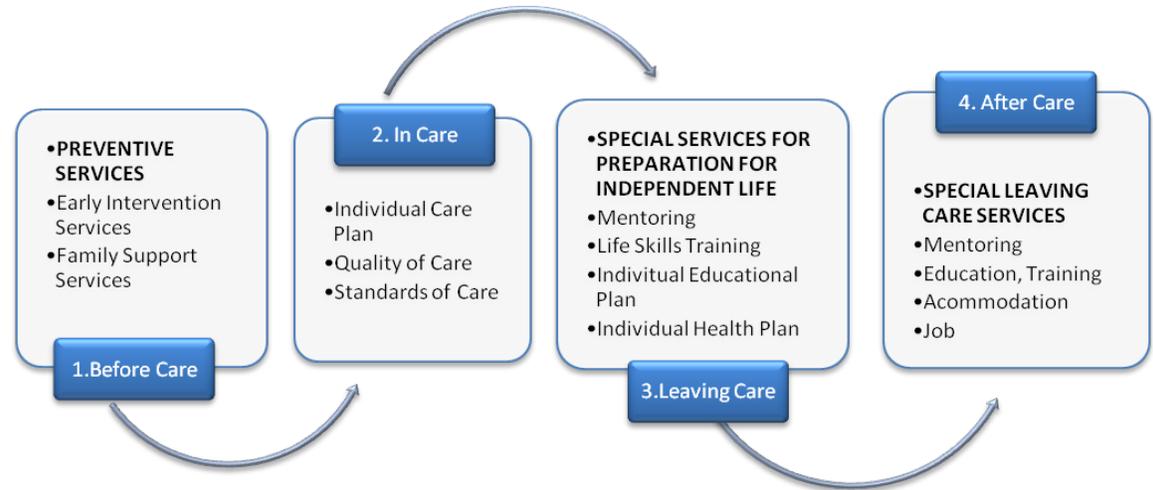
e) Care planning and preparation for independence

In all three countries once children enter institutional care there is a tendency to assume they will stay there until old enough to leave and care for themselves. In Bulgaria reviews of children and care planning have been instituted but little work is done to implement review recommendations and case plans. A gatekeeping approach requires ongoing service provision for whose children placed in out of home care. For older children services should be developed for care leavers to prepare them for independent life. Figure 5 shows that gatekeeping is a process which continues throughout the child's career in out of home care. In these countries there was a particular problem of a large group of children who were not

prepared to leave care and who needed ongoing accommodation. This demonstrates the inadequacy of the current system to care for children.

*Programmes of support are needed for older children to prepare them for independence and to support them through the transition from out of home care to successful adult life. This might include changes to programmes in institutions as well as support services such as leaving care teams to work with children through this transition.*

Figure 5 **Process of Service Provision for Children in State Care**



Source V Kuzminsky, EveryChild Ukraine

## **4 Pathways for children with a disability**

There are two main types of institutional placement for children with a disability. One concerns children who enter the institutions formerly called internats. In Bulgaria this is through the legal mechanisms of the Child Protection Act and a court order, in Ukraine and Kazakhstan through guardianship authorities as well as by voluntary placement. The second type of placement concerns residential special schools where entry is through education ministries once a child has been classified as having a disability by a commission - in Bulgaria the commission is established under the Child Protection Act whilst in Kazakhstan this is the psycho medico pedagogic commission and in Ukraine this is by medical and counselling commissions which are part of health care facilities.

### ***4.1 Routes through care for children with a disability Bulgaria***

The numbers of children with a disability is high as mentioned above. The State Agency for Child Protection figures show a steady decline in numbers of children in the specialised institutions (former internats) falling from 1901 children at 31<sup>st</sup> December 2001 to 1039 on 31<sup>st</sup> December 2008. The UNICEF studies of children entering and leaving institutions showed that in the two institutions studied the main route into the institutions was through the infant homes (86%) only 14% had been at home with family and it is felt some of these may have been returning to institutional care after unsuccessful attempts to rehabilitate them (UNICEF 2007). This study also showed that most children had been in the homes for over 4 years (85%) with 11% for 2 to 4 years and only 4% entering more recently than 2 years. It isn't clear whether this is a national trend that shows that entry is already being diverted or whether this reflects the long term nature of placements in these establishments. There were 14% Roma children in the establishments studied although national figures from 2006 show over 50% for this type of institution (see Petrova-Dimitrova 2009).

#### ***4.1.1 Assessment and planning under the Child Protection Act***

If the UNICEF study is representative of the country as a whole then most children with a severe disability who enter specialised institutions do so through the infant homes. For these children transfer is administrative and there is unlikely to be an assessment before transfer.

Planning and review of children in the homes has tended to be minimal as evidenced by the UNICEF research which showed that although plans exist, for 49% the plan was adoption, 15% fostering and 2% for reintegration. For the remaining 34% permanent stays in institutions were envisaged. The level of family contact is low: 91% had no contact and 97% had no or irregular contact. Only 1 child had regular contact with families and 6 (5%) had regular contact in the holidays. This is despite the fact that 9 children's parents lived in the same village as the homes and another 11 in the same region. Thus planning from this study, and this was confirmed by a number of respondents, would appear to be unrealistic (few older children with a disability are adopted or fostered) and little work is done with children or their families. Likewise although the panels mentioned above assess children's educational needs they too frequently conclude that education is not required.

Since 2003 all children, regardless of their ability, are able to opt to be educated in a main stream school. However the resources are slow to come on stream for this. Article 32 of the Child Protection Act regulations requires decisions about special care for children with a disability to be taken in conjunction with “a doctor, a psychologist, a teacher or other experts, where necessary, depending on the type of disability.” This has led to the establishment of panels which should address the medical and pedagogical aspects of the care of children. Article 32 also requires a referral to the Department for Social Assistance of “a child at risk within three days of the child’s birth or the establishment of the disability.”

For children entering residential special schools the route into the institutions involves the child being given a diagnosis by the panel above. This tends to focus on medical aspects of the child’s situation and once the child is in the special school decisions about placements are made more on educational grounds than social ones. A major area of concern is the high level of use of special schools for children with learning disabilities by Roma children. There are no regularly produced statistics on the ethnicity of children in special education. The State Agency for Child Protection provided figures as of December 2004 which showed that 57.5% of students are from ethnic minorities, mostly Roma although ministry of education staff said since that time there has been a reduction in the number of Roma in the schools which partly accounts for the reduction in overall numbers since then. Roma families place their children in these institutions because of lack of access to mainstream schooling and prejudice and discrimination in these latter schools. In addition special schools offer free food and clothing for their children as well as there being none of the attendance fees (for books etc.) required in mainstream schools (Roma Education Foundation 2007). Roma children are also placed in special schools because they do not obtain good enough pre-school training due to limited spaces in pre-school education institutions which have a policy that gives priority to children of working parents thus excluding many Roma children.

There has been an increase in day care for children with a disability and this has proved successful as a resource to divert some children. However it is not universally available and there is a problem with transport. Many of the facilities are in the major towns and cities so facilities for those living in rural areas are mostly lacking. A key issue is the lack of sufficient places for children with disabilities in mainstream schools. Whilst there have been some pilots of integrated education this is still not widely available and the alternative of home based education provides only small amounts of contact time. Similarly for Roma children the access to mainstream schools is blocked by discrimination and issues of poverty. The desegregation of Roma schools is slowly taking place but hitting many problems because of resistance by Bulgarians to integration of Roma children. Also this issue needs work in Roma communities to raise the profile of education and gain support from the community for children to enter integrated education.

#### ***4.2 Routes through care for children with a disability in Kazakhstan***

The overall numbers of disabled children in institutional care remains high at 15,282 at the end of 2007 and this represents a rate of 33 per 10,000 children aged under 18. As in Bulgaria a key route for children entering institutions is through the infant homes following children receiving a diagnosis in the maternity hospital. There are several routes through which a child can be referred for services. Once the child is identified as having special needs

they can be referred by parents to the Psycho Medico Pedagogical Commission (PMPC). This commission serves as a gatekeeper for entry to residential boarding schools along with a range of other options and services. The key routes for placement in an institution are through:

- the maternity hospitals;
- from the community through referral and assessment by the PMPC; or
- a direct request by parents for a child to be institutionalised.

There have been substantial improvements in the systems of support for disabled children in recent years in Kazakhstan. This has included:

- Opening a network of rehabilitation and inclusive education offices in many parts of the country to bring children with special needs into the preschool education system
- Pilots of integrated education
- Provision of a range of day care services for specific groups including children with impaired hearing, children with orthopaedic impairment, children with infantile cerebral paralysis including children who cannot speak, speech therapy groups for children with speech problems, and children with a learning disability
- Social Benefits for children with disabilities have been increased
- Inclusive Kindergartens have been established in a number of larger cities

The overall effects of the changes discussed above are patchy with the most effective reforms mainly concentrated in the capital, Almaty and one or two cities which have had pilot projects. There is still a need to aid other areas to catch up as well as for further more comprehensive reform and, in particular, better provision of family support services and further reductions in the number of children attending special boarding schools and internats for disabled children.

The issues of assessment and review when placement is from a maternity hospital have been discussed above. Likewise where parents self-refer to an institution this will be dealt with via the guardianship authority with limited social assessment unless the family are referred to a rehabilitation centre. The PMPCs play a key role and provide a formal diagnosis of disability as well as being able to provide access to a range of medical and educational services. The range of services varies substantially across the country but can include, where available:

- Advice
- Equipment and aids to daily living
- Kindergarten
- Day Centre
- Day Special School
- Home tuition
- Integrated Education
- Medical treatment
- Rehabilitation and Inclusive Education Centres
- Specialised Boarding School

The process of diagnosis can vary significantly. In Astana the process is sensitive to the child's situation and the facilities allow an informal atmosphere; mothers are involved; there is good quality equipment to undertake medical assessments; and the child can play with toys as part of the examination. The staff are aware and influenced by the St Petersburg early intervention project and involve a social pedagogue in the assessment. However this sort of practice seems only to be common in major cities. Elsewhere practice can still be very medically oriented, the facilities are not child friendly and parents said they had limited involvement in the assessment. Some key challenges in the operation of the system can include:

- A medical and educational orientation which means that social problems are left unaddressed and problems such as housing conditions, lack of social and family support are not investigated
- In many cases parents distrust the system and fear that having a diagnosis will lead to their child not being able to attend school or pre-school facilities or will have to go to a boarding school
- In some places the knowledge and skills of PMPC specialists is outdated and staff need retraining
- The facilities and equipment are sometimes poor and unfriendly
- In many places the focus is still on segregation and removal of children rather than integration and home support
- There is limited or poor communication with specialists working with children in the community

There are thus some serious problems in providing support and many children are still referred to boarding schools who could be supported in the community if the appropriate services and education were available. Interestingly the system of residential schools appears to exclude children who have health problems in addition to their disability (including for example children who have fits and even enuresis) and there are also similar problems for many children who have multiple disabilities. Where these children have parents willing to care they receive tuition at home otherwise they will be placed in other institutions. Thus these rules mean that the institutional system does not provide support to those with the most severe problems who are often left to the care of parents and to have the limited educational experience provided by home tuition. At the same time, the report by Zinchenko (2008) notes that in Semei the two boarding schools did not offer day care even where children lived locally.

### ***4.3 Routes through care for children with a disability in Ukraine***

The child protection system for children with a disability depends initially on the identification that a child has special needs. This is likely to occur in one of the following settings: Anti-natal clinic when the decision is about termination; maternity hospital; family outpatient clinic during screening; or pre-school system (Kindergarten etc.). The situation where a child is abandoned is discussed above. In other circumstances, once the child is identified as having special needs they can be referred by parents to the Psycho Medico Pedagogical Commission (PMPC). This commission serves as a gatekeeper for entry to —

residential boarding schools along with a range of other options and services. The key routes for placement in an institution are thus through:

- the maternity hospitals;
- from the community through referral and assessment by the PMPC; or
- a direct request by parents for a child to be institutionalised.

**Box 3 The Experience of support and the PMPC of Families of Deaf Children in Ukraine**

*Specialists differ. Some really wanted to help; they were kind and supportive; they would always first listen to you ... some were just disgusting ... like one meeting of the medical and ... a very complicated title of the committee we had to attend. That was the biggest farce I had ever seen ... It took us about three hours to get to the place ... After we waited for about an hour, and walked in ... and my son just went into the room, and wouldn't say a word. And the specialist said, „How do you feel about your son? Are you satisfied with him?’ and I said, ‘Yes, he is a nice boy, thank you.’ And they said, ‘We have got a written characterization [a record of his achievements and behaviors] from his kindergarten teacher and she's satisfied with him. Come back and see us next year.’ And that's all there was to it. There was also a doctor ... because of her wearing a white overall ... she looked in his ears. But you know, it lasted all of two minutes. They did not ask my son a single question.*

Parent of child with hearing difficulties, Ukraine cited in Kobel 2009 page 100

*We live in a small village more than 200 kilometers from the oblast city ... and there is no place at all to get any information. And you don't know where to get it. Later on [after the hearing test] I tried to collect all the possible information about deafness and deaf children ... but that was another challenge ... it looked like information on deafness and children who are deaf was of no interest to society ... no information at all. A few brochures or books that I found in the library were difficult to understand because they were not written in plain and understandable language. When I asked the teachers in the local school [about possible educational placement] they were only able to say that we had to look for an internat (residential school) for the deaf-and-mute which was located somewhere far from our village. Parent of child with hearing difficulties, Ukraine cited in Kobel 2009 page 102*

*We also had an appointment with the Medical Psychological and Pedagogical Committee which is in charge of the medical, psychological, and educational assessment of children with disabilities. I don't like the people working there. They were so indifferent ... so high-minded ... they won't listen to you. I asked for an explanation of what was going to happen and the response of one specialist was, ‘You will see.’ They briefly examined my son and talked among themselves. They did not explain anything in plain language. It was like, ‘We are professionals and we know what you have to do’. And the most strange about the situation was that their written conclusion about my child was like a final verdict with no right for parents to ask questions ... no place for any doubts about their decision, and no way to appeal.*

Parent of child with hearing difficulties, Ukraine cited in Kobel 2009 pages 98-99.

The PMPCs provide a formal diagnosis of disability and are able to provide access to a range of medical and educational services. The range of services varies substantially across the country but can include, where available:

- Advice
- Equipment and aids to daily living
- Kindergarten
- Day Centre
- Home tuition
- Integrated Education (only where pilots are running)

- Medical treatment
- Children's internat home (4-18 years; youth department - 18-35 years)
- Centre of social rehabilitation of disabled children (2-18 years)
- Mixed-type rehabilitation institution for disabled people and disabled children with mental retardation (disabled children before 18 years)
- Specialised Boarding School

The process of diagnosis can vary significantly but in the main is medical with poor diagnostic techniques mainly inherited from Soviet times. The staff in one or two areas are aware and influenced by Ukraine's Early Intervention Institute but this is the exception. Some key challenges in the operation of the system can include:

- A medical and educational orientation which means that social problems are left unaddressed and problems such as housing conditions, lack of social and family support are not considered
- In many cases parents distrust the system and fear that having a diagnosis will lead to their child not being able to attend school or pre-school facilities or will have to go to a boarding school
- In many places the knowledge and skills of PMPC specialists is outdated and staff need retraining
- The facilities and equipment are often poor and unfriendly
- In most places the focus is still on segregation and removal of children rather than integration and home support
- There is limited or poor communication with specialists working with children in the community

The issues faced by families seeking to care for their disabled children are well documented in a study of deaf children in Ukraine (Kobel 2009). Box 3 provides a telling picture of the typical experience of parents wishing to care for a disabled child. A key issue is the medicalised nature of the PMPC and the lack of use of a social model of disability. The inclusion of a social work perspective in this key commission and training for staff in early intervention and social models of disability would improve gatekeeping for children with a disability.

#### *4.3.1 Services for Children with a disability*

There are day care centres for children with disability in Ukraine. They are mostly for children older than 3 years and have a medical focus only. Similarly day care exists in some government services but there are problems with accessibility. Many services such as speech therapy are mainly provided through institutions and this leads to an increased pressure on children to be placed in an institution.

As in other areas there are some very positive experiences developed by NGO but this experience is not utilised fully. There have been a number of pilots of inclusive education but as noted above this has not been a priority of the ministry of education. There have also been pilots of early intervention building on the model of the Early Intervention Institute in St Petersburg. Another important NGO sector project is Omni-net which aims to:

- Establish birth defects surveillance systems, treatment and prevention programs based on international standards.
- Prevent developmental disabilities related to institutionalizations with emphasis on early interventions.
- Promote creation of parental support groups.
- Promote medical education, training and research through national and international partnerships.
- Establish electronic information resources for dissemination and tele-consultations.

There are thus a number of examples of good programmes and the recent commitments in the National Action Plan to develop education for all disabled children is a good foundation. However there are many services that parents of disabled children find useful that do not exist at a national level. A key issue is transport which enables access to a range of services. Other services include better access to aids for daily living and minor adaptations to homes. Many parents particularly want respite care which allows them to have a rest from the daily care for a disabled child.

Finally, whilst integrated services are important for all children in difficulty the need for integration is greater for those with a disability and joint planning and assessment is crucial in this area.

#### ***4.4 Summary and recommendations on pathways for children with a disability***

Children with a disability experience some of the worst forms of institutional care. Developments are being made and slow progress is found across all three countries. However there is much to be done. Some key issues are given below:

a) Improving prenatal care to reduce incidence of disability

There has been an increase in the number of children born with a disability and this is particularly true in some areas of high deprivation and social exclusion. Work is needed to identify these areas and target health facilities through providing improved access to GPs, clinics and scanning; improving hospital practices; health visiting; and multi agency support to reduce children with preventable syndromes caused, for example, by malnutrition or alcohol consumption.

*Governments need to gather information to identify hospitals and communities with high rates of children born with disabilities and develop targeted strategies to address this.*

b) The need to divert children from entry to infant institutions by improving gatekeeping.

This has been discussed in the sections above. A high proportion of children with a disability are abandoned in maternity hospitals often parents are advised by medical staff to place their child in an institution

- Training and procedures for medical staff to provide practical and emotional support and advice on how best parents can care for their child
- Having social workers available in hospital to provide practical and emotional support as soon as the parents are informed of their child's disability

- Having schemes where a child with a disability can meet with a parent of another child with a disability following diagnosis to talk about issues in caring for a disabled child (a scheme of this sort is currently operating in St Petersburg)
  - Developing early intervention schemes such as those of the Early Intervention Institute that operate in Russia and Ukraine
- c) Whilst there is a growing range of support such as day care for children with a disability, this is not reaching some of the high risk groups for a range of reasons including severe problems with access sometimes because of lack of transport.
- d) A review of disabled children in infant homes is required urgently to develop plans for appropriate services (foster care, small group homes and support for parents) to avoid later placement in institutions or residential special schools.

## **5 Pathways leading to boarding schools**

Boarding and specialised schools dealt with in this section do not include placements accessed via the criminal justice system which are dealt with elsewhere. As discussed earlier the proportion of children in boarding schools is high accounting for two thirds of all the children in institutional care in Kazakhstan (51,059 children being 64.2% of all those in institutions in 2008; Monee 2010: table 8.1) over half in Bulgaria (9155 children being 52.7% in 2007; UNICEF 2009: table 8.1 plus data from ministry of education). The figures for Ukraine are between 28000 and 60000 depending on the data source used. Where the TransMONEE database provides this information, the range is from 15.9% of institutionalised children in Uzbekistan to 73.5% in Kyrgyzstan are in boarding schools. Despite this high level of institutionalisation, the focus of gatekeeping policy and practice in the main has not fallen on these children. One group of children in boarding schools are those with a disability and here there has been some work done in a number of countries on providing alternatives. The report has looked at this group in the section on children with a disability. This section will now consider children in boarding schools who are not there because of disability.

For these children there are a range of reasons for parents agreeing to placement in an institution. For a small proportion of children and a small proportion of the residential schools, placement is because of the high quality specialist educational provision available. In the vast majority of other cases it can be because of poverty or social reasons similar to those for which a child is without parental care and/or because of the lack of availability of suitable education facilities for the child in his or her own community. Boarding schools provide these children with free food and accommodation as well as education though the quality of this usually falls below mainstream education.

The function served by residential education is variable depending on a range of cultural, social and economic issues as well as availability and accessibility of main stream schooling. Often the situation of families of children placed in a boarding school are little different to those which lead to a child entering care due to lack of parental care and there is a real danger of children drifting away from their families or running away and becoming street children. The reasons for placement in the countries covered by this study were not entirely clear as no major studies were provided. The web site of the Kazakh embassy lists the following institutions within the Ministry of Education 48 seasonal boarding schools attended by 15,647 children of nomads or migrant workers; 249 school-attached boarding schools with 8,250 children; and 1 boarding school for 93 children with severe behavioural problems though this does not account for the 52,052 children found in the TransMONEE database (UNICEF 2009). In Bulgaria a major area concerns the high level of use of special schools for children with learning disabilities by Roma children. There are no regularly produced statistics on the ethnicity of children in special education. The State Agency for Child Protection provided figures as of December 2004 which showed that the number of children with Bulgarian ethnic origin in special schools was only 42.5%, and the other 57.5% of students are from ethnic minorities, mostly Roma. Roma families place their children in these institutions for a range of economic and social reasons discussed already. Information in Ukraine was contradictory for example a UNESCO (UNESCO, 2007:8) focussing on

children with a disability stated that over 61,000 children with a disability were in boarding schools in 2005/6:

The Ministry of Education and Science of Ukraine reports that during 2005/2006 academic year 54,1 thousand children with special education needs have been receiving education in 396 special schools (see Table 1). According to the data of the Ministry of Labour and Social Policy in 2004 7716 children with special educational needs lived and studied in 56 boarding schools or internats.

This contrasts with the estimate of 28,000 in the TransMONEE database based on returns from the State Statistics Department. It thus isn't feasible to give any analysis of this issue except that it constitutes at a minimum 18% of institutionalised children and probably much more.

### ***5.1 Gatekeeping entry to boarding schools***

The process for children being placed in a boarding school is administrative and takes place through application to officials in the education department. It focuses on whether the child fits a category that entitles him or her to be placed (for example does the child have a particular level of disability). It does not involve thorough social assessments of the child's needs or the possibility of providing parents with support as an alternative to institutional placement. Nor does it assess the availability and suitability of education in the community where the child lives. This is surprising given the expense of providing education on a residential basis. For example in a study to plan services in Moldova as an alternative to placement in a boarding school it was identified that a number of children from one village were attending boarding school because they could not access mainstream schools because of lack of transport. The cost of providing a minibus was very much lower than the cost of keeping them in the boarding school.

### ***5.2 The use of boarding schools due to poverty and social exclusion***

The reasons for the use of boarding schools is not well documented. Whilst some children attend them specifically as a means to gain education, this is not always the case and many are placed there for social reasons similar to those for placement in other institutions. Children who go to residential schools can also be subject to some of the poor outcomes noted for other institutions. Boarding schools are an expensive and inefficient way to deal with social issues such as poverty and the exclusion of minorities. A clear example of this concerns a grandmother I interviewed in Kazakhstan (see Box 1). As can be seen the placement in the institution did not meet either the needs of the children or those of the grandmother and was an extremely expensive intervention. Similarly in Bulgaria much of the use of boarding schools is because of the social exclusion of the Roma minority who place their children in these schools for the range of social and economic reasons already discussed.

**Box 4 Example of Boarding School used for poverty**

A grandmother I interviewed had been left to care for two grandsons aged 8 and 9 with no support. She told me she could not afford to keep the children as she didn't have enough money to feed them or to pay for books and other fees involved in keeping a child in mainstream education. She had been helped to apply for places in a boarding school for them by a social work centre. Whilst she was grateful for the help she had received to get them into the institution she was very sad and worried because she was unable to visit these two young boys because of the cost of travel. The cost of looking after these two boys in the institution is likely to be over a thousand dollars a month (the average cost of a child in an institution in 2008 was \$537 per month) yet these boys could have been maintained with their grandmother at a fraction of this cost; for example this is a family that might have benefited from a small guardianship allowance.

**5.3 Summary and recommendations on gatekeeping boarding schools**

There are high proportions of the children in institutions across the CEE/CIS who are in general boarding schools. The lack of focus of gatekeeping on the use of boarding schools means that less is known about who uses boarding schools and the needs they meet. In particular the extent to which these institutions are being used inappropriately for social purposes such as that outlined in the example above needs to be explored. There are a range of alternatives to these expensive and ineffective institutions. This includes the strengthening access to mainstream education, providing education in isolated areas using the Internet and new technologies, inclusive education for children with a disability and so on. However the need for these new approaches is hidden from policy makers by the uncritical use of an expensive and, in for many children, ineffective use of institutional care.

*There is a need for information gathering and strategic planning with regard to the issues that lead to the use of residential education. The aim would be to consider the possibility of other approaches to the underlying problems such as limited access to education or social and economic pressures that lead to residential placement. These issues will differ in different localities and communities. Government could develop a process for assessing the reasons children are placed in and a framework for targeted responses that would reduce the unnecessary use of these expensive resources.*

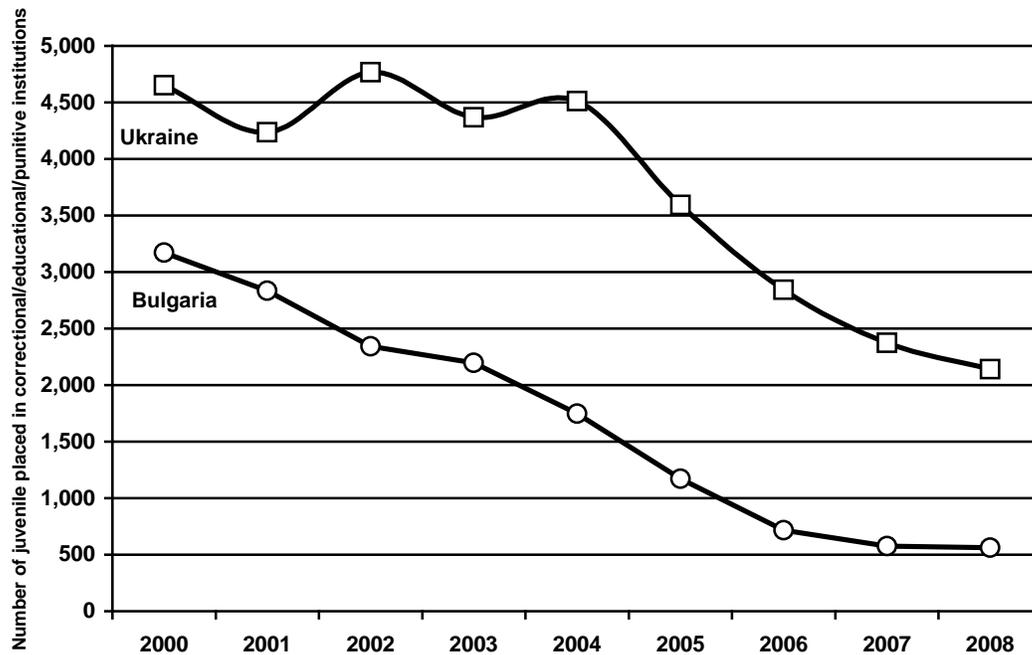
## 6 Pathways for children in conflict with the law

This report will not detail the criminal careers of children and young people as they have been well considered by O'Donnell (O'Donnell 2009) who undertook detailed studies in Ukraine and Kazakhstan. Bulgaria, in the assessment possible in the time available for this study, appeared to have many of the same features as those found in the fuller study of five countries. In all three countries there are effectively two juvenile criminal justice systems one for those over the age of criminal responsibility and the other for those below it. Diversion is starting (Bulgaria is just starting to implement probation for young offenders but without an established probation service), and specialisation of courts occurs is starting to be available in pilot projects.

*A key finding is that the numbers in correctional facilities fell in recent years (Figure 6) in all three countries which contrasts positively with many western countries.*

The report will now look at some key issues with regard to gatekeeping.

**Figure 6** Number of juvenile placed in correctional/educational/punitive institutions, at the end of the year<sup>4</sup>



Source: UNICEF 2009: table 9.3

<sup>4</sup> No figures are available from this source for Kazakhstan though O'Donnell notes a decrease there from 1668 in 2000 to 751 in 2006. There appears to have been a change in the basis of reporting to UNICEF in 2000 when figures in many countries suddenly doubled. This is probably due to the reporting of populations of young people in other penal establishments.

<b>Box 5 Strengths and Weaknesses of Juvenile Justice System for those Aged 14 and Over</b>	
<i>A process of allocation of services that is based on an assessment of the child and family's needs.</i>	
<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• Social Inquiry Reporting is being introduced</li> </ul>	<ul style="list-style-type: none"> <li>• The system is effectively one for adults</li> <li>• There is limited availability of probation and no requirement for a report prior to sentence to a penal measure</li> <li>• Lack of specialisation for judges</li> <li>• Lack of separate courts for young people</li> <li>• Limited ability to provide information on social circumstances</li> </ul>
<i>Agency to support decision making</i>	
<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• Development of probation service</li> </ul>	<ul style="list-style-type: none"> <li>• Probation is still developing and run by militia</li> </ul>
<i>Range of services</i>	
<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• Development of probation orders</li> <li>• Some community based services</li> </ul>	<ul style="list-style-type: none"> <li>• No pre-court diversion</li> <li>• Limited community based services (e.g. community service is limited)</li> </ul>
<i>Information Systems</i>	
<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• Some national data is available</li> </ul>	<ul style="list-style-type: none"> <li>• Little available information for planning and monitoring</li> </ul>

### **6.1 Children over the age of criminal responsibility**

For those over the age of criminal responsibility decision making is carried out through the use of the adult criminal justice system with some limits on the maximum sentence and the possibility of using special boarding schools as an alternative to prison sentences. The age of criminal responsibility varies a little, in Kazakhstan and Ukraine it is 16 but the legislation in both countries means that 14 and 15 year-olds can be dealt with through the criminal law if they have committed offences which include murder or rape but which extend to theft and vandalism. In Bulgaria the age of criminal responsibility is 14, so effectively all three countries have an age of criminal responsibility of 14. Although there are limitations on the maximum sentences there is no separate juvenile justice system for those over the age of criminal responsibility. Box 5 gives an overview of strengths and weaknesses of the criminal justice system for children over the age of criminal responsibility.

Thus the use of the lower age of 14 is an important issue. In Kazakhstan and Ukraine there is an intention to limit this to those committing serious crimes however the list of crimes to be included allows very minor crimes of theft to be included.

*A change of policy through strengthening these criteria for 14 and 15 year olds and introducing similar criteria in Bulgaria would ensure the intention of policy to limit the use of the adult criminal justice system serious offences is achieved.*

There are patchy but positive developments in all three countries including, variously, pilots of special juvenile courts, the development of a probation service, some community based services as an alternative to custodial sentencing and the development or trialling of some form of probation service.

*The areas of diversion from court; the provision of reports covering the child's circumstances and able to inform the court's ability to act in the child's best interests; and the development of a range of support services in the community needs further development and mainstreaming.*

## **6.2 Commissions for Minors and children under the age of criminal responsibility**

In all three countries there is a process of considering a range of 'offences' using a local commission often called a Commission for Minors. These commissions are serviced by police or militia though often they are a special branch of the service. Where children have done something that would be an offence if committed by an adult or anti-social act (variously defined including many status offences and in Bulgaria this definition goes well beyond crimes to include a wide range of behaviour) they can be referred to a court to be sentenced to some form of correctional boarding school or 'sentenced' by the Commission for Minors to other sanctions which can include short placements in juvenile remand facilities, fines and apologies. The lower age at which this can be done varies: 8 in Bulgaria; 10 in Ukraine; and 11 in Kazakhstan. The commissions do not always provide the safeguards needed for a quasi-judicial body. For example, in one interview with a secretary of a commission I was told how he used placements in a remand facility as a deterrent for children at risk of offending. Box 6 summarises issues in this system and suggests a range of possible responses.

It is necessary that commissions should be independent and impartial, and proceedings should respect basic standards of fairness, including adequate investigation of the facts and circumstances of the child's conduct as well as respect for the right to be heard. This implies the need to offer the child competent advice about the proceeding and provide any necessary assistance in making his/her views heard. Also the commission needs proper information to determine what outcome is in the best interests of the child. These safeguards are not uniformly in place. Whilst commissions consider reports these are usually provided by staff, often police officers who have been involved in investigating the 'offence', who are not trained in assessing the best interests of children. There is a growing involvement of the developing social work agencies in this field: in Bulgaria child protection departments are sometimes involved in the commission and in some cases in assessment; and in Ukraine there is involvement of the centres for social services. However, the role of these agencies should be developed and made central to the process.

*Governments should review the powers and procedures of commissions dealing with children below the age of criminal responsibility to ensure the safeguards mentioned above are effectively applied. Government should in particular ensure that Commissions receive reports concerning the best interests of the child from a properly trained individual, preferably not a police officer.*

<b>Box 6 Strengths and Weaknesses of Juvenile Justice System for those Aged 8 to 14</b>	
<i>A process of allocation of services that is based on an assessment of the child and family's needs.</i>	
<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• Separate from adult criminal justice system</li> <li>• Requirement for court to make order for placement in correctional school</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment is often undertaken by militia or others without qualifications for work with children and families</li> <li>• The basis for consideration is the commission of an anti-social act and the definition of this can cover far too wide a range of behaviour</li> <li>• Few procedural protections (e.g. limited process of representation, issues re appeals etc.)</li> </ul>
<i>Agency to support decision making</i>	
<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• Increasing involvement of social workers or child protection departments</li> </ul>	<ul style="list-style-type: none"> <li>• Militia central to process and not trusted by children and families</li> <li>• Social work involvement is discretionary</li> </ul>
<i>Range of services</i>	
<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• Some interesting initiatives e.g. Stara Zagora's use of children's parliament</li> <li>• Powers to involve a range of agencies in supporting a child</li> </ul>	<ul style="list-style-type: none"> <li>• No pre-hearing diversion</li> <li>• Limited community based services</li> <li>• Punitive orientation</li> </ul>
<i>Information Systems</i>	
<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"> <li>• National information available</li> </ul>	<ul style="list-style-type: none"> <li>• Little local information available</li> <li>• No use of information in planning or monitoring</li> </ul>

## 7 Organisations responsible for case management

### 7.1 *Case management in Bulgaria*

A key strength of the Bulgarian system is the reform it has undertaken to develop a legal and organisational framework for child protection. This legal and procedural framework is one of the most advanced of the countries that inherited a soviet child care system. A key element of this is the Child Protection Act (CPA) which was passed in May 2000. There have been many further developments and refinements since then. The CPA and its regulations have been amended a number of times most recently in 2009. This legislation gives it the duty to cover children at risk who are defined as: a) orphans and children without parental care; b) victims of abuse, violence, exploitation or any other inhuman or degrading treatment or punishment either in or out of his or her family; c) for whom there is a danger of causing damage to his or her physical, mental, moral, intellectual and social development; or d) those with mental or physical disabilities and difficult to treat illnesses.

Also there have been a number of developments in the organisation of child protection services. The CPA lays out responsibility to provide a range of support outlined in Article 4 which allows the provision of a very wide range of services. To implement the act child protection departments (CPDs) were established in the municipal social assistance departments which already had responsibility for social work. The CPDs have now been established in every municipality. In 2007 there were 811 social workers in CPDs nationwide. Social workers in them have the key role of carrying out assessments of children at risk; designing plans for the children; reviewing plans including the plans for children in institutions as well as coordinating the services provided to children at risk and children in institutions. They often provide the only services available to support families and thereby prevent institutionalisation. They also have the key role of supporting rehabilitation. They have other wider responsibilities and this means that their case loads in many municipalities are high.

However, there is still a long way to go in the provision of community based services to realise the ambitions of the CPA. As is discussed in the detailed sections in the country report, the key problem is the lack of a comprehensive range of community services, including the lack of effective prevention, and the lack of resources of the Child Protection Departments (CPDs). Although World Bank funding helped to establish services in 10 pilot areas the range of services available across most of the country is very limited and in many cases key services are unavailable. CPDs operate at the level of municipalities and few municipalities have a range of locally available community based services. The range of services registered and number of places available on 9<sup>th</sup> January 2009 are shown in Table 7 and Appendix 5 of the country report has an extract from Harizanova (2007) which explains in more detail the nature of these services. It will be seen from Table 7 that many of these services are residential or have residential elements. The key resource for supporting children and families that the CPDs have besides their own social workers are day care for disabled children, the community support centres and the centres for work with street children. The CPDs are often the main service provider and can directly provide counselling and advice

and also provide financial support in the form of either one off payments or a monthly allowance.

**Table 7** Community based services January 2009

Type	Residential element	Number	Places
Day-Care Centres for Children and Young People with Disabilities		57	1,737
Shelters for Homeless Children	Yes	5	89
Mother and Baby Units	Yes	9	71
Community Support Centres		28	1492
Centres for Work with Street Children		9	153
Crisis Centres	Yes	6	59
Family Type Placement Centres	Yes	6	83
Temporary Placement Centres	Yes	15	751
Social Vocational Education and Training Centres	Yes	9	895 <sup>5</sup>

Whilst the CPA covers children without parental care and some of those with a disability a second set of bodies deals with children under the Juvenile Delinquency Act. The Juvenile Delinquency Act establishes two bodies for dealing with those in conflict with the law. The Commission for combating anti-social acts of minors (hereafter Commission) is the main decision making body for children aged under 14 who are in conflict with the law. The Commission is a body at the municipal level and is chaired by the deputy mayor with 7 to 15 members. This includes representatives of education, health, social services and police along with psychologists, lawyers, physicians and public figures. A member of the prosecution service is in attendance.

The second body is the Juvenile Pedagogical Office (sometimes translated as child pedagogic room). This is managed by inspectors from the Ministry of Interior Affairs although the manager should have a degree in pedagogy. This body performs the following range of functions relating to both minors who have committed crimes and antisocial acts as well those who have been subject to maltreatment or have been left uncontrolled. This remit means that there is a substantial overlap with the CPA and in many cases children subject to abuse are dealt with by these essentially punitive bodies. The inspectors bring children before the commission, refer on to other agencies to take action and refer children to prosecutors. A wide range of behaviour can be subject to the Commission's decision making (see Bulgaria country report for statistics). It can make a range of correctional measures from warnings and apologies, through supervision to referral to a court with recommendation to place a child in one of the two types of correctional boarding schools where a child can remain for up to three years. The child protection department is now involved in the commission and sometimes reports on children.

## **7.2 Organisations providing case management in Kazakhstan**

Kazakhstan is in the process of a major reform of its system of social services following the recent enactment of the Law on Specialised Social Services. This new law provides a basis

<sup>5</sup> This number includes adults as the age range is from 14 to 35 years

for key reforms and the success of its application could lead to significant improvements in children's rights. Such a reform is urgently needed to given Kazakhstan's high use of institutional care. So far Kazakhstan has established the profession of social work a number of social work training courses in universities and there are a small number of social work pilot projects usually located in major cities. These projects, however, do not have a legal remit to be involved in the process of taking children into formal care. The key agencies for this are the guardianship authority and a commission of minors and police inspectors similar to that described for Bulgaria and will therefore not be described in this section.

The guardianship authority is central to decision making in cases of children without parental care being responsible for placement of those who enter state care. It is responsible for a wide range of duties. Where it is notified of a child without parental care within three days it has to conduct an investigation of the child's living conditions. If a child's parents' whereabouts are unknown it has to try to locate them and, for children without parental care, it has the responsibility to attempt to locate family members willing to care for the child and then investigate their living conditions. Where there is a direct threat to the life or health of a child, the guardianship authorities have the right to remove the child immediately from his or her parents or guardians.

For children who are placed in guardianship the guardianship authority has an ongoing responsibility to check the quality of care at least twice per year. It also has to vet foster parents. It takes cases to court and deals with a range of wider issues such as property rights of children in guardianship. Given that there are 46,126 children nationally subject to guardianship and almost 10,000 children deprived of parental care a year this amounts to a substantial caseload. In many cases of children without parental care, particularly those abandoned in hospitals, the guardianship authority is the only body to carry out an assessment. This assessment is more concerned with gathering evidence for courts rather than assessing the needs of children and families. Whilst guardian authority staff did talk of referring families to a psychologist or a psychiatrist in cases where there was conflict, the impression gained was that there was no consistent informed assessment of children's and parents' needs in these cases. There are no family support services except in one or two areas where there is a pilot project of social work.

### ***7.3 Organisations providing case management in Ukraine***

There has been a considerable amount of work done in Ukraine in recent years aimed at trying to reduce the number of children in institutional care and to introduce a system of alternatives. The initial programme of work initiated by the Ukraine Social Investment Fund using a World Bank loan in the early part of this decade has been followed by a range of recent very positive reforms which have taken place since the Orange Revolution. Much of the recent policy reform has focussed on providing family type placements and establishing a system of social services for children and families. There is a strong policy commitment to reform in recent years resulting in a range of initiatives and a growing legislative base which includes a comprehensive framework for case management in those cases of children without parental care. This reform has led to the establishment of two case management agencies both under the auspices of the Ministry of Youth and Sport. These are the Centres for Social Services for Family Children and Youth (CSS) which fall under the State Social

Service and the Services for Children. These two agencies have overlapping duties in a range of areas and are often based in the same municipal offices.

The model of family support by social workers from CSSs was initially piloted by EveryChild Ukraine. There are now 778 CSSs across the country. Social workers of the CSSs have received training in how to make assessments, develop care or intervention plans and undertake case reviews. Social workers should also be able to link families with other resources to meet their needs. However the training is not properly established across the system of state social services. As a result there is a wide variation in the skills and capacity of social workers across the country.

The centres for social services have a responsibility for providing support for children in difficult life circumstances and their families – a widely defined concept. They also:

- provide social work in boarding facilities and schools of social rehabilitation with orphaned children and children without parental care to ensure their social and psychological adaptation and to prepare them for independent life;
- have a role in providing services for children who are victims of violence and neglect;
- are involved in providing counselling to prevent abandonment of newborns by their mothers; work with HIV infected children (a major issue in Ukraine which has one of the highest rates in the ECA region)
- work with children and young people sentenced to non-custodial measures or released on probation or on conditional early release as well as with juveniles and youth serving their custodial sentences or being released from custody
- case management work with foster families, family type children's homes (large foster families who are provided with housing and other benefits to care for several foster children), guardians and post adoption support

The Services for Children has a wide and sometimes overlapping role with that of CSSs. It is responsible for protection of children's rights rather than social support for children and families which is the remit of social service. In particular it is involved in children in the following situations:

- children without parental care in institutions;
- identifying and registering homeless children often through raids with criminal police;
- prevention and identification of cases of abuse and violence against children;
- referrals of homeless children or families with children to shelters
- maintenance of the data base of children in difficult life conditions
- living conditions and education of fostered children including those in children's homes of family type
- management of individual social protection cases of orphaned children, children deprived of parental care and homeless children at the local level

A key role played by Services for Children is with regard to the Commission on Protection of the Rights of the Child.

Both CSSs and Services for Children are widely distributed covering all municipalities with CSSs also having centres in smaller townships and villages. According to official information

from State Social Services the following services for family with children are available within the network of CSSs across the country:

- Social prevention services (224).
- Consultative services/points in maternity and baby homes and women's prenatal consultations (734).
- Students social services (140).
- Mobile consultative services (517).
- Hotlines (82).
- Information and resource centres (158).
- School for volunteers (520)<sup>6</sup>

#### **7.4 Overview on Case management agencies**

Bulgaria and Ukraine have both developed case management agencies which have gatekeeping as a key function and covering the whole of the country. This demonstrates the speed with which such a system can be developed.

#### **7.5 Social worker's salaries, workload and professional status**

A key issue in all the countries was the low status of social work staff in government agencies. They were paid on the minimum wage and had high workloads. Government agencies required large amounts of paperwork to the extent that this predominated over time spent with children and families. Some of this was also because once agencies were established new responsibilities have been heaped on them by government. In a study of social work in 20 countries in Europe and Eurasia for USAID Rutgers University Center for International Social Work (2008 : xii) also say:

“One of the most consistent and pervasive issues that emerged in the course of drafting this report was low salaries for social workers and difficult working conditions (large caseloads, excessive paper work, and limited resources for clients).”

A key issue is having a legislative framework that clearly defines the nature and extent of social work. Whilst it is very positive that so many uses of social work are envisaged in countries like Ukraine and Bulgaria, if sufficient resources are not available the result can be failure to meet any of the aims and objectives. Similarly much of the overload of paperwork is due to a desire to control and monitor social work activities. The responsibility for control and monitoring needs to be delegated to team leaders who have oversight of the work of their teams. Paperwork should be minimised.

*Government should undertake a review of the remit of social work agencies and prioritise those that are most important. It should also develop information systems so that it can concentrate resources on areas of highest*

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<sup>6</sup> All figures as for 01.10.2009

*need. There is a need to review and minimise paperwork and increase the capacity of social work supervisors to monitor the quality and efficiency of work.*

*At a regional level UNICEF or INGOs could usefully develop a resource of example legislation and focussed job descriptions for social workers and managers undertaking gatekeeping.*

## **7.6 Strengthening Capacity of Social Work Agencies**

In Ukraine and Bulgaria the policy has led to the development of a national network of social work agencies. The general approach taken to reform has in the main been centrally led. This has achieved some good overall success in developing policy and legislation and establishing a national framework of social work agencies. There has also been a start to decentralisation seen in handing control of institutions to municipalities although this is limited because budgets are provided on an input basis (i.e. based on the size and type of the institution) which provides no flexibility in how these funds can be used to support children and their families. The same is true of funds for community based services.

There is a problem with such an overly centralised system in that it cannot respond to local circumstances. This can lead to a ‘one size fits all’ approach. An example of this can be seen in the initial development of services under the World Bank loan in Bulgaria where the same set of services was implemented in all 10 sites regardless of local circumstances. For example a residential mother and baby unit was set up in Russe even though research in the local infant home indicated that there were very few young single mothers abandoning their first child and the problem was typically one of older mothers with 4 or more children abandoning their new infant (Bilson and Markova 2007).

A key priority is to continue to strengthen this decentralization and create a better balance between central and local control of strategies. For example it would be useful to change the budgeting process so that there is more flexibility in the local control over how money for child protection is spent on services and what the local range of services should be. Such an approach would need to be accompanied at the national level by targeted allocation of budgets, ensuring they are allocated to those areas with the greatest need because of high levels of child institutionalisation, as well as monitoring the effectiveness of how budgets are spent.

A list of 6 key issues that need to be overcome to strengthen local service provision and strategies are listed in Box 7 with a number of possible strategies that might be used together or as alternatives to resolve them.

**Box 7 Key Issues to strengthen local service provision and strategy development**

1. The lack of full availability of a range of services across the country  
*Possible Strategies*
  - a) Strategically target service development on areas with highest levels of institutionalization (see Bilson and Harwin, 2003, tool 12);
  - b) Develop local commissioning<sup>7</sup> such as that undertaken for the ARK needs assessment (ARK 2009);
  - c) Develop task forces to work to assess need and develop services in identified geographical areas of high need
2. Need to strengthen social work  
*Possible Strategies*
  - a) Monitor the outcomes of social work and reward those performing well and provide support for those under-performing;
  - b) Reduce the amount of bureaucracy;
  - c) Reduce the duties of social work and focus more on work with risk groups;
  - d) Increase resources for social work;
  - e) Increase pay for social work staff and require higher levels of qualification through licensing
3. Some Municipalities are very small and this leads to small social work departments and a limited ability to carry out the role of developing comprehensive services as they would not be able to develop the expertise or knowledge necessary  
*Possible Strategies*
  - a) Develop consortia of small Municipalities to provide services including social work teams teams;
  - b) Have an agency that commissions services for a group of small municipalities (see Fox and Gotestam, 2003 p. 17);
  - c) Undertake commissioning and provision of social work at oblast level in these areas
4. There is a lack of locally available information to plan for services, create strategies or monitor the effectiveness of gatekeeping  
*Possible Strategies*
  - a) develop information systems (see Bilson and Harwin, 2003, tools 7 and 12)
  - b) Carry out local needs assessments involving service users (see Bilson and Markova 2007)
5. Problems that lead to children being institutionalised fall across the responsibility of a wide range of agencies especially health, education, housing, social assistance in addition to the child protection departments.  
*Possible Strategies*
  - a) Create local multi-disciplinary structures using local regulations or national legislation (for an example see the integrated services developed in Kyiv Oblast in Ukraine, EveryChild, 2007)
  - b) Develop a mechanism for joint commissioning<sup>8</sup> at the local level (see Bilson and Harwin, 2003, tool 14);
  - c) Develop pooled budgets or joint financing (for guidance see Department for Communities and Local Government, 2010);
6. The Social work agency has responsibility for assessing children but no responsibility for the cost of service provision which falls to the municipality using central funds allocated on an input basis  
*Possible Strategies*
  - a) Give social work agencies budgets currently given to municipalities to purchase services from municipalities
  - b) Develop pooled budgets between the social work departments and their municipality

<sup>7</sup> Commissioning is the strategic activity of assessing needs, resources, and current services, and developing a strategy to make best use of available resources to meet identified needs.

<sup>8</sup> Joint commissioning is the process in which two or more commissioning agents act together to co-ordinate their commissioning, taking joint responsibility for the translation of strategy into action. For UK guidance see Department for Communities and Local Government 2010

### ***7.7 Improving the quality of social work***

It is important to have mechanisms to improve the quality for social work. This includes a range of options including standards, guidance and processes of staff development through, for example, supervision and staff training. Good supervision requires expertise and skill that takes time and training to develop but is an excellent long term investment. It is not surprising that in a new service much of the focus has been on minimum standards but now that in some countries social work is becoming established it is timely to consider a wider approach..

Bulgaria has developed some standards for social work and a mechanism to monitor them. In interviews with child protection workers there was recognition that it was necessary to have clear statements of what is expected of them in their work. However standards can add to the burden of paperwork if monitoring is heavy handed. There is a danger of making the achievement of the standard more important than doing good quality work. For example there is a standard for the time within which an assessment should be undertaken. However in practice it is not always possible to gather all the necessary information within tight timescales and in some complicated cases assessment is an ongoing and slow process but the performance of the team is measured on the achievement of the timescale regardless of the quality of the assessment.

Another issue with a minimum standards approach is that the focus is on the minimum that must be done and targets tend to be simple in order to be measurable. In Bulgaria the *For Our Children* foundation has a project which is developing standards on a different basis. It is gathering descriptions (stories) of good practice in order to develop standards of excellence that include ideas of how best practice can be achieved. It is hoped that this approach to standards will provide principles of good practice alongside descriptions and examples of how it might be achieved. Such an approach is not a replacement for ensuring practice does not fall below a minimum level but provides a different positive image of what social work might achieve and examples from people's practice that stimulate ideas about how it might be achieved.

*Government should ensure that quality control includes staff development through supervision and staff training and that standards include principles and examples of good practice.*

## **8 Benchmarks for the Development of Gatekeeping**

In order to consider developments in case management and gatekeeping the report will use benchmarks developed from a study of reports by NGOs and IGOs which discuss gatekeeping and case management relevant to the CEE/CIS (this review is included as appendix 1 of this report). These benchmarks are intended to capture a measure of progress made in key areas of gatekeeping. This report uses these benchmarks to give an indication of the overall progress of the three countries covered by this study. O'Donnell (2009) uses a similar approach in his review of juvenile justice systems whilst Davis (2005), in an excellent review for USAID, outlines a similar set of indicators for examples of social services development (see appendix 1: Table 8 page 81).

In this section benchmarks will cover developments in 5 areas relevant to the aims of this study. These are: assessment and review; range of services; organisational framework for supporting case management; information systems and the policy and legal framework. The benchmarks cover key issues within each of these headings. Countries are rated on their achievements based on the information I gathered during this mission. They operate on a three point scale where C indicates that much remains to be done; B shows that important steps have been taken and reforms undertaken or piloted; and A shows where substantial progress has been made, though this does not mean that there is no more to be achieved. For each of the benchmarks the criteria used to determine the state of development that best describes the current situation are shown in the first table followed by application of the benchmarks in each of the three countries covered in this review.

In the following sections a brief section provides an introduction to the nature of the particular benchmarks. And this is followed by the four tables described above.

The focus of this application of the benchmarks will be child protection and it will not cover systems for children in conflict with the law. It should be understood that the aim of this use of the tool is to identify achievements as well as to generate reflection on areas where further work can be directed. It also provides an indication of important issues in the development of each area covered by the benchmarks.

### **8.1 *Benchmarks for a process of decisions based on assessment and review***

The benchmarks for this issue are as follows:

- Assessment is integral to the gatekeeping process:  
This focuses on how much assessment is part of the decision making process
  
- Review of children in formal care:  
This focuses on the extent to which children in formal care have their situations assessed. It covers whether reviews are regular and whether plans are created and action is taken.
  
- Quality of assessments and reviews:  
This considers the quality of the assessments and reviews. It suggests the need for a move from problem focused assessments to strength based approaches.
  
- Independent decision making with a single entry point:  
This covers the need for independent decision making bodies, such as courts and whether all children are covered by these arrangements
  
- Referral systems and identification of risk groups:  
This considers the need to ensure that there is a process to ensure that children in key risk groups are assessed.

For details of the benchmarks see Box 8 to Box 11 below.

*Benchmarks for a process of decisions based on assessment and review*

<b>Box 8 Benchmarks for a process of allocation of services that is based on an assessment and review of the child and family's needs.</b>			
<b>Benchmark</b>	<b>C</b>	<b>B</b>	<b>A</b>
Assessment is integral to the gatekeeping process	Assessment is mainly administrative fitting a child to a particular category without assessing needs	Assessment is required by law but there are few trained staff to undertake it and plans are rarely updated	The situation and needs of children and families are thoroughly assessed by trained staff and plans are regularly reviewed and updated. Where a child has complex problems a process for multidisciplinary assessment is available
Review of children in formal care	There is no review of the situation of the child's family or of the child's needs	Review is recognised by law but is not a regular feature of practice. Children's plans, where they exist, are unchanging and often no work is carried out to implement them	Each child has a plan which is regularly reviewed and work is undertaken to achieve planned outcomes
Quality of assessments and reviews	Assessments are mainly administrative providing 'facts' relevant to criteria for removal of parental rights such as alcoholism or imprisonment of parents. There are few reviews undertaken	Assessments cover some social aspects of child and family life but mainly focus on weaknesses and occasionally provide constructive plans for future action. There are few multidisciplinary assessments	Assessments are comprehensive and strengths based. Where children have complex needs multi-disciplinary assessment is carried out. Assessments provide constructive plans for future actions
Independent decision making with a single entry point	Decision making is made by directors of institutions, different ministries and guardianship authorities	A single body such as a court makes the formal decision to place the child without parental care but there is no specialisation or training and little questioning of administrative recommendations. Children enter institutions on a voluntary basis without formal assessment	Specialist tribunals or family courts make decisions to remove children from home against parental consent and a social work agency (or similar) undertakes assessment of children whose families seek voluntary admission
Referral systems and identification of risk groups	Referral systems are administrative requiring considerable paperwork	Referral systems are passive waiting for referrals and responding to crises	Risk groups are well defined. Referral systems are active with workers available in local communities. Hard to reach groups are identified and strategies for early involvement are developed.

*Benchmarks for a process of decisions based on assessment and review*

<b>Box 9 BULGARIA - A process of allocation of services that is based on an assessment of the child and family's needs.</b>			
<b>Benchmark</b>	<b>C</b>	<b>B</b>	<b>A</b>
Assessment is integral to the gatekeeping process	Children entering boarding schools on parental application receive no assessment of their needs		Child protection departments undertake assessments of all children before entry to care under child protection act. There have been a range of training events. The quality of assessments is still variable
Review of children in formal care			Reviews of children in care have been undertaken in most cases and are required by legislation.
Quality of assessments and reviews		Assessments mainly focus on problems and often do not outline relevant programmes to resolve them. According to UNICEF research review recommendations are often unrealistic and follow up work is not done in many cases	
Independent decision making with a single entry point		The Child Protection Act requires a judicial order for a child to be placed in an institution. There are no specialist judges or courts and administrative decisions are rarely challenged. Orders are permanent (they can only be rescinded on application) and no requirement is made to review decisions in court.	
Referral systems and identification of risk groups		Procedures have been implemented to identify women at risk of abandoning babies in hospital and for referrals to be made to child protection departments. Most referrals are passive waiting for crises to occur.	Pilot projects are attempting to develop early identification of families at risk by working in local Roma communities

*Benchmarks for a process of decisions based on assessment and review*

<b>Box 10 Kazakhstan - A process of allocation of services that is based on an assessment of the child and family's needs.</b>			
<b>Benchmark</b>	<b>C</b>	<b>B</b>	<b>A</b>
Assessment is integral to the gatekeeping process	Assessment is administrative and undertaken by Guardianship Authority though staff numbers have been increased recently. The very high number of children entering boarding schools on parental application receive no assessment of their needs		
Review of children in formal care	There is no formal process of review	The pilot on deinstitutionalisation has developed a framework for reviewing individual cases	
Quality of assessments and reviews	Assessments are still mainly administrative and do not address the needs of the child		
Independent decision making with a single entry point	Decisions on placement are made by the guardianship authority although a court order is required for removal of parental rights.		
Referral systems and identification of risk groups	Referral systems are administrative. For example someone wishing to apply for guardianship needs to gather formal letters from several different departments	A system of 'social portraits' of children felt to be at risk is held by school inspectors and schools. These have brief biographical information but do not represent a thorough assessment	

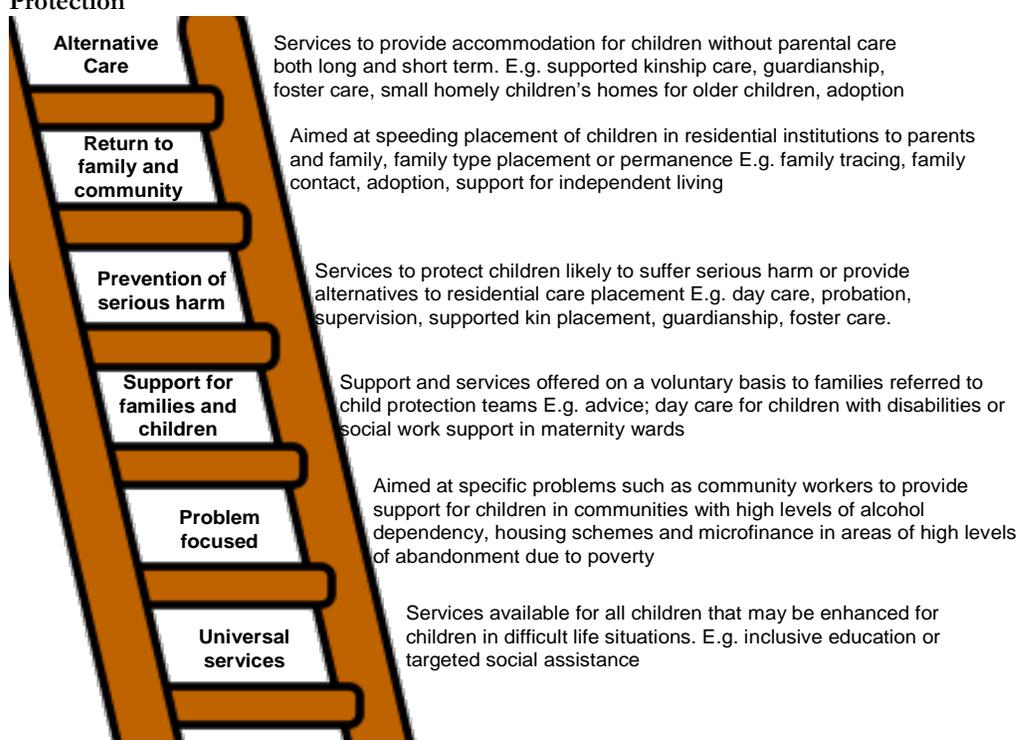
*Benchmarks for a process of decisions based on assessment and review*

<b>Box 11 Ukraine - A process of allocation of services that is based on an assessment of the child and family's needs.</b>			
<b>Benchmark</b>	<b>C</b>	<b>B</b>	<b>A</b>
Assessment is integral to the gatekeeping process	Children entering boarding schools on parental application receive no assessment of their needs	Children's service departments undertake assessments of children left without parental care but these still tend to be administrative in nature. Pilot projects have developed comprehensive assessment protocols and multidisciplinary assessment. An assessment tool is being developed for national use	
Review of children in formal care	Children's cases are not regularly reviewed and legal orders such as removal of parental rights are effectively permanent requirements for placement in institutions, guardianship or foster care	Pilot projects on gatekeeping have undertaken reviews and carried out plans for rehabilitation and materials are available on this.	
Quality of assessments and reviews		The quality of assessments is variable with some pockets of good practice	Multi-disciplinary assessments are undertaken using a common assessment framework within Kyiv Oblast
Independent decision making with a single entry point	Decisions on placement are made by the guardianship authority although a court order is required for removal of parental rights.	Pilot projects have strengthened the process of decision making in	
Referral systems and identification of risk groups		Referral systems are mainly passive responding to requests for services or referrals of families in crisis	There are village social workers who identify and work with children and families at risk

## 8.2 Benchmarks for a range of community based services

We have seen earlier that a key problem in developing approaches to keeping children out of institutions through effective case management is the requirement for an adequate range of services. Whilst much can be done by individual social workers, the complex range of problems that lead to institutionalisation will require many other types of support. The range of services considered in these benchmarks are those which form a comprehensive strategy of diversion and gatekeeping aimed at providing support to prevent the abandonment of children (See Bilson, 2009b; Bilson and Harwin, 2003). Such a comprehensive strategy involves different levels of activity represented as rungs on the ladder diagram below.

**Figure 7: Ladder of Services in a Comprehensive Strategy of Diversion and Gatekeeping in Child Protection**



Prevention is carried out through strengthening and targeting universal services. Another approach is providing problem focused services targeted on specific problems associated with the entry of children to care in particular neighbourhoods and communities. This might focus on issues such as poor housing and adult alcoholism in communities where there are high rates of children entering because of these problems. For individual children referred into the child protection system support might be offered on a voluntary basis or the problems faced may need to prevent serious harm and may have to be provided on a statutory basis. Finally if the child enters the care system then there is a requirement for help to return the child from care or to find alternative care placements in a family setting.

The benchmarks now look at each of these 6 areas of practice in turn.

*Benchmarks for a range of community based services*

<b>Box 12 A range of community based services to support families and children in difficulty.</b>			
	C	B	A
Universal Services	Little targeting of universal services (education, social assistance, health etc.) and they often do not reach children in need	Some targeted services and access to generic services such as education and health for some excluded groups	Targeted services aimed to support specific groups in need and good access and levels of generic services
Problem Focussed	No services aimed at specific problems leading to institutionalisation in local communities	Some pilot projects aimed at specific problems leading to institutionalisation in local communities	Comprehensive assessment of problems that lead to institutionalisation and specific services provided
Support for children and families	Few community based services mostly provided by NGOs with no government financing and support	Pilot projects providing a small range of services in local areas	Wide range of services based on assessment of local needs provided in all parts of the country
Prevention of entry to care or serious harm	No specific community services as alternatives to care and those harmed or at risk of harm are institutionalised	Services to protect children likely to suffer serious harm or provide alternatives to residential care placement are recognised in law but exist only in pilot areas	Community based services to protect children likely to suffer serious harm or provide alternatives to placement in formal care are available in all areas and regions
Return to family and community	There are no specific programmes of support for children and families aimed at resolving problems and aiding return home and no services preparing children for life in the community	Some pilot deinstitutionalisation programmes support return home and there are some programmes for older children about to leave care	Children and families receive support to help children to return home and where this is not feasible preparation is made for children to move out of institutional care to relatives or to family type accommodation
Alternative care	Children are placed either in large institutions or guardianship which is unsupported and there is little foster care	Children are mostly placed in large institutions, there is some foster care and smaller institutions and guardians receive some support	Most institutions are small and homely and used mainly for teenage children, foster care and guardianship provide a range of short and long term placements for the vast majority of children

*Benchmarks for a range of community based services*

<b>Box 13 Bulgaria: A range of community based services to support families and children in difficulty.</b>			
	C	B	A
Universal Services	Severe problems with housing, health and education for Roma minority	Some integrated education for disabled children and a national programme for Roma	
Problem Focussed		Some pilots e.g. Preventive scheme by ARC in Stara Zagora	
Support for children and families		Small range of services mainly set up under World Bank project but continuing to be developed	
Prevention of entry to care or serious harm			Overall development through work of child protection departments but still limited in many regions
Return to family and community		Planning for children in care is a legal requirement but the services and support are limited mainly to case work by child protection departments	
Alternative care		Foster care has a legislative base and is starting to be developed but mainly as a long term option similar to adoption and there are examples of small children's homes however many children are still mainly in large institutions with poor standards including children aged under 3	

*Benchmarks for a range of community based services*

<b>Box 14 Kazakhstan: A range of community based services to support families and children in difficulty.</b>			
	C	B	A
Universal Services	Overall little targeting of universal services	Some integrated education for disabled children	
Problem Focussed	Little development of problem focussed projects		
Support for children and families		Some pilots in larger cities	
Prevention of entry to care or serious harm		One deinstitutionalisation project doing prevention, a small number of crisis centres and some services for children with a disability	
Return to family and community		One deinstitutionalisation project	
Alternative care		Foster care has legal basis and some development. There are children's villages but despite their family type arrangements these still tend to be large institutions isolating children. The quality of care in infants homes has been improved	

*Benchmarks for a range of community based services*

<b>Box 15 A range of community based services to support families and children in difficulty..</b>			
	C	B	A
Universal Services		Targeting of social assistance providing maternity benefits for a year after birth and providing support for guardians. Some integrated education for disabled children	
Problem Focussed	Little development of problem focussed projects		
Support for children and families			Departments of social services nationally providing some support for children in difficult life situations. Pilots projects with wider range of services in a number of sites particularly Kyiv Oblast
Prevention of entry to care or serious harm		Children's services departments covering whole country and providing advice and counselling. So far little service development outside of pilots in small number of sites	
Return to family and community		Several pilots focussing on gatekeeping and return of children from institutions	
Alternative care		Foster care rapidly developing with 'money follows the child' initiative. Commitment to reduce maximum size of institutions to 50 beds	

### ***8.3 Benchmarks on an agency or organization arrangements to manage assessment, review and gatekeeping***

This benchmark covers the issue of an agency to support case management discussed in detail above. The dimensions chosen for the benchmarks are:

- Local agency for managing assessment and services  
This concerns the degree to which an agency exists and covers the country
- Managerial support  
This relates to the need for management to support casework and assessment
- Service planning  
This covers the degree that service planning is used to develop services and strategies that are responsive to needs at the local level
- Finance  
This covers the extent to which local agencies are responsible for budgets for the services they purchase or provide
- Service user empowerment  
This considers whether children and families are regularly involved in planning and reviewing services. Empowerment implies that services users are involved in advisory groups and that programmes promote self advocacy
- Human Capacity Development  
This focuses on the need for the agency to develop the skills and knowledge of its staff

*Benchmarks on an agency or organization arrangements to manage assessment, review and gatekeeping*

<b>Box 16 An agency responsible for coordinating the assessment and managing services and service contracts.</b>			
<b>Benchmark</b>	<b>A</b>	<b>B</b>	<b>C</b>
Local agency for managing assessment and services	There are no social work departments with responsibility for gatekeeping services for children	Social work departments (or similar) exist in some areas or operate throughout the country but have limited functions or insufficient staff	Social work departments (or similar) exist across the country and organise the assessment and review of individual children and families as well as planning, purchasing and/or delivery of services
Managerial support	There is little or no case management	There is limited managerial support for social workers and no system for reviewing the quality of ongoing services for individual children	The agency has a system of regular reviews of services provided in individual cases, provides supervision of social work staff and has administrative support for record keeping etc.
Service planning	Services are institutional and the number of places available determines need	Services and the amount of provision are centrally determined and a limited range is provided. These often have residential elements (shelters etc.) and there is little variation to respond to local issues and problems	A planning process gathers information on local needs and services are developed to meet them. Service users, people from local community and NGOs are centrally involved in the planning process
Finance	Residential care is funded on the basis of the number of children institutionalised though funds often do not meet the full costs	Services are centrally financed and there is little scope to transfer budgets between services. There are often unfunded mandates and the expectation that costs will be met from local budgets	Local agencies hold budgets for residential and community based children's services and determine priorities based on local needs and within centrally determined standards. Services are purchased on the basis of effectiveness and outcomes for children
Service user empowerment	Families and children have little or no involvement in service development	Occasional consultation and research obtains user views	Children and families are regularly involved in planning and reviewing services. Services users are involved in advisory groups. Programmes promote self advocacy
Human Capacity Development	Basic training only is provided	Occasional training takes place. Most training is in the NGO sector or in pilot projects.	Professional qualifications and licensing for workers developed. Workers receive relevant in service training. The agency encourages staff supervision and development programmes

*Benchmarks on an agency or organization arrangements to manage assessment, review and gatekeeping*

<b>Box 17: BULGARIA - An agency responsible for coordinating the assessment and managing services and service contracts.</b>			
<b>Benchmark</b>	<b>C</b>	<b>B</b>	<b>A</b>
Local agency for managing assessment and services			Child protection departments exist across the country and organise the assessment and review of individual children and families. In some cases they are very small and have insufficient capacity to carry out key functions
Case management systems		The system of case management is being developed but is limited by the capacity of some child protection departments	
Service planning		Services and the amount of provision are mostly centrally determined and a limited range is provided and there is little variation to respond to local issues and problems.	UNICEF is developing a planning process to operate at Oblast level
Finance		Budgets and control of many institutions have been passed to municipal level as have designated funds for certain community based services but there is no overall child protection budget with the ability to flexibly fund locally determined services	
Service user empowerment			
Human Capacity Development			

*Benchmarks on an agency or organization arrangements to manage assessment, review and gatekeeping*

<b>Box 18: Kazakhstan - An agency responsible for coordinating the assessment and managing services and service contracts.</b>			
<b>Benchmark</b>	<b>C</b>	<b>B</b>	<b>A</b>
Local agency for managing assessment and services	There are some pilot social work teams but these are not integrated into the decision making system.		
Management of quality of service provision	There are developments of case management in some pilot areas but no overall system		
Service planning	There are few services except in a few of the larger cities where pilots have been developed	A pilot project has been undertaken to develop plans	
Finance	Most service developments are funded by donors or as pilot projects		
Service user empowerment	There is little involvement of service users except in sme pilot projects		
Human Capacity Development		There are some university courses for social work and the profession is registered in the legislation	

*Benchmarks on an agency or organization arrangements to manage assessment, review and gatekeeping*

<b>Box 19: Ukraine - An agency responsible for coordinating the assessment and managing services and service contracts.</b>			
<b>Benchmark</b>	<b>C</b>	<b>B</b>	<b>A</b>
Local agency for managing assessment and services			Children's services departments exist across the country and organise the assessment and review of individual children and families. There are also social services departments which provide services to families in difficulty (albeit they have a wider responsibility providing services to adults as well as children). The existence of these two structures leads to a significant duplication of administration.
Case management systems		The system of case management is being developed but is limited by the capacity of children's services departments and social services	
Service planning		Services and the amount of provision are relatively limited	
Finance		Budgets of many institutions have been passed to municipal or oblast level and there is some flexibility but budgets are calculated on the numbers in institutions. The 'money follows the child' initiative has led to increases in foster care but is centrally controlled and does not encourage the development of community based services as currently organised.	
Service user empowerment	There is little service user involvement in social services except in some pilot project in the nGO sector		
Human Capacity Development		There are social work training courses but few qualified workers in the Centres for Social Services. Supervision is promoted through policy but implementation is variable	

#### ***8.4 Benchmarks on information systems***

A key issue throughout the report has been the lack of information and the need to develop local strategies based on accurate information at the local level. This benchmark looks at two issues:

- a) The degree to which an information system is operating
- b) How this information system is used to target priority areas and support planning and strategy development at the local level

<b>Box 20: An information system to monitor and review the outcomes and provide feedback on the operation of the system as a whole.</b>			
<b>Benchmark</b>	<b>C</b>	<b>B</b>	<b>A</b>
Information system	Individual ministries collect information which is often contradictory and incomplete	A central agency collects information on the use of institutional care. Often this information is not able to provide key data for example age and gender of children	Information is collected on decision making and the use of both residential and community based services
Use of information in planning	There is little information available for planning	Information is usually provided on a national or regional level and not used for local planning of services	Information is used at the local level to plan and adjust service provision

<b>Box 21: Bulgaria - An information system to monitor and review the outcomes and provide feedback on the operation of the system as a whole.</b>			
<b>Benchmark</b>	<b>C</b>	<b>B</b>	<b>A</b>
Information system			The State Agency for Child Protection collects extensive data on children in institutions and services provided by Child Protection Departments.
Use of information in planning		There is some use of this information in planning and review	

<b>Box 22: Kazakhstan - An information system to monitor and review the outcomes and provide feedback on the operation of the system as a whole.</b>			
<b>Benchmark</b>	<b>C</b>	<b>B</b>	<b>A</b>
Information system		The Committee for Child Rights Protection collects data on children in institutions but not other services. There are some limitations in the data (e.g. does not collect gender and age)	
Use of information in planning	The information is not yet used in planning		

*Benchmarks on Information Systems*

<b>Box 23: Ukraine - An information system to monitor and review the outcomes and provide feedback on the operation of the system as a whole.</b>			
<b>Benchmark</b>	<b>C</b>	<b>B</b>	<b>A</b>
Information system		The Ministry of Youth and Sports has just developed an information system on the placement of children without parental care and a separate system on children in difficult life situations. These could usefully be combined	
Use of information in planning	The information is not yet used in planning		

## **9 Conclusion**

This study demonstrates that the issues of developing an effective system of gatekeeping vary both between and within countries. The three countries which are the subject of this study are at different levels of development and change. There are many examples of significant improvements in their child protection systems at policy level, which in many ways leads the practice and implementation.. In some areas they have started to reduce entry to institutional care' they are developing and introducing systems of assessment and review by social work departments and a start is being made on developing a range of community based services. Despite these improvements there continues to be a high rate of use of institutions and in particular a high rate of children under three in institutional care with, in Bulgaria 1 in every 78 new born babies being placed in an institution in their first year of life. For disabled children there are still severe problems in the quality of care and education provided. Another major problem in Bulgaria, as in a number of other countries across Eastern Europe and Central Asia, is the high use of institutional care for children from Roma communities.

This report reviews the routes into institutional care and provides recommendations for improving gatekeeping. It has identified three major routes into institutional care through the child protection systems including those for children with a disability, through juvenile justice systems and through placement on a voluntary basis in boarding schools. The latter route has received much less focus at a national and international level although Bulgaria appears to be making some headway from a starting point of having one of the highest rates of usage of boarding schools. Key recommendations made in the report include the need to make gatekeeping entry to the institutions of children aged under three the highest priority including the need to improve practices in maternity hospitals and health care; mainstream the many pilots concerning children in conflict with the law and to reform or abolish the Commissions for Minors and the need for a new focus on reducing the use of boarding schools. Underpinning these areas are many problems especially the social exclusion of groups of children and families, particularly children with a disability and minorities such as Roma. The child protection system cannot solve all the problems of inequality and social exclusion but in its programmes to prevent the unnecessary placement of children in institutions it will need to address some specific aspects of this at local and national level.

Two key themes occur throughout this report. The first is the need for interagency cooperation and work that crosses the boundaries of ministries and departments at national and especially at the local level of implementation. The second is the need to strengthen the ability to act flexibly at local levels through using better information systems to target key areas for change.

Finally in my visits to projects and teams across all three countries I have been impressed by examples of ingenuity and commitment to improve the lives of children and families. These have occurred despite the low esteem of the emerging social work profession and the dead hand of bureaucracy that seems so stifling to innovation. There are also many policy reforms established by politicians and campaigners with high ideals for children. The next stage of

## *Conclusion*

development is to draw these two together and develop an approach that celebrates good practice and innovation.

## **Appendix 1 Gate-Keeping and Approaches to its Development – A review.**

Gate-keeping is central to having an effective system for child protection. The aim of gate-keeping is to ensure that services for children in difficulty are targeted to achieve the best outcomes for each individual child. Gate-keeping thus relates to a process of decision making and allocation of services in order to achieve the best possible outcomes for the child. A number of NGOs, and IGOs have attempted to provide frameworks for developing gatekeeping and preventing institutional placement. In this section the report will briefly look at some of these drawing out key elements relevant to gatekeeping.

### ***1. UNICEF and World Bank Changing Minds Policies and Lives Project***

The *Changing Minds, Policies and Lives* project focussed on three areas of relevance to preventing children entering institutions. These were gatekeeping (Bilson and Harwin, 2003); developing standards (Bilson and Gotestam 2003) and transferring resources to community based services (Fox and Gotestam 2003). The minimum requirements for an effective system of gatekeeping proposed by this project (Bilson and Harwin 2003) are:

- *A range of community based services to support families and children in difficulty.* Children find themselves in difficulty for a wide range of reasons and have many different problems. The aim of a system of child protection is to support families and local communities to deal with these issues. The diagram below shows the framework for a range of services. This ladder of services demonstrates the aim to support children and where necessary intervene to prevent serious harm whilst aiming to support the parents and family to care for their child wherever this is in the best interests of the child. The aim is to help children by providing services as low down the ladder as possible and reducing the level of support over time where this is possible.
- *A process of allocation of services that is based on an assessment of the child and family's needs.* This includes a process of assessment to inform the allocation of services along with regular review of the services given to children especially those in institutions where active work is required with them and their families to enable the reintegration of the child with their family, to find family type accommodation or, for older children, to prepare for independent living.
- *An agency responsible for coordinating the assessment and managing services and service contracts.* This requires some form of social services agency to employ social workers who can provide or purchase services and assess individual needs for services.
- *An information system to monitor and review the outcomes and provide feedback on the operation of the system as a whole.* International experience demonstrates that reforms can often have the opposite effect to the ones that policy makers intended. For example the introduction of a new service such as foster care as a replacement for institutions can instead result in an increase in the number of children placed without parental care and leave numbers in institutional care unaffected (UNICEF 2001, Bilson and Markova 2007). In order to avoid these unintended consequences of reform, it is essential that the outcomes of reforms are constantly monitored so that strategies can, where necessary, be adjusted on the basis of an understanding of the effects of the reform.

The *Changing Minds, Policies and Lives* project identified a number of positive changes in line with these four areas that had occurred between 1989 and the project's report. However these were seen to be scattered across the region, lacked a coherent policy framework and were characterised by the following issues (Reichenberg and Posarac 2003 page vii):

- *discrepancy between policies to reduce placement in residential care and the existing practice*
- *lack of coherent reform framework – fragmented coordination, piecemeal and isolated innovative initiatives*
- *deficient information management systems lacking data on referral patterns, profiles of needs for particular groups, service availability and no contact with local decision making, policy and practice*
- *absence of a systematic care plan for each child in formal care endorsed in law, policy and practice*
- *public monopoly on financing of services resulting in a supply driven care system in spite of governance and fiscal decentralization*
- *deficient regulatory framework to enable decentralization of service provision within defined care standards*
- *little incentive to tailor the response on clients' needs*
- *budget structure that favours residential care, does not encourage mixed options, offers few choices to clients and limits the range of available care options*
- *lack of information on true costs of care as full financial costs of formal care are not calculated.*

The suggested approach of the gatekeeping toolkit is on reform of the child protection system as a whole focussing on actions at local and national level. At each of these levels the toolkit provides a tool for assessing gatekeeping followed by tools that look at the four minimum requirements for gatekeeping discussed above. Thus for example at the national level policy and legislation needs to enable the development and funding of a range of community based services whilst a local level planning, assessment of need and design of services needs to develop locally tailored programmes.

## ***2. UNICEF consultation on child care system reform in South Eastern Europe***

The UNICEF consultation on child care system reform in South Eastern Europe (UNICEF 2008) considered gate-keeping as a central element of reform. The consultation focussed on the range of services required for protecting children, how decision making operates and a range of other issues. In particular the report links gate-keeping to the establishment of norms and standards for services and in particular that these norms which inform decision making should be based on outcomes for children, families and communities. The report suggests that “statutory” services are at the centre of the process of case management and they should also provide the gate-keeping mechanism of the whole system. A major challenge is seen to lie in the fragmentation of decision-making systems. The consultation suggests the need to concentrate gate-keeping functions in statutory services as a core function of the state. This approach does not mean a single physical location or one organ, but rather a functional unity based on harmonized or coordinated mandates and methodological approaches. These coordinated approaches should cover a range of issues including: entry to care; assessment and procedures for decision making regarding children and families; and management and supervision of casework. This should be achieved by applying agreed norms (best interests of the child, residential care as a last resort, regular

review of placement, etc.) which both guarantee access to services and limit entry into the formal care system. In this way it is intended to ensure that only children really in need of formal care are placed in foster care, guardianship or as a last resort and for a limited period in residential care. Good gatekeeping is seen to tailor measures that are proportionate and adapted to children's and families' needs and reach out to those entitled to care and protection, who may not easily or spontaneously access it. The report stressed that in parallel to keeping the "entrance" gate, statutory services are also responsible for ensuring "exit", as soon as the care measures have reached their objectives. To achieve all of this the report concludes as follows:

*One key conclusion was that mandates for decision making, gate keeping and monitoring must be urgently clarified so as to ensure that there is only one entry point into the care system. It is the role of statutory services to guarantee, through careful individual case management including regular review, that the outcomes for children and families are being achieved by proposed measures.*

### **3. European Commission, WHO and the University of Birmingham's practice guide on deinstitutionalisation**

Following an EC DAPHNE project focussing on the placement of children under five in institutions (Browne *et al.* 2005) this group put together a practice guide for deinstitutionalisation (European Commission DAPHNE Programme, 2007). This practice guide focuses on the closure of institutions rather than the overall reform of child protection systems and their decision making. It gives a very useful outline for how to assess children within the institution in order to consider how to prepare children and staff for the closure of an institution. It also provides a critical overview of some of the attempts that have been made at a policy level to change the system and shows how they often lead to unintended outcomes quite different from those of preventing institutional placement. It also provides useful checklists particularly around such issues as reintegration of children from institutions and for developing an assessment process for children in an institution.

There is little focus on the overall system. In a section on preventing infant abandonment the paper identifies the main causes of child abandonment by the family as;

- Very serious economic problems
- Mother's lack of formal education
- Few specialist services in local communities (e.g. visits to pregnant mothers)
- Lack of sexual education and family planning
- Poor housing and homelessness
- Teenage parenting
- Poor preparation for birth and poor perinatal care

It recommends the establishment of a community nursing system to identify high risk families and develop parent education programmes and provision of volunteers to support families. At the same time it recommends hospital social workers and for hospitals to become accredited by the WHO/UNICEF Baby Friendly Programme. At a national level it

recommends the development of foster care; a database to record levels of abandonment; and the development of parent education, family planning and family doctors. Whilst these mainly medical interventions are in some cases very relevant, it is unclear how they would deal with the issues of poverty, housing, lack of formal education and economic problems outlined in the reasons for abandonment. In a later section the issue of abandonment of infants will be considered and the need for a more holistic approach will be put forward.

#### ***4. The Council of Europe's Working Group on Children at Risk and in Care***

The Working Group on Children at Risk and in Care in its report (Gudbrandsson 2005) starts by discussing the effect of institutionalisation on children and society at large. This is followed by a review of the situation in Europe of the placement of children in residential care. Three distinct categories of state situations are identified: states with high rates of children in residential care coupled with large institutions (Central and Eastern Europe); states with low rates of residential care and large institutions (South Eastern Europe); finally states where the process of de-institutionalisation, prevention and alternative care has taken place, though this is with varying degrees of success (more affluent European states).

The report argues that there is a strong correlation between out-of-home placement of children and lack of family support. It identifies the lack of a coherent family policy and fragmented services for families as a key aspect leading to unnecessary placements.

The report identifies "best practices" in preventive strategies and programmes that have proved to be effective in reducing the placement of children in formal care across Europe. These practices are as follows though the report points out that there are many other examples which are not catalogued:

i) Gatekeeping

The report starts by outlining gatekeeping using the model developed by Bilson and Harwin (2003 see above). It gives examples of how this is applied in Iceland and Sweden noting in particular that in Sweden the cost of institutional care is met by the local authorities, which are also responsible for the community services and family support. As placement of children in formal care is generally more expensive than community services, a financial incentive for family support is thus created.

ii) Partnership with families

The report identifies two different notions underpinning the concept of partnership: the first relates to empowerment (involving de-professionalisation, decentralisation and anti-oppressive practice) and the second links to consumerism (power of choice, quality assurance, rights of the individual). It can be seen that, in this model, partnership implies a lot more than cooperation between the professional and parents. It requires pooling of resources, trust, and working together to agree common goals and the means of achieving them. An underlying principle is that "families are really experts in their own families". Underpinning this approach is a recognition of the many research findings which show how the involvement of and links with parents are associated with positive outcomes for the child. Such an approach challenges the rescue paradigm (Fox-Harding 1997) that can be seen operating in many child protection systems and in which parents,

rather than being seen as partners, are more frequently invisible or blamed (see Bilson and Markova, 2007).

iii) Family Group Conferences

This approach originated in New Zealand where they were used to engage and work within Maori values and customs. Family group conferences engage the wider network (the family and other stakeholders) in a meeting to discuss and help to deal with a child or family's problems. The professional acts as coordinator for the conference which is solution oriented. Such an approach can be adapted to the particular social and cultural context in which it is applied and builds on the notion of parents as partners seeking to partner with the wider family and community. I was told of the successful use of this approach in projects in Kyiv Oblast where problems such as children being harmed because of parental alcoholism were the subject of successful family group conferences.

iv) Enhancing Parenting Skills

With such high rates of children placed in institutions many parents have themselves been raised in institutions. Such an approach needs to be careful not to blame parents as parents themselves said "The parents spoke about their need for knowledge about how to better care for their children. They did not want to be punished for their lack of knowledge but, rather, to gain the information and skills, which would make them, succeed." The report gives the example of parental training programmes implemented in Norway as part of the extensive range of welfare support available in that country.

v) Multi-Systemic Therapy

Multi-Systemic Therapy (MST) is a community-based treatment for high-risk young offenders, substance abusers and adolescents with anti-social behaviours. MST is an intensive family and community based approach aiming to promote behavioural change in young person's natural environment. The treatment provides responses to the known causes of antisocial behaviour, sources of conflict within the family and functioning in school. MST is a "treatment package" integrating concepts from family therapy and parenting techniques such as the use of contracting and problem focused interventions in the peer and school settings. It is used in a range of countries originating in the USA but used extensively in Norway.

vi) Interdisciplinary and Multi-Agency Cooperation

The report points out that the problems faced by many families run across the boundaries of different service providers. This requires a well coordinated or better still integrated approach to the family if their problems are to be addressed rather than falling between the competence of all the agencies involved. The report gives examples of projects in Estonia and Latvia where children who have been harmed by parents are supported by an interdisciplinary team.

**5. *Alternative Care and Diversion Systems through Government Structures in Sri Lanka- Save the Children***

The key issues relevant to case management and gatekeeping are summed up in the following quote from the report which, though it focuses on children in conflict with the law

demonstrates the range of issues in case management and organisations needed to implement it:

*Fundamental to any strategies for alternative care and diversion must be the ability of the personnel concerned with children at risk, to make proper assessment of such children's and their primary carers' needs as well as their ability to make the appropriate decisions which will, wherever possible, allow such children to be supported in the community without institutionalisation. This will necessitate involvement and action at different stages in the best interests of the child through:*

- *the prevention or reducing the risk to a child of family breakdown by addressing and assisting community members in the resolution of the problems a child faces and to give on-going support to such families,*
- *co-ordinating with local decision makers so they see it as part of their responsibility to assist children at risk,*
- *linking with the police so as to promote pre-court diversion or community care,*
- *advocating non-institutional care or bail with the police and judiciary and assisting in making the necessary arrangements for it to happen,*
- *doing the ground work so that community provision or sentence is recommended in the Social Inquiry Report,*
- *where custody - either pre-sentence or post-sentence - has been ordered by the Court, to seek ways to end it through alternative community placements and to involve support from bodies such as the Institute of Human Rights, Legal Aid Commission at divisional level, Lawyers for Human Rights, etc.*
- *working with children in institutions on their care plans so they are involved in the planning for their resettlement (periodic case reviews are required by the CRC for those in care and protection placements art.25),*
- *preparing children for resettlement and to carry out all necessary home visits to ensure the child's reintegration will proceed as satisfactorily as possible,*
- *undertaking regular follow-up and support once a child has been reintegrated into the community.*

*All this will require appropriate management supervision to ensure the services being given to children at risk are in their best interests and that the above tasks have the DPCC's and provisional government's full endorsement.*

Parry-Williams (2006)

## **6. Elements of an Effective Community-Based System of Services – USAID**

USAID in its review of promising practices in community based services in the CEE, CIS and Baltics provides a number of elements of an effective community-based system of services. These are:

- i) De-institutionalization  
As discussed above de-institutionalization refers to the trend of moving the care of individuals from residential facilities into the community, with the support of family and a range of community social services.
- ii) Effective Targeting of Benefits and Services  
This is equated to gatekeeping as discussed above. In particular the report points out the problem of a 'passive approach' when individuals with problems are expected to self-refer. It concludes that "this method of self-targeting often results in reduced

accessibility because individuals may not have the correct information about services; they may not have transportation for making an application or accessing a service; or they may be discriminated against because of personal characteristics such as ethnicity, age, sex, or other characteristics. Often, people who have the greatest need for services are the least likely to apply and have access to them.”

iii) Advocacy

This element suggests that an effective system needs people (including service users) actively campaigning for services. One approach is to train beneficiaries of services to self-advocate.

iv) Non-Governmental Organizations

The political and social transition in the region has left many communities and the public services unable to provide the safety nets for individuals and families in difficulty. An active NGO community is one way that this problem is being redressed.

v) Economic and Vocational Development

The report calls for a shift in focus of programmes to a strengths based approach and to support families to be economically viable. It thus states “Service delivery systems must provide vulnerable populations with assistance in becoming self-reliant. Loss of employment due to layoffs, illness, or personal problems also results in loss of motivation, personal self-esteem, and money. To meet these challenges, assistance programs need to incorporate services such as vocational training and retraining, small business training, and microenterprise development programs, including technical assistance and individual and group credit.”

vi) Human Resource Development

The reform of social services requires human resources capable of supporting the shift from administrative approaches to ones that reflect family-centred values and skills and that are able to provide case management, education, support, and counselling. This requires systems of education and training as well as appropriate finance and management of programmes.

**Table 8: Four pillars of best practices in community-based services**

<p><b>Policy and Legal Framework:</b> <i>This refers to the overarching values and principles, the targeted vulnerable populations, centralized and decentralized functions, relationships with NGOs, financing and accountability, and strategic and implementation plans.</i></p>
1. Identifies and defines priority groups at-risk
2. Promotes family and community care over residential and institutional-based care
3. Identifies internationally recognized standards of care and professional practice
4. Provides a mechanism for contracting with NGOs in providing social services
5. Provides accountability and sanctioning mechanisms
6. Engages consumers and advocacy groups in designing and evaluating public policy
<p><b>Structure and Types of Programs and Services:</b> <i>Categories and types of services available to clients; how potential clients are informed, targeted and assessed; and the degree to which services are aimed at supporting family and community living.</i></p>
7. Provides a range of programs from prevention to protection that reflects international standards
8. Provides mechanisms to shift from residential care to community care
9. Promotes principles and values of practice that reflect capacity-building over “relief and rescue”
10. Puts in place assessment processes for targeting those the program is designed to serve
11. Puts in place client accessibility mechanisms such as client outreach and citizen awareness/public education
12. Ensures that at-risk groups have influence over decisions of service providers
13. Integrates approach to assessment, planning and intervention
14. Provides mechanisms for community participation and volunteerism
15. Institutes public awareness and public education campaigns aimed to influence public attitudes and citizen involvement
<p><b>Human Capacity Development:</b> <i>This refers to the human resources available to provide services that meet care standards, the specific job functions, the availability of education and training resources for developing a qualified workforce, and regulatory mechanisms.</i></p>
16. Integrates job functions with assessment, planning, intervention and follow-up (social work case management and multidisciplinary planning)
17. Professionalizes treatment and rehabilitation workforce
18. Regulates practitioners through licensing or certification procedures
19. Educates and trains human service professionals
20. Trains workforce using curricula that reflect principles and values of human capacity building, prevention, and community care
21. Promotes professional standards of practice through curricula and programs
22. Focuses partnerships between universities, advocacy groups and public and private service delivery organizations on performance improvement through workforce development
23. Promotes quality of service and quality workforce through professional associations with advocacy functions
<p><b>Performance Measures:</b> <i>Outcome indicators used to measure client change based on identified need; information and monitoring systems in place to measure change and track clients.</i></p>
24. Measures reduced risk and/or improved well-being
25. Employs information systems to monitor programs and services
26. Employs information systems to monitor clients

Source: Davis 2005 page 33

vii) Decentralized and Participatory Management Systems

Decentralized financing, administrative, and management structures are requirements of a community-based system of services. The report suggests that policies and programs must promote democratic decision-making at administrative, management, and direct-service level. Mechanisms are needed for all levels of staff and client groups to influence policy and programs.

viii) Development of Standards of Care and Standards of Practice

Systems of accountability that monitor performance are required. Approaches to developing standards are outlined in the UNICEF and World Bank toolkit on improving standards (Bilson and Gotestam 2003).

ix) Social Inclusion

Many of the service users come from socially excluded groups such as Roma and programmes need to promote social inclusion. Income transfer through targeted social benefits as well as engaging service users in programme development and implementation are two approaches that, along with other elements described above, can start to address social inclusion.

The report identifies four pillars of best practice: Policy and legal framework; **Structure and Types of Programs and Services**; Human Capacity; and Outcomes and Performance Indicators. The findings related to these are summarized in the table below.

## **7. Summary**

These different models provide differing foci for approaches to gatekeeping. The UNICEF and World Bank *Changing Minds, Policies and Lives* project alongside USAID provide a framework for holistic reform. Both look for policy and legislative reform; the development of locally responsive and determined services; and use of performance measures. The USAID paper provides a more active basis of empowerment and participation for this reform. The UNICEF SEE consultation introduces the concept of a single entry point into the care system and again stresses outcomes as a key focus for policy and programme selection. The Council of Europe working group provides some examples of national programmes and approaches whilst the WHO and EC paper on deinstitutionalisation provides specific tools for analysing the situations of children in institutional care.

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