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Planning for de-institutionalization and reordering of child care services

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1. The objectives of the reform and the means to achieve them

Reforms of the child protection systems were initiated in the 2000s in almost all CEE/CIS countries, but have so far not resulted in a reduction in the rates of children who enter public care. The reasons for mixed results of the reforms are potentially many. So far, a lot of attention has been given to legal reforms and development of policy documents while less attention has been given to accompany these regulatory reforms with the necessary operational frameworks that would enable the restructuring of child care services and the development of new services.

Balancing the supply of residential care with other type of services which can provide alternative services to vast number of already institutionalized children and responding to the new demand for services, is at the core of the process of reforms in service provision. Contrary to the widespread belief, such reform does not happen as a direct result of new legislation. The regulatory means needed to transform a system that is mainly relying on large scale and centrally planned residential care, to a “continuum of services” that is relying on a mix of social services to respond at the local level to different risks and vulnerabilities of families and children, are in the camp of **management, planning and social dialogue**, where social dialogue needs to be the basis for the first two processes.

If needed, deregulation or revision of some of the existing laws or bylaws should pave the way for Action Plans with multi-year and yearly targets, deadlines, obligations of stakeholders and needed resources. These efforts are recommended to facilitate, in the medium term, the following reform objectives:

- increase in child and family support services which can assist at risk children and families and prevent separation of children from their families;
- increase in substitute family care placements (adoptions, live-in with guardians, foster care) to reduce reliance on residential care;
- decrease in placements and time spent in residential care and deployment of the staff and use of institutional infrastructure for new services;
- introduction of holistic case assessment methods, case management, planning and monitoring procedures to assure adequate care options at individual and family levels.

The above reform objectives not only have the effect of improving the situation of families and children, but also contribute to a more cost-effective use of State resources.

a) Qualitative and quantitative targets for the reform

Planning, as a method of regulating the functioning of a system, has no meaning without quantitative targets, clear time framework, clear obligations articulated for different stakeholders and allocation of resources. It is proposed that the dimensions and scope of what is to be changed in the system is articulated at national level and projects objectives over five- or more years and that it includes qualitative and quantitative targets related to the above stated objectives. Such targets need to be articulated in the following reform areas:

- **Quantitative targets for de-institutionalization** should refer to the reduction of entries and acceleration of exits from residential institutions as well as to the number and type of institutions which have to enter in a moratorium for new entries and /or are to be downsized, closed down or transformed in new services;
- **Quantitative targets for expanding the number of placements in each type of service which prevent or substitute institutional care.** Such targets have to be tailored in accordance with the pace and scope of de-institutionalization at national and regional levels.
- **Qualitative targets in development of social service structures, staffing patterns and type of service providers at national and local levels** should be quantified as well, in order that the process of reordering of service networks contribute to defined national objectives and take in account local realities.

b) "Old " and "new " stakeholders and change agents

Change not only needs to be planned, but also managed. Without active efforts of different Ministries to remove resistance to change, to encourage active participation by the "old" stakeholders in the system and facilitate endorsement of the role of "new" stakeholders, de-institutionalization would be slowed down by civil servants questioning the legitimacy of the processes which are not strictly stipulated in the ongoing laws and bylaws. Furthermore, national and local reform efforts should meet at mezzo (regional) level.

Regional planning and capacity building projects are needed to bring about changes in the relationships between institutional and alternative types of care. These projects, which are indeed not new structures, should work to mobilize local government services and residential institutions located in the Region, as well as other potential service providers (NGOs and other entities and individuals) to carry out several coordinated processes of change. They have to facilitate the transfer of part of the children who are at present in institutions to family of origin or substitute family environments.

Managing change in service provision also needs to be accompanied with backstopping of new entries in the residential institutions, without which the vicious circle of placing children in residential care would continue. Thus, regional projects have to put in place new services (or upgrade old ones) which are needed for both the institutionalized children and for families and children at risk. Quantitative targets based on what are estimated national minimums in terms of number of placements and quality of services should be parameters for this planning exercise in all the Regions.

c) Timing and costs of the service, (re)structuring and deinstitutionalization

The establishment of a new service structure on a continuum - from simpler and family oriented- to more complex services and with modalities for temporary family substitution – should provide different options for preventing separation and/or helping families to cope and/or eliminating risks and vulnerabilities or specific target groups. To the question of ***when can systems start to restructure in such a way*** there are different answers.

One answer is that the system first has to be fully designed and financially capable to introduce all the alternative services and solve the problem of excessive number of children in institutions (and corresponding excessive costs for the State) by cutting the entries in institutions. Alternative family based care services would be applied only to new cases of children and families at risk. Over time, a smaller number of institutions would result from diminished entries in the institutions. In the systems that followed that path of change, diminishing numbers of institutionalized children were a result of a long term process, with overall costs of services increasing over a long period of time. In our opinion this answer does not mobilize stakeholders in a short run, everything that has to happen is left to "impersonal" forces and the stakeholders in favor of the status quo are reinforced in their positions.

The other answer advocated here is to link up the creation of new services with deinstitutionalization, i.e. give the highest (but not exclusive) priority in placements in new services to the children who are the most affected by a separation from families and gradually offer the full range of services (even though with low capacity to embrace new cases, at the beginning) to other children and families at risk. The above answer has several advantages. It calls for immediate action, it can utilize the funding already available for institutional care to finance (in accordance with the principle "money follows the client") better solutions for institutionalized children, it can redirect, retrain and deploy staff from residential institutions to new alternative care services and with additional funds of temporary nature, take care of "transition costs". These expenditures would, however, also have to include alternative care for the most at risk children, who would otherwise enter the institutions and increase the costs of the State in the long run.

d) Multi-level and multi-sector involvement in facilitating change

Sometimes uneven, unsynchronized and even mutually contradicting decisions on allocation of resources for services or legislative solutions may be made. This can create consequences which are not supportive to the long term reform goals.

In too many countries in transition short term improvements in the conditions of social services were carried out in form of upgrading residential care facilities and even building new ones. In some cases this was the result of donors' investments, where the donor project was conceptualized without a reform vision and matched very well with inherited institutional culture in these countries. Such short term measures were not contributing to moving towards a desirable future.

Long term goals and human rights principles have so far been incorporated in a number of laws and governments planning documents in countries in transition. Yet, "in between" long term vision and short term "business as usual", there is a need for medium term action frameworks and synergies to be created with non-governmental service providers. Also, decisions need to be made and actions are needed to start to change the ratio between number of placements in residential care and placements in alternative care.

At the same time, the long term concerns call for reformers in social protection to associate their efforts with stakeholders with a mandate to develop a financially sustainable social transfer policy, which is almost entirely in the domain of the reform in governance and public finances. This suggests that reformers need to lead an active advocacy in favor of equity in public expenditures and the development of minimum standards for services and cash benefits, obligatory for the whole country (but not to be delivered in a centralized manner) and should be on the top of reformers agenda in the medium- and long term.

In addition to the above, and beyond the mandate of a single sector, is the task of addressing the needs of each risk group in an inter-sectoral perspective and development of sets of complementary sectoral commitments towards each risk group. This type of approach would be more promising for redistribution of public expenditures among sectors than claiming for more funds in social assistance sector which in no way should "be in charge" of all the needs of groups at risk.

"Mainstreaming" through management and planning exercise and social dialogue which includes groups at risks or representatives chosen by them, is the process which should partly replace and partly complement legal procedures which are too rigid for dealing with multiple strategic options, quantitative targets and iterative modes of assessing problems and reaching consensus. This should not obscure the fact that each sector has sufficient autonomy to start to work on certain long term objectives even if the rest of the reforms in governance and in economic and labor policies would continue to lag behind. Reform areas which can advance rather "independently" are for example: development and improvements in professional codes of conduct and accountability of civil servants within the sector, the introduction of new management methods within local social services, forging arguments in favor of gradual scaling up of alternative services by providing them first to the institutionalized children. Here, even the funding for that effort can be provided to great extent from ongoing allocations for institutional care. Nonetheless, and unfortunately even such reform efforts do not happen due to resistance of professionals socialized in the former system and due to public opinion acculturated to the same value system.

As already mentioned, there is also a need for mezzo (Regional) level of action to fill the gap between national level plans and local level capacities. It is possible to operationalise these proposals through two medium term programs designed to transform services and cover "transition costs". Their profile is described below:

- **A National level regulatory act**, in some countries called **Master Plan** for downsizing, closure and transformation of residential institutions. Corresponding **Regional plans** are proposed, with a mandate for a regional planning team to carry out service restructuring with government and non-government service providers

from local levels within the Region. They should plan and implement a three- to five-year plan for:

- a) Establishment and implementation of new services,
 - b) Transformation of institutions and other services within the Region; and
 - c) Stopping new entries in the institutions and facilitate a gradual transfer of residents from the Region (placed in institutions within or outside the Region) to their families, substitute families or other alternative services within the Region.
- **A Transition management funding facility** is proposed, with earmarked funding (from government and donors sources) for the transformation of ongoing services through inclusion of State and non-state stakeholders. Estimates of costs can be established on the basis of:
 - a) approximate targets in development of services per region / per type; and
 - b) description of profiles of services and range of their per capita costs (on the basis of the best practices within or outside the country).

Such a “funding facility” would cover costs of services which are not at present covered by the State- or local budgets, as well as “transition costs” for transformation of existing residential institutions. The financing would be demand-driven and would depend on the adherence of project proposals to conditions stated in the tenders as well as on other criteria, such as the terms of partnership between government and non-governmental stakeholders, the participation of local authorities in the project etc. The selected projects to be funded by such a facility would replace the endless and often unsustainable “pilot projects”. In case of a good achievement record, their continuation would be guaranteed until the time they could be included in the new system of services and be regularly financed from local- and/ or national level budgets. Stakeholders whose proposals would not pass the selection criteria would be offered training to prepare projects for future tenders. The stakeholders involved in the above project would be eligible and encouraged to apply for part of the funds in developing new services within the above-described demand driven funding facility. New services would be to a great extent a result of the transformation of residential institutions which could become Centers for multiple services needed in the Region. This reflects an important concept in the proposed process: the residential institutions in the Region would be treated as potential suppliers of alternative services and part of their personnel would be a “target group” for deployment in these new services. It is expected that the above transition management mechanisms maintains the momentum for the reform through gradual restructuring of the system while other parallel processes, described later, should contribute to their institutionalization in the long run.

Qualitative results in terms of combating the prevailing “assistentialist” institutional culture could be accelerated if social dialogue and empowerment start to prevail over analytical precision and technocratic blueprints. The two programs recommended above should be a part of such a general approach to the reform.

2. Developing a three- to five years “Action Plan” for care services at Regional level

Experience shows that it is useful to develop a three to five years plan for development- and reordering of services at Regional level (2nd level of governance) in order to achieve the overall goals of the reform. Such plan needs to define what services are to be created, to be reordered, the time framework needed for this to happen and procedures for establishment of services. The steps to develop such plan include an assessment of the demand and supply of services in order to know the quantity of services needed in a particular Region. A second step is to take decisions on which, of already existing services are to be upgraded, developed or transformed. Finally the plan needs to define the type of service providers needed to be included into the system in order to balance supply and demand for services.

a) Balancing the demand and the supply of services

Deinstitutionalization requires an increase in the number of children in alternative family based services as a result of a decrease in entries in residential institutions and an increase of exits from them. As suggested in the later part of this document, the number of children

and disabled persons within the Region targeted for new services should reflect the consensus reached with the relevant authorities on the speed of deinstitutionalization and the speed and scope of upgrading or creation of new services. The experience suggests that in most of the circumstances not more than 30% of presently institutionalized children and disabled persons should be initially targeted for the period of the first three years of reform. Together with the regular outflow of children from institutions the reduction in the numbers of children in some child institutions, such as boarding schools, could reach 40% to 50% in the given time framework.

However, these targets will have to be established after a careful examination in each municipality and a Region as whole of their feasibility. It will depend on the scope of already existing services in the municipality or region and the resources - both human and financial - needed for local capacity building and for planning for reordering and establishment of new services. Thus, apart from the estimates of the potential demand for services, the existing and potential supply of services should be assessed. The first step in a situation analysis of services would be to analyze existing data in these two areas. The next steps would be to assess, taking into account present government service providers, NGOs, associations of the people with disabilities and other civic groups, what services are already provided, and what is their potential capacities and interests to upgrade, adjust and increase the number of needed services in the municipality and in the region.

In summary, the final targets for the Plan in terms of number of service users to be covered, type of services needed and placement capacity of services, will have to result from an analysis of the relationship between the demand for- and supply of services taken together with all the other factors, including availability of resources, relevant for planning and implementation of an Action Plan for the given municipality and/or Region.

If individual care plans for all persons proposed to be deinstitutionalized would be ready at the time of planning at municipal and regional level it would greatly facilitate the service planning and implementation process. If the later would not be possible, estimates will replace the exact data on individual service users. However, both statutory services and residential institutions will have an additional burden in their work load with the preparation of persons to be deinstitutionalized and preparation of service providers for receiving them. This work burden will include work with families of origin or foster families. Within planning efforts some of these, otherwise regular task in statutory services and residential institutions, may have to be done with the additional temporary staff hired at the expense of the planning project.

a) Choice of services to be upgraded, developed or transformed

In the Plan, it would be necessary to reflect the consensus reached with national authorities and reflected in regulatory measures on:

- **Modalities for upgrading and changes in mandate** of the existing state service(s) at local level (i.e. statutory) services and their work with families. Such changes in mandates for example for statutory services, may also lead to a new organizational set up in order that they provide more efficient gatekeeping function for the system, instead of providing direct services to the children. Gatekeeping entails i.e. to assess the needs, approve entitlements, deal with legal aspects of guardianship, develop plans of care with selected service providers, recruit and contract the service provider, follow-up revise and conclude the process of care for individual user(s) of services etc.
- **Establishment of a continuum of other care services**, their content and admission policy.
- **Defining areas of common concern with other sectors** of public policies, and division of labor among them (apart from prevention) for complementary work in favor of groups already at risk.

The continuum of services needed in the new system could be grouped in the following way:

Family and child support services:

- Counseling, family outreach and crisis intervention (1st group of services);
- Day care for a child or other dependent family member (2nd group of services)
- In-home support with domestic chores and/or personal assistance at home (3rd group of services)
- Mediation, independent representation and strengthening capacity for self representation i.e. to empower the service user (4th group of services)
- In-home support with domestic chores and/or personal assistance at home (5th group of services)

Family substitute services

In a great majority of cases, this type of services can be provided either as a crisis response, as a respite service. Temporary and long term placements in residential institutions should be accompanied with continuous work with the families of origin and/or search for substitute families:

- Protected shelter within regular human settlements (5th group of services);
- Live-in arrangements with guardians and/or tutor(s) and foster care (6th group of services);
- Small residential care facilities for up to 10 children (7th group of services)
- Residential institutions in transition (8th group of services)

This last group of services should be sub-grouped in a) the ones in the regime of moratorium to new entries and/or b) the ones that are in the process of closure and/or c) the ones that are in the process of transformation into Centers for multiple (alternative and residential) services.

b) Service Providers

The above services could in principle be carried out by government or non-governmental service providers as long as they are regulated under the same national standards and methodology for presentation of costs under the overall supervision by the government. The concept of “plurality of service providers” and choices for beneficiaries will be spelled out in legislation, mainly through bylaws and similar acts for recruitment of service providers, contractual relationships, licensing, supervision and monitoring. Tender procedures established by the relevant government authorities at different levels would take care of the choice of the most suitable candidates for service provision.

Within the three years planning period a mixed strategy will be pursued for establishment of services: on one hand establishment of some services, mainly from the group of services described in part a), will be established by the governmental actors directly. This includes for example the network of foster families or other services which residential institutions in the region could carry out as part of their transformation. On the other hand services can also be established through a tender procedure for NGOs and private entities and individuals.

3. Providing conditions for developing services within the Region

The ideal level for the reform planning project is at Regional level, but can also be done for clusters of municipalities with geographic proximity in countries where such Regional (2nd tier of governance) does not exist.

a) The municipal and regional planning project - regulating and managing transition from the inherited- to the future system

Some of the transition regulatory efforts at municipal and regional level will have to be carried out via formal project agreements including Ministry level, local self-management structures and donors since they would imply modifications of existing practices and application of new ones on selected project sites. Part of the effort would be, however, upgrading of local

statutory services which have the important function of “gatekeeping” the system and as such will take decisions on what kind of services are to be provided to specific service users, while at the same time blocking the entry into some old types of services. As mentioned later, some of these statutory functions will, during the development and implementation of the plan, have to be reinforced by additional project staff. This is necessary because the planning and implementation of services for the target groups in question require far greater efforts within a short period of time, than what is a feasible workload for existing statutory organs that will have to maintain their ongoing activities all that time. Also, planning and development of services will be carried out in parallel with capacity building of staff for new functions, which will occur as part of the implementation of other segments of the plan. Apart from upgrading and strengthening statutory services at local level and involving them in project implementation, the project should include residential institutions from the region in its activities. Thus, all government services will have to follow the same project requirements.

b) Residential institutions within the Region - to be guided by higher-level commitments and directives

For the reform to succeed, the future destiny of residential institutions need to be guided by higher level directives and be offered a chance to be agents of change within the Region where they exist. Regarding the transformation of residential institutions located within a given Region, it is important to bear in mind that this segment of the planning project work plan should be based on the Ministry’s deinstitutionalization parameters (i.e. criteria and procedures stated in the national Master Plan or similar regulatory act) with decisions on institutions placed in following regimes:

- Moratorium on new entries and/or
- Downsizing institutions in terms of placement capacity and/or
- Closure of institutions and/or
- Transformation of selected institutions in Centers for multiple services (residential and alternative).

Furthermore, respective Ministries should also take decisions about how to cover transition costs of service restructuring and make decisions on human resource management during the transformation process, all of which should be based on quantitative targets and deadlines in the process of deinstitutionalization (Ministry of Education, Ministry of social services and Ministry of Finance have a crucial role in this process).

Experiences suggest that it is not enough that the project is approved by the relevant Ministries. It should also become their project in a full sense of the word and be accompanied by regulations, decisions, directives to Ministry staff and staff in institutions, joint decisions with local authorities, budgetary provisions, contracts with donors etc.

c) Defining quantified objectives for the coverage of services for each group of services

The project needs to define and quantify the number of services needed for each group of services to be available in the “new” system. Such estimation can be done based on existing data on users of old services. As suggested in the later part of this document, part of the children and persons with disabilities who are at present in the institutions, and all such persons which are being in the pipeline for institutional placements, should have priority in alternative, community based services. They are called **primary and secondary target groups**, while children and families with different risks are called **tertiary target group**.

Primary, secondary and tertiary target groups should be defined in qualitative and quantitative terms. Within the described parameters the initial number of primary and secondary target groups would be estimated for each locality and region based on data on all children currently placed in institutions, while the secondary target group are based on data on yearly inflows of children into these services. It is suggested that the total number of children in primary and secondary target groups be a basis for an indication of the size of the tertiary target group. Even though the size of this group will depend on the actual future demand, it is suggested that this group be expected to cover at least the same number of children equal to the total of

the primary and secondary target groups or alternatively, for a number of children which are expected, on the basis of past trends, to demand the above services. For more details on planning and its iterative nature as well as probable results in placements of children in alternative services see the Annex 1.

d) Introduction of case management

Vigorous introduction of case management in statutory services is vital in the new system as it contributes to empowering service users and to rationalizing the use of State resources.

It should be kept in mind that the installed capacity of care services for children and/or families indicates only the number of placements available, not the number of children and/or families who may have used or are still using these services during certain period of time. I.e. where a protected shelter was made available to 10 youngsters leaving institutions and not yet in the condition for independent living we are dealing with an installed capacity which can provide shelter for 30 youngsters during the 3 years period if their conditions would improve within one year, or for 60 youngsters if their conditions would improve within 6 months.

This means that the question of a "turn over" in different type of services is important when quantifying the number of services needed. Turn over may be different in different types of services. I.e. it is not likely that counseling lasts for years, while foster care may be lasting for years in the situations where family situation does not improve due to chronic sickness, imprisonment of the parent and the like. But foster care can be shortened in many cases if adequate treatment and services are provided to family of origin. Also, there will be people who will need to benefit from more than one type of service, at least in some periods, and this will be established within their care plans. Thus the duration of service is not only depending on the condition of the beneficiary and the quality of specific services but also on the work of case managers in statutory services on the improvement of the conditions in the families of origin or in provision of conditions for diminishing the user's dependency and increasing his social inclusion (i.e. mediating for employment opportunities, replacing service provision with cash assistance, inclusion in formal or informal education, social housing etc). Cash assistance may also be used, but one should be aware that poverty benefits are nationally targeted and that treating differently families with deinstitutionalized children may be counterproductive, since it may lead to an increase in the demands for placements in institutions.

The "gatekeeping" function that statutory services provide is therefore not only relevant for decreasing admissions to institutions but much more for follow up of individual cases, revision of cases and closure of service provision, all of which is inevitably linked with users empowerment to live independent life. It should also be mentioned that effective gatekeeping also have the positive effect of reducing unnecessary costs of the State as it reduces inefficient and dependency creating care arrangements, such as residential care.

Within the planning process all of these functional concerns and inter-linkages should be made transparent to the stakeholders and influence both planning and practice. Planning includes estimates on how many placements in each modality of care should become available. However, specific needs of each child and/or family within a certain target group cannot be known before the assessment of his/her needs and this process will have to run in parallel with the process of introduction of alternative services.

Yet some quantitative insights could be derived from qualitative analysis of the profile of target groups, which suggests that children who should be transferred from institutions to alternative care need to be either reintegrated into their families of origin or transferred to other substitute family arrangement such as extended family (kinship care), foster care, protected shelter or a small residential institution. In addition, children and persons with disability who demand institutional care would after an assessment of their needs has been made, be either:

- Maintained in their families of origin with one or more supportive services such as family counseling, and/or family support outreach service, and/or day care and/or

inclusion in other public services and opportunities (i.e. reintegration to school, provision of family cash assistance, of supplementary feeding, inclusion in organized child- or youth leisure time activities etc.) or

- Placed in one of the family substitute arrangements such as foster care, group home or protected housing arrangement.

A great majority of other at-risk families and children, where prevention of separation from parents, protection from abuse and neglect and/or reintegration into family is needed, will need services as described in the first bullet point above.

All of this is a reminder that some basic proportions with regards to the magnitude of services which need to be established and it should be part of a planning process approach and adjustments should be made during project implementation. The question is, however, which risks in terms of design and magnitude of services could and should be avoided? Definitely, the risk of creating too big capacity for limited demand for a specific service should be avoided. This will not happen in a gradual process of building of new services, where the number of modalities is more important than their size. The example in Annex 1 is meant to illustrate what could be expected to be the magnitude of new services and operational capacities when a 30% reduction of institutional care is done and a doubling of the number of children with access to community based care are provided.

ANNEX 1

Anticipated and achieved quantitative results in deinstitutionalization and provision of alternative services

1. Criteria which can be used for selection of project sites:

- Selected project sites will be clusters of municipalities from the regions with the highest relative number of children placed in residential care institutions within and outside the region or/and
- Selected will be clusters of municipalities from the regions with the highest relative number of children and disabled persons in residential care institutions or/and
- Selected will be municipalities with the highest absolute number of children and disabled persons in residential care institutions or/and
- Selected will be municipalities near big residential institutions for children and disabled persons.

2. Steps towards quantification of target groups

- a) Summing up the number of institutionalized children per selected municipalities within the age groups 0 to 18 years and persons with disabilities (all age groups) who are placed in institutions within and outside the region.
- b) Summing up the approximate number of children and disabled persons demanding and obtaining institutional care per year and per municipality (i.e. the demand on yearly basis in the last 5 years).
- c) Estimating deinstitutionalization targets (summing up the probable demand for new entries into institutions per year with the one third of presently institutionalized children and disabled persons (i.e. in both institutions outside and within the region). The above number should not include the number of children expected to leave institutional care under regular regime of outflow from institutions because of age, adoption or improved family conditions etc. The exception to the above would be an estimate of the number of children leaving institutions under regular regime, but in need of additional follow-up or one or more alternative services to be made available They will be included in the target group under d).
- d) Estimating the size of the target groups needing individual services or family support services that will timely prevent family separation or further deterioration of the child condition. A certain number of children, adults with disabilities and/or entire families living within the municipalities need social care services. These may be found among children with disabilities living with their families, children out-of-school and/or with behavioral problems, dysfunctional families in which parental obligations are not fully exercised or where there are indications of child abuse or other violations of child rights, aged parents living with a dependent adult person with disability etc. The size of this, third target group should be estimated from this broad group of potential candidates. However, the actual placement of an individual in the service will be done after completion of a holistic assessment of individual and family conditions of potential service users.

Therefore, there are three target groups for inclusion in alternative services i.e. in new service structure. They are:

Primary target group: Defined percentage of children and disabled persons who are at present in institutions and should be transferred to other type of services;

Secondary target group: The calculated number of children and disabled persons (in accordance with past trends) expected to present explicit demand for institutional care in the next three years.

It is the estimated demand of these children that the regional plan has to provide alternatives with family support and family substitute services. That is, in the first year of the project implementation these will be the children and disabled persons whose placement in institution is imminent but may be substituted with foster care, small family type institution or protected shelter. In the next years these will be children and disabled persons whose timely and thorough individual assessment would be the basis for placement in the appropriate service.

Tertiary target group: These are children and the disabled persons described above in point d) To this group should be added children and persons with disabilities who are supposed to leave or have left institutions (in accordance with existing rules) but need follow up and services for their family and/or community and/or labor integration. It is suggested that the planning target for the tertiary group be at least the same number as the overall number of persons targeted within deinstitutionalization targets if more complex assessments are not feasible, or lack of financial resources in a short run does not facilitate response which is deemed more appropriate.

3. Iterative planning process to adjust initial targets with the supply of services

From all the above it could be concluded that from the beginning of the project implementation, children and families who are targeted by the project in each locality should have potential access to any of the agreed types of alternative services tailored to individual needs and available at local or regional level (depending on the size of localities and needed proximity of service for the beneficiary). It should be avoided at all costs that children who would need foster care be "temporarily" placed in small residential institution or that families with potential to improve their care capacities are deprived of assistance in favor of separation of the child from the family. Thus the Action Plan has to balance the tasks needed to be performed for assessment and individual work plans, and tasks related to the creation of new services. It is suggested that when initially quantified target groups appear to be too big for an adequate response to their specific needs, the project should rather reduce the workload on assessment and work-planning for the targeted children and/or families and instead increase the attention to development of all agreed modalities of care, as a matter of priority. This is justifiable due to the fact that keeping the reduced number of care options and applying them excessively (i.e. placement in institution because of lack of foster families and not because it is the measure of last resort) would lead to the repetition of old practices which were easily justifiable at times when options were not part of the system of services. In the project sites this should not be done. Therefore, temporary slow-down in the number of "processed" children would be necessary, but it should be kept in mind that this should also be done with clear criteria.

The primary and secondary target groups should be given priority in the first stage of planning and implementation of new services. The full-fledged continuum of alternative services should be available first to the above groups. If this would, again, not be feasible in the short run, a reduction should be sought in the number of cases within primary target group i.e., the transfers from institutions would be temporarily downsized while the secondary target group would be treated fully. However, this should be done while at the same time the risk is reduced that the transfer of institutionalized children to new modalities of services be completely abandoned and strict criteria in targeting is relaxed. Awareness about the need for strict targeting and maintenance of the priorities in placements in care is the only warrant that deinstitutionalization objectives are ultimately met. This is why, among other considerations, there is a need for communication messages to the public, which emphasize deinstitutionalization targets and do not widely promote (at least in a short run) demand for new services to the other, not so vulnerable groups of children.

4) Achievements in terms of placements in alternative care and reduction of the placements in residential institutions

The application of the above type of analysis in the region X could lead to the following results:

There were 350 children in residential care and the initial target was that 120 children (primary target group) be considered for deinstitutionalization in the next three years (this number did not include the 40 children that were supposed to leave the institution due to age etc.).

Approximately 50 children were expected to enter institutions within a 3 years period and they were considered as a secondary target group while the tertiary group was an additional 300 children.

If at the end of the three year period in the above region the situation described below would be found (only as a result of interventions in the primary and secondary target groups and regular outflow from institutional care), the conclusion would be that the goal of deinstitutionalization of 30 percent of the children has been surpassed. These results might have been structured in the following way:

- 112 children in foster care or living with guardians;
- 10 in protected shelter;
- 8 in small institution;
- 160 remained (temporarily) in the "old" institutions;
- 40 have left as a regular outflow and
- 60 are either reintegrated in their families or are living independently (but part of them, approx. 50% are also users of family support services such as day care, counseling, mediation, etc)

5. New services and the tertiary target group

However, all what was said so far does not yet refer to the new admissions in alternative services generated from the demand of a tertiary target group. As suggested earlier, the families and children in that group are likely to be primarily needing family outreach-, counseling and other family support services as well as day care services. The improvement of social protection for 300 children within three years would be more than surpassed in the given region, if at the end of the above period there would be:

- 100 children in day care (2/3 of them with disabilities or behavioral problems);
- 20 children with disability receiving family outreach service;
- 250 families (part of them with more than one child) receiving counseling, mediation, support for job training and similar services (some of these are short term services and some are longer term);
- 4 children with disabilities in small institution; and
- 16 children and /or youth in temporary shelter.

At the same time, the above would be facilitated by new arrangements in the functions of statutory services through processing of the demands of:

- 500 cases (of children and/or families from all three target groups per year, in terms of assessment of needs, approval of entitlements, statutory intervention in cases of abuse or violation of other child rights, collaboration with judicial organs for children in conflict with law, guardianship functions including legal representation, advice etc.