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Analysis of the progress, remaining challenges and trends in Child Care System Reform ¹

Armenia, Belarus, Georgia, Moldova and Ukraine

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Table of Contents

1. Background	3
2. Children and alternative care in the region	4
3. Main achievements in the reform	5
3.1. Progress in transforming, downscaling and closing down residential care services	5
3.2. Progress in diversifying services at local level.....	6
3.3. Progress in regulating the use of services towards community based- rather than residential services	8
3.4. Changes in Governance to improve coordination and towards decentralization	9
3.5. New ways of financing services.....	10
4. Remaining challenges in the reform.....	11
4.1. Establishing clear targets and benchmarks for the reform.....	11
4.2. Forecasting needs for services and planning the reform.....	11
4.3. Need for further diversification of services	12
4.4. Need to improve inter-sector cooperation and re-articulate child protection mandates in health and education.....	14
4.5. Improving regulation and targeting of services	15
4.6. Challenges related to incomplete governance reforms and “decentralization before reforms”	16
4.7. Redirecting resources from institutions to new services and budgeting of child care reform.....	16
5. Conclusions and lessons learned	17
6. Next steps	18
 COUNTRY CHAPTERS	
Armenia	20
Belarus	28
Georgia	39
Moldova.....	50
Ukraine	62

1. Background

The Republic of Armenia, the Republic of Belarus, Georgia, the Republic of Moldova and Ukraine² became independent from the Soviet Union in 1991. They inherited a similar socio-economic system, including the child care system which was heavily depending on institutionalization as a child protection measure. There was a tradition of State involvement in providing social welfare of citizens, and heavy investments in social infrastructure. Some of this has been maintained since independence, but much has also eroded. Overall, the social protection- and child care systems that were inherited were not adequate to respond to new risks that families and children are facing.

According to the World Bank classification, Belarus belongs to the upper-middle-income category, Armenia, Georgia and Ukraine – to lower-middle-income, Moldova belongs to the low-income category. During the first two thirds of the 2000s, all countries experienced fairly fast economic growth, which contributed somewhat to the improvement of living standards of the population and allowed governments to increase public expenditure. However, the current economic crisis is already having a negative impact on the economic growth, and may also negatively affect the rates of children in need of alternative care³, just as was the case of the 1990s economic crisis. Even before the crisis, poverty, family vulnerability and disability were leading causes for separation of children throughout the region, especially in rural areas and small towns. Children are among those most at risk of poverty, while at the same time being most vulnerable to its impact.

The lack of employment opportunities at home drive many citizens of Armenia, Georgia, Moldova and Ukraine to migrate to Russia and the EU, in search of jobs. This has implications for migrants' families and children: the remittances sent home can improve wellbeing and reduce dependence on the child care system, though this is counteracted by the risk that the absence of one or both parents increases the number of children requiring alternative care.

The global economic crisis has an impact on child welfare in various ways in these countries. Financial transfers from people working abroad have decreased. Wages in construction and extractive industries have been reduced. There are reports of migrants returning from abroad in search of potential employment within their home countries and overall there has been growth in the unemployment rate in 2009. As a result, household income has been reduced and families with children seem to be particularly affected. In some countries they are reported to have difficulties to pay heating and electricity and there is also reported to be significant reduction in food consumption in families with children in some countries.

Towards the end of 2009 the international discourse on the crisis in CEE/CIS countries had changed from that on an "economic and financial crisis" to focus more on the humanitarian and social effects of the crisis. Already before the crisis household poverty, family dysfunction as a result of unemployment, substance abuse of parents were leading causes to institutionalization of children and the child care services, and social protection systems in place were not equipped to mitigate the effects of these problems on families. The situation is no different today. Today, countries face a challenge of maintaining reforms in social protection and child welfare to make them more effective both from a human- and from an economic perspective. While current child care services risk to get an influx of more children if families cannot cope, these services have also proven to be the least cost effective. At current times of economic crisis, it is therefore important to keep a close watch on the rates of children who go into formal care, and in particular residential care. Governments need to maintain their focus, if not intensify their efforts to reform child care services, both to prevent more children from entering the formal care system through providing families with the necessary support services and social protection schemes, but also develop a more cost-effective child care system for the future. Priority of reforms need to be placed on prevention of family separation and the strengthening of gatekeeping systems, as well as re-allocation of budgetary resources from institutions to new types of services.

² For the purposes of this report the countries will be referred to as Armenia, Belarus, Georgia, Moldova and Ukraine.

³ This paper uses the terminology of the "Draft UN Guidelines on the appropriate use and conditions of alternative care for children". It refers to "alternative care" for any type of care of a child which is substituting the biological family. Alternative care can be residential care, or family based care, such as foster care or guardianship care. The system, regulated by the state, which provides alternative care for children at risk, is referred to as the "formal care system" or "child care system". It can include both private and public service providers.

2. Children and alternative care in the region

During the Soviet period the child care system was guided by the ideology defining the central role of the State. All countries in the region inherited a centralized planned and budgeted child care system that relied largely on institutionalisation of children as a protection measure for children without parental care, in cases of child abuse and neglect, for children with disabilities and children in conflict with the law. Alternative family based care such as guardianship was also available but on a smaller scale. Family support services were underdeveloped, with the only exception of day care which was available for working parents. The system is a legacy of the Soviet state policy that was based on priority of public interests over the interests of families, and vested the primary responsibility for raising the children in the state. The system itself encouraged parents to leave children for alternative care, undermining parental responsibility.

In the early 1990s, during the transition, economic conditions deteriorated for many families, the state could not take care of the children and maintain the whole network of public services, but many families were not ready to manage the full responsibility for their children either, being themselves in need of protection. Thus, institutionalisation also became a strategy to mitigate family poverty. At the same time, the transition opened up space for new ideas and countries started recognising the importance of children to grow up in a family environment. Between 1990 and 1994 all countries covered by this analysis ratified the UN Convention on the Rights of the Child and thereby accepted the obligation to devise a system that would serve children's best interests, and respect children as subjects of rights, rather than mere objects of care. The child care system reform takes place in this context and is a process which needs to redefine, clarify and enforce the core responsibilities of the State, and in particular articulate the complementarily and develop mechanisms for other actors, such as NGOs and private sector, in providing welfare to citizens. There is an overall need to diversify different types of services and introduce the necessary changes in the system regulators, such as policy- and legal frameworks, financial flows and budgeting, professionals, governance bodies, quality assurance systems to reflect modern approaches of family based care for children. All of this requires careful reform planning, monitoring and evaluation of reform targets and benchmarks. Between 1999-2004 reforms of child care system and services had started in all 5 countries covered by this analysis.

Today, there are 14,399,950 children under 18 years of age in these five countries. Child populations have been decreasing over the last 10 years. In 2007-2008 there were approximately 210,000 children in these five countries who were living in various types of alternative care arrangements, more than 110,000 of them were growing up in residential care in about 1,100 institutions. Children with disabilities represent more than 30% of all children in institutional care, but the proportion varies a lot between countries⁴. Small children under 3 years of age also represent a large proportion of all children in residential care, especially in Belarus, Moldova and Ukraine⁵. This is the age group for which residential care is the most harmful even if the child is placed there only for a short period of time.

Despite of implementing reforms for almost 10 years, the countries in focus of the analysis still have high rates of children in alternative care although there are differences among countries⁶. Any eventual reduction of the total number of children in alternative care, is largely due to a reduction of child populations overall. It is also interesting to note that economic growth in these countries between 2000 and 2008 did not have any major impact on the rates of children in the formal care system during the same period. The rate remained rather stable in the last five years in Belarus, while it increased in Moldova, Ukraine and Georgia. Armenia is the only country where the rate of children in formal care decreased. On the positive side however, it has to be noted that there is an increasing proportion of all children in alternative care in Georgia, Moldova, Belarus and Ukraine that are provided family based substitute care, rather than institutional care. This indicates that family based substitute care services are being developed, but that children who were already in residential care may not necessarily be beneficiaries of these new services. Prevention of family separation, targeting of new services and

⁴ 35% in Belarus and 79% in Ukraine. Exact figures for other countries are not currently available.

⁵ The rate of children under 3 years per 100,000 of child population of respective age is 221 in Ukraine, 241 - in Moldova; 317- in Belarus (under 4 years of age); 69 - in Georgia (under 5 years) , 20 - in Armenia.

⁶ Moldova – 1,998 children; Ukraine – 1,878; Belarus – 1,665; Armenia – 731; Georgia – 642 children in alternative care per 100,000 child population.

transformation, downscaling and closing down of residential care services need to be key elements in continuing reform efforts.

3. Main achievements of the reform

From the assessments and data collection carried out in the countries covered by this analysis it is clear that child care systems have been undergoing a lot of changes since reforms were initiated. Even if progress towards the overall reform goal – that of gradually reducing the general rate of children in formal care – has been somewhat uneven, many achievements have been made in reform benchmarks. As was stated earlier, of all children without parental care who are taken care of by the States, the ratio of children cared for in residential care, as compared to family based substitute care, has been shifting in favour of the latter. This is good progress, but far from enough. Progress in transforming the system can also be seen in other benchmark-areas:

1. With regards to development and reform of services there is progress in transforming, downscaling and closing down residential care services, while a more diversified mix of community based services, consisting of family and child support services and family based substitute care services is being developed;
2. There are also changes in regulators of the system, including changes in policy- and legal frameworks, financial flows and budgeting, capacity of professionals, governance, quality assurance systems (such as standards, certification and inspection mechanisms). Ongoing decentralization efforts are also contributing significantly to changes in the way the child care system operates.

However, the child care reform has proven to be a complex matter and many of these changes that are happening, are taking place unevenly. Some of what can be considered the main achievements of the reform so far are detailed below.

3.1. Progress in transforming, downscaling and closing down residential care services

The need for transformation of the old system of child care services that consisted mainly of large residential institutions has been acknowledged in all 5 states, respective policies were developed and efforts on their implementation have been undertaken. This represents one important achievement of reforms so far.

State policy documents and laws now clearly acknowledge the right of the child to grow up in a family environment, favouring support to biological families and to children in difficult situation, prioritising alternative family based substitute care over residential care and supporting a reform of institutions. Legal changes have been introduced to streamline national legislation with the Convention on the Rights of the Child. All countries have enacted new Family (Civil) Codes, along with adopting other framework laws (e.g. Law on child protection, Law on the rights of the child), specialized laws (e.g. Law on ensuring organizational and legal conditions for protection of children without parental care in Ukraine, Law on social protection of children deprived of parental care in Armenia), and numerous by-laws enabling implementation of the primary legislation.

The importance of child care as a public policy matter is also acknowledged by all five governments. The authorities recognise that the care services for the same children could be provided more effectively and more cost-efficiently in a family-based environment. Specific child care issues are addressed in these countries' special government programmes, devoted to this topic. The policy provisions have been further developed into strategic plans in a few countries. In Moldova the development of child care services is approached in a wider context in the National Programme for the Development of an Integrated System of Social Services 2008–12 and the draft Law on Social Services. Annual child protection programmes in Armenia and annual children's action plans (for which cost estimates are also provided) in Georgia contribute to improved planning and decision making, implementation and monitoring, including budget expenditures.

Overall, the number of institutions has been reduced, although to certain extent it happened thanks to decline in child population in general. In some countries (like in Belarus), the government and local authorities have as a result closed down some institutions, particularly those which had few remaining

children, but also thanks to reintegration of children into biological families. General boarding schools have been the most numerous among the closed-down institutions. Lori marz in Armenia became a platform for piloting a de-institutionalisation programme linked to family support and family substitute services. A step towards deinstitutionalization was the development of an integrated teaching system for children with disabilities (Belarus). At the same time, there is a concern that the indicator for measuring progress in child care reform has not been clearly understood, and that 'the number of institutions closed' is seen to be the indicator of success rather than the improved well-being of the child. Good practice from similar processes in other states shows that the best interests of the child must be carefully considered and that the child should not be subject to frequent and temporary changes, such as being moved from one service to another. In many cases, continuity may be better than frequent change. In Moldova and Armenia the plan for closure and transformation of institutions was based on a comprehensive assessment of needs of children in residential care.

There are interesting examples in Moldova and Georgia where more comprehensive national plans for transformation, downscaling and closing down of residential care services have been developed or are in draft. Such plans are important in order to make sure that children living in institutions are prioritized as beneficiaries for new services, that staff and infrastructure are optimized and not left out in the process of developing new services. Implementation of the plans still needs to happen. There are also some smaller scale examples of institutions which have been transformed into new types of services, such as boarding schools in Armenia which became regular schools, and institutions in Belarus that developed patronat services providing support to families.

3.2. Progress in diversifying services at local level

The functions of the child care systems are still to large extent carried out by the provision of different types of residential care services (baby homes, orphanages, boarding schools, etc). At the same time, and as mentioned above, policy and legal documents are favoring the development of a more diversified mix of social services - a continuum of services - which aims to address diverse vulnerabilities through individual child/family plans and by strengthening family capacities for providing quality care for their children. This is a good development compared to the previous one-sided focus on residential care as a universal response.

It is clear that the development of new types of social services through various forms of pilot initiatives supported by NGOs and various donors have been instrumental in the reform so far. As a result, innovative practices have been launched to address the diverse needs for families and children and there is an emergence of many new types of services in all countries. The new services introduced include both family and child support services of various types, and new types of family based substitute care services. In many cases these remain on a pilot basis still and are not financially sustained in government's budgets yet, while in other cases such provisions have been made. In Belarus new types of community based services are developed only by public agencies, in Ukraine there are both public and private service providers and in Moldova, Armenia and Georgia such services are mainly provided by NGOs, although there several of these services have recently been integrated into the public budget (especially in Georgia). In Moldova a designed reform aiming at development of integrated system of social services envisages a new classification of all available services, namely community care services, specialized services and very high need (or highly specialized) services. The piloting of new services has allowed building up the capacity of local civil society, which has been providing significant input to the child care reform implementation. As mentioned a bit further down in the analysis there are also emerging efforts of developing mechanisms to include non-state service providers in the service provider chain through standardization, certification and tendering processes, especially in Moldova and Georgia, but it remains to be implemented in a more systematic way in the other countries.

Community-based family and child support services, important to prevent family separation, are developed in all 5 countries. These include, for example, day care, social and psychological support centres for children and families (Armenia, Ukraine and Belarus); day-care services for children with disabilities (Armenia, Ukraine, Georgia and Moldova); development training and rehabilitation for disabled children (Belarus, Armenia), mother and child counseling centres for abandonment prevention (Ukraine); social-pedagogic services (Belarus); community centres and child friendly spaces (Georgia). At the moment most of these services, however, are concentrated in bigger towns and being provided on pilot basis, and there is no provision yet for an equitable distribution of the full continuum of services in all locations of the

countries. In the coming phase of the reform it will be important to document the good practices in these services to inform the development of national standards for all services, agreeing on the variety of different types of services needed and the minimum in all locations, to forecast the needs for such services at national level and to make financial projections of the cost of bringing them to scale. Belarus presents a good example where such services have geographical coverage and have been created almost in every district (both rural and urban), and they are not on pilot basis any more.

The development of family based substitute care services, as alternatives to institutions has also advanced during recent years. Alternative family based substitute care services consist largely of guardianship and trusteeship services, which are overseen by the guardianship authority at the local level. The guardianship care is already well established in the region. Vast majority of guardians are relatives. Foster care has been introduced on a systematic basis in Ukraine, Belarus and Georgia (and has been increasing), where the governments have adopted targeted policies and necessary legal framework, allocated significant resources and conducted an effective information campaign for that. In Armenia foster care has been just recently established by law and it is still in initial phase. Professional foster care, which strengthens the status of foster parents and enhances the quality of care, has been introduced in Belarus (labour contract is concluded in addition to the contract on the placement) and in Ukraine. Such a relatively new form of care as family type homes exists in Moldova, Belarus and Ukraine. In Moldova and Belarus an innovative form of family placement called patronat has been piloted. In this case the responsibility over a child is divided between the patronat parents, the guardianship body and a service provider (institution in Belarus). Patronat is a more flexible form of family placement that can be applied to a child of any age notwithstanding his/her legal status, even right after separation from the family without being placed into an institution. Different types of patronat, envisaged in Moldova (emergency, short-term, long-term and respite), give more options for placement arrangements, and ensure the best interests of the child and gives more chances to biological families. Remaining issues to be addressed include increase in the coverage of these services in all regions of the countries, standardization of the services, and institutionalizing recruitment, assessment, training and supervision of substitute parents.

There is growing understanding among professionals and decision-makers that an approach to development of family based substitute care services should be uniform and that similar standards and criteria should be applied to both traditional and new types of care. This concerns first of all training and selection of care providers, but also pre-placement and post-placement support and supervision services available for children and their new families, namely guardians, foster parents, parent-educators, patronat parents. Experience of Belarus can be given as an illustration of such approach. The uniform assessment form of the living- and upbringing conditions of the child living in foster-, guardianship family or in small group homes, approved by the Ministry of Education, represents the uniform criteria of assessment of situation of children in all types of substitute families. Training is presently envisaged for parents-educators from small group homes and foster parents. A preparation programme for adopters to the role of the parent was also approved. Given that in most cases guardians are relatives of children, the law does not stipulate their mandatory training. However, training of the guardians would contribute to better quality of child care. Development and implementation of uniform standard programmes of pre-professional training and advanced training of substitute parents are planned. Local social pedagogical centres provide assistance to substitute families.

One of the important positive trends in these countries is also the provision of state financial support to substitute families. Child support allowance for children living with guardians is provided in Belarus, Moldova and Ukraine. Child support allowance and remuneration for work of foster parents is paid in all 4 countries where this type of care exists, same in the case of family type homes and patronat services. Kinship care, which is thought to be a very important informal way of caring for children whose biological parents are absent or unable to do so, remains however largely unsupported. It would be important to monitor this form of care better in the future, and to make relatives who are taking care of children from extended family eligible to different kind of support schemes. This would have the potential of reducing the risk that many such informal care arrangements break down and result in institutionalization of the child.

More attention has been paid to youth leaving formal care in terms of their preparation and the provision of after-care services. Legislation in Ukraine, Belarus and Armenia establishes benefits and social guarantees for this category of young people. Control over preservation and protection of property of children without parental care have been reinforced. However, the system of aftercare support needs

further improvement. Currently the services are mostly targeting young people who left institutions. Persons who grew up in substitute families also need to be covered.

3.3. Progress in regulating the use of services towards community based- rather than residential services

There are examples of national level mechanisms which have been introduced into the child care system to improve and control access to services by different beneficiaries. For example, in different countries, various mechanisms have been introduced to enhance monitoring and coordination of child care or child rights policies: inter-ministerial commissions have been established in all 5 countries.

Comprehensive databases on orphaned children and children without parental care, children available for adoption and prospective adoptive (substitute) parents have been established in Belarus and Ukraine. In the latter there is also a database on children in difficult situation. In other countries there is a strong understanding of importance of the data collection, and improving this process is planned according to enacted legal provisions. The Ministry of Education of Belarus developed a common terminology and methodology of data collection for all regions, agencies and institutions. The data has been collected consistently since 1990 under a common procedure according standard criteria. There is also evidence of monitoring attempts: annual compilations "Family care and protection of the rights of the children in the Republic of Belarus", "Issues of social orphans in figures for 1990-2007 in Belarus", annual summarized analytical information on implementation of the Presidential Programme "Children of Belarus"; and annual National Report on the State of Children in Ukraine. The national database on children with disabilities allows for monitoring the trends in development of the modern special education, forecasting extension or downsizing of the specialized institution network and taking coordinated measures to improve the special education system management in Belarus.

The need to develop standards for existing services and for the newly developed community based services has become more and more pressing. Numerous sets of standards for child care services have been already developed in all 5 countries. There is also a move towards development of quality standards, like in the case of Minimum Quality Standards on Patronat Care in Moldova. These standards relate not only to hygiene norms and material inputs such as square metres of living space, as was traditionally the case, but make provision for approaches towards working with the beneficiary, the involvement of multidisciplinary teams, compliance with children's rights and ethical norms in relationship to the client. So far the mechanisms for enforcing implementation of the standards are only at the initial stage of development though.

The effective functioning of an integrated system of social care services should be ensured by requiring that service providers meet the targets set in the quality standards for each type of service, and by creating an accreditation mechanism which signals when they have met these standards. Without accreditation a service provider should not expect to remain in operation. Inspection of child care services is another essential component for ensuring their quality. In accordance with the Law on Licensing of Armenia, children's residential institutions, day care and substitute care services are subject to mandatory licensing according to a set of state minimum standards on child care and education. Ukraine established requirements on licensing of private institutions for children deprived of parental care, as well as rehabilitation facilities for children with disabilities of any type of ownership. Although the Law on Licenses and Permits of Georgia requires that services for disabled children and children deprived of parental care should be licensed, this only seems to have been further elaborated for large-scale state funded institutions through the Law on Licensing of 24-hour Care Institutions. Introduction of more universal licensing system is yet to happen. A concept of authorised service providers is new to the child care system. For instance, according to Moldovan law, NGOs may become service providers for patronat care, along with state patronat care services, but it is not clear yet what implementation practice will look like. In Belarus authorised state social-pedagogic agencies are entitled to provide various services to biological and substitute families.

There are also examples of improvements of sub-national level mechanisms which have been established to improve targeting of services to certain groups. Different types of decision making bodies and statutory services (departments, commissions, courts) at local level are the main players in the gatekeeping function of the system and in directing children and families to the services. There are some efforts, even

if mainly on pilot basis still, to introduce new professional practices and working methods in already existing statutory services. There are also examples of new statutory services at local level that have been developed to better target services to families and children. Data collection, necessary for better planning and adjustment of services, has been strengthened. However these efforts are not yet showing any impressive result in the rate of children in the formal care system, mainly because of the still limited availability of alternative community based services to residential care. Improved inter-sectoral coordination has been acknowledged in Ukraine: in order to ensure coordination between representatives of services and departments with different ministerial subordination, ministries dealing with child protection issues enact common decrees on how such coordination is supposed to be implemented and facilitated.

New statutory bodies named Guardianship and Care Panels have been established at regional level in Georgia, Commission for the protection of children in difficult situations at raion level in Moldova, Child Protection Units at provincial level in Armenia and the reform of the old Commissions on Minors at local level in Belarus have brought about considerable progress in developing a system that permits individual case management, individual case assessment and care planning for a child. These gatekeeping bodies are becoming effective at preventing institutionalization. Specialized local government bodies are functioning in Belarus (child protection sectors within education departments), Ukraine (Centres of Social Services for Family, Children and Youth) and Moldova (Social Assistance and Family Protection Units) act as guardianship bodies and play a key role in managing and supervising family support and family based substitute services.

Introduction of social work methods through a professionalization of social work in the system is a novelty. For example, a network of about 1,000 social assistants is now working in Moldovan communities. This is a step in the direction towards introducing modern social work practices in Moldova and is thought to have improved the possibility for people in all areas, rural as well as urban, to access social services. It is very valuable that the network of social assistants provides services to all sectors of the population, not just to children, because this increases the possibility for social assistants to work with adults before children get into difficulty rather than waiting until children are already at risk before intervening. Social work profession has been successfully expanding in Georgia. University courses on modern social work now exist in all 5 countries.

The need to move away from a categorical approach towards an assessment of individual needs and the provision of an individualized response to a child in difficulty is becoming recognised (e.g. draft Law on Social Services in Moldova). Whereas previously social welfare programmes targeted certain categories of the population e.g. pensioners, veterans, people with disabilities and orphans, and did not distinguish between poor and non-poor beneficiaries, the new targeted social assistance system applies means-testing to households (e.g. in Moldova, Georgia). Since children are found among the poorer households it might be expected that this assistance will bring particular benefits to children. Second, there is a move towards earlier identification of vulnerable families and children so that interventions can be more preventive rather than reactive in nature. For instance, the unification of the majority of responsibilities for child welfare under the Ministry of Labour, Health and Social Affairs in Georgia has the potential of making it easier for child welfare issues to be addressed at an earlier stage, i.e. preventively, by means of supporting parents to find employment or to receive cash payments (for those in poverty), which can contribute to tackling some of the main causes of child institutionalization.

3.4. Changes in Governance to improve coordination and towards decentralisation

All countries covered by this analysis are going through processes of decentralization, albeit with different speed and often with uneven results. Also in the area of child care, decentralization efforts have been undertaken in some countries, trying to reform vertical decision-making and implementation structures, as well as central planning and budgeting. In most countries (with the exception of Georgia) there are still several sectors involved in the management of the system (education, health and social protection) and supervising different types of services at local level (primarily residential institutions). There are mainly three levels of governance - national, regional and local (national, local and community in Moldova) - involved in the system.

Efforts to reorganise governance bodies for child protection on central and local level can be noted as a potential positive step ahead in the reform. In Georgia the responsibility for all aspects of child care

(including all institutions) has shifted to the Ministry of Labour, Health and Social Affairs, which is now responsible for the whole social welfare reform. This move suggests that child care issues are perceived to be more related to social than to educational needs. The incorporation of child care issues into a ministry that also deal with health, labour and social welfare is also an ideal opportunity to consider how to integrate the interests of the child with those of the other members of the household. The allocation of responsibilities under one ministry is expected to enhance alignment and coordination for the child welfare reform in Georgia. In Moldova and Ukraine specialized ministries with substantial mandate in child care (not for all institutions though) have been created (Ministry of Labour, Social Policy and Family, and Ministry of Family, Youth and Sport respectively). Before none of the ministries had a focus on child care and protection issues, which were considered as marginal within sectors of education, labour, health and social protection.

Armenia is implementing a strategy of the child protection system reform, which provides for decentralisation of care and social assistance services for children deprived of parental care and full integration of children at risk into community. Children's services are consistently being decentralized. This gives an opportunity to establish services according to the needs of children of particular community. In Belarus the responsibility for providing services has been assigned mainly to the municipalities at the place of residence of the child and family, and all existing family-based care services and residential care services are funded by the local budgets. This creates an incentive for local authorities for redirecting resources from expensive residential institutions to development of family support services and family based substitute care. In Moldova the responsibility for social protection has always been at local level, however, it has never been clearly delineated between community and raion levels of local government. At the same time residential institutions are funded mainly from the central budget while family-based care is expected to be developed by local authorities. This has created negative incentives for local communities to prioritize the use of residential care rather than developing other forms of services.

3.5. New ways of financing services

Several countries (Armenia, Moldova and Ukraine) have carried out specialized studies to forecast costs for new services and the child care reform with an aim of developing a system of family and child support services, and family based care for children without parental care to gradually replace the system of residential care. In this regard, an important practical challenge which remains is to redirect resources from residential care to the new set of community based and family oriented services, something which has proven to be not an easy process. It is positive to note that several countries are experimenting with new ways of financing services in order to stimulate creation of community based services, and to favour family based substitute care instead of residential care.

An innovative funding principle called "Money follows the child" has been applied to payment of social allowance to orphans and children deprived of parental care, as well as financial assistance to foster and adoptive parents in Ukraine. Those payments are being made as subvention to local budgets from the state budget regardless current capacities of the local budgets. While this mechanism can be attributed to some of the success in increasing the access to foster care in Ukraine, several question marks with regards to its overall effectiveness for the reform remain. At the moment the system "money follows the child" does not cover children in institutions, therefore establishment of a system of common financial support to all children without parental care regardless the forms of their placement would be a logical next step.

A voucher system has been recently proposed in Georgia. This is a novelty in service provision that links the state's resources directly to the child, when the cost of a person's attendance at a social service facility is classified as a subsidy rather than a service, so the facility is not bound by the state procurement regulations. The voucher connects the state subsidy with the individual who is targeted as the recipient of the service, which is very different from service purchasing under the tender process, where the money from the state is transferred directly to the service provider. Households which receive a voucher are eligible to choose their service provider, instead of being placed in a service providing institution without their own decision. It creates the possibility for the state subsidy to 'follow the recipient' even if he or she were to leave the service-providing institution. It remains unclear how this system will be able to function in an environment where the main available service is still residential care, and what role the State will take in stimulating the creation and maintenance of new services so that there is in the future an actual choice and predictability in service provision to the users.

4. Remaining challenges

Despite of these positive developments, there are still many challenges that remain. Oftentimes reforms are uneven and may be progressing well in one benchmark area, while lagging behind in another. Some of the challenges which remain to be addressed in the coming years in the countries covered by the analysis are detailed below.

4.1. Establishing clear targets and benchmarks for the reform

Initially, countries have not engaged in reforms in a systematic and well planned manner, even if there are a couple of examples (Georgia and Moldova) where this element has been added later in the process. Instead reforms have often been initiated through smaller pilot initiatives, or isolated initiatives such as legislative reform, without necessarily having an overall consent upon reform agenda in place. As a result, agreed upon reform targets and benchmarks are often missing all together, or have been developed and approved later on in the process.

Data collection and monitoring remain vital for activities to be carried out on the basis of evidence and are supposed to be used to inform revisions of the policy. However, the data collection systems in countries still remain inspired from the old practice where the purpose of data collection was mainly to justify budget allocations, and not to measure the achievement of policies priorities and subsequent reform targets. The collection of routine data on the provision of child care services suffers from the same fragmentation as child care policy as a whole. It is separated among the different ministries that are responsible for child care. This can make it quite difficult to identify the total number of services provided, the financial resources that are invested and the effect of different policy options on outcomes for children. As a result, the current systems largely lack results based management processes and basic data is not easily available, or very reliable. There is generally a lack of shared agreement on the core child care indicators to use in measuring changes in priorities and targets of the reform; and data collection at local levels and aggregation at national levels are full of challenges. Indicators are generally at the level of outputs and outcomes, not inputs or impacts. There is a risk that measuring success simply by counting the reduction in the number of children in state-run institutions creates incentives to remove children from institutional care at haste, without providing alternative support. Surveys and independent research are needed to fill data gaps and to establish clear baselines, benchmarks, and scope of what the reform needs to entail.

Systematic monitoring and evaluation of progress of reforms is not well-developed, partly because the demand for monitoring is not yet strong. In some countries 'monitoring' has a negative connotation and is widely seen as a synonym for inspection of facilities rather than an essential component of the policy process. There is a good possibility of further developing monitoring capacity in research organisations and national statistical agencies, provided that this is accompanied by a move to use the results of monitoring to feed into policy development and revision. As countries are moving from the initial phase of reforms which relied a lot on pilot initiatives and isolated reform events, planning and monitoring of progress against set benchmarks and evaluating results of interventions need to become an essential component of the overall reform. It is necessary so that policymakers can make informed adjustments to the direction of reform in the light of evidence and to help identifying gaps in the reform which can then be filled. It also makes it easier to communicate the rationale for plans and decisions to the general public and people in positions of influence, and to demonstrate accountability for utilisation of resources.

4.2. Forecasting needs for services and planning the reform

Moving from one type of service provision to a more diversified service provision requires planning and forecasting of needs for new services. However, as mentioned above, planning is a weak element of the system, even if there are emerging good practices in this area. Based on available data and some complementary data collection exercises, countries could make a realistic estimation of how much of the new services will be needed. Careful planning of the use and targeting of these new services is also needed to make sure that those children who are already users of existing residential care services are the first beneficiaries of new alternative services that are being developed. Issues to consider in the process of forecasting needs for services in the future child care system include:

- The profile of services⁷ for which forecasts are needed and parameters for establishing their costs;
- The magnitude of each one of the services needed, taking into consideration that a more adequate ratio between a) family and child support services and b) family substitute services are needed than what exists at present in most countries;
- Targeting, planning and development of a time framework for service development and agreement on the levels of the systems (governance) where the service provision functions should be performed and budgeted for.

So far, the process of planning the transformation, downscaling and closing down of old child care institutions has been in most parts ad hoc and has been implemented on a rather small scale (institution by institution or region by region). Armenia has been implementing a de-institutionalisation programme within one of the provinces. Belarus developed regional plans of downscaling institutions, but they are not based on a country-wide strategy. Ukraine has not tailored a detailed strategy to implement the transformation policy yet. There is a need for more systematic national planning of how to make use of existing resources in the system (staff and infrastructure) in the context of forecasting the needs for new services. In the countries where this process has already happened, plans need to be implemented. Not including old services and staff working there into reform plans may also lead to internal resistance to the changes that are suggested.

Lack of attention to forecasting and planning in ongoing reform processes seem to have led to a situation in several countries, where new private forms of residential care are being opened up without due attention to the amount of such services needed in the future system, and without any links of their development with transformation plans for old services. Such private, new forms of institutions may indeed be more family like and child friendly than previous old style institutions. But the fact remains that they are often found to 'promote' their services among families, since this would justify increasing fundraising. In some cases such private institutions may also have bypassed statutory services which need to remain the main gatekeeping body of the system. The overall side effect can lead to scenarios where either new services that are developed on pilot basis are never possible to be scaled up with a national coverage through their inclusion into government budgets, or a system which has significantly expanded the provision of services in a way which may not be financially sustainable in the longer run. It can also lead to an even further imbalance in service provision in favor of residential care, as compared to family based substitute care. This would be totally opposite to current reform goals and policies which countries have adopted.

In a few countries (e.g. Armenia, Moldova and Georgia) where there has been a head count of children in institutions to provide a better picture of how many children will be in need of new community based services, it has been found that many children who are counted as "institutionalized" are not living in State care on full time basis, but are rather getting access to general social services, such as education or day care, but are going home at night or on weekends. This has important implication for the forecasting of future needs for alternative services and is a process which therefore needs to be encouraged more systematically to triangulate existing data.

4.3 Need for further diversification of services

Even if most countries have started developing a range of services which could be the base for a more diversified service provision in child care, the analysis reveals that these are not available on national scale, and there is often inequitable geographical distribution of such services. As a result, the current child care system still mainly relies on residential care as the most universally available service to families and children. Systematic process for restructuring of institutions has not started on full scale yet. The rate of institutionalization of children is a particular problem in Moldova, Ukraine and Belarus and that of small children (under 3) in Belarus, Moldova and Ukraine. Conditions for children in institutions have generally improved in recent years, but malnutrition and abuse are still reported to take place occasionally. At the same time, policy documents often envisage improvement of conditions in institutions which leads to significant investments into residential care and establishment of institutions of a new type and

⁷ UNICEF generally categorizes services in the child care system into three different types: 1) Family and child support services; 2) Family substitute care; and 3) Statutory services.

transferring children to these new institutions. As mentioned above, new non-state forms of residential care have been opened up, but municipal residential institutions, institutions run by NGOs and the Church remain largely outside the reform process and are not connected into the same gatekeeping and monitoring functions. There is no legal basis for being able to demand minimum standards for non-state child care facilities. These are indeed serious challenges with great potential of derailing the reform process.

In several countries there is still strong pro-institution attitude by professionals and public. General public still views residential institutions quite positively, considering that they offer a solution for families in severe poverty or who are absent and unable to take care of their child. The potential long-term economic, social and psychological effects are less well-known to the public, and the limited information about alternatives may reinforce the preference for residential care. Often staff in institutions, who are not certain of alternative employment opportunities, do neither express interest in transformation of the service, nor in working with biological families. However, although it is difficult to assess the progress in the changing attitude of the society and the state officials towards the new concepts of de-institutionalization, there is certainly some evidence that at least there is awareness about these concepts among the key stakeholders (even if they are not yet fully understood and accepted).

The implementation of de-institutionalisation strategies has been slow for a number of reasons. In practice there is a lack of agreement on all sides that de-institutionalisation is necessarily beneficial and the targets are perceived by some to have been too ambitious. The existing child care system is focused on providing support to children in difficult situations, and to less extent to prevention of risks. Support of children in difficult situations is mainly provided by means of institutional placement, which has led to diminishing responsibilities of the family and community towards the child. An obstacle to de-institutionalization of children and gatekeeping is the shortcoming of the system of early identification of children from families at risk and, consequently, their separation from disadvantaged family at older age (10-17 years), when it is difficult to find a substitute family. Such adolescents have negative social experience of neglect and health disorders that precondition difficulty of their integration into a new family and school.

Alternative family-based substitute care services are not being developed fast enough to keep up with the projected decline in the number of children in residential care. The reform of the residential care system can only be achieved if the development of community-based or specialized family based substitute care services are developed simultaneously with the prevention of new entries in institutions. Attention paid to guardianship during the reform period has not been substantial and the potential of kinship care is for the most part underestimated. Very often, relatives and close friends are eager to take care of children without parental care whom they know and the number of children under guardianship and informal care proves it. But support systems and services to make sure that this type of care does not break down and lead to institutionalization of children are sadly lacking. Labour migration abroad has often led to children being left behind with single parents. No specific support system has been put in place for such potential vulnerable group. In other cases children of migrating parents are placed with an already struggling extended family or grandparents. In such cases, the care situation of the child is not registered, nor monitored by the guardianship bodies or supported by the State. An increase in state support to families considered as vulnerable, to extended families, especially grandparents, and an increase in the use of short-term foster care (as opposed to institutional care) might prove effective in maintaining adequate levels of care for children of migrant parents and reducing negative impacts on children from separation. Foster care is available in the region, but can be further professionalized and diversified (specialised, short-term, emergency, etc). As far as family support services are concerned, there is an overemphasis among some stakeholders on constructing specialized services at local level instead of opening existing buildings for maximum possible use by the community. The concentration on delivery of social services only to children in difficulty limits the possibility of intervening to support the needs of parents early enough to prevent the child from being exposed to risk of neglect, abuse and subsequent separation.

All countries have different forms of family-oriented cash benefits. Some of them are universal (i.e. all families with small children are eligible, or families who lost the breadwinner), while others are targeted for groups of the population with special needs. The design of benefits schemes is not perfect, and resources allocated for the subsidies by the governments are not large in absolute terms. The combination of insufficient targeting and relatively small amounts of benefits usually cannot prevent vulnerable families from poverty and thus the benefits in their current form are not yet a failsafe mechanism to prevent the institutionalization of children on the grounds of poverty. Furthermore, while poverty may be an often

quoted reason for placements of children into formal care, this may be a simplification of the truth. Often families find themselves in poverty for a variety of reasons, all of which require individually tailored responses which need to combine cash support with social services and other forms of support mechanisms that can help families overcome their vulnerable situation. Cash support alone has been found to not be an effective strategy to overcome family vulnerability and may, if seen as such, create greater long-term dependence on the social protection systems. Also a risk of policy bias against families who are trying to cope by themselves can be noticed. There is a discrepancy in payments between those to support children in biological families and those in substitute families. For instance, in one of the countries a foster family receives more than twice as much financial support to look after a de-institutionalised child than the financial support the child's own biological family could count on.

The need to reduce the number of people working in institutional care and increase the number working in community-based and alternative family services is widely agreed. Many excellent policies to encourage capacity building of professionals working in community-based services have been developed (e.g. creation of the social assistant posts in Moldova). However, policies to prescribe how to support the retraining of staff from residential institutions are less far advanced. At the same time, deficit of professional human resources, low qualification of the personnel working with children, lack of professional motivation and frequent turnover of specialists remain serious constraints.

4.4. Need to improve inter-sector cooperation and re-articulate child protection mandates in health and education

Attention needs to be paid to bridging gaps between sectors, along with coordination and facilitating institutional and professional capacity development. Despite some decisions to merge responsibilities related to the protection of child rights to one structure, the process of consolidation of responsibilities is not yet complete. Several co-existing coordination inter-agency bodies have been formed in some countries. Such situation leads to confusion and diminishes efficiency of those bodies. Responsibility for residential institutions is still divided between various ministries within most countries (with exception of Georgia). It is very difficult to implement the de-institutionalisation reform, when one ministry is responsible for this reform while residential institutions and the body in charge of allowing who enters some of them continue to be subordinated to another ministry.

The high rates of infants in residential care in Belarus, Moldova and Ukraine require a separate strategy quite urgently. It is known from elsewhere in the region that many of these children may enter the care system already after birth from maternity wards which leads to a conclusion that this situation requires a joint response of health system and social protection sectors, and more emphasis has to be placed on preventing abandonment and relinquishment of infants in hospitals and maternity wards. A change in professional and institutional practices in health facilities dealing with low-birth weight and prematurely born babies may potentially significantly influence rates of relinquishments. Furthermore, stigma amongst health professionals working with high-risk mothers and parents-to-be (i.e. young unmarried mothers, drug-users, HIV positive etc.) needs to be fought upfront. New mechanisms for linking prenatal health services with counseling and other kind of support which can help preparing the parents-to-be for the arrival of the baby, rather than encouraging them to relinquish the child after birth need to be developed.

The risk of institutionalization of children with disabilities is still very high, and especially when children are born with severe and multiple disorders. For instance, in Belarus children with disabilities represent 35% of all children in residential care, and in Ukraine almost 79% of all children in residential care have some kind of disability or chronic illness. There are many cases when, upon birth of such children, the medical personnel propose parents to relinquish a child and place him/her in a residential institution. The strictly medical perception on disability also has adverse consequences for other aspects of the lives of children with disabilities, notably their education. Each child with disability in a special boarding school is given a 'diagnosis' and medical treatment designed to combat the perceived deficiency. A decision to place a child in such an institution can take a short space of time and has a lifelong effect. De-institutionalization of children with disabilities is not yet a priority, and would require additional strategies for providing inclusive education in regular schools if such a process is not to have the negative effect of depriving children of social services as together.

In some countries transformation of child care institutions is stimulated and implemented by one of the ministries, without incentives for other ministries responsible for various institutions to take part in the same process. Guardianship authorities and courts are reluctant to initiate and complete procedures on deprivation of parental rights, which is an obstacle for children abandoned and neglected by their parents to be placed in families. One of the main problems occurs when children are temporary placed in residential care upon request of parents, but such “temporary” placement lasts for years. Unclear legal status of children abandoned in maternity hospitals and infant homes is another impediment for substitute family placement.

4.5. Improving regulation and targeting of services

As it was said before, a viable child care system presumes establishing gate-keeping mechanisms to prevent children from entering the care system, and better target services to families and children at risk. Adoption of standards, accreditation systems for service providers, providing support to planning, defining minimum package of services and quality assurance systems, developing targeted social policies to support the most vulnerable families, are all core state responsibilities which need to be enforced.

At the local level, not all cases are subject to gatekeeping bodies. Cases of infants who are proposed for institutionalization tend to be identified by staff in maternity hospitals. It is also worrisome to note that in several of the countries, there is anecdotal evidence of children being admitted straight into the non-state institutions, without necessarily passing through the statutory organs which are the only structures mandated to take such decisions. Now the governments are in the process of clarifying the status of several bodies with similar remits to the gatekeeping bodies, since the latter should examine all the cases of children proposed for institutionalisation. Gatekeeping has the double aim of limiting the number of inappropriate placements, while at the same time ensuring that children and families are provided with the support services or substitute care to which they are legally entitled. As it has also the important role of making decisions on state resources, it remains a core function of the state. It needs to be designed to be operational not only at the point of referral, but at all stages of service provision and should therefore not be seen as a one-off event as the current practice, but requires a regular review of cases.

Standards for services are still more focused on procedures and quantity criteria rather than quality of care and outcomes of service provision, and their implementation is still in its initial stage. The process of creating accreditation systems is rather slow and is still at the phase of policy development. Governments are still reluctant to establish conditions for authorizing non-public service providers. NGO service providers exist, but mechanism of their work is not clear. Currently, in the majority of countries there is no legal mechanism for the work of specialized agencies providing services for substitute families. In order to achieve better results, it is necessary that the regulatory framework would provide for an opportunity for NGOs to carry out the training, evaluation, support for the candidates and the approved substitute families as continuous process before and after placement in their capacity of service providers delegated by the state, for which the government allocates certain guaranteed funds. Currently, usually the full process, from information campaign to the placement and support of the child in a substitute family, according to the effective legislative provisions, lie with the statutory services (exceptions are described above), which does not have either resources or time, nor appropriate training or experience to perform this function. Statutory services, notwithstanding how modern and professional they are, are not able to cover the whole range of professional services which are needed. Therefore a clearer division of what functions need to be performed by Statutory organs (i.e. development of standards, accreditation and certification mechanisms, monitoring and evaluation at national level, decision making on service provision based on individual case assessments and regular reviews of cases) and what functions that can be delegated to non-State organs (such as direct service provision), is needed.

There are no specific complaints procedures for social services or especially for child care services. In the light of this it could be said that there is no culture of encouraging complaints within the social services system for the purposes of being able to identify shortcomings and to improve the service. It is commonly considered that as long as a person benefits from state support and it is provided free of charge, then beneficiaries should be happy with what they get and should not express their dissatisfaction with the quality of the service provided. Because of this perception, children in care do not have a chance to express their opinion, to challenge the decision of placement in residential care or even to notify cases of abuse.

4.6. Challenges related to incomplete governance reforms and “decentralization before reforms”

Decentralization allows for greater responsiveness to the local needs of services, and can facilitate necessary coordination of services around clients. It can also encourage inclusion of different stakeholders in service provision. In practice, however, a number of preconditions are needed to make decentralization successful, such as clear division of mandates and responsibilities at various levels of governance and funds to accompany such functions. This includes ensuring multiple sources of funding; central transfer of funds earmarked for a minimum basket of services; cover of start-up and transition costs (to be estimated and planned, as the former and the new systems will need to run in parallel for some time); consensus on new organization; new space secured in budgets from the Ministry of Finance; donor support replaced by domestic funds. It is also critical that financial resources follow the shift in mandate. All these pre-conditions have not yet been ensured in the region. There is a risk of decentralizing prior to reforms, especially as reform ideas are often stronger at the central level and more conservative attitudes prevail in local administrations. For example, development of a more diversified range of services often fall under the responsibility of decentralized levels of government, but at this level the de-institutionalization policy may not be as strongly supported and there is a lack of clear local strategies and interest among municipal administrations to develop such new types of services.

Often local governments do not see any political interest in allocating funds to social protection and there is prejudice against certain social groups. At the same time, if financing of residential services is kept national and the development of alternative services is the responsibility of local administrations (like, for example, in Moldova), a strong incentive is created for placement of children in residential care and for irregular financing of alternatives if the poorest local authorities are unable to provide funding. This division has the effect of absolving local authorities of their responsibility. For example, local governments in Moldova can get a transfer from the central budget, but there is enormous rigidity in the system which limits the possibility for raions to receive money for services which have not been approved at the national level and explicitly described in regulations. This hinders the development of innovative services. Also the value of existing governmental transfers shrunk as a consequence of the economic crisis.

4.7. Redirecting resources from institutions to new services and budgeting of child care reform

Redirection of financial flows and modification of the budgeting methodology towards results based, rather than inputs based budgeting processes remain important stumbling blocks of the reform. Furthermore, no country has yet established any mechanisms for budgeting for the transition cost during the period of reform even if attempts to establish costs of the new child care services in a few countries (Armenia, Moldova and Ukraine).

Reallocation of resources within the system is an important challenge to achievement of reform goals. Central government expenditure on child care services continues to fall overwhelmingly within the budget of the Ministry of Education even though the functions that have to be performed in a new mix of service provision may be better placed within the Ministry of Social Protection. There is also enormous rigidity in the system which limits the possibility for local governments to receive money for services which have not been approved at the national level and explicitly described in regulations. This hinders the development of innovative services such as full-time home carers for children with disabilities, or inclusive education, which must be fully specified before being funded. Thirdly, one of the biggest impediments to the development of community- or family-based alternatives to residential care for children is that, since residential institutions are funded mainly from the central budget while family-based care is expected to be developed by local authorities, there could be an incentive for local authorities to save their scarce resources by simply letting the national level keep the responsibility for a children in care, through placing them in the service which is funded from state budget. This might result in a higher rate of institutionalization than would be the case if both residential and family-based services were under the responsibility and budget of the same authority. Despite the designation of social service provision as an 'own' function of local government, expenditure by central government line ministries continues to dominate the provision of child care services. Local government authorities are heavily reliant on the transfers from the national budget and are often reluctant to commit their own additional resources to child care spending. It is necessary to find a way of transferring the resources from the residential institutions to local budgets and to develop incentives for local authorities for investing in family and child support services from their local budgets. This is a twofold challenge: the budget is to be shifted both between sectors to better reflect the functions which need to be performed by each of these sectors in child

protection. Another shift is happening also from the central budget to the local budget. Without this transfer of resources the system cannot develop in line with the strategies agreed by the government.

Management and budgeting in government tends to be based on inputs (e.g. a percentage increase on the previous year's budget) rather than outputs (the achievement of a successful outcome in a particular policy area). This means that reporting on results risks being a mechanical exercise, an end in itself, rather than an analytical tool that can affect policy, which provides little incentive to improve the quality and comprehensiveness of analysis. While budget expenditures on child care have increased in all countries due to the general growth of government revenues, in no country did the share of child care expenditures in total public expenditures increase during the recent period. Moreover, the bulk of resources that are available for child care are devoted to residential institutions despite the acknowledged interest of the government in developing alternative services which can often have a lower unit cost and will be able to reach more people. Since funding levels to institutions are based on per-capita norms, it is not in the interests of facility managers to restrict the number of children entering the institution. Most of the costs for the institutions are the recurrent costs of staff and maintenance of facilities. As such, the financial sustainability of the reform initiatives has not yet been fully assured. The difficulty with developing the alternatives is that the closure of a residential institution does not automatically lead to the transfer of resources to the communities where the beneficiaries go. There is a hope that the current global financial crisis and the constraint on financial resources may now inject urgency into the need for reform of the child care system towards a more cost-effective system of service provision.

5. Conclusion and lessons learned

All countries covered by this analysis have initiated reforms which have reached a level where there are important lessons to be learned. The direction of the reform is towards introducing a new more diversified mix of services to families and children at risk. Despite of this, they are all yet to establish a full child care system with a well balanced mix of services that effectively addresses family vulnerabilities in order to prevent institutionalization of children from vulnerable families and to enable the re-integration of children currently in care into their biological or substitute families. There is also a somewhat uneven development of the reform among the countries and there has been different attention given to various areas of the reform by separate countries. Transformation and closure of institutions seem to have been prioritized by the governments in Armenia and Belarus. Moldova and Georgia are probably the most advanced in the development of a more diversified mix of services, including processes related to development of standards, certification mechanisms and possibly also inspections of services. Social work and more comprehensive reform plans are the most developed in these two countries too. Ukraine has been experimenting with multi-sectoral strategies and improvements in gatekeeping practices at local level and has also introduced innovative financing mechanisms to stimulate the development of new services. In all of these interesting reform examples there are lessons to be learned, both on potentially negative side-effects of new practices as well as the good practices which can be used, scaled up and shared with other countries.

Decentralization processes and reforms in budgeting processes which are ongoing in all countries provide important opportunities to accelerate this reform, but are also introducing important challenges which need to be addressed upfront if the reforms are not to be stalled. It is critical that all parties come to an agreement on how they wish to resolve these challenges, because without funds in the right budget the system cannot be transformed. Implementation of child care policies does not yet keep pace with the strategies and regulations that have been designed, in part because of the lack of financing.

There is also a need for both, Governments and international community, to agree on strategies to cover for transition costs of the reform, since it is known that for a period of a few years, investments in the system are needed for development of new services, while at the same time old services need to continue to function. This is especially pressing since the current crisis may have reduced governments own budget capacity to stimulate innovations in service provision, and in transformation of old services. The returns will be seen only in a few years since a more diverse mix of services than what is provided in the current child care system will be able to generate much better outcomes for families and children, is likely to have a better coverage of the population, and is overall more cost-effective than residential care. This should be an incentive to countries that are generally phasing a reduction of child populations.

6. Next steps

Below are a few priority steps which are recommended to all countries covered by this analysis:

1. To place child protection in its broader social welfare context. This will help to place it higher on the policy agenda since the value of social safety nets is firmly acknowledged by the governments. The linking of social protection and child welfare should enable policymakers to broader socioeconomic and family-related issues, such as the consequences of unemployment and migration, which are often at the origin of the child's welfare needs;
2. To agree on national reform targets, benchmarks and indicators for progress of reform. Such reform targets need to follow current policies – and prioritize a reduction in the overall rate of children going into formal care in parallel with improvements in the ratio of service provision, towards a more balanced provision of family based substitute care vis-à-vis residential care. Benchmarks need to focus on the development of family and child support services, family substitute services and statutory services on a national scale, in parallel with regulatory reforms supporting their good functioning (such as professional capacities, quality standards, inspections, certification mechanisms etc.) and sustainability (such as through inclusion into budget). These benchmarks should be negotiated and agreed across relevant ministries and departments within the government;
3. To develop processes and mechanisms which can allow for beneficiaries of services (children and families), staff working in child care services, and reform practitioners at various levels of governance to better understand the priorities of reforms and how this will affect them – their care situation, their jobs and mandates. The aim is to develop a reform process which is supported by all involved to the maximum extent possible, and that places the rights and views of children at the centre of attention;
4. To make sure that private and public service providers are governed by the same policy provisions and monitored for their overall contribution to the reform goals and by the same standards. At the same time, develop mechanisms for the equal competition for public funds for provision of services;
5. To carry out complementary procedure for collection of data in order to develop solid projections of needs for services as a base for reform plans. Such data includes a census of all children in residential care in order to establish the true picture of how many children are currently served by the system (specific efforts need to be made to distinguish those children who are in residential care for other reasons than social protection, i.e. to attend free education services or day care); data on children who are entering the system every year; and other children who may be in need of child protection services but who are not necessarily covered by any services at present (such as children exposed to violence, street children and homeless children);
6. To identify the resources which are currently available in the child care system and which can be used for the development of new services. Such resources include all old residential care services (in order to categorize them for closure, transformation into other services, and institutions to be downscaled) as well as current human resources available in the child care system to develop plans for staff in the future system, including needs for training and capacity building;
7. To estimate the costs for current child care services and to make projections of financial costs to develop new services. Within this context to find a mode of redirecting financial resources between different sectors and levels of governance, and of covering for transition costs in order to develop a better distribution of services to prevent family separation and to provide alternative family based care for children at risk;
8. To assess the current entry points through which children are currently entering the system, with an aim to identify the main weaknesses of gatekeeping of the system. To ensure that entry to non-state institutions is governed by the same guardianship bodies;

9. To take steps to de-fragmentize the child care system, to enhance the collaboration mechanisms between health, education, social protection, interior and judicial sectors;
10. Recognizing the importance to prevent institutionalization of infants, to develop specific strategies within health system and coordination with the social welfare system in order to increase the availability to family friendly services of pregnant mothers and new parents;
11. Recognizing the overrepresentation of children with disabilities in the current child care system, to develop specific strategies within the health and education sector for prevention of institutionalization of children with disabilities;
12. To review and rationalise the cash assistance to eliminate anomalies and ensure that the funds provide the right incentives for family-based care, especially in the biological family.

ARMENIA

Achievements and gaps in child care system reform

Both the rate of children in formal care and the rate in residential institutions have significantly decreased during the last couple of years (the latter rate dropped from 1363 children per 100,000 of child population to 710). Nevertheless, the rate of children in family-based substitute care is extremely low – 13, as well as the proportion of children placed in family based substitute care to those in residential care (which has been fluctuating around 2-6%).

Policy, strategy and legal framework for the reform

The child care system reform in Armenia started in 2002-2003 with adoption of the Law on Social Protection of Children Deprived of Parental Care and amendments to the Law on the Rights of the Child introducing annual child protection programmes with a purpose to improve planning and decision making, including the relevant budget expenditures. The National Programme on the Protection of the Rights of the Child 2004-2015 set up a framework for meeting children's basic needs, health care and social welfare, as well as for the child care system reform. The latter was more specifically developed in the State Strategy for the Reform of the Child Care Institutions System (2003).

A Strategy for Reform of the System of Child Care Institutions and Protection of Children at Risk, and for Creation of Unified Institutional System for the Care and Education of Children at Risk in 2006-2010 has outlined main reform directions: decreasing the number of children in orphanages, special education institutions and boarding schools, protection of children and prevention of flows of children in those institutions. At the same time, improvement of conditions in institutions and social protection of institutionalised children and those leaving care are also among policy priorities. Direction of the state social policy on family and child protection and targeted assistance to families with children are also envisaged by the Poverty Reduction Strategy Paper and the Sustainable Development Programme within a wider systemic framework of reforms (e.g. expansion of day-care centres and other alternatives is mentioned as priority area in the latter).

Armenia is implementing a strategy of the child protection system reform, which provides for decentralisation of care and social assistance services for children deprived of parental care and full integration of children at risk into community. Children's services are consistently being decentralized. This gives an opportunity to establish services according to the needs of children of particular community.

The Law on Social Protection of Disabled (1993) and Law on the Rights of the Child (1996) laid the foundations of the legal framework for the future child protection reform, incorporating provisions of the Convention of the Rights of the Child, ratified in 1992. A new Family Code (2004) further developed provisions on the rights of the child and priority of family based care. Numerous by-laws have been enacted in order to ensure their implementation: Procedure for Provision of Housing to Children Without Parental Care (2003), Procedure of Registration of Orphan Children and Children Without Parental Care (2003); National Minimum Standards on Institutional Child Care (2004); Rulebook on the types of child care and child protection institutions and admission criteria to these institutions (2005); Procedure for Placement of Children into Foster Care, Provision of Child Support, Remuneration for Foster Parents' Services and Contract Form (2008).

As regards state planning and decision making processes, a clear achievement of the reform is the launch of the Mid-term Expenditure Planning mechanism, which sets a framework for project and related expenditure planning for a 3-year term.

Governance of the system

There are two main sectors involved in the management of the child care system, the Ministry of Education and the Ministry of Labour and Social Issues. The organisation of the governance system has

been undergoing changes since 2005. A decision making framework conducive to more efficient and effective targeting of services has been established in Armenia at both the national and local levels. A three-tier child protection governance system, comprising Guardianship Commissions with the local self-governance bodies, Child Protection Units (CPU) at marz administrations (provinces), and Inter-ministerial National Commission for Protection of Children (NCPC), chaired by the minister of labour and social issues, has been created during the years of 2005-2006. Local Guardianship Commissions have responsibilities of the guardianship body. The gate-keeping functions, services for children and their monitoring at the regional level rest with the multi-disciplinary regional Child Protection Units that exist in 10 provinces and in the capital Yerevan. The NCPC is in charge of inter-sectoral coordination at national level. The Ministry of Labour and Social Issues (MoLSI) is line ministry for child care. Its Department of Family, Women and Children is responsible for development of state policy aimed at improvement of social status of family, women and children, development of legislation, coordination and organisation of care of children deprived of parental care in families and residential care institutions. Ministry of Education (MoE) is in charge of special boarding schools. In accordance with the Law on Licensing, children's residential institutions, day care and substitute care services are subject to mandatory licensing by the MoE.

Continuous training is provided for specialists from the child protection departments. The National Institute of Labour and Social Studies under the MoLSI is in charge of development and implementation of refresher training for child protection staff. The development of relevant standards, licensing procedures and monitoring mechanisms are regulated at the national level. Lack of social workers at marz level is a restraint.

Progress in transforming, downscaling and closing of residential institutions

There have been two parallel efforts related to residential institutions. First - transformation of boarding schools. Second – a complex de-institutionalisation programme within one province Lori marz.

In 2009 there are 4795 children in residential care in general, including 2893 children in 28 special education institutions under MoE providing education and care for children with special educational needs; 754 children - in 7 boarding institutions for care and protection of the children 6-17 years (night care centres) under MoLSI; 871 (aged 0-18) - in 8 orphanages under MoLSI and 5 non-state facilities (212 children, including those in SOS Children's Villages, which are considered as family type homes and present annual report to the National Statistical Service). Approximately 10% of children in orphanages do not have parents. Majority of children (both in state and non-state institutions) are from socially vulnerable families and have at least 1 parent. The most typical reason for children leaving orphanages is reintegration with biological families or adoption. The rate of children below 3 years is not high (113 per 100 000 children of respective age), but has a growing trend.

The rate of children in residential care has dropped significantly in 2007. The Government Decree of 2005 approved the list of children's institutions and the admission criteria. It also identified a set of criteria for institutions intended for closure or restructuring. An important achievement in the reform of the children's institutions system is the restructuring of 17 boarding schools in 2007, as a result of which approximately 4000 boarding school students were reintegrated into their natural families: 10 boarding schools were restructured into regular secondary schools; 7 boarding schools nationwide were transformed into child care institutions designed to prevent the admission of vulnerable children into orphanages. 700 former boarding school students, including those with disabilities, although still living in the child care institutions, have undergone successful social integration and are currently studying at regular schools and keep continued contact with their families and relatives. Another measure that helps promote the reduction in the number of children admitted to residential institutions is the Procedure for the Admission of Children to Residential Institutions, approved by government, which makes children who have parents not eligible for admission.

Since 2004 a set of state minimum standards on child care and education has been implemented in children's residential institutions. In addition, in 2007 Minimum Standards for Consumption in Children's Institutions of food supplies, clothing, footwear, comfort, convenience and amusement items, as well as staff related issues were adopted.

A pilot Programme on de-institutionalisation was approved by the government and has been implemented since 2006 in Lori marz. The basis for selection of Lori marz was existence of 5 institutions (1 orphanage and 4 special education institutions), availability of services - 1 day care centre in Vanadzor that provides social and psychological support to families, 1 psychological support centre, 39 active and experienced NGOs, state structures. The project brought the following results: awareness raising among representatives of child protection system of the marz; children reintegrated into biological and extended families; families are prevented from the risk of sending their children to residential care institutions; developed package of services offered to beneficiaries and developed model that could be expanded in the country. It was envisaged that the project will cover Shirak marz in 2009, but currently it is not included even in the budget of 2010.

In 2003, Armenia adopted the Programme on State Assistance to Graduates of Children's Institutions, which provides graduates of orphanages with housing, one-time allowances, educational scholarships, free legal, psychological and medical aid, as well as entitles them to a number of social benefits. The MoLSI is responsible for provision of apartments to youth leaving formal care. Public-private partnership serves as the basis for the activities of NGO Armenian Relief Society, which has been delegated by the MoLSI to provide a package of services designed to adapt graduates of children's institutions to adult life. The services include career counselling and employment assistance, help with obtaining professional and university level education, provision with scholarships, legal, medical and psychological aid, housing, and other benefits. The staff working with the children includes highly qualified lawyers, psychologists, medical doctors and social workers.

Development of family and child support services and assistance

Numerous family and child support services have been recently developed in Armenia. Some of them are funded from regular government budget, while other services still exist on pilot basis, funded from NGOs or private sources.

Child care centers for children with disabilities have been set up in Tavush marz by the NGO Bridge of Hope in cooperation with the local self-governance bodies in the framework of a public-private partnership scheme: the State has provided funding to 4 daycare centers, additional funding is provided by the local self-governance bodies and the NGO itself. A Social Daycare Center was established in Yerevan on shared funding basis (the premises were donated by the local self-government). In addition to the above, a network of Centers of Social Support to Children, Child and Family Clubs, Psycho-social Support Centres, supported by domestic and international NGOs, provides a range of services to children, including children with disabilities, socially vulnerable children, juvenile offenders, victims of child abuse and domestic violence have also been developed. Criteria to evaluate the efficiency of social services have been introduced. Distribution of the family and child support services is uneven throughout the country: Kotyakh, Ararat, Vayots Dzor and Aragatsotn marzes have almost no services.

Targeted psycho-social assistance to families (including subsidies to reimburse families' utility expenses, food coupons, clothing and footwear kits, other indispensable supplies and services) within the de-institutionalisation programme in Lori marz has resulted in an average 40 children being de-institutionalized and reintegrated into their families. Since 2006 the programme is financed from the state budget and implemented by NGO "Aravot" with support and monitoring by the MoLSI.

The State launched a unified system of allowances for low income families, prioritising families with children and large families; the amount of the family allowance depends on such criteria as the number of children and residence in mountainous or border regions. Working mothers of children under 2 years of age receive child support allowance (60% of the minimum salary). Disabled children are eligible for disability allowance. Further development of the existing allowances schemes is planned. Socially vulnerable population receives regular food aid.

The profession of social worker has been introduced. Social work faculty was opened at the Yerevan State University in 1996.

Development of family based substitute care

Guardianship is a traditional form of family based substitute care that has existed in Armenia for long time while foster care is a new form. Although not a family substitute care service, the possibility of adoption also exists traditionally as an option for permanent placement of children without parental care.

Guardianship is t the most wide-spread form of family based substitute care. In 2008 there were 89 children in guardianship families (data is not complete, since guardianship bodies do not report aggregated data, only individual cases of children who lost parental care). Neither training, nor child support allowances are provided to guardians.

Foster care was introduced by the new Family Code in 2004. Implementation of foster care is ensured by the By-law on Procedure for Placement of Children into Foster Care, Provision of Child Support, Remuneration for Foster Parents' Services and Contract Form of 2008. It is based on a contract between foster parents, guardianship body and the provincial government. Training of foster parents and follow-up services are envisaged by the law. Foster parents are entitled to monthly remuneration for work equal to the minimum salary in the country, along with the child support allowance equal to the amount provided for each child in orphanages (for 2 children - 150% of this amount, for 3 and more children – 200%), both paid from the state budget. In 2009 there are 19 children living in foster families, only in 4 marzes. Unfortunately, no progress can be noticed in last 2 years, the number of children in foster care has decreased.

Adoption is given priority over other alternatives when deciding on the placement of children without parental care. 110 adoptions were registered in 2008, out of them 36% are national. Inter-country adoption may happen only if the national one is not possible. Armenia ratified the Hague Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption that ensures that in a case of inter-country adoption the child enjoys safeguards and standards equivalent to those existing in the case of national adoption. The Government Decree of 2005 entrusts consular departments of Armenia abroad with the monitoring power over the care and education of inter-country adoptees from Armenia. An increasing trend in the number of Armenian diaspora representatives among the foreign adoptive parents has been noted in the recent years. At the same time, the number of children available for adoption is consistently decreasing.

Data collection and monitoring

The MoLSI is responsible for state database of children deprived of parental care, centralised registry of adopted children and children available for adoption, as well as of potential adoptive parents. A comprehensive database of information on children's institutions has been compiled, including staff and children placed in the state institutions within the MoLSI system.

Activities of development partners and NGOs

UNICEF has been a leading agency in advocacy and providing technical assistance to the government for the child care reform. Fund for Armenian Relief participated in implementation of a joint Foster family service project in 2005-2007 (with UNICEF and MoLSI). EU supported development of strategy and action plan on de-institutionalisation. EU has also been providing budget support to the MoLSI. World Bank has been supporting reforms in education, health care and justice, along with developments of social infrastructure. Local NGO "Aravot" has been actively involved into implementation of de-institutionalisation project in Lori marz.

Conclusions on the status of child care system reform

In Armenia the de-institutionalisation strategy is combined with a strategy of decentralisation of social services. The annual child protection programme is expected to improve planning and budgeting. A new legal framework is in place, including secondary legislation and some standards.

Although the child protection governance system has been established at 3 levels and child protection staff is receiving continuous training, the overall system is still fragmented (horizontally and vertically). Introduction of licensing of services should be noted among positive innovations.

Transformation of children's institutions has started with restructuring of boarding schools, which resulted in reintegration of a significant number of children into their biological/extended families. Lori marz became a platform for piloting a de-institutionalisation programme linked to family support and family substitute services. Some steps have been undertaken to protect and support the youth leaving formal care. There are efforts to make the social allowances more targeted on families with children. However, rather slow and uneven development of family support, and especially family based substitute care services is a constraint for further reform progress. Although most of the services needed to replace the current system of residential care exist in Armenia, they are in many cases not implemented on a national scale and in sufficient numbers.

Some attempts to improve the data collection system have been undertaken, but gaps remain and a better understanding of the need for better monitoring is yet to take root.

Although there is no evidence on increasing rate of children in institutions during the last year, the impact of the financial crisis resulted in cutting budget for the planned expansion of the de-institutionalisation programme.

The reform of the child care system has not yet entered into a really operational phase. For example, the Government of Armenia has not yet developed any plan for how-, and within which timetable to close down, transform or downscale the remaining residential care institutions, an important operational step which has been taken by a few other countries in CEE/CIS. In addition, a number of new social services, such as family and child support services and alternative family based substitute care services need to be created on a national scale and in sufficient numbers to overcome the still prevailing over-reliance on residential care for children at risk in Armenia. As the country moves into such an operational phase of the reform it will face the same challenges as many other countries have faced. One of these is linked to financial constraints. It will not be possible for the country to keep the full funding to residential care institutions, while at the same time taking on the commitment to scale up new types of services. It is therefore important that the planning of the continued reform is based on solid cost- and needs estimates to inform the budget discussion.

Armenia

Timeline of events in child care reform

Date	General events in Armenia	Child care policy
pre-1999	Independence declared in 1991. Member of CIS since 1991. New constitution adopted 1995.	Main child care systems in place are residential institutions, guardianship and adoption. Armenia ratifies UN Convention on the Rights of the Child in 1992. Law on Social Protection of Disabled adopted in 1993. Law on the Rights of the Child adopted in 1996. Social work faculty was opened at the Yerevan State University in 1996. In 1997 Armenia submits its 1st periodic report to the UN Committee on the Rights of the Child.
1999	Law on Refugees adopted	Unified system of family benefits for poor was introduced
2000		Law on Education adopted
2000		The Ministry of Labour and Social Issues (MoLSI) set up a centralized registry of adopted children and children available for adoption, as well as of potential adoptive parents.
2001		
2002		Law on Social Protection of Children Deprived of Parental Care adopted. Law on the Rights of the Child was amended to include provisions on annual programs on child rights protection and relevant state budget funding.
2003	Approval of Poverty Reduction Strategy Paper	The National Programme on the Protection of the Rights of the Child 2004-2015 adopted. Strategy for the Improvement of the Educational Boarding Institutions System adopted. Procedure for Provision of Housing to Children Without Parental Care, and Procedure of Registration of Orphan Children and Children Without Parental Care adopted. Programme on State Assistance to Youth Leaving Institutions approved. Centralised registration of children in guardianship set up by MoLSI. Armenia submits its 2 nd periodic report to the UN Committee on the Rights of the Child. New Criminal Code was adopted. It includes articles on child abuse and trafficking, as well as more types of alternative sanctions. Law on the Rights of the Child was amended to improve the definition of a "child", provisions on the rights to express views and on information.
2004	Armenia ratified the revised European Social Charter.	New Family Code adopted. Among other issues, it regulates issues of children in difficult situations and introduced foster care. National Minimum Standards on Institutional Child Care and Education enacted.

		The Law on the Rights of the Child was amended to improve provisions on protection the rights of the child without parental care.
2005	The Constitution was amended: part of presidential responsibilities was given to the Government.	UNICEF Country Programme Action Plan 2005–09 started. The Government Decree of March 24, 2005, approves a list of children's institutions and the admission criteria. It thereby identifies a set of criteria of institutions intended for closure or restructuring. Establishment of Child Protection Units (CPU) at marz administrations started. Law on Social Assistance adopted
	Ratification of the Optional Protocol on Sale of Children, Child Prostitution and Child Pornography and the Optional Protocol on Involvement of Children in Armed Conflict.	Foster family service project of the MoLSI started. Social Daycare Centre was established in Yerevan on shared funding basis. The Government Decree as of April 21 vested consular departments of Armenia with the monitoring responsibility over the care of inter-country adoptees from Armenia in their respective areas of responsibility.
2006	Ratification of ILO convention 182 on worst forms of child labour and convention 138 on minimum age	Strategy for Reform of the System of Child Care Institutions and Protection of Children at Risk, and for Creation of Unified Institutional System for the Care and Education of Children at Risk in 2006-2010 adopted.
	Armenia signs European Neighbourhood Policy Action Plan	Implementation of the De-institutionalisation programme started in Lori marz. Rulebook on guardianship bodies adopted. National Commission on Child Protection, composed of senior officials of the ministries and agencies, formed. The Law on the Rights of the Child was amended to improve provisions on the right to vocational education, especially of children with disabilities.
2007	Armenia signed the Convention on the Rights of Persons with Disabilities. Ratification is in process.	17 boarding schools were restructured, as a result of which approx. 4000 children were reintegrated into their natural families. By-law on Adoption Procedure. Hague Convention on inter-country adoption ratified.
		Minimum Standards for Consumption in Children's Residential Institutions of Food Supplies, Clothing, Footwear, Comfort, Convenience and Amusement Items, and Other Supplies enacted.
2008	Presidential elections	By-law on Procedure for Placement of Children into Foster Care, Provision of Child Support, Remuneration for Foster Parents' Services and Contract Form adopted. Some marzes launched foster care that is funded from the state budget.
	Sustainable Development Programme (PRSP2) adopted.	In the framework of a public-private partnership scheme the state has provided funding to 4 daycare centers for children with disabilities and special needs in the Tavush marz, set up with the assistance of the Bridge of Hope NGO.

2009	World Bank Country Partnership Strategy 2009- 2012 introduced.
	Memorandum of Understanding signed between UNICEF and the National Assembly. UNICEF Country Programme Document for 2010-2015 approved
	Submission of 1st National report to ILO on 138 and 182 conventions
	Child and Adolescent Health Strategy approved by the Government

BELARUS

Achievements and gaps in child care system reform

Although the rate of children in formal care has not decreased in the period of 2002-2008, the rate of children in residential care has been gradually going down from 958 children per 100,000 of child population to 707, which is still high in comparison with other countries in the region. At the same time the rate of children in family-based substitute care increased thanks to foster care. The proportion of children placed in family based substitute care to those in residential care has risen from 42% in 2002 to 58% in 2008. The rate of children under 4 years of age in residential care, – 317 per 100,000 of child population of respective age, is one of the highest in the region.

Policy, strategy and legal framework of the reform

It can be said that the child care system reform in Belarus started in 2003 with adoption of the National Plan of Action for Improving the Situation of Children and Protection of Their Rights 2004-2010 as a comprehensive policy document that provided for strengthening family and child support services and assistance; development of family based substitute care, especially foster care and patronat care. It also comprise provisions for inclusive education; development and implementation of standards; support to youth leaving formal care; strengthening statutory services with child protection sectors; cross-sectoral coordination; training of professionals and substitute parents; improving data collection, analysis and monitoring; setting up uniform databases.

The National Plan systematised the policy provisions previously introduced in the Law on the rights of the child (1993), the 1st and 2^d Presidential Programmes “Children of Belarus” 1998-2000 and 2001-2005; the Family and Marriage Code (1999); the Law on Principles of the System for Preventing Child neglect and Juvenile Delinquency (2003). In particular, the Family and Marriage Code stipulates that family-based care is the priority form of placement of children deprived of parental care, prioritizes the national adoption as the type of placement most fully meeting the child’s interests, envisages state financial support to substitute families, and proclaims residential care being a temporary measure of the last resort. The 3^d Presidential Programme “Children of Belarus” 2006-2010 with sub-programme “Orphan children” and the Sub-programme “Stimulating childbirth and strengthening the family” and the National programme of demographic security 2007-2010 reiterate state support to the families with children and most vulnerable groups of children, promote family-based care for children deprived of parental care.

Although the National Plan did not cover transformation of residential care, 2 surveys on condition of children in residential care institutions were conducted in 2001-2002. However, regional schedules for optimizing the network of residential care institutions for 2008-10 and 2011-15 were adopted later.

Belarus pursues a policy of improving development, rehabilitation, prevention of institutionalisation and inclusive education of children with disabilities. Namely, the Law on education of persons with specifics of psycho-physical development (special education) of 2004 stipulates priorities as follows: creating conditions to identify children with specifics of psychophysical development, development of integrated teaching and training, and providing social and pedagogical support to families caring for children with disabilities.

In parallel with policy development process, adoption of standards started. The Law on Public Minimum Social Standards (1999) and Resolution of the Council of Ministers on Measures for Implementing the System of Public Social Standards for Servicing the Population (2003) adopted the system of standards comprising 44 normative standards. The special education standards have been drafted for the first time, including the draft standards for social inclusion of children with disabilities. New educational standards for professional training of specialists working in child care, compulsory for all educational professional institutions, including private ones, have been introduced. Standards of socio-pedagogical activities for creating and supporting professional substitute families are being drafted. Belarus has also developed and approved regulatory frameworks of the standard procedure in respect to family placement of children. The Law on guarantees of social protection of orphan children and children without parental care and persons out of the number of orphan children and children without parental care (aged 18-23) of 2005 stipulates standard mechanisms of social protection and material support of orphan children, both in residential and

family-based care. The standard package of social benefits for children without parental care includes: financial support while studying full-time at technical, vocational schools or higher education up to the age of 23; free education and health care; free social housing or a loan for housing construction; free public transportation; non-competitive enrolment to technical schools and priority rights for enrolment to higher education and vocational schools; free lodging at the dormitory; right to the first job (obligatory employment upon completion of professional education); free attendance of cultural and sports events in state cultural and athletic organizations. Licensing of services for child care is not provided for by the Belarusian legislation yet, although it is necessary for ensuring the above mentioned standards and quality of services.

The responsibility for providing services has been assigned mainly to the municipalities (3rd level of administration) at the place of residence of the child and family and the services have been funded from the local budgets respectively. All existing types of family-based substitute care services and residential care institutions are funded by the local budgets. This can be an incentive for local authorities for redirecting resources from expensive residential institutions to development of family support services and family based substitute care. The government finances the state programmes from the national budget.

Governance of the system

Traditionally the governance of the child care system was divided mainly between 3 ministries and remains so nowadays. The Ministry of Education (MoE) is the line ministry for child protection, including child care (some institutions and family based forms of alternative care). The Ministry of Labour and Social Protection (MoLSP) is responsible for social protection of families and children (financial, social benefits and services) and for institutions for children with severe disabilities. The Ministry of Health (MoH) is in charge of health care of all children and for children under 3 years in infant homes.

Various mechanisms of inter-agency cooperation have been established with the purpose of improving coordination within the fragmented system. The National Commission on the Rights of the Child, established in 1996 and substantially strengthened in 2006, is in charge of drawing up proposals to improve the social policy and child support / family strengthening mechanism, supervising and coordinating activities of the public bodies. The Commission for Minors of the Council of Ministers is in charge of coordinating activities of authorities, institutions and other organizations involved in preventing child neglect and juvenile delinquency. The Ministry of Education was appointed to coordinate the activities of the organizations dealing with child protection subject to the Law on the Rights of the Child. Interdepartmental Coordination Councils for work with children being at social risk and also with their parents have been set up in each district (town) in the course of reform.

A new child protection system has been formed in 2007-2009 at the local level to meet new challenges of working with families and children. Departments for education of local and regional administrations, which had traditionally had responsibilities of the guardianship bodies, formed sectors of child protection (on average 3-4 specialists; set up in 85 out of 142 local education departments) during the reform period, aiming at strengthening statutory services for children. The number of child protection specialists has substantially increased over the last five years. Their training is done on continuous basis at regional Institutes for advanced training of specialists of the MoE system. Constraints in the work of these statutory services are lack of standards and methodological guidance, frequent turnover of specialists, insufficient educational level and lack of professional motivation.

According to the new Family and Marriage Code, some guardianship functions have been also delegated to the Commissions on Minors (comprised of specialists of district authorities and organizations), that have a mandate to take a decision regarding a child at social risk who is in need of the state support, on his/her separation from the parents. Then an Interdepartmental plan for protection of rights and legal interests of the child with a range of rehabilitation measures is to be developed by multi-disciplinary Commissions on Minors and approved by the head of the local administration. Such plan is expected to become an instrument to join efforts of all sectors concerned to provide assistance to the child and prevent a family separation. The parents are involved in drawing up the plan and agree to its implementation by their signatures. The plan implies compulsory monitoring of the progress of work with the family and assessment of its efficiency. The decision on depriving parental rights may be taken in two stages: initially

a child is separated for a period of up to 6 months, and then a petition is filed with a court to deprive parents of parental rights if efforts to restore the family relations failed.

Medical Rehabilitation Expertise Commissions at oblast level subordinated to the Ministry of Health define the category of disability, medical care options and recommendations on rehabilitation of a disabled child.

Progress in transforming, downscaling and closing of residential institutions

Belarus has not adopted a special deinstitutionalization plan so far. The first practical step of deinstitutionalization was closing down of boarding schools for children who have parents.

Totally there are about 150 residential institutions: 29 children's homes (MoE) with 2,145 children; 36 general education residential schools (MoE) with 4,350 children; 10 infant homes (MoH) with 926 children under 3 years; 9 institutions for children with disabilities (MoLSP) with 657 children and 53 residential schools for children with disabilities (MoE) – 6,129 children. Children with disabilities amount to 35% of all children living in institutions. Not all institutionalised children have status of orphans or children deprived of parental care, which could be a legal obstacle for substitute family placement. Measures have been taken to improve living conditions in the residential care institutions.

The percentage of children entering formal care who are placed into residential care is decreasing steadily (totally over the country in 7 years - by 16%). The number of children living in residential care is also going down. In 2008 there were 12,624 children (39% decrease since 2002). More than 90% of children without parental care do have parents. In certain cases children in guardianship can be brought up in residential institutions (e.g. when children need special education due to disability or talent, or health care treatment or recreation).

The practice of children returning from institutions to their biological families due to their parents' restoration in parental rights has been developed (in 2007 – 324 children, in 2008 – 526 children). A real step towards deinstitutionalization was the development of inclusive education for children with disabilities, who now have more and more opportunities to receive education in regular schools. There are regional schedules for optimizing a network of residential care institutions for 2008-2010 and for 2011-2015. However, a number of institutions are not included into the reorganization and closing down plans, since the regional administrations determined that there must be not less than 1 residential school per region for children who cannot be placed in family-based care (e.g. teenagers with behavioural problems). The residential care institutions are being closed down in the absence of a normative act that would have provided for a standardized procedure prioritizing the child's best interests, prohibiting transfer of children to another institution, envisaging a preparatory period for the closure and support to the personnel of the institution (e.g. retraining and employment).

An obstacle to deinstitutionalization of children and to gatekeeping is the shortcoming of the system of early identification of children from families at risk and, consequently, their separation from disadvantaged family at older age (10-17 years), when it is difficult to find a substitute family. Such adolescents often have negative social experience of neglect and health disorders that precondition difficulty of their integration into new family and school. More than 71% of children in institutions are older than 10. The risk of institutionalization of children with disabilities is still high when children are born with severe and multiple disorders. There are still cases upon birth of such children, when the medical personnel encourage parents to relinquish a child and place him/her in a residential institution. Although there are no social workers in the staff of health care institutions, some maternity hospitals keep close contacts with social services centres or social-pedagogical centres and invite their psychologists to come to work with mothers who declared their intentions to abandon the child. Recent changes in normative framework allow the health care institution administration to employ psychologists.

There is a new type of small residential care facilities - Children's villages (towns), based on Regulation of 2006. These are social educational institutions where spouses or single parents-educators (sometimes with other members of their own family) are taking care of 5-10 children deprived of parental care of different age while living with them in a provided house (apartment), based on a contract on conditions of upbringing, on a labour contract and a charter of the village. Such villages and towns can be public, established by local authorities, (currently 1 children's village (15 families) caring for 118 children and 1

children's township (10 families) caring for 66 children), or private (there are 2 SOS children's villages (28 families with 158 children) and 1 youth house owned by NGO Belarus SOS Children's Village Foundation). Children are being placed by the regional departments of education.

The state continues to provide support to youth who have left institutions and currently studying in technical schools (currently 4,872 beneficiaries), vocational schools (1,914) and higher education (1,651). This category is also considered as children without parental care until graduation. Aftercare support is being offered within the system of social protection at the Territorial Centres of Social Services and consists of social housing, clothes, textbooks, items of personal hygiene, scholarships and financial support, assistance in employment, legal and psychological counselling. The Centres are also supposed to maintain a database on youth who left residential care institutions, foster and guardianship families. However, the system of aftercare support needs further improvement. It is evident that just formal fixation in legislation of state guarantees on protection of the rights of young people without parental care are not comprehensive without the system of supportive measures. There is a need to set up a system of support for youth leaving professional substitute families.

Development of family and child support services and assistance

A state system of family and child support services has been established throughout the whole country. Vast majority of services, with few exceptions, have been established by state. All services are quite evenly distributed throughout the country and exist almost in every district.

156 Territorial Social Service Centres were established under supervision by departments of labour, employment and social protection of all district administrations to provide comprehensive social services to families in a difficult situation, e.g. in-home social care, social adaptation and rehabilitation, day care and round-the-clock for the disabled, hot lines, crisis rooms and social libraries.

The social rehabilitation of children at risk and in need of state protection is the responsibility of 144 social-pedagogical institutions including social-pedagogical centres and children's social shelters, which carry out social patronage of dysfunctional families, family counselling, socio-pedagogical and psychological assistance. Databases containing data on children being at social risk are established at the regional level and are being updated.

142 Centres of Correction, Development Training and Rehabilitation for disabled children (CCDTR) under supervision by education departments of local and regional administrations are available in the country. The local level CCDTRs establish databases on children with disabilities and transmit to the regional and then to the national database. The CCDTRs provide a range of services, such as psychological/medical and pedagogical examination, individual correction, assistance of a psychologist, training for children with severe multiple disorders, medical and rehabilitation measures, family counselling, support of children in inclusive education, day care and transportation, which gives an opportunity to children with disabilities to stay at home. The parents of such children have been offered an opportunity to work and live a productive life rearing a child in a family and not to place him/her in a residential care institution. CCDTRs are uniformly distributed throughout regions. Creating an environment enabling inclusive education for children with disabilities at the place of their residence has resulted in reduction of the number of children in specialized boarding schools. Psycho-medico-pedagogical commissions under the CCDTR examine individual needs of a child and draw up an individual plan on his/her cognitive and emotional development, potential abilities and state of health using special methods and techniques to determine whether a child requires special conditions for education. There are also networks of early intervention centres and medical rehabilitation centres.

Unfortunately, as of yet there is no special programme on work with biological families of the disabled children whose parents abandoned them immediately after birth being frightened by the diagnosis. Perhaps, given timely support (psychological, medical, communication with families facing the same difficulties, special training) they would not have taken the hasty step of giving up the child.

81% of children are covered by preschool education that apart from full-time has also developed flexible forms, e.g. temporary attendance, visiting by teachers-supervisors, family kindergartens, various forms of school preparatory activities like short-term attendance groups and seasonal playgrounds. Pre-school

facilities serve as day care, provide early childhood development assistance and parental counselling, which foster better parenting and closer family ties.

Social workers, social teachers and psychologists for work with dysfunctional families are trained at the Departments of Social Pedagogy and Psychology in institutions of higher education in Minsk and all regional centres. In the process of training specialists for socio-pedagogical and psychological services special attention is paid to issues of early detection of families at risk and prevention of social orphanhood. General education institutions of all types are obliged to employ social teachers and psychologists. The National Adoption Centre of the Ministry of Education and the State Institute of Postgraduate Education systematically develop and distribute efficient methodology of child care, prepare guidance manuals and hold seminars.

Cash benefits. Children under 3 years of age (99.9% of them receive the allowance), as well as children with disabilities and HIV-infected children up to 18 years are provided with monthly allowances irrespective of the total family income, children above 3 years of age – depending on the total family income (12% of them receive the allowance). Targeted social assistance is provided to low income families (large families and single-parent families amount to 60% of its beneficiaries).

In 2008, amendments were made to the Labour Code to provide equal opportunities for a father and a mother to care for children, including parental leave for both parents. Tax benefits have been also offered to some categories of parents.

Development of family based substitute care

Legislation stipulates that family-based substitute care is the priority form of placement of children deprived of parental care, which consists of long-existent guardianship, family type homes (established in 1989) and new forms introduced by the Family and Marriage Code – foster care (has been consistently expanding for 10 years throughout the whole country) and patronat care (pilot phase). Adoption is another traditional form of permanent placement of children without parental care. The number of children placed into family-based care is growing steadily. In 2007 as compared to 2002 the growth made 20% over the country. In 2007 72 % (3245 children) were placed into family-based care, out of them 60% under guardianship, 29% - foster care, 5% - adopted.

Guardianship is a traditional widespread form of family based substitute care. 95% of guardians are relatives (80% are grandparents). Guardians receive child support allowance; also the child keeps the right to child support from biological parents and all other allowances/income he/she is eligible for. 10,687 children were living with guardians in 2008, the number has been slightly decreasing; 2,665 children were registered in informal kinship care.

Foster care was introduced in 1999. Married couples and single people, who can be from extended family of the child (but not close relatives), can become foster parents of 1-4 children. Legal, psychological and social-pedagogical criteria for selection are given in the Family and Marriage Code. Foster care is established by a decision of the guardianship body and 2 contracts between the guardianship body and foster parents: 1) agreement on placement of the child into the family for upbringing; 2) labour contract (including state social security, paid temporary sick leaves, pension upon retirement). Foster parents have status of legal guardians. According to the law, the guardianship body and authorized social, psychological and pedagogical services provide follow-up support like supervision, revision of care plans, etc. Foster parents are eligible for a monthly child support allowance and salary (depends on level of education of the parent, the number of children and their health conditions). Foster parents taking up 3 or more children are entitled to social housing. 6,414 children were living in 4,270 foster families (on average 1.5 children per family) in 2008, and the number has been increasing (more than 5 times since 2002).

Patronat is a new form of family based substitute care, introduced by the new Family and Marriage Code, when responsibilities are divided between the substitute family, guardianship body and children's institution. The patronat educator is responsible for life, health, upbringing and education of the child, while the director of the children's institution remains the legal guardian. Healthcare, education and social welfare organizations, as well as residential institutions organize recruitment, selection and training of patronat educators, and provide preparation of children. Labour contract is signed between the patronat

educator and the institution. A draft Rulebook on patronat care will establish procedure of placement into and operation of patronat families, and supervision over them. Currently patronat is being piloted in some residential institutions and communities.

Family type homes are a form of care when 5-10 children are living together with parents-educators, married couple or a single person, who can be from the extended family of beneficiaries (but not close relatives). 2 contracts are signed between the guardianship body and parents-educators: 1) agreement on placement of the child into the family for upbringing; 2) labour contract. Majority of family type homes are provided with social housing. Parents-educators are eligible for a monthly child support allowance and salary. There are 705 children living at 106 homes (the number has been increasing). Also it became possible to start the practice of temporary placement of children into the family of professional educators until adoption or return to the biological family.

Belarus has a solid legal framework on adoption: Family and Marriage Code, Rulebook on placement of children for adoption and monitoring the living and upbringing conditions of children in adoptive families in the territory of Belarus (2006); Decree of the president on financial support to adoptive families (1998), Regulation on procedures for adoption of children and placing them under guardianship of foreign citizens, stateless persons and citizens of the Republic of Belarus permanently residing in a foreign state (1999). The country ratified the Hague Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption in 2003. Adoption is due to judicial procedure. Inter-country adoption may take place only if national adoption is not possible. The legislation excludes transfer of a child being already in the family-based care in Belarus for inter-country adoption. National Centre of Adoption of MoE is responsible for keeping and updating the database, where currently 14,000 children available for adoption are registered. 9,429 children are now living in adoptive families, including 6,271 in Belarus and 3,237 abroad. In 2007 out of all children who entered formal care 166 were adopted, which is just 4% (stable trend). In total 536 children were adopted in 2008, about 80% of whom were from infant homes, 99% were adopted nationally.

All substitute parents have the duty to maintain contacts between children and their biological parents that is important for realization of the right of the child to know his/her parents and keep relationship with the relatives. Children living in substitute families keep the right to child support from biological parents and all other allowances/income he/she is eligible for.

Parents-educators from family type homes and foster parents undergo psychological screening and training at authorized social-pedagogical centres, although currently such training is not standardised. A preparation programme for adopters to the role of the parent was approved by the MoE. Given that in most cases guardians are relatives of children, the law does not stipulate their mandatory training. However, training of the guardians would contribute to better quality of child care. There is no special programme on work with the candidates for substitute parents that would contribute to placement of disabled children into family-based care. Development and implementation of uniform standard programmes of pre-professional training and advanced training of substitute parents are planned. Local social pedagogical centres provide psychological and pedagogical assistance to substitute families. Uniform assessment form of the living and upbringing conditions of the child living in adoptive, foster, guardianship family or with parents-educators, approved by the MoE (2007), represents the uniform criteria of assessment of situation of children in all types of substitute families.

210 children returned back to residential care in 2007 (0.77% of the total number of children in family-based care, including adoption). The major objective reasons for that are changes in family status, disease, death of the guardian or foster parent. Subjective reasons – lack of understanding between the child and the substitute family; in some cases there are mistakes made by the guardianship bodies.

Data collection and monitoring

The Ministry of Education bears main responsibility for availability, accessibility and quality of data on children without parental care. The scope of responsibilities of the MoE includes data collection and analysis, development of modern mechanisms of record, review and dissemination of analytical compilations on the relevant issues. The MoE developed uniform terminology and methodology of data collection for all regions, agencies and institutions. At the same time the National Statistical Committee

accumulates data on children provided by the MoE and regional departments of statistics. The data has been collected consistently since 1990 under the uniform procedure according criteria in the standards.

There are regional and national databases on orphan children and children deprived of parental care (regulation by MoE of 1996), and national database on adoption (regulation of 2002). The data quality and update (twice a year) of the republican database on children without parental care is the responsibility of Information Analytical Centre of MoE. The National Centre of Adoption of MoE is responsible for keeping and updating the database on adoption. On the basis of data contained in the database annual compilations "Family care and protection of the rights of the children in the Republic of Belarus" and «Issues of social orphans in figures for 1990-2007» have been published. The national database on children with disabilities allows for monitoring the trends in development of the modern special education, forecasting extension or downsizing of the specialized institution network and taking coordinated measures to improve the special education system management.

The summarized analytical information on implementation of the Presidential programme Children of Belarus is submitted to the government for consideration once a year; in addition, the progress is reviewed at the meetings of the National Commission on the Rights of the Child. Conducting two surveys of the condition of children in residential care institutions (2001 and 2002) and of condition of children in substitute families (2008) and also the results of the research which are regularly conducted within the framework of the Children of Belarus programme was of critical importance to adjust the reform components. The National Report on the State of Children has been published annually since 1998.

Activities of development partners and NGOs

UNICEF and Swedish International Development Agency (SIDA) have been providing substantial technical assistance to the government for the child care reform. Such organizations as Belarusian Children's Fund, Belarusian Committee of Red Cross, Belarus SOS Children's Village Foundation, NGO Belarusian Association for Assistance to Disabled Children and Young People; international NGOs Voluntas and Representation of the Christian Children's Fund; Swiss Agency for Development and Cooperation and Stockholm University have also given valuable inputs.

Allocation of public budgetary funds to finance activities of NGOs is not provided for by the legislation. National authorities and local executive bodies provide information and institutional support to NGOs that are officially registered and functioning subject to an approved charter.

Conclusions on the status of child care system reform

Development of family-based substitute care is declared as a policy priority in laws and national plans since 1993, and there is substantial evidence of its implementation. New forms of substitute families have been introduced; legal framework has been strengthened by comprehensive secondary legislation; professionalisation of family based substitute care, such as foster care and family type homes, has been initiated; the scope of state support (including financial) to substitute families has been extended. Enhancing professionalism of substitute parents and child care specialists is on agenda.

Improving family support services has been another focus of the government, especially since 2002. This resulted in development of rehabilitation services and inclusive education for children with disabilities; improving the system of targeted social assistance to low-income families; strengthening pre-school education; and establishment of local social services.

Statutory services are being strengthened by setting up sectors of child protection within local departments for education of local administrations and delegating gatekeeping functions to the Commissions on Minors.

These efforts, together with the tendency of demographic decline, lead to increasing the share of children in formal care who are placed into family environment and decreasing the number of children in residential institutions. Closing-down and re-profiling of existing residential care institutions is ongoing, but mainly due to reduced number of beneficiaries, rather than a planned and systematic approach to the downsizing

the institutions network. At the same time forming a system of the services for youth left formal care has started.

Standards development started 10 years ago and has been advancing with different level of intensity and success over the time. Child care professionals claim that more of quality standards are needed. Data collection system has been consistently developed; there is evidence of establishing monitoring and analysis.

Notwithstanding all positive steps in enhancing the governance structures, fragmentation remains both in central and lower levels. Lack of a single permanent government body responsible for formulating the state policy in child care and coordinating efforts of all governmental and non-governmental bodies and organizations remains a challenge.

Belarus

Timeline of events in child care reform

Date	General events in Belarus	Child care policy
pre-1999	<p>Independence declared in 1991.</p> <p>Member of CIS since 1991.</p> <p>New constitution adopted 1994.</p> <p>The Union of Russia and Belarus founded in 1997.</p>	<p>Main child care systems in place are residential institutions, guardianship and adoption.</p> <p>Belarus ratified UN Convention on the Rights of the Child in 1990.</p> <p>Law on state allowances for families with children adopted in 1992.</p> <p>Law on the Rights of the Child adopted in 1993.</p> <p>In 1993 Belarus submits its 1st periodic report to the UN Committee on the Rights of the Child, reporting on implementation of the provisions of the Convention.</p> <p>Regulation on regional and national databases on orphan children and children deprived of parental care approved by Ministry of Education (MoE) in 1996.</p> <p>Rulebook on guardianship bodies and Rulebook on guardianship procedure enacted in 1996.</p> <p>National Commission on the Rights of the Child set up in 1996.</p> <p>Main Directions of State Family Policy and the 1st Presidential Programme “Children of Belarus” 1997-2000 adopted in 1996.</p> <p>Regulation on the territorial social services centres issued by the Ministry of Labour and Social Protection in 1998.</p> <p>Decree of the President on financial support to adoptive families issued in 1998.</p> <p>National Report on the State of Children has been published annually since 1998.</p>
1999		<p>New Family and Marriage Code adopted. It introduced foster care. Rulebook on foster family enacted.</p> <p>Regulations on social-pedagogical centres approved.</p> <p>Law on Public Minimum Social Standards adopted.</p>
		<p>Regulation on procedures for adoption of children and placing them under guardianship of foreign citizens, stateless persons and citizens of Belarus permanently residing in a foreign state.</p>
2000		
2001		<p>2d Presidential Programme “Children of Belarus” 2001-2005.</p> <p>1st Survey of the condition of children in residential care institutions conducted.</p>
2002		<p>Regulation on national database on adoption enacted.</p> <p>2^d Survey of the condition of children in residential care institutions conducted.</p>
2003		<p>Law On Principles of the System for Preventing Child Neglect and Juvenile Delinquency adopted.</p> <p>Regulation on the Commissions on Minors approved, providing for cross-sectoral work on child protection at local, regional and national levels.</p>

	Hague Convention on inter-country adoption was ratified. National Plan of Action for improving the situation of children and protection of their rights 2004-2010 adopted.
2004	Law on Education of Persons with Psychophysical Disabilities (Special Education) adopted.
	State Programme of the Rural Area Revival and Development 2005-2010 providing for maintenance of the preschool institution network in rural areas and their further development by applying innovative forms of preschool education organization was approved.
2005	Law on guarantees of social protection of orphan children and children without parental care and persons out of the number of orphan children and children without parental care (aged 18-23) adopted. Resolution of MoE No. 52 approved the Instruction on Procedures for Maintaining the Register of Foreign Agencies and Organizations for Inter-Country Adoption.
	Decree No. 565 of the President "On certain measures of regulating housing relations" envisaged that foster parents taking care of 3 and more children were entitled to social housing. Decree No. 3 of the President on Specific Measures to Combat Human Trafficking enacted.
2006	3d Presidential Programme "Children of Belarus" 2006-2010 adopted. UNICEF Country Programme 2006-2010 approved. Rulebook on children's villages (towns) enacted. Rulebook on placement of children for adoption and monitoring the living and upbringing conditions of children in adoptive families in the territory of Belarus enacted. Rulebook on family type homes enacted. National Programme on Preventing Disability and Rehabilitation of Disabled People for 2006-2010. The Year of the Mother in Belarus. President's Ordinance No. 18 on additional measures of state protection for children from families at risk addresses prevention of family separation, including multi-sector approach. Decree No. 575 of the President on National Commission on the Rights of the Child substantially expanded the composition, mandates and functions of this Commission. Criteria and indicators for quality of special education of children with disabilities approved by Deputy Minister of Education. Amendments were introduced in the Family and Marriage Code providing for equality in parental rights of mothers and fathers. Resolution of the Council of Ministers No 1728 on new provisions on state support for children deprived of

		parental care.
		Resolution of the Council of Ministers No 1492 "On composition and amount of expenditures that the State provides for children in state care".
2007	EU Country Strategy Paper 2007-2013 and National Indicative Programme 2007-2010 under European Neighbourhood and Partnership Instrument introduced.	<p>National programme of demographic security 2007-2010 adopted.</p> <p>Uniform assessment form of the living and upbringing conditions of the child living in adoptive, foster, guardianship family or with parents-educators, approved by MoE.</p> <p>National Programme on Barrier-Free Environment for Physically Handicapped Persons for 2007-2010.</p> <p>The Year of the Child in Belarus.</p>
		Law "On state social benefits, rights and guaranties of specific categories of citizens" was approved.
		New education standards for professional training for the special education system introduced.
		The Ruling of the Ministry of Statistics and Analysis No347 "On approval of the form of state statistical reporting 1-adoption "Report on adoption of orphan children and children without parental care" and instruction of its filling-in" – provided for standardized record of all children without parental care within the system of state and private care in the territory of Belarus.
		Amendments to the Marriage and Family Code on criteria of inadequate care and grounds for deprivation of parental rights.
		The President's Decree No378 on Specific Aspects of Realisation of the Rights of Orphaned Children and Children Deprived of Parental Care was adopted.
2008	World Bank Country Assistance Strategy 2008-2011 introduced.	<p>Regional schedules for optimizing the network of residential care institutions for 2008-2010 and for 2011-2015 approved.</p> <p>A new version of the Law on State Benefits for Families with Children is in force.</p>
		Amendments made to the Labour Code to provide equal opportunities for a father and a mother to care for children, including parental leave.
		Programme on Development of Preschool Education System 2009-2010 approved by Resolution No. 1193 of the Council of Ministers.
		Survey on condition of children in substitute families conducted. «Issues of social orphans in figures for 1990-2007» published.
		New educational standards for professional training of social teachers and practical psychologists approved.
		The President's Decree No 46 on Main Directions of the State Family Policy adopted.
2009		Ordinance No 5 of the President on improving the work with families at risk

GEORGIA

Achievements and gaps in child care system reform

Although the rate of children in formal care has increased during the period of 2005-2008, the rate of children in residential care has been gradually going down from 485 children per 100,000 of child population to 334, which is relatively low in comparison with other countries in the region. At the same time the rate of children in family-based substitute care more than doubled in 2005-2008 thanks to significant increase in the rate of children in guardianship families and development of foster care. The proportion of children placed in family based substitute care to those in residential care has risen from 25% in 2005 to 59% in 2008.

Policy, strategy and legal framework of the reform

The child care system reform started in Georgia in 1999-2000 with setting up a De-institutionalisation Working Group and the first pilot projects on de-institutionalisation in Tbilisi, Telavi and Rustavi. The first social workers were recruited to provide support to children and families in their own homes; and some cash assistance was made available to families who were at risk of placing children into institutions for poverty reasons. These initial activities were funded by the projects rather than being supported by the government. A State Programme for Prevention of Abandonment and De-institutionalisation was passed in 2001, so from 2002 the Ministry of Education and Science (MoES) took responsibility for child welfare reform and the implementation of a national programme. The first pilot social work teams were now taken on by the government budget and a second wave of pilot teams was set up in Kutaisi and Batumi.

The process moved into a second phase around 2004, when the new government formally recognised that the changes in approach to child welfare constituted a reform. The reforms were formally taken up by the government with state funding. Many of the successful pilots that were run by non-state organisations in the earliest phase of the reform have been institutionalised by the government into the state programmes. This is an example of good practice in sustainability.

Since the beginning of the deinstitutionalization programme Georgia has focused on preventing children entering formal care, and reintegrating them with their families, or placing them in foster care. The Law on Social Assistance (2006), Law on adoption (2007) and Law on foster care (2007), establishing a new system of social assistance and family based substitute care, were enacted. A number of policies and plans relating to children, which included elements of child care (e.g. inclusive education and rehabilitation of children with disabilities, development of family and child support services) were also adopted: Main Policy Directions for Protection of the Rights of Disabled Children (2004), National Strategic Action Plan of Early Childhood Development 2007-2009, State Educational Strategy and Action Plan for Children with Special Needs 2009-11; Action Plan to Combat Family Abuse.

The Children's Action Plan (CAP) 2008-11 envisages developing a state child protection policy, putting legislation and referral/intervention system into action, along with an integrated system of needs-based individual services and benefits for parents and children in every raion, among main objectives. Some residential institutions are expected to be rationalised and converted to provide a greater emphasis on day-care facilities. In parallel, the government intends to expand the number of social workers in order to provide greater support for children in their own families or living with substitute parental care.

The budget for the state programme on child care has tripled in the last 5 years. Although there has been a steady increase in state funding for child welfare, the total amount of financial resources allocated to the child welfare system by government and NGOs is unknown. There is neither a unified system for allocating resources to child welfare, nor an estimate of total desired costs. Local governments have almost no sources for child welfare. The majority of state funding (60% of the budget) is directed into child care institutions, although an analysis of unit costs by the EU Support to Child Welfare Reform project indicates that family support and substitute family services have a lower unit cost than residential care. The CAP 2008-11 is not fully funded by the state. Costed action plans are to be approved by the Ministry of Labour, Health and Social Affairs (MoLHSA) on an annual basis. There is a tendency for budgeting based on inputs rather than results.

The setting of standards has been one of the items highest on the policy agenda of many stakeholders in recent years, and the subject of several rounds of participatory negotiations. One set of standards for child care were defined by the joint order of the MoES and MoLHSA in 2007, but these were annulled in 2009 by the MoLHSA as outdated. The MoLHSA stresses the need for elaboration of new standards. The ministry is leading the process of standards finalisation and expects to have approved these as final regulations by the end of 2009. The absence of comprehensive procedures for licensing, setting standards, accreditation and inspection have resulted in an unsystematic development of facilities of variable quality throughout Georgia.

Governance of the system

Since 2004 the government undertook an extensive restructuring of the bodies responsible for child welfare, removing the Commission for Minors and medical-pedagogical commissions. The regional de-institutionalisation panels were introduced, with the aim of supporting reintegration of children from institutions and foster care based on the conclusion (recommendation) of a social worker. In 2005 the inter-ministerial Government Commission for Child Protection and De-institutionalisation was established, together with a secretariat, to work on child protection issues. The responsibilities for guardianship and adoption were passed from the MoES in Tbilisi to the ministry's deconcentrated structures in the 72 raions and municipalities, the Education Resource Centres, to enable a more localised response to individual cases. There was an expansion in the number of social workers across the country. Residential institutions were consolidated under the authority of the MoES, but plans were developed eventually to transfer responsibility for all institutions to the MoLHSA.

The Ministry of Education and Science had the responsibility for all aspects of child care until the end of 2008. The responsibility has now shifted to the Ministry of Labour, Health and Social Affairs, at local level – from Education Resource Centres (under MoES) to the Social Services Agency (SSA), a subordinate agency of the MoLHSA. This move suggests that child care issues are now perceived to be more related to social than to educational needs. The MoLHSA is now responsible for the whole social welfare reform. The MoLHSA also has the responsibility for fighting domestic violence and abuse. The sector is now undergoing a period of transition as existing policies are reviewed and functions are transferred between the relevant agencies.

The MoLHSA elaborates the policy and defines state support for child protection issues through the State programmes. The implementing agencies affiliated to the MoLHSA, namely the Social Services Agency, the Health and Social Service Programme Agency and the State Agency for Service Regulation are responsible for the delivery of services, service purchasing and service regulation respectively. Delivery of most state-run child care services, excluding services in residential institutions, is administered by the SSA, which has branches in all raions throughout the country. It contracts social workers who deal with child de-institutionalisation, prevention of child abandonment, adoption, guardianship and foster care. A separate important function of the SSA is that it administers all types of social subsidies, including targeted cash assistance. Bringing child protection administration under the SSA generates good opportunities for coordination with other social services. Local units of the SSA now also have responsibilities of the guardianship bodies.

The aim of the change was to put the great majority of responsibilities for child welfare under one line ministry in order to overcome some of the previous fragmentation of the system. However, there are other ministries, such as the Ministry of Justice, who are still responsible for certain aspects of child welfare, and the MoES retains responsibility for the education of children with special needs. The regrouping of all institutions run by central government into one ministry does not mean that the entire system is now unified. Municipal residential institutions remain largely outside the reform process and are not connected into the same gatekeeping and monitoring functions. However, now there is a good opportunity to bed down the system and strengthen it without further structural changes. This will ensure that at least the central government responsibilities are not fragmented.

The inter-ministerial Government Commission for Child Protection and De-institutionalisation previously had influence over child care reform at the highest level because of their link with the prime minister's office. The Commission was in charge of coordinating child protection nationwide among different line ministries, aid partners, NGOs and private service providers. Its supraministerial position gave strength to

its ability to work across government and ensure a common position at the highest levels of authority, whilst the technical secretariat was effective in fulfilling day-to-day functions. The establishment and operation of this Commission, when it was in place, can be considered to be an achievement. However, its status has recently weakened. Since child care responsibilities were passed to the MoLHSA the Commission has stopped functioning, and the remaining body - the technical secretariat - has lost the links with the prime minister's office. It has been less easy to sustain progress with the Commission under the more recent high turnover of ministry staff, and the change of the child welfare structure has itself been an impediment to its functioning. It is not yet clear whether the MoLHSA will adopt the overall coordination function now that most of the responsibility for child protection is united within its remit. The risk is that it will be harder for the MoLHSA to be able to exert leverage over other ministries, where required, to deliver cross-cutting objectives on child welfare. It may be valuable to explore reviving the commission or identifying an alternative supraministerial body, such as one relating to delivery of the PRSP, that can support the MoLHSA in this respect. This may require the definition of new tasks and responsibilities, and a change in the composition (and perhaps the name) of the commission, in the light of the restructuring of the sector.

Important changes have also been brought into the system to improve the gatekeeping function. Responsibilities for reducing the inflow of children into residential care and for finding alternative family-based services are vested in Guardianship and Care Panels, advisory bodies at regional level consisting of representatives from different agencies (relevant for children) and civil society. These have replaced Commission for Minors and medical-psycho-pedagogical commissions. Social workers are not panel members, but they present cases in front of the Panel. For some members, such as the representative of the Education Resource Centre, attendance on the panel is considered part of their regular job but for others, such as doctors and psychologists, it is a separate duty, and these latter people are authorised to receive a monthly payment for their attendance. In the medium term the government intends to establish similar panels at rayon level but this may require considerable capacity development. The guardianship and care panels have brought about considerable progress in developing a system that applies case management, including the individual assessment of a child (standard forms have been created by the government and social workers for the initial assessment and the secondary, comprehensive assessment). It is unfortunate that the panels have not yet been able to provide full coverage across the country, especially outside the major towns; nor do they cover entry into institutions run by authorities other than the MoLHSA.

Social work profession has been established and Association of Social Workers has been formed. In 2009 there are 197 trained social workers in the country. The profession of social worker is recognised by government regulation. State funding has been made available to set up university degrees in social work. The Tbilisi State University runs 3 programmes: a Bachelors and a Masters degree in social work, and a certificate programme for professionals who have a different academic background. The in-service training programme for social workers is not yet standardised, but this gap is acknowledged by the MoLHSA.

An issue for clarification is to distinguish the role of social worker from that of a 'social agent'. This is particularly relevant nowadays, as the MoLHSA, and namely the SSA, manages both social workers and social agents (in charge of cash benefits), and the issues would be to avoid misunderstanding of their functions while working with the same target groups, i.e. socially disadvantaged families.

Progress in transforming, downscaling and closing of residential institutions

Progress in policy development relating to residential care services for children has two components: first, the aim of working towards closure or transformation of institutions into alternative support services; and second, improvement of standards in institutions.

The rate of children in residential institutions per 100,000 of child population is decreasing: from 485 in 2004 to 334 in 2008. In 2008 there were 2300 children in state-run institutions, 160 out of them are under age of 5 (remains stable). The most of requests for institutional placement tends to come from parents. The statutes of the Educational Resource Centres of 2007 (ERC, under the MoES, the guardianship body at that time) stated that a child could not be placed in a state institution without an assessment. Although the statutes do not specify assessment by social workers, this is what was communicated to ERCs. Some children are registered at institutions, but only attend them during the daytime (for meals or daycare). The

share of children without parental care in residential care has reduced significantly. These changes can be directly linked to the Deinstitutionalization Programme, which supports financially families in need if they take back their children from institutions or agree not to place them there. Compared to 2005, by 2007 the number of children re-integrated to their families increased by almost 6 times. Then the number reintegrated has reduced from the peak of 342 in both 2006 and 2007. Since fewer children now enter state residential care, it is likely that those children remaining in institutions are more difficult to be placed into substitute or reintegrated into biological families. Many professionals report improvements in the quality of care in institutions since the reforms, and in the inclusion of children in regular schools and kindergartens.

Presently the MoLHSA is fully in charge of 2 infant homes, 21 child care residential institutions for children 6-18 years of age, 2 institutions for children with disabilities. The MoLHSA shares the responsibilities with the MoES for 10 boarding schools for children with special education needs and for 2 boarding schools for children with risky behaviour and in conflict with the law. 6 general boarding schools remain under MoES and local authorities.

9 small group homes (for max 9 children aged 6-17, including with disabilities; funded by the state or NGOs) are considered to be an improvement in comparison to large-scale institutions though still an intermediate stage compared with a family environment, and also a good option for sibling groups where family based substitute care may be more difficult. There are also 2 SOS Children's Villages.

Standards for institutions were approved in 2007 but there has not been a strong commitment to implementation because of practical obstacles such as the difficulty in setting a ceiling on the number of children in institutions when there are not enough alternatives. Although the Law on Licenses and Permits requires that services for disabled children and children deprived of parental care should be licensed, this only seems to have been further elaborated for large-scale state funded institutions through the Law on Licensing of 24-hour Care Institutions. Children in municipal institutions and institutions run by NGOs and the Church (5 institutions) are not included in any central data collection; very often those children are not going through the gatekeeping system. There is no legal basis for being able to demand minimum standards for non-state child care facilities, or to monitor their operation.

Youth leaving formal care remain unattended to. The needs of people with disabilities are thought to represent a big gap in service provision. Disability continues to be perceived mainly from a medical rather than social perspective. Few alternatives to residential care currently exist, though one NGO is training foster carers to support children with disabilities. The situation is even more difficult for young people with disabilities once they reach adulthood because of a shortage of places to live. Many adults continue to live at the state facility for children with disabilities, which may be inappropriate for both the adults and the children. Concerns have been expressed by some child welfare practitioners that the state programme on child health care may be an additional incentive for institutionalisation since it leaves out hospital services for children from 15 to 18 years old and some types of health services for children of 3-15 years old while providing free health services to children in residential care.

Staff in residential institutions remain a large part of the workforce in child welfare. Policies to redeploy them or retrain them to provide alternative care have not been developed so far. Many staff members working in the residential care system are not social workers but provide administrative or support services.

The general public still views residential institutions quite positively, considering that they offer a solution for families in severe poverty or who are absent and unable to take care of their child. The potential long-term economic, social and psychological effects are less well-known to the public, and the limited information about alternatives may reinforce the preference for residential care.

Development of family and child support services and assistance

In terms of family support services, the policy priority was defined as the need to begin to find alternatives to residential institutions. This has been achieved with introduction of social workers. The next step - to get these recognised as state-funded services - has also been reached, which is a good achievement. The priority issues now are to scale up the system nationwide, increase the number of personnel and make it

easier for social workers to support all vulnerable people, not just those with children who are already in difficulty, because children should not only be coming to the attention of the authorities at the point at which they are already suffering the adverse effects of a difficult family situation. Same is relevant for the family and child support services: many of them have been included into state or municipal budget, but others have not been scaled up yet. A necessary minimum of services nationwide has not been defined. The difficulty in extending the reach of community and support services beyond the main town in each region and weak legal basis for establishing and strengthening prevention services are constraints. At the moment uneven distribution of services throughout the regions can be noticed. Services are mostly situated in the central parts of the country, while such regions as Guria, Adjara and Samtskhe-Javakheti do not have any family and child support services.

Regulations on family support services envisage cash assistance and also psychological and social support from social workers. Currently more emphasis is placed on the later stages of gatekeeping, alternative care and reintegration than on prevention or active early intervention. However, the unification of the majority of responsibilities for child welfare under the MoLHSA should make it easier for child welfare issues to be addressed at an earlier stage, i.e. preventively, by means of supporting parents to find employment or to receive cash payments (for those in poverty), which will tackle some of the main causes of child institutionalisation.

Several community centre models of family support have been piloted in response to the closure of institutions, such as in Tianeti and Rustavi. These offered a wide range of services and extended to primary prevention services, supporting children who have not yet suffered harm and not only those who are already in difficulty. There are also day care centres, including for children with disabilities.

Respite Care is temporary institutional placement of a child (e.g. mentally disabled) in order to allow the permanent care taker to have respite from his/her obligations for a short period of time in order to relax and satisfy his/her personal interests. By doing so, a permanent placement of the child in an institution is avoided. Provision of this service is carried out on the grounds of a Memorandum of Understanding between the organization providing temporary support and the family. This type of service in Georgia is funded by NGOs.

The provision of support to parents to find employment was a component of the Prevention of Infant Abandonment and Deinstitutionalization Project (PIAD) which reported successes in assisting mothers to find work. The evaluation of the PIAD project emphasised the importance of working with employment agencies as a strategy to prevent child abandonment.

The 84 'child-friendly spaces' in collective centres, settlements and villages, created by international organisations in the wake of the conflict in 2008 could be an experience valuable for dissemination nationwide. A positive feature of the way many of the spaces have been implemented has been their placement in existing buildings, such as schools, that provide a familiar and secure environment for children and do not require substantial additional resources. The staff who run the spaces often work alongside teachers who are able to apply the new learning techniques in the classroom. This model could work well for other social services, particularly those that aim to prevent neglect of children outside school hours while their parents are still at work.

The means-tested targeted social assistance (TSA) programme was introduced in 2005. Whereas previously social welfare programmes targeted certain categories of the population and did not distinguish between poor and non-poor beneficiaries, the new TSA system applies means-testing to households. Since children are found among the poorer households this assistance is favourable for children. Cash benefits for prevention of family separation due to economic hardship and family reintegration were introduced in 2006, which support biological parents in keeping their children in the family. Monthly reintegration grant is given to families who have requested to place a child in an institution, but who are being supported to maintain the child at home instead, and also to those who take their child back from residential care (90-130 GEL/53-77 USD). At the same time, reintegration payments are time-limited and supervision tends to fade out once the payments come to an end. Socially disadvantaged families are also eligible to subsistence minimum grant (24-30 GEL per family member); families who are considered to be in extreme poverty – to family assistance grant (22 GEL (13 USD) for orphans and children with disabilities). Pension is paid to children who lost one parent of 28 GEL/17 USD (2 parents – 35 GEL/21 USD) in order to support single parents and extended families taking care of that child.

Thus, a risk of policy bias against families who are trying to cope by themselves can be noticed. There is a big discrepancy in payments between those to support children in biological families and those in substitute families. For instance, a foster family receives more than twice as much financial support to look after a deinstitutionalised child than the child's own biological family would. A family that has not tried to institutionalise their child receives a monthly grant of GEL 22 (13 USD) to support the additional costs of caring for a child with disabilities, but a family that receives back a child with a disability from residential care, or who is at risk of institutionalising the child, receives GEL 40 (24 USD) on top of the reintegration grant (130 GEL/77 USD) to compensate for the additional expenses.

Under the proposed new voucher scheme, which links the state's resources directly to the child, the cost of a person's attendance at a social service facility is classified as a subsidy rather than a service, so the facility is not bound by the state procurement regulations. The voucher connects the state subsidy with the individual who is targeted as the recipient of the service, which is very different from service purchasing under the tender process, where the money from the state is transferred directly to the service provider. Households which receive a voucher are eligible to choose their service provider, instead of being placed in a service providing institution without their own decision. It creates the possibility for the state subsidy to 'follow the recipient' even if he or she were to leave the service-providing institution. If widely explored, this has the potential to be a flexible option, permitting arrangements that allow a child to be reached and supported in individual families, whether he or she is fostered, adopted, or under guardianship. The details of the scheme have not yet been fully elaborated so it is not yet clear how it might work in relation to services that are needed by the child but not necessarily wanted by the family, such as care for protection reason. It is neither certain whether and how there would be a guarantee of a sufficient flow of funding to new and innovative services to ensure that they would be able to survive and flourish even when parents were not yet fully informed about the benefits of the service, and how to develop services in sufficient numbers. There may be a need to develop certain services since families cannot ask/get them before they exist. A household's eligibility for the voucher scheme is determined by the social worker. One limitation necessitated by the availability of resources is that the voucher scheme will be means-tested and its value will depend on the degree to which a household falls below the poverty line.

Development of family based substitute care

The main areas of policy development in family substitute services have related to fulfilling the rights of the child by promoting the maintenance of links with the family and culture of origin, and increasing awareness of alternatives to institutional care. Foster care has been a concept in policy for a long time though has been slow to take off. Regulations on adoption and guardianship have been in place for many years.

Attention paid to guardianship during the reform period has not been substantial, though the number of formally recognised guardians doubled in 2005-2007 and in 2008 the number of children under guardianship reached 2715. Children are placed under guardianship by a decision of the guardianship body based on assessment of children and guardians by social workers. Guardian is obliged to live with the child but in some cases they may live separately with the permission of the guardianship body if this will not have negative effect on the child. Therefore, it is possible for children in guardianship to live in an institution. In this case the guardian acts only as a legal representative of the child and guardian of property interests. No special financial support is envisaged for guardians.

The number of foster parents has increased significantly; in 2008 there were 490 children in foster families. There are also difficulties that a child cannot be placed in foster care without the agreement of the parent, and that very few emergency foster care places are available. On the other hand there are also many positive experiences of foster care. Foster care is regulated by the Law on foster care (2007) and Rulebook on foster care (2008). Married couples as well as single people are eligible for becoming foster parents, including relatives (about 5%). The local Social Services Agency makes a decision on foster placement on recommendation of social workers based on comprehensive assessment approved by the Guardianship and Care Panel, and signs a contract with foster parents. The latter have to go through a specialised training course (20 hours) by social workers. Social workers offer pre-placement and after placement support, including individual care plan. Foster parents receive foster allowance – 200 GEL/119 USD (300 GEL/178 USD for children with disabilities) paid from the state budget: 60% for child

support, 40% - remuneration for work. Currently foster care is not professionalised. Centralised database on foster care has not been established yet, but envisaged by law.

There has been a noticeable shift in favour of national rather than international adoptions. 104 children were adopted in 2008, 96% of them – nationally (a drop in the number of adoptions is connected to changes in legislation and subsequent delay in implementing secondary legislation, so the figure should be expected to increase in 2009). The Hague Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption was ratified in 1999, at the start of the reform process, to improve adoption policy and practice. The new Law on adoption (2008) has eased the conditions for removing parental rights and permitting children to be adopted in cases where their identity has not been established for more than 6 weeks, in the case of street children, or where parents have not contacted guardianship authorities for more than 6 weeks after making an initial statement on their decision to give a child for adoption, and where social workers have established that the parent is not in contact with the child. The law also introduced a 'matching' process to match adoptive children with potential adopters, and improved protection of the right of the child to know his/her origin by ending the tradition of secret adoptions, authorising the provision of information on a person's family background to the young adult at the age of 18. Recommendations on adoption will be made by the same panel that is also authorised to look at family support services, reintegration and prevention of institutionalisation, though the final decision on adoption is made by the court. An individual who adopts the child is given the right to take 365 days' leave, out of which 70 days are reimbursed. The SSA maintains a central registry on children available for adoption and of prospective adopters.

One of the most often cited challenges caused by the regulatory framework is that of depriving parental rights from people who are deemed to have abandoned their child. Such situation causes problems, such as legal obstacles in appointing guardian of a child, obtaining identity cards or a disability certificate for a child, in authorising adoption and fostering of children in residential institutions who are never visited by their families. Guardianship authorities and courts are reluctant to initiate proceedings to deprive parents of parental rights (no cases in 2008). Part of the challenge is the shortage of legal advisers to bring cases to court and to obtain a decision, with the resultant delay in hearings and decision-making.

Data collection and monitoring

Currently there is no central data collection methodology which accounts for all children in alternative care. The SSA already has a very extensive database with details of families who have applied for cash assistance, which includes many families with children. It is not yet linked in with data on families with children in need of support, and there is no consensus as to whether such a joint database might be desirable. One of information gaps is a lack of documentation on non-state services, including facilities run by faith-based organisations.

Unified system for monitoring child welfare is not in place yet, but the government has included funds for monitoring in the state budget for 2009. For family support services, monitoring consists mostly of occasional informal reviews by social workers. The state does not regularly monitor the impact of cash assistance including reintegration support. For family substitute services the visits by social workers to foster families is the main form of monitoring. The CAP 2008–11 contains a set of indicators. Indicators are generally at the level of outputs and outcomes, not inputs or impacts. There is a risk that measuring success simply by counting the reduction in the number of children in state-run institutions creates incentives to remove children from institutional care at haste, without providing alternative support.

Many studies have been undertaken on different aspects of the reform which can serve as a baseline for monitoring of future progress and can be brought together as part of a unified monitoring and evaluation strategy. These studies include, for example, the mapping of child care services and of referrals to residential care by EveryChild under the EU TACIS project; the UNICEF-funded study on the influence of cash assistance to children and families; and the EU Support to Child Welfare Reform study on the unit costs of child care services in Georgia. The Assessment of the child welfare reform process in Georgia by Oxford Policy Management was used as a base for this paper.

Activities of development partners and NGOs

External partners, including NGOs, have a significant role in child welfare, both by developing pilots and by providing financial support. UNICEF and the European Union have been leading in this area since 1999-2000. The European Union's Food Security Programme conditionality offers a positive environment for prompting support to child protection and has exerted a significant influence in moving the child welfare agenda forward. EU TACIS funds Support to Child Welfare Reform Project, EU TACIS TEMPUS project helped to establish social work education in Georgia. USAID and SIDA are other active partners. Initiatives of development partners are broadly in line with the government's de-institutionalisation policy. A difficulty is the absence of a coordinated funding mechanism which results in uneven distribution of support throughout Georgia.

The state-run services are complemented by a number of facilities and support services run by international and national NGOs such as EveryChild, Save the Children, SOS Kinderdorf, The First Step, World Vision, Children of Georgia and others. One major gap is the lack of involvement of the church. It is disappointing that the church, which is reported to run many facilities, is not in a position to bring its collective experience to the benefit of other actors in the sector.

In mid-2008 the focus of attention shifted towards emergency relief for children and families in the aftermath of the conflict in South Ossetia and Abkhazia, which brought many new organisations into the child welfare arena in Georgia.

Conclusions on the status of child care system reform

Presently the reform of child welfare system in Georgia is in a rather dynamic phase, with a rapid reduction of children in state residential institutions, and fast expansion of social worker services.

The focus of child welfare reforms on reducing the reliance on state-run residential care has resulted in many positive outcomes such as the creation of the social work profession, the establishment of guardianship and care panels, closure of some residential facilities and the emergence of foster care. The government has absorbed the experiences of successful pilot projects in de-institutionalisation, introduced the notion of alternative services into the state programme on child care and given non-governmental organisations the freedom to establish other forms of child care. It has considered the introduction of an innovative financing scheme using vouchers to circumvent the delays in state procurement and has tripled the government budget for child care in the last five years. The willingness of a wide range of stakeholders to participate in discussions on child care reform, and the willingness of the government to encourage such participation, is a great asset which should support Georgia to fulfil its obligations under the UN Convention on the Rights of the Child.

At the same time a single overall policy for child care reform is missing. A rather narrow focus has brought about a risk that people who do not fall within the defined boundaries will be overlooked in the reform process: concentration on delivery of social services only to children in difficulty limits the possibility of intervening to support the needs of a parent early enough to prevent the child from being exposed to risk of neglect or abuse. The incorporation of child care issues into the ministry that also deals with health, labour and social welfare is an ideal opportunity to consider how to integrate consideration of the interests of the child with those of the other members of the household. The allocation of responsibilities under one ministry is expected to enhance alignment and coordination for the child welfare reform.

Georgia

Timeline of events in child welfare reform

Date	General events in Georgia	Child welfare policy
pre-1999	Independence declared in 1991. Member of CIS since 1993. New constitution adopted 1994.	Main child welfare systems in place are residential institutions, guardianship and adoption. Shelter for street children created in 1997. Georgia signs UN Convention on the Rights of the Child in Jul 1994. In Jan 1998 it submits its 1st periodic report to the UN Committee on the Rights of the Child, reporting on implementation of the provisions of the Convention.
1999		Aug Accession to Hague Convention on inter-country adoption
	Nov Parliamentary elections. Creation of Ministry of Labour, Health and Social Affairs (MoLHSA) from separate ministries	First pilot projects in de-institutionalisation. A few social workers, summer camps, finance assistance to parents in difficulty. De-institutionalisation Working Group.
2000		Jun Concluding observations of UN Committee on the Rights of the Child to 1st periodic report
2001		State Programme for Prevention of Abandonment and De-institutionalisation. Aim is to prevent inflow of children into institutions, reintegrate those already in institutions into families, develop short- and long-term foster care
2002		
2003		Apr Submission of 2nd periodic report to UN Committee on the Rights of the Child
	Jun Approval of Economic Development and Poverty Reduction Programme	
		Aug National Plan of Action on child welfare 2003–07 approved by presidential decree
		Oct Concluding observations of UN Committee on the Rights of the Child to 2nd periodic report)
	Nov Opposition comes into power ("Rose Revolution")	
2004	Jan Saakashvili becomes president	Child Care Division formed within Ministry of Education and Science (MoES). Child welfare policies acknowledged as a reform Commission for Minors abolished (it had previously been responsible for making recommendations on children's placement in residential institutions)
2005		Apr Government Resolution no. 75 creates Government Commission for Child Protection and De-institutionalisation (GCCPD) Government Resolution no. 75 adopts Action Plan on Child

			Protection and De-institutionalisation. Envisages review of legislation, optimisation of institutions, raising public awareness of child welfare issues
			Transfer of responsibility for 5 child care institutions (for infants and for children with disabilities) from MoLHSA to MoES
2006		Jan	UNICEF Country Programme Action Plan 2006–10 started.
		Jan	Responsibilities for guardianship transferred from MoES to its deconcentrated structures, Education Resource Centres (ERCs) (Ministerial Order 31)
			All admissions to child care institutions required to be assessed by social workers
		Mar	Government Resolution no. 59 on Targeted Social Assistance to Families below the Margin of Poverty
		Mar	Government Resolution no. 51 on Measures Aimed at Poverty Reduction and Enhancement of Social Protection of the Population
		Jul	Law on Social Assistance passed
		Aug	EU TACIS Support to Child Welfare Reform programme begins
		Sep	Start of BA and MA courses in Social Work at Tbilisi State University
		Oct	Responsibility for approving admissions to child care institutions transferred to ERCs (Ministerial Order 857)
	Nov		Georgia signs European Neighbourhood Policy Action Plan
2007		Jan	Child care standards adopted by MoLHSA and MoES (Joint order no. 42-16/N)
		Jun	Establishment of Agency of Health and Social Programmes (Order no. 198/N) for procurement of health and social protection services
		Jun	Establishment of Social Subsidies Agency (SSA) (Order no. 190/N) to realise state social protection programmes
		Aug	Submission of 3rd periodic report to UN Committee on the Rights of the Child
		Dec	Law on Foster Care and Law on Adoption passed (secondary regulations not developed)
			Early Childhood Development National Strategic Plan of Action 2007–09 approved
2008	Jan		Saakashvili re-elected
		Jun	Concluding observations of UN Committee on the Rights of the Child to 3rd periodic report
	Aug	Aug	Conflict between Georgia and Russia over South Ossetia and Emergency response to conflict brings in several new NGOs working in child welfare Establishment of child-friendly spaces

Abkhazia			
		Nov	Approval of proposed transfer of responsibilities for child welfare from MoES to MoLHSA
	Dec	New Minister appointed, MoES	Child Action Plan (CAP) 2008–11 policy document approved. Detailed action plan approved for 2008 only
2009		Jan	Transfer of responsibilities for child welfare policy from MoES to MoLHSA. Transfer of responsibilities for child welfare implementation from MoES to SSA. Transfer of responsibilities for licensing and regulating state-run institutions from MoES to State Health Service Regulation Agency
	Aug	Georgia leaves the CIS	Jul Approval of detailed CAP action plan for 2009–11

MOLDOVA

Achievements and gaps in child care system reform

The rate of children in formal care has increased during the period of 2002-2007, while the rate of children in residential care has stayed almost the same – 1215 children per 100,000 of child population, which is quite high. At the same time the rate of children in family-based substitute care (mostly guardianship) increased from 519 to 783. The proportion of children placed in family based substitute care to those in residential care has risen from 31% in 2002 to 41% in 2007. The rate of children under 3 years of age in residential care, – 241 per 100,000 of children of respective age, is one of the highest in the region and remains stable.

Policy, strategy and legal framework of the reform

Changes in the approach to child care have been taking place over many years, especially following Moldova's accession to the UN Convention on the Rights of the Child in 1993. Early developments include the adoption of the Law on Child Rights in 1994 and the Law on Youth in 1999, the introduction of university training in social work in 1995 and the establishment of the National Council on Child Rights Protection in 1998.

The reform of the child care system gained in intensity around 2002 when the Committee on the Rights of the Child offered its concluding observations on Moldova's first report on implementation of the Convention. In response to this the Government of Moldova developed the national concept paper on child and family protection. In 2003 the National Strategy on Child and Family Protection and its Action Plan for 2003-2008 was approved. It was the first document to outline the fundamental strategic directions to improve the child protection system in Moldova. It proposes legal and institutional reform, including the elaboration of the Law on Social Assistance and secondary regulations on standards; the development of human resources working in child care, including through training of social assistants; and the development of community and specialised social services for children and families in difficulty.

The second stage can be considered to start in 2006 when Moldova officially launched its child care reform. The objectives of the reform included the establishment of a network of community social assistants, the development of family support services to prevent children's separation from their families, the reintegration of children with their biological families, the development of alternative family placement services, the reorganisation of residential child care institutions, and the creation of the Ministry of Social Protection, Family and Children to be responsible for child care reform.

A National Strategy and Action Plan on the reform of residential institutions for children 2007-2012 with the aim of reducing the number of children in residential care by 50% by 2012, along with National Strategy and Action Plan on community support of children in difficult situation 2007-2009 were adopted. De-institutionalisation and family based placement are policy priorities. The government recognises that the care services for the same children could be provided more effectively and more cost-efficiently in a family-based environment. However, the strategy has been slow to be implemented for a number of reasons. In practice there is a lack of agreement on all sides that de-institutionalisation is necessarily beneficial and the targets are perceived by some to have been too ambitious. Alternative services are not being developed fast enough to keep up with the projected decline in the number of children in residential care.

Special attention has been paid to the development of policy for people with disabilities, which is relevant for the child care reform because children with disabilities constitute about 30% of children living in institutions, and those who live in families are at high risk of institutionalisation. Moldova has signed the UN Convention on the Rights of Persons with Disabilities. A Strategy for the social inclusion of people with disabilities has been drafted. Policy concerning children living with HIV/AIDS has been put in place systematically, and complies with best international practice. The number of children who have HIV/AIDS is very small but the number who are affected by it, such as through living with a family member who has HIV/AIDS, is much greater.

There has been a gradual increase in the acknowledgement of the need for child care reform, including the development of family-based substitute services, in the national medium-term planning documents since 2002. The National Development Strategy 2008-2011 promotes the provision of direct financial and material support to children from poor families and children with special needs, and the development of a community-based social assistance mechanism. The strategy identifies the national network of social assistants as the platform for improving social assistance to those in need. In the social assistance section of the strategy it calls for investments in community-based services and for de-institutionalisation and diversion of resources saved to family-based services.

The need to move away from a categorical approach towards an assessment of individual needs and the provision of an individualised response to a child in difficulty is clearly recognised and enshrined in the draft Law on Social Services. Second, there is a move towards earlier identification of vulnerable families and children so that interventions can be more preventive rather than reactive in nature. The main mechanism for achieving these two objectives has been the establishment of the network of social assistants who will carry out individual needs assessments and community needs assessments at the local level.

The approved National Programme for the Development of an Integrated System of Social Services 2008–12 and the draft Law on Social Services offer a new classification of services:

1. Community care services are the priority response to any social problem that gives the users an entry point through which they can pass to the rest of the care system if necessary. Most people will use primary care services near to where they live.
2. Specialised services. The number of people who need specialist services is much less than those who use community services. However, the services still aim to be available for everyone who needs them. So the service is provided from fewer places, but each covers a larger geographical area.
3. Very high need, or highly specialised, services should be provided only to people who need extremely specialised social service support, particularly 24-hour continuous care and often in residential institutions. Only a very small proportion of people need services of this sort. These services do not need to exist in every raion. Often there may be only one of each type of service available in the whole country. These services tend to be very expensive because of their highly specialist nature.

The need to develop standards for existing services and for the newly developed services has become more and more pressing. The sets of standards have been already developed: foster care; family-type homes; day care services for children with disabilities; temporary placement centres for children with disabilities; maternal centres; and protected apartments for people with disabilities. These standards are very relevant for ensuring that effective services are put in place. This is because they relate not only to hygiene norms and material inputs such as square metres of living space, as was traditionally the case, but make provision for approaches towards working with the beneficiary, the involvement of multidisciplinary teams, compliance with children's rights and ethical norms in relationship to the client. The regulation governing standards for the residential-type services is under revision. So far the mechanisms for enforcing implementation of the standards are at the initial stage of development.

The process of creating an accreditation system in Moldova is rather slow and is still at the stage of policy development (currently being piloted in Chisinau). According to the law the Ministry of Labour, Social Protection and Family (MoLSPF) is responsible for developing the methodology for accreditation and the assessment criteria for all the institutions that provide social services. The National Programme for the Development of Integrated System for Social Services reiterated the need for establishing the accreditation mechanism, which would permit a system of assessing the potential of providers to deliver services of the desired quality by requiring them to sign up to meet the quality standards and commit to being inspected as part of a process of registering as a provider. In 2009 the MoLSPF established a working group for the development of the Law on Accreditation of Social Services. The accreditation mechanism will be applied to both state and non-state providers.

The draft Law on Social Services envisages inspection of services and makes clear its objectives: to apply the legal provisions on social services; and meet quality standards; to increase the effectiveness of social services; to guide and support methodologically the activity of social service providers; and to ensure the respect of beneficiaries' social rights. The draft law also stipulates that inspection may be exercised on all social service providers, irrespective of the form of organisation. It promotes transparency and encourages

participation by permitting representatives of civil society, including service users, to be involved in inspection and by making inspection reports available to the public. Currently the MoLSPF is working on development of the institutional framework for inspection.

The responsibility for social protection has always been at local level. However, it has never been clearly delineated between the first (primaria, or community) and second (raion) levels of local government. This has caused confusion and has sometimes resulted in resources not being allocated by either level. The draft Law on Social Services does not clarify the ambiguity. The protection of child rights is foreseen as an 'own' competence for both the primaria and raion level. Delegated competences, for which transfers are provided by the central government, have sometimes been used in relation to child welfare services, e.g. to increase salaries during the budget year. Transfers from one level of government budget to another are calculated using a formula. For child care this entails calculating a unit cost (a norm) for all aspects of service provision and multiplying it by the estimated number of service users. The transfer is the difference between the total cost and the raion's revenue which does not include local taxes. The raion is not obliged to spend the transfer on the items specified in the budget but there is enormous rigidity in the system which limits the possibility for raions to receive money for services which have not been approved at the national level and explicitly described in regulations. This hinders the development of innovative services such as full-time home carers for children with disabilities, or inclusive education, which must be fully specified before being funded. One of the biggest impediments to the development of community- or family-based alternatives to residential care for children is that, since residential institutions are funded mainly from the central budget while family-based care is expected to be developed by local authorities, there could be an incentive for local authorities to save their scarce resources by handing over responsibility for a child to the care of the state. This might result in a higher rate of institutionalisation than would be the case if both residential and family-based services were under the responsibility and budget of the same authority. Despite the designation of social service provision as an 'own' function of local government, expenditure by central government line ministries continues to dominate the provision of child care services. Local government authorities are heavily reliant on the transfers from the national budget and are often reluctant to commit their own additional resources to child care spending.

There has been almost no change in the share of the budget taken by social protection for many years, regardless of any change in emphasis of the various national development strategies. The bulk of resources that are available for child care, as for other social services, are devoted to residential institutions despite the acknowledged interest of the government in developing alternative services which can often have a lower unit cost and will be able to reach more people. One trend that may be interpreted as a positive contribution towards meeting the requirements of the UN Convention on the Rights of the Child and Moldova's own strategic documents is the decline in expenditure on residential institutions as a share of expenditure on all child care facilities, from 97% of the total in 2004 to 93% in 2008. This reflects the expansion in family-type homes, placement centres and day care centres for children. However, residential facilities still consume by far the larger proportion of all expenditure.

Governance of the system

The establishment of the Ministry of Social Protection, Family and Child (now Ministry of Labour, Social Protection and Family) in 2007, significant functions on child protection have been already integrated into this ministry (including policy coordination and coordination of the guardianship bodies), and more are planned to be given. The creation of a single ministry with formal responsibility for child care was one of the cornerstones of the reform. It was charged with the development, implementation and evaluation of social policies relating to children and families, including in equal opportunities and prevention of domestic violence as well as tackling human trafficking and providing social assistance in cash and in kind.

However, despite the decision to give all responsibilities related to the protection of child rights to one structure the process of consolidation of responsibilities is not yet complete. The Ministry of Education and Youth (now Ministry of Education (MoE) has retained responsibility for residential institutions. The Medico-Psycho-Pedagogical Commissions which govern entry into boarding schools for children with disabilities have also not been transferred. It is very difficult to implement the reform in de-institutionalisation of children, because the MoLSPF is responsible for this reform while residential institutions and the body in charge of allowing who enters some of them continue to be subordinated to the MoE. The Ministry of Health (MoH) has retained responsibility for infant homes. Central government expenditure on child care

services continues to fall overwhelmingly within the budget of the MoE even though it is the MoLSPF that takes formal responsibility for social service provision.

The responsibility for improving child welfare has been decentralised to the Social Assistance and Family Protection Directorate/Units (SAFPD) of raion-level administrations. They are responsible for identifying social needs, organising and providing appropriate social assistance, monitoring its effectiveness and promoting awareness of its availability. The SAFPDs are also required to support primaries and civil society organisations in developing social services. They must allocate and manage financial and human resources for social services since the provision of these services count as an 'own function' of local government. The SAFPDs are vested with the responsibilities of the guardianship body. One of the main functions of the SAFPDs is the recruitment, management and supervision of the network of social assistants who now work in communities. There has been an enormous expansion in this network to about 1,000 in a little over 2 years. This has greatly improved the possibility for people in all areas, rural as well as urban, to access social services. It is very valuable that the network of social assistants provides services to all sectors of the population, not just to children, because this increases the possibility for social assistants to work with adults before children get into difficulty rather than waiting until children are already at risk before intervening. Social assistants are also in charge of individual care plans. The General Education, Youth and Sport Directorate has retained responsibilities for children looked after in institutions under the MoE. The Department for Minors and Morals of the raion police commissariat is responsible for monitoring children in conflict with the law.

A gatekeeping Commission for the protection of children in difficult situations, was created at raion level, independently of both the SAFPD and the General Education, Youth and Sport Directorate. It is not a decision-making body but is a vital component in achieving good decisions in relation to children who are unable to remain with their family. Only if the Commission finds that there is no other option available for the child should they confirm the recommendation made by the social assistant. It is only following consideration by the Commission that the guardianship authority should approve a residential placement for a child referred for such services. The Commission usually consists of 8 members with university degree (2 representatives of municipal administration, 2 professionals (psychologist, psychiatrist, doctor or pedagogue), 2 NGO members, etc) who are appointed by the municipal/raion council and are not remunerated for the work. There is sometimes confusion between the role of the gatekeeping Commission and that of the Child Protection Commission, the Commission for Minors or multi-sectoral Committees for persons at risk of trafficking (all at raion level). The distinction should be clear that the Child Protection Commission decides on the strategy for child protection at local level, while the gatekeeping Commission makes recommendations on the individual cases of children proposed for separation from their biological family. The Commissions for Minors deal with children in conflict with the law. However, not all cases are subject to the gatekeeping Commission. Cases of infants who are proposed for institutionalisation in the MoH facilities tend to be identified by staff in maternity hospitals and also are not referred to the gatekeeping commission; neither children with disabilities. The ministries are in the process of elaborating methods to clarify the status of several bodies with similar remits to the gatekeeping commissions, since according to the regulation on the latter they should examine all the cases of children proposed for institutionalisation, so there should be no need for a separate commission. Currently the Medico-Psychological-Pedagogical Consultations (MPPCs) operate a gatekeeping system to govern entry into the residential schools for children with mild/moderate disabilities. The MPPCs operate at national level, where there is a team of full time employed specialists, and the MPPCs at raion level, where representatives from different institutions such as teachers, psychologists, psychiatrists and psychotherapists are brought together when needed to conduct an assessment.

There has been acknowledgement of the need for a supra-ministerial body to coordinate child care activities across ministries. Two coordinating inter-ministerial bodies have been set up, the National Council for Child Rights Protection (NCCRP) under the prime minister in 1998 and the High Level Group for Children under the vice-prime minister in 2006 (on the basis of a protocol signed by the prime minister and Baroness Emma Nicholson), and their responsibilities overlap. Although the NCCRP remains the official government coordination body, the confused status of the 2 organisations makes it difficult for both to be fully effective.

Ministries are increasingly consulting local authorities during policy development on child care and related issues. They invited local authorities to comment on draft strategies such as the National Programme on the Development of Integrated Social Services. The MoLSPF organises regular consultation and

information events with raion structures, and uses its collegiums, whose membership consists of ministry staff and local representatives, to consult on major new initiatives. After a policy has been approved, however, there is less communication between the levels of government during implementation. Local authorities are made aware of government and ministry decisions and strategies that affect them but often are not provided with practical guidance on how to enact the policy. Recent efforts by the MoLSPF to maintain this link, such as by disseminating advice on implementation during its collegial meetings and holding a workshop to explain the mechanism for providing community social assistance, are very welcome in this regard.

Progress in transforming, downscaling and closing of residential institutions

Reorganisation of residential care started with adoption of the National Strategy and Action Plan on the reform of residential institutions for children 2007-2012 based on a comprehensive assessment of institutions by MoE in 2006.

In 2009 there are 58 residential institutions under MoE; 2 infant homes (up to age of 6) – under MoH and 2 institutions for children with disabilities – under MoLSPF and 1 residential institution under local administration. To date 5 institutions have been closed, some of the children from the institutions were returned to their families but others were moved to another residential institution.

Two-thirds of 9,900 children in residential care in 2007 were already aged 12 or older. Over the next 5 years these children will grow up and graduate from child care services. So an effective gatekeeping system which simply prevents new children entering residential care should enable the government's goal of a 50% reduction in institutionalisation by 2012 to be achieved, even before any attempt to reintegrate the children already in care into a family-based environment. The reintegration of children into their families and into substitute families could result in an even greater reduction. Resources could then be committed to providing support to teenagers as they graduate from institutional care to help them live independently and enter employment. The rapid assessment of children in institutional care in 2006 revealed that parental migration abroad is cited as a cause of institutionalisation for almost 800 children. The same survey reveals that there are fewer requests for institutionalisation of children in raions which do not have a residential institution on their territory.

Since funding levels to institutions are based on per-capita norms, it is not in the interests of facility managers to restrict the number of children entering the institution. On average about half of all expenditure on child care facilities is spent on salary costs. In 2008 about 12,800 people were known to be working in social assistance, of whom over half were in residential care services. In 2007 the number of staff working in residential care was extraordinarily high: 1 staff member for less than 2 children. The financial mechanisms used by the Ministry of Finance plan the budget for institutions on the basis of their potential maximum capacity and on the real number of beneficiaries. Most of the costs for the institutions are the recurrent costs of staff and maintenance of facilities. Despite the acknowledged interest of the government in developing community based services, which have a lower unit cost and will be able to reach more people, the bulk of resources available for child care services continue to fund children's institutions. The difficulty with developing the alternatives is that the closure of a residential institution does not automatically lead to the transfer of resources to the communities where the beneficiaries go. The positive news is that there is agreement from both the MoE and the MoLSPF that the aim is to reduce institutionalisation. The real issue is to ensure cooperation and disentangle the finances so that each can achieve it.

Also, many staff members working in institutions genuinely feel that residential care is the best solution for the child in difficulty. Public opinion regarding child care has traditionally been favourable towards the use of residential institutions to look after children without parental care, in part because of a lack of awareness of any alternatives or because of a distrust of placing children in other people's families.

Development of family and child support services and assistance

Development of family and child support services has not been fast enough to sustain the reform. Financial crisis is highly likely to further negatively affect. Delegation of responsibilities to the local level without decentralization of funds is not likely to accelerate development of community-based services.

The creation of the network of social assistants managed by raion SAFPDs, which has progressed from a pilot scheme to a nationwide programme funded by the state budget, has been a highly significant development in improving access to services to support families with children, as well as other households, at community level. Social assistants are now the initial focal point for referral of children to different services. Social assistants are working in every municipality, coverage of the services is approx. 5,000 citizens per social assistant. Social assistance faculty was opened at university in 1995.

Day care centres are the other main family support service. Apart from them, the following services are available: shelters, temporary rehabilitation centres, professional parental assistance, services provided in community buildings (including parent and baby groups and after-school clubs), emergency funds (cash and in-kind support through the Republican Fund for Social Support of the Population). There is no statistics on children covered by family support services. Legal framework for the new services is under development. Preventive and family reintegration services are being provided mainly with the support of NGOs and international organisations. Although some of the services can be found in majority of municipalities, most of them are concentrated in the central part of the country.

The practice of offering treatment to pregnant mothers who are found to be HIV positive in order to prevent mother-to-child transmission has been so effective that there is reported to be only a single case of a child being born with HIV/AIDS through transmission from the mother in the last 7 years. The number of children who have HIV/AIDS is so small that there is not considered to be a risk of abandonment of children for this reason in Moldova.

In 2009 the government has introduced a means-tested social support benefit, which provides a guaranteed minimum income to poor households. This is intended as a move away from a category-based system of cash benefits.

Parents taking care of children with disabilities at home face one of the serious unsolved problems caused by lack of services, which lead to unemployment and lack of social security, as well as psychological problems. The MoLSPF recognises that most children affected by the migration of parents are unknown to social services. Though the legal framework does not prohibit children with disabilities attending regular schools, inclusive education is almost non-existent and only the children without cognitive delays, i.e. children with physical disabilities can be (rarely) found in regular schools.

Development of family based substitute care

Such forms of family placement as guardianship and adoption has existed in Moldova since Soviet time, family type homes - since the 90-s, while patronat care is a new innovative form.

Guardianship has been a traditional form of placement for a long time. In 2007 there were 6,300 children living with guardians. In 2006 the government introduced a child support allowance of 50 USD for children under guardianship that is paid from local budget (unless biological parents have financial means for child support). Majority of guardians are relatives. At the same time, due to vast labour migration abroad, parents often leave children with relatives and friends without formalising such care, which make children more vulnerable.

Family type homes are considered as a form of foster care and regulated by the Family Code, Rulebook on family type home (2002), Rulebook on material support to children in family type homes (2002) and Minimum quality standards for family type homes (2003). 3-7 children are living until finishing professional or higher education (until age of 23) with parents-educators (married couples). Such homes are established by decision of local administration based on recommendation of the guardianship body; a contract is signed between parents-educators and the guardianship body. The home has status of private legal entity. Family type homes receive annual allowance for furniture, cloths, shoes, equipment,

stationary, school books, medical and hygiene items; monthly child support allowance; lump sum allowance for youth leaving care; and monthly utilities allowance. 57 homes with 252 children were registered in 2007.

Patronat care, a new form of family based substitute care, introduced by the Family Code and the Rulebook on patronat care services (2007) and ensured by the Minimum Quality Standards (2008), envisages family placement of a child at risk until reintegration into biological, placement into extended family or guardianship family, or adoption. Under the patronat arrangement, the responsibilities over a child are divided between the guardianship body and patronat educators. There are different types of patronat: emergency (72 hours-1 months), short-term (up to 12 months), long-term (until 18 years of age) and respite (regularly for 1 week). Patronat Care Service is expected to be established under local departments of social support and family protection, and is considered as service providers (NGOs also can be service providers). Service providers are in charge of selection and training of patronat educators. The Commission for the protection of children in difficult situations approves the candidates; the guardianship body makes final decision. The service provider concludes a contract on placement, along with a labour contract, with the patronat educator. There are 87 children placed in patronat families in 8 pilot raions in 2009.

Children in Moldova can be adopted both nationally and internationally, though there are strict restrictions to international adoptions. No training is yet provided for potential adoptive parents though some NGOs have carried out some initiatives in this area. A decision on adoption is made by the court after 6 months probationary period when child lives with the adoptive family. Child support allowance 50 USD (unless biological parents have financial means for child support) is paid during this period. In 2007 353 children were adopted nationally, 95 - internationally (21% of all adoptions). The numbers have a trend of stable fluctuation. Adoption by foreigners is possible only if the child cannot be adopted or placed under guardianship by relatives of any citizenship or by citizens of Moldova. The Hague Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption has been ratified.

Data collection and monitoring

Centralised collection system of data on children in difficult situation is lacking at the moment. Information is being collected occasionally by ministries by filing requests to local administrations. The National Bureau of Statistics does not receive regular data reports. The collection of routine data on the provision of child care services suffers from the same fragmentation as child care policy as a whole. It is separated among the different ministries that are responsible for child care institutions. This can make it quite difficult to identify the total number of services provided, the financial resources that are invested and the effect of different policy options on outcomes for children. An even greater challenge is when a single ministry is made nominally responsible for collecting data across all ministries for a particular strategy.

Efforts have been made over the last several years to introduce a wider notion of monitoring that covers all stages of the policy cycle, and the full range of inputs, outputs, outcomes and impact. The National Programme on the Development of an Integrated System of Social Services proposes the use of a rigorous monitoring system using both quantitative and qualitative indicators set out in a logframe. The MoLSPF is drawing up a general guide for monitoring and evaluation of social assistance. Regular routine monitoring is supplemented occasionally by periodic surveys of the child care system carried out by ministries in partnership with external partners. The MoLSPF carried out a mapping of social service facilities in each raion in 2008. Many other smaller assessments have been done including to evaluate the training of social assistants, identify their needs in supervision and review the success of the rollout of the gatekeeping commissions. Such surveys are not yet well integrated into the regular planning processes of the various line ministries and have not been repeated. There is a need to systematise data collection so that routine monitoring of inputs and outputs is complemented by periodic surveys that can probe more deeply into the outcomes and impact of policy.

Activities of development partners and NGOs

UNICEF has been actively participating in advocacy and providing technical assistance to the government for the child care reform. The European Commission has also played a significant role in supporting the

progress in the reform (TACIS project 'Capacity building in social policy reform in Moldova', led by EveryChild; the follow-up TACIS project, 'Development of Integrated Social Care Services for Vulnerable Families and Children at Risk'; and the project 'Support to the delivery of effective and sustainable social assistance services' funded by the Department for International Development (DFID) and the Swedish International Development Agency (SIDA), led by Oxford Policy Management and implemented together with EveryChild). Social Investment Fund and social assistance programmes have been supported by the World Bank.

Alliance of NGOs active in the social protection of families and children was established in 2002. In 2008 participation of civil society was formalised in the Strategy for Civil Society Development that is now establishing mechanisms for the involvement of civil society in policy development, monitoring, evaluation and review. In child care reform most of the involvement of non-government bodies takes place at the moment in policy development and, independently of government, in implementation. There is less involvement of NGOs in monitoring of government policies, budgets or services.

Conclusions on the status of child care system reform

The challenges with the organisational structures for child care were appropriately identified early in the reform process as being the absence of a ministry with primary responsibility for delivering results in social protection, including for child welfare; and the absence of professionals at local level to prevent the entry of children into institutional care and to promote diversion into alternative services. The policies that have been developed have partly responded to the identified need. The creation of the MoLSPF and the NCCRP at central level, and the gatekeeping commissions at raion level, are relevant to address issues of national coordination and local prevention. This establishment of a separate ministry for social protection has been relevant for increasing recognition that children in difficulty are in need of support for their social development and not simply for their medical and educational needs. But the policies do not yet clearly define the roles of the different bodies that retain responsibility in child care at central level. Numerous bodies dealing with various children's issues and categories of children in raions make the overall picture utterly confusing. There is less success with implementation of restructuring the governance of the system. The NCCRP has ceased functioning effectively and is not certain of its mandate. Gatekeeping commissions are not active in all raions, though they are very effective at preventing institutionalisation in the raions where they are active. On the other hand, the establishment of the structures for community social assistants has been a success.

The problem of redirecting financial resources from the education sector budget to the social protection budget, and from central to local level, has been diagnosed and reported for many years. But not all structures in the reform acknowledge the need for this reallocation. The lack of agreement is an impediment to reform, meaning that no policy has been developed to resolve it. The Law on decentralisation is also not fully implemented as many raions do not feel they have autonomy to create their own services; instead they feel constrained to deliver only those services that are used in the calculations of the Ministry of Finance. The allocation of the budget is reported but the reports are not analysed and used to revise the following year's allocation. The current global financial crisis and the constraint on financial resources may now inject urgency into the need for reform of the child care system towards a more cost-effective system of service provision.

The need to reduce the number of people working in institutional care and increase the number working in community-based and alternative family services is widely agreed. Many excellent policies to encourage capacity building of staff working in community-based services have been developed, such as the Law on Social Assistance which permits the creation of the social assistant post. Policies to prescribe how to support the retraining of staff from residential institutions are less far advanced. The implementation of human resource policy for child care also has some successes. About 1,000 social assistants have been recruited. Naturally there remains some scope for improvement of the capacity of human resources since many staff have not yet received full training.

There is good agreement, in line with international best practice, that the main problem relating to service users in child care before the reform was the need to move towards paying attention to the needs of individual users rather than categories, and to move towards supporting the user in time, to offer preventive rather than reactive support. It is clearly defined that a concentration on developing community-

based services and reducing reliance on residential care are required. There have been major strategy declarations to improve the range of services provided in child care, such as the de-institutionalisation strategy, the national programme on the development of integrated social services and the patronat care regulations as well as the Law on Social Services that is in progress. However, there is still too much reliance on residential care and not enough alternative services are being developed to allow de-institutionalisation to take place at the desired rate. There are very few patronat carers. There is an overemphasis among some stakeholders on constructing specialised services at local level instead of opening existing buildings for maximum possible use by the community. Local authorities generally know what services are being provided in their area, and the ministry has carried out its own review of services nationwide. The information does not yet feed back well into the adjustment of policies and budgets to improve the range of services on offer. The need for quality standards in service provision is generally agreed. The development of standards and regulations on a system of accreditation and inspection is at a very early stage. Finally, monitoring of the system is also at an early stage, in part because the system reform itself is so new.

Moldova **Timeline of events in child welfare reform**

Date	General events in Moldova	Child welfare policy
pre-1998	Independence declared in 1991 Transnistria separates from Moldova, 1992	Main child welfare systems in place are residential institutions, guardianship and adoption. Moldova signs UN CRC in 25 th of February 1993. Law on children's rights, 1994 Opening of social assistance faculty in University teaching programme, 1995
1994	New Constitution adopted	
1998		Oct Ratification of Hague Convention on inter-country adoption
	Administrative territorial reform – creation of 11 local councils (judet)	Creation of National Council for the Protection of Children's Rights – inter-ministerial body
1999		Law on youth
2001	Feb Communist party wins national elections. Voronin becomes president Approval of Law on administrative-territorial organisation of RM No. 764 dated 27.12.2001	Creation of Social Assistance Section affiliated to Ministry of Labour and Social Protection
2002	Introduction of Medium Term Expenditure Framework	Creation of Alliance of NGOs active in social protection of family and child
		Oct Concluding observations of UN Committee on the Rights of the Child to 1st periodic report
2003	Administrative territorial reform – creation of 32 local councils (raions), Implementation of the Law on administrative-territorial organisation from 2001 Law on local public financing No. 397 dated 16.10.2003	Approval of National Strategy on the Protection of Children's Rights and its Plan of action (2003-2008) Approval of National Strategy "Education for All 2004-2015", MoEYS The Penal Code includes the prohibition of corporal punishment
		Dec Law on Social Assistance
2004	Jan Approval of	EU TACIS Support to Child Welfare Reform programme

		Economic Growth and Poverty Reduction Strategy Paper		begins (TACIS 1)
2005	Mar	Communist party wins national elections. Voronin remains president		
			Jul	Creation of Ministry of Health and Social Protection
				Survey on Violence against children, UNICEF
				Creation of community social services for minors condemned for penal offence.
2006				EU TACIS 'Development of Integrated Social Care Services for Vulnerable Families and Children at Risk' programme begins (TACIS 2)
			May	Approval of the regulation on payments to adopted children and to guardians by government decision
	Dec	Approval of Law on local public administration No. 436 dated 28.12.2006		
		Approval of Law on Administrative Decentralisation Nor. 435 dated 28.12.2006		
2007		European Neighbourhood Partnership Instrument of European Commission	Jan	Creation of Ministry of Social Protection, Family and Child Transfer of responsibilities for child welfare policy from MoEY to MoSPFC.
				Creation of national network of community social assistants and provision of initial training
				DfID / SIDA 'Support to effective and sustainable social assistance services' programme begins
				MoEY/UNICEF rapid assessment of residential institutions for children
			May	Beneficiaries assessment in social assistance system organised by MoSPFC in partnership with Oxford Policy Management and EveryChild
			Jun	Approval of National Strategy on Reform of Residential Care System for Children 2007–12 ('de-institutionalisation strategy') and its action plan
			Oct	Approval of the regulation on Gatekeeping Commission by Government decision
			Dec	Approval of regulation on patronat care service
				Approval of Law on prevention of family abuse
				Approval of National Health Strategy

2008	Jan	Approval of National Development Strategy	
			Jul Approval of Law on Social Support
			Oct Approval of case management guide for social assistants
			Dec Approval of National Programme on Integrated System of Social Services
			Approval of supervision mechanism for social assistants
			Transfer at local level of specialist in child protection, that represent guardianship authority from the General Department of Education, Youth and Sport to Social Assistance and Family Protection Department
			Creation and functioning of Gatekeeping Commissions in all 35 raions and municipalities
			Concluding a Memorandum of understanding between MoSPFC and civil society regarding the participation on development of social policy, including child protection sphere
			Closure of 4 residential institutions for children in municipality of Chisinau.
			MoSPFC in partnership with NGOs organise a national campaign on prevention of abuse.
			Submission of 2nd periodic report to UN Committee on the Rights of the Child
2009	Apr	National elections held but the result is contested	Creation of Working Group for development of Law on accreditation of social services by the MoSPFC
			MoSPFC is developing the framework on Social Inspection in social assistance
			Survey on Violence against children, UNICEF
			Approval of referral mechanism of beneficiaries in the system of social services
	Jul	Opposition wins parliamentary elections	
	Sep	New government formed	The Ministry of Social Protection, Family and Child becomes Ministry of Labour, Social Policy and Family; The Ministry of Education and Youth - Ministry of Education.

UKRAINE

Achievements and gaps in child care system reform

The general rate of children living in institutions in 2009 is 1,029 children per 100,000 of child population. Although the rates from previous years were not available at the time when this analysis was drafted, it can be estimated that this rate is decreasing. The rate of children under 3 years of age in residential care, – 221 per 100,000 of children of respective age, is among the highest in the region, but a decreasing trend is noticed. The rate of children in family based substitute care is has increased from 684 in 2002 per 100,000 of children to 874 in 2008. Current ratio of family based substitute care to residential care is 45%:55%.

Policy, strategy and legal framework of reform

It can be said that the first phase of the child care reform started in 2001-2002, when new legal acts on family and child support services (namely, Law on social work with children and youth), and family based substitute services (Family Code and Rulebook on foster care) were adopted, as well as the establishment of the Centres of social services for family, children and youth at local level was initiated in a respective Rulebook. The provisions of the Conventions were incorporated into the national legislation by adopting the Law on Child Protection in 2001, which laid basic foundation for the reform.

Another important step in the reform took place in 2005. The Law on ensuring organizational and legal conditions for protection of children without parental care identified basic framework of the state policy, favouring creation of conditions to realise the right to family environment, placement of children into extended families, promotion of adoption and establishment of a system to encourage and support adoptive parents, all of which ensured the priority of family-based placement of children. The Law on rehabilitation of disabled persons envisaged the development of individual rehabilitation programme for a child with disabilities (by medical and counselling commissions at health care facilities), and defined objectives and components of rehabilitation system for disabled children, including both institutions and family support services.

The Law on social protection of homeless people and street children (2005) along with the State Programme to Combat Children's Homelessness and Neglect for 2006-2010 aims at prevention of neglect, identification of homeless children, their social rehabilitation, reintegration into biological or placement into substitute families. Regional programmes to combat children's homelessness and neglect have also been developed.

State Social Programme on reforming system of residential care for children without parental care 2007-2017 provides for preventive work with families in difficult situation, priority of family based substitute care and transformation of institutions, increasing the number of children placed in substitute families in their community and reduction of the number of children placed into institutions; but also developing family like environment in institutions through renovation, limiting transfers of children from one institution to another. The main policy directions are reiterated in the National Plan on the Implementation of UN Convention on the Rights of the Child until 2016 (adopted in 2009).

Foster families and family type homes are funded from the state budget. Payment of social allowance to orphans and children deprived of parental care, as well as financial assistance to foster and adoptive parents were introduced according to the principle "money follows the child" and are being made as subvention to local budgets from the state budget regardless current capacities of the local budgets. However, the system "money follows the child" does not cover children in institutions, so it is not possible to say about the establishment of a system of common financial support to all orphans regardless forms of their placement.

Ukraine has started to develop state standards on the guaranteed level of social support to different categories of children and youth: e.g. State standards for rehabilitation measures for disabled children.

Governance of the system

There are still three main sectors responsible for the child care system. The Ministry of Family, Youth and Sports (MoFYS) is the line ministry for social protection of children, organization of work to prevent children's neglect, child care, as well as for coordination of efforts of central and local executive bodies, local self-governments, institutions and organizations. Its Department on adoption and protection of the rights of the child, is in charge of adoption, foster care and family type homes; and the Department on State Social Services for Family, Children and Youth is responsible for support and preventive services. The MoFYS is also in charge of shelters for children, along with new rehabilitation and social adaptation institutions for temporary placement. The Ministry of Health (MoH) retains supervision over infant homes, the Ministry of Education and Science (MoES) - over boarding schools and children's homes (for children older than 4), the Ministry of Labour and Social Policy (MoLSP) – for institutions for children with disabilities. The Inter-departmental commission on child protection issues, chaired by Minister of Family, Youth and Sport, includes deputy ministers from several ministries and NGO representatives.

Local administrations have responsibilities of the guardianship bodies. Services for Children as units of rayon administrations and municipalities are accountable to heads of local administrations and municipality councils accordingly. They are guided methodologically by Services for Children at the oblast level. They replaced the former Commissions on Minors in 1999. Services for Children are responsible for preparing placement cases of children without parental care, as well as supervision over the conditions of placement, education and rearing of children under the guardianship care, in foster families and family type homes.

As of April 1, 2009, Ukraine had 576 village and 80 town Centres of social services for family, children and youth that are founded by rayon and oblast administrations and are responsible for provision of social support to families and children. Case management, legally defined as “social follow-up”, has been introduced in practices of the Centres of social services for family, children and youth in 2008. Social follow-up is a mandatory condition for functioning of foster families, family type homes, guardianship placement and adoptive families, in provision of social services to families in difficult situation, youth leaving formal care, HIV-infected children and children in conflict with the law. This is a precondition for individual needs based approach and continuity of support. Centres of social services for family, children and youth also provide training for substitute parents, based on programme approved by the MoFYS.

In order to ensure coordination between representatives of services and departments with different ministerial subordination, different ministries dealing with child protection issues enact common decrees on how such coordination is supposed to be implemented and facilitated, usually depending on the issue or category of children (examples are listed below). Notwithstanding all efforts, weak coordination between main governance bodies at local level in the work on family based placement - the Centres of social services for family, children and youth (deconcentrated units of the MoFYS) and the Services for Children (units of local administrations) - is an impediment.

The State Social Service for Family, Children and Youth (under the MoFYS) has been implementing a number of training programmes for the staff of the Centres of social services for family, children and youth on the work with various categories of clients and on training of substitute parents. Insufficient capacity and training of local level professionals remains a constraint.

Progress in transforming, downscaling and closing of residential institutions

Although the policy on reforming residential care is in place, there is no consistent comprehensive plan for transforming, downscaling and closing of institutions yet.

In 2009 totally 84,356 children are living in institutions. Only 13,412 of them are living in institutions for children without parental care and 3909 – in infant homes. The rest of children have different types of disability or chronic disease that causes their institutionalisation (79% of all children in institutions). Total number of institutions is around 720. It includes infant homes (0-3 years of age) under the MoH; “sanatoriums type” boarding schools, boarding schools for children deprived of parental care and special boarding schools for children with disabilities under the MoES; institutions for children with disabilities under the MoLSP; shelters for children (maximum period of staying there is 9 months) under MoFYS.

Institutions are usually funded through local and oblast budgets. SOS Children's Towns are functioning based on the Rulebook on SOS Children's Towns adopted by the government in 2006; SOS carers have to pass an obligatory training course according to the curriculum approved by the MoFYS. In order to protect rights and interests of children, the state established requirements on licensing of private institutions for children deprived of parental care. Rehabilitation facilities of any type of ownership that provide services to disabled children have to be licensed too.

Transformation of child care institutions is stimulated and implemented almost only by efforts of one ministry - the Ministry of Family, Youth and Sports, without incentives from other ministries, responsible for various institutions. Often institutions' staff expresses interest neither in transformation, nor in working with biological families. It is planned to conduct annual Country review of orphanages based on qualitative indicators in order to gather evidence for strategy revision.

Legislation establishes benefits and social guarantees for young people leaving formal care. Common Decree by MoFYS and MoES on cooperation procedure between Centres of social services for family, children and youth with Education departments on preparation of children without parental care for leaving formal care and independent life (2007) envisages mechanisms of inter-sectoral cooperation to ensure social and psychological adaptation of youth. Control over preservation and protection of property of children without parental care have been reinforced aiming at ensuring their housing after 18 years of age. A network of social dormitories has been established for those who do not own an apartment (max. duration of placement - 3 years).

There are HIV-infested children among beneficiaries of institutions. It is necessary to introduce a mechanism to protect information about HIV status of these children, and to ensure systematic training of social workers on work with HIV-infected children. Such measures are planned.

Development of family and child support services and assistance

Several regulations have been enacted to strengthen and facilitate the work of the Centres of social services for family, children and youth and the mechanism of their cooperation with different state agencies in providing family and child support services. In 2006 seven ministries approved a by-law on the cooperation of social work providers in working with families in difficult situation, which laid the basis for inter-sectoral activities on identification of families who fail to perform their parental functions. In 2007 the Common Decree by MoFYS and MoH on cooperation procedure between the Centres of social services for family, children and youth with health care institutions on early prevention of social orphanhood and the Common Decree by MoFYS and MoLSP on cooperation procedure between Centres of social services for family, children and youth with agencies on labour and social protection on social services delivery to families in difficult situation were issued. In 2008 the procedure on social follow-up of families in difficult situation and the procedure on social inspection were introduced as a mechanism to assess basic needs of a child and a family. However, criteria for identification of children in difficult situation have not been developed yet.

New types of rehabilitation and social adaptation services for temporary placement have been legally defined, formalized and gradually established in almost all oblasts since 2005: centres of social and psychological rehabilitation of homeless children and children victims of abuse, centres for HIV infected children, centres of social and psychological support to families at risk (up to 90 days), centres for social and psychological rehabilitation of children and youth with functional disabilities - all under MoFYS.

Mechanisms to prevent abandonment of newborns, which is an acute problem, have been implemented: counselling units of the Centres of social services for family, children and youth were established at maternity hospitals and infant homes. At the oblast level Mother and child social centres were established to ensure temporary placement of mothers with newborn children in need of social support (placement for up to 1,5 years of mothers-to-be or mothers of children until 18 months with abandonment risk).

Financial assistance, regulated by the Law on the State Assistance to Families with Children, has been constantly revised (in terms of increasing its amount, changing mechanism of calculation, introducing new allowances for some categories of beneficiaries) in recent years, but is not significantly reformed and consists of traditional cash benefits tied up to the survival minimum: one-off assistance at child birth; child

care allowance until the age of 3 for low income families; targeted allowance for low income families; allowance for single parents, including adopters; for families with many children; and children with disabilities. Apart from social allowances, tax and pension benefits are envisaged aiming to reduce burden on vulnerable families (including adoptive), mostly with 3 and more children.

Development of family based substitute care

Guardianship is an old form of family based substitute care and two new forms – family type homes and foster care – exist in Ukraine. Adoption, as a possible outcome of substitute care, also existed since before the reform.

Placement with guardians is considered as second priority after adoption. Most of the guardians are relatives. They are entitled to child support allowance. There were 62,999 children living with guardians in 2008, and this number is decreasing.

Foster care is regulated by the Family Code, Rulebook on foster care (2002) and Common Decree by MoH, MoES and MoFYS on procedure of moving of children from institutions into family based substitute care (2007). Introduced amendments to the Rulebook on foster care include mechanisms of placement of HIV-infected children, detailed requirements for foster parents (including married couples and single people), placement procedure, social follow-up, functional responsibilities and cooperation of various specialists and financial support to the family. A foster family, authorised by decision of the local administration and a contract on placement, can receive 1-4 children, who will be living there until finishing professional or higher education (maximum until the age of 23). Local Centres of social services for family, children and youth provide constant follow-up by offering legal, psychological, social, pedagogic, health care and information services. Every family has their own social worker. Foster families receive child support allowance (2 amounts of survival minimum) and remuneration for work from the state budget, payrolls are paid by the state and pension is ensured by the Law on obligatory state pension insurance. Foster care placements have increased rapidly. As of January 31, 2008 Ukraine had 2,461 foster families hosting 4,050 children. In 2007 40 children with disabilities and 5 with HIV were placed into foster families.

Family-type homes are considered as a form of foster care, when 5-10 children are living until finishing professional or higher education (maximum until the age of 23) with parents-educators (married couples or single people). The latter receive salary, and payrolls are paid by the state and pension is ensured by the Law on obligatory state pension insurance. The law explicitly states that parents-educators must not hinder personal contacts of children with biological parents. The number of children placed in family type homes is increasing: as of January 31, 2008 Ukraine had more than 400 family type homes with 2,605 children.

Guardians, foster parents and family type homes are entitled to child support allowance from the state budget (2 amounts of survival minimum - for a child aged 0-6 years UAH 1,114 (134 USD), for a child aged 6-18 years – UAH 1,402 (169 USD). If a child receives pension, alimony, scholarship and other types of social assistance, the amount of the child support allowance is calculated as a difference between 2 survival minimums and the amount of other payments.

Targeted policy, the enacting a legal framework including by-laws for implementation, financial support to substitute families, effective information campaign, and improvement of recruitment, assessment, training and selection of foster parents are factors that have influenced the rapid increase in number of foster families and family type homes. A system to train candidates for adoptive and foster parents was established; trainings for social workers to perform follow-up of these families were also introduced. However, family type homes and foster families provide care to 6,655 children, which is still only 6.4 % of the total number of orphaned children and children deprived of parental care.

Adoption is the priority form of placement for children without parental care. Implementation of policy encouraging national adoption has been launched. According to some evidence, every 5th family considers adoption under condition of financial support. Therefore, Regulation on adoption of 2008 envisages a lump sum support on adoption (equal to the size of the state assistance at the birth of the first child (UAH 12,240 (1475 USD)), a monthly child support and parental leave for adaptation. Substantial

sums of cash benefits became important incentives to adopt a child. International adoption can happen only if national adoption is not possible. The Hague Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption is yet to be ratified, even though relevant documents were submitted to the parliament for consideration. In 2006 the decreasing trend of national adoptions stopped. 3653 children were adopted in total in 2008, 56% of them nationally. Children under the age of 3 represent 74% of national adoptions, 31% - of international. At the same time, currently 27,000 children are on waiting list for adoption.

Data collection and monitoring

A uniform electronic database on children without parental care and prospective substitute parents has been developed, along with a database on children in difficult situation. Establishment of centralized database on people with disabilities, including the data on the nature and causes of disability, as well as needs in rehabilitation at the local, regional and national levels, is envisaged by the law, but has not been realised yet.

Annual Country Reports on the Condition of Children provide systemic analytical information about the situation of children and trends.

Activities of development partners and NGOs

UNICEF has been a one of the leading agencies in advocacy and providing technical assistance to the government for the child care reform, along with the European Union and USAID. EU TASIC funds helped to pilot a project aiming to establish integrated social services for families and children in difficult situations in Kyiv oblast. EC Delegation and UNICEF support a project in Khmelnytskyi Oblast aiming to develop a model of gatekeeping work with orphans and vulnerable children. USAID has actively supported gatekeeping work with vulnerable families and children, including children living with HIV, through the Family for a child programme implemented by Holt International Children's Services in Ukraine. Some other international NGOs actively working in this area are EveryChild and Hope and Homes for Children, which piloted good international practices in the area of gatekeeping, incl. development of individual needs-based care plans, and improving prevention of child abandonment. Strong national NGOs working in this area for many years include, among other, Ukrainian Child Wellbeing Fund (that made a significant contribution to development of foster care) and All-Ukrainian Network of People Living with HIV/AIDS (leading social support to families and children affected by HIV). Training modules on identification and referral for in-service training of state employees in different sectors has been developed and implemented with participation of a local NGO 'Volunteer'. NGO 'Service for Protection of Children' has been instrumental in developing regulatory documents for inter-departmental coordination on various child protection issue on the local level.

Conclusions on the status of child care system reform

Ukraine adopted numerous laws and programmes in favour of transformation of institutions, development of family based substitute services, strengthening social protection of children and families and reinforcing statutory services. At the same time, all these measures are targeting, first of all, categories of children (e.g. orphans, children without parental care, homeless children, children with HIV, children in difficult situation, children with disabilities, etc), rather than their needs. "Money follows the child" principle of planning and budgeting has been introduced, however it does not cover children in institutions. Standards development and licensing has started.

A specialised ministry (the Ministry of Family, Youth and Sports) for child protection has been established, along with specialised statutory services at lower levels of government (Centres of social services for family, children and youth and Services for Children). But fragmentation of the overall child care system still remains: children's institutions are subordinated to different ministries, coordination and division of responsibilities between the Centres of social services for family, children and youth and the Services for Children is not very clear. There are attempts to enhance cooperation mechanism of different agencies by means of establishing inter-agency bodies and by enacting common decrees by different ministries.

De-institutionalisation reform has started, but according to Ukrainian professionals it lacks a clear vision. Transformation of child care institutions has been initiated by the Ministry of Family, Youth and Sports, without incentives from other ministries, responsible for various institutions. The planned Country review of institutions will provide evidence for better planning and strategy adjustment. Attention is given to benefits and social guarantees for youth leaving care.

Family-based placement of children has been developing quite successfully due to a range of factors mentioned above, including a comprehensive legal framework, financial incentives and introduction of case management. Family support services are targeting families in difficult situations, HIV-positive children and prevention of abandonment of newborns. Professionals note the lack of attention to the preservation of biological families and family reintegration and late detection of families at risk, along with ineffective prevention of risky behaviour and re-offences by children in conflict with the law.

Data collection has been improved and resulted in the establishment of a uniform electronic database. Annual situation reports are an attempt to establish a monitoring mechanism and to analyse main trends.

Ukraine

Timeline of events in child care reform

Date	General events in Ukraine	Child care policy
pre-1999	Independence declared in 1991. Member of CIS since 1991. New constitution adopted 1996.	Main child care systems in place are residential institutions, guardianship and adoption. Belarus ratified UN Convention on the Rights of the Child in 1990. Rulebook on Shelters for Children enacted in 1997.
1999		Services for Children as units of rayon and municipal administrations replaced former Commissions on Minors.
2000		
2001		Child Protection Law adopted. Law on social work with children and youth. Centres of social services for family, children and youth set up according to Rulebook adopted by Government.
2002		New Family Code adopted. Rulebook on foster care.
2003		
2004	Opposition candidate wins the presidential elections.	Common Decree by Ministry of Family, Youth and Sport (MoFYS) and Ministry of Internal Affairs (MoIA) on cooperation activities to prevent domestic violence by Departments of family and youth affairs, Services for children, Centres of social services for family, children and youth, District police inspectors and Criminal police for juveniles.
2005	New government formed	Law on ensuring organizational and legal conditions for protection of children without parental care adopted. Law on rehabilitation of disabled persons established standards for rehabilitation measures for disabled children. Law on social protection of homeless people and street children.
	Ukraine signs European Neighbourhood Policy Action Plan	Uniform electronic database on orphaned children and children deprived of parental care, as well as families of potential adopters, guardians, caregivers, adoptive and foster parents established. Centres for social and psychological rehabilitation of children and Social mother and children centres to provide temporary placement and social adaptation to children and mothers were legally defined, formalized and established.
2006		Foster families and family type homes are funded from the state budget. The principle "money follows the child" introduced for payment of social allowance to orphans and children deprived of parental care, as well as financial assistance to foster and adoptive parents by regulation of the Cabinet of Ministers. Programme to Combat Children's Homelessness and Neglect for 2006-2010.
		Rulebook on SOS Children's Villages adopted by the government.

		<p>7 ministries approved a by-law on cooperation of social work providers in working with families in difficult situation, which laid the basis for inter-sectoral activities on identification of families, which fail to perform their parental functions.</p> <p>Decreasing trend of national adoptions stopped.</p> <p>Establishment of Centres for HIV-infected children and youth launched.</p>
2007		<p>State Social Programme on reforming system of residential care for children without parental care 2007-2017.</p> <p>By-law on organisation of implementation of legal provisions on guardianship.</p> <p>Common Decree by MoFYS and Ministry of Education and Science (MoES) on cooperation procedure between Centres of social services for family, children and youth with education departments on preparation of children without parental care for leaving formal care and independent life.</p> <p>Common Decree by MoFYS and Ministry of Health (MoH) on cooperation procedure between Centres of social services for family, children and youth with health care institutions on early prevention of social orphanhood.</p> <p>Common Decree by MoFYS and Ministry of Labour and Social Protection (MoLSP) on cooperation procedure between Centres of social services for family, children and youth with agencies on labour and social protection on social services delivery to families in difficult situation.</p> <p>Common Decree by MoH, MoES and MoFYS on procedure of moving of children from institutions into family based substitute care.</p> <p>Rulebook on individual rehabilitation programme for disabled person and disabled child developed.</p> <p>Experimental child protection centre "Our Children" established in Kyiv based on Rulebook adopted by Government.</p>
2008	World Bank Country Partnership Strategy for Ukraine 2008-2011	<p>Procedure for temporary and permanent placement of homeless children introduced; it is carried out by the Services for Children.</p> <p>Procedure for social follow-up of families in difficulty by Centres of social services for family, children and youth introduced by MoFYS.</p> <p>Procedure for social inspection as a mechanism to assess basic needs of a child and a family approved by MoFYS.</p> <p>Regulation on adoption enacted.</p> <p>Plan of urgent measures to address the social protection issues of disabled persons and to ensure protection of their rights developed.</p> <p>Development of a uniform electronic information and analytical registration system for children in difficulty launched.</p> <p>2008 declared as the Year of support of national adoption and other forms of family care for children deprived of parental care.</p>

2009	National Plan on the Implementation of UN Convention on the Rights of the Child until 2016 adopted.
Presidential election campaign is ongoing.	National Programme for the Prevention of HIV-infection, Treatment, Care and Support for People Living with HIV and AIDS Patients for 2009-2013.
