COMPENDIUM OF PROMISING PRACTICES TO ENSURE THAT CHILDREN UNDER THE AGE OF THREE GROW UP IN A SAFE AND SUPPORTIVE FAMILY ENVIRONMENT

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CONTENTS

1   All references to Kosovo in this publication should be understood to be in the context of United Nations Security Council resolution 1244 (1999).

BACKGROUND

UNICEF is committed to helping countries across Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) to build national social protection systems and capacities that will effectively support families and ensure that all children live in a caring and safe family environment. The Convention on the Rights of the Child clearly establishes that vulnerable and at-risk children require special protection and care. It also emphasizes the role of the family in caring for children, and the State's responsibility in providing support.

Numerous scientific studies and analyses have shown that early childhood (children under the age of three) is decisive for optimal growth and development and that institutionalization of children in the early years delays development and has harmful and permanent consequences for the child.[2]

Following the ratification of the Convention on the Rights of the Child by CEE/CIS countries in the early 1990s, most countries in the region became involved in a reform of their child-care system. The adoption by the United Nations General Assembly in 2009 of the Guidelines for the Alternative Care of Children further clarified the priorities for such reform: for young children, those under the age of three, alternative care should be provided only in a family-based setting. However, ongoing reforms of child-care systems have so far produced little measurable results on family separation even if a greater number of vulnerable children are being placed in family-based care arrangements.

Child abandonment is one of the primary reasons for placing children under the age of three in institutional care.[3] The total number of children who grow up in formal care in the CEE/CIS region is estimated at 1.3 million, of which 650,000 live in residential care. Of these children, some 200,000 have disabilities, and 27,000 are under the age of three,[4] whereas only 2 to 5 per cent of these children are orphans.[5]

The fact that the CEE/CIS region has the highest numbers in the world of children growing up separated from their families is, therefore, worrisome and alarming.[6]

2   Carter, R., *Family matters: a study of institutional childcare in Central and Eastern Europe and the former Soviet Union*, EveryChild, London, 2005; Johnson, R., Browne, K., Hamilton-Giachritsis, C., 'Young children in institutional care at risk of harm', *Trauma, Violence, & Abuse*, vol 7, no. 1, 2006, pp. 34–60.

3   Browne, K. D., Hamilton-Giachritsis, C., Johnson, R., Ostergren, M., Leth, I., Agathonos, H., Anaut, M., Herczog, M., Keller-Hamela, M., Klimakova, A., Stan, V., Zeytinoglu, S., 'A European Survey of the number and characteristics of children less than three in residential care at risk of harm', *Adoption and Fostering*, vol. 29, no. 4, 2005, pp. 1–12; Browne, K. D., Hamilton-Giachritsis, C., Chou, S., Agathonos, H., Anaut, M., Herczog, M., Johnson, R., Keller-Hamela, M., Klimakova, A., Leth, I., Mulheir, G., Ostergren, M., Stan, V., *Identifying best practice in deinstitutionalisation of children under five from European institutions* (European Union Daphne Programme, Final Project Report No. 2003/046/C), University Centre for Forensic and Family Psychology, Birmingham, 2005.

4   United Nations Children's Fund, *TransMonEE 2012 Database*, UNICEF Regional Office for CEE/CIS, Geneva, May 2012. See <www.transmonee.org> accessed 30 March 2015.

5   Ibid.

6   United Nations Children's Fund, *At home or in a home? Formal care and adoption of children in Eastern Europe and Central Asia,* UNICEF Regional Office for CEE/CIS, September 2010, p. 9. See <www.unicef.org/protection/Web-Unicef-rapport-home-20110623v2.pdf> accessed 30 March 2015.

Even if patterns differ slightly from one country to another, child-care institutions in the region usually capture children with disabilities, children with chronic diseases or behavioural problems, children from ethnic minorities, children whose families became socially or economically vulnerable (single mothers, mothers who give birth to children out of wedlock, children from migrant families, parents with mental illness etc.) and children whose parents are abusing alcohol, are dependent on drugs or are in prison. Stigma, discrimination and gender dynamics are also thought to be very influential in decisions about placement in institutional care.

Overall, only a very small proportion of children in the CEE/CIS region are placed in residential care due to violence in the family.[7] Hence, very few children are separated from their parents because it is in their best interests. Most children are placed in formal care as a consequence of poverty and the lack of social protection mechanisms and services for children and their families.

The **Convention on the Rights of the Child** (CRC) states, "*The child, for the full and harmonious development of his or her personality, should grow up in a family environment*" and lays down the following guiding principle, "*States Parties shall ensure that a child shall not be separated from his or her parents against their will except when (...) such separation is necessary for the best interests of the child.*" (Preamble and Article 9)

Supporting the reform of child-care systems became a significant priority for UNICEF in the CEE/CIS region from 2000 onwards and a core segment of work for many child rights advocates and organizations. However, the progress achieved so far lies more in the successful 'transfer' of children from institutional to alternative family- and community-based care, and less in the system's capacity to prevent family separation and achieve a sustained decrease in the number of children in public care.[8]

Keeping families together and preventing their separation seems to be a challenge confronting every government in the region. It has become apparent that only a well-designed, evidence-based, complex set of interventions rooted in an integrated, holistic and multisectoral approach to health, childcare, social protection, education, finance and other sectors is in a position to achieve concrete results for children and their families.

Due to the discouraging evidence of the growing number of children in public care across the CEE/CIS region, child-care system reforms are increasingly searching for strategies and approaches empowering families to ensure preservation and efficiently support those exposed to social vulnerability and risks.

Additional efforts will be necessary in the coming years to reduce family separation rates. Attention should focus more strongly on the most vulnerable groups, i.e., children with disabilities and children under the age of three, who have benefited the least from reforms. Children with severe disabilities are often found in residential care institutions of the poorest quality and where violence and abuse are rampant. In most countries, little attention has been paid to prevent children under the age of three from entering large residential care institutions even if it is known that institutionalization has a damaging effect on young children's brain development. Overall, many

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7   United Nations Children's Fund, *Children under the age of three in formal care in Eastern Europe and Central Asia – A rights-based regional situation analysis*, UNICEF Regional Office for CEE/CIS, 2012, amended 2013, p. 64.

8   UNICEF, *TransMonEE 2012 Database,* supra.

innovative services are yet to become more prominent in countries of the region. They have to be sustainable but also adapted to the specific needs of the children for whom these services are a priority. For example, the health sector should play a clear articulated role in preventing relinquishment and abandonment of small children; the new emerging social work profession should be assigned a stronger mandate to work with the most vulnerable families, by providing outreach support to those who otherwise are at risk of not using existing services or protection mechanisms; specialized foster care for very young children or children with disabilities should be developed. Better integrated social protection systems benefiting the most vulnerable families would also make a difference in reducing separation rates. This should go alongside capacity-building efforts to improve local planning, budgeting and financing of new services; strengthen the system's accountability towards its clients; and monitor, evaluate and review policies in the light of services' and social protection mechanisms' ability to prevent family separation.

This **Compendium of promising practices to ensure that children under the age of three grow up in a safe and supportive family environment** is a compilation of the most encouraging initiatives in the area of prevention of child abandonment and relinquishment that have been implemented and tested in the region. UNICEF hopes that it will serve as a valuable tool for CEE/CIS countries and help accelerate national reform processes by adopting the most promising strategies, concepts and practices.

The Compendium transmits the clear message that there is no single unique formula. However, all over the region there are plenty of well-designed and already tested practices, which have effectively supported children and families through integrative, highly individualized and continuous support, with promising results.

By documenting these practices, UNICEF commends the progress achieved in the region and the efforts that our partners, staff and colleagues have invested on an almost daily basis to ensure that every child lives in a caring, safe and loving family environment.

AN INTEGRATED APPROACH TO PREVENT CHILD ABANDONMENT AND RELINQUISHMENT

A UNICEF rights-based regional situation analysis of children under the age of three in formal care in Eastern Europe and Central Asia, conducted in 2012, established that the main weaknesses of social welfare and health-care systems indirectly leading to child abandonment and relinquishment are the following:
— Lack of early identification of at-risk mothers.
— Lack of preventative services.
— Lack of sexual education and family planning.
— Poor antenatal and perinatal care.
— Hospitals' failure to promote practices aiming to strengthen parent-child bonding.
— Consent, tolerance or indifference of untrained medical staff, which may encourage relinquishment.
— Lack of reporting and collaboration between health and social welfare sectors.
— Absence or high cost of health insurance for vulnerable groups.[9]

Although a number of actions have been taken across the CEE/CIS region to help prevent child abandonment, it is worth noting that the solution to the problem is extremely complex and requires integrated interventions involving many different sectors and actors prepared to join forces and resources around the same objective. Consequently, addressing the multiple, intricate problems of vulnerable families calls for well-coordinated, holistic and multisectoral responses.[10]

Prevention is crucial. Social protection and health and education services often do not pay sufficient attention to targeting vulnerable groups, ensuring they promote family-based care and do not encourage the disintegration of parental care.

In most countries of the European Union, a combination of parenting support programmes, health and family-care services, universal child benefits and specific measures of social economic support for the most vulnerable have proved their efficiency in strengthening families/parents and preventing child abandonment.

These measures are usually brought together in an individual care plan that tailors specific interventions and services to particular family needs, builds on the capacities and potentials of the child and his/her family,

9   UNICEF, *Children under the age of three in formal care in Eastern Europe and Central Asia*, supra, p. 82.
10   United Nations Children's Fund, INSIGHTS: Child Rights in Central and Eastern Europe and Central Asia: Keeping families together – Making social protection more effective for children, UNICEF, Issue 1/2012, p. 2.

and is developed, implemented and monitored by an authorized social work professional (case manager) in a participatory manner with the child/family.

In the CEE/CIS region, very few countries have successfully attempted to combine in an integrated approach the efforts of the education, health and social welfare sectors to prevent child abandonment, by bringing together family planning and support services, outreach work, counselling in primary health care and hospitals, early identification and intervention services, and social protection schemes for at-risk families, or establishing mother and baby units and homes where mothers can stay during their pregnancy and after giving birth.

In the majority of countries, much more needs to be done, particularly in terms of developing an integrated, multidisciplinary approach to cases where there is a high risk of child abandonment and setting standards and capacities to facilitate its implementation.

In addition, efforts to reform childcare and improve protection systems should pay particular attention to children with disabilities and their families in order to prevent family separation and provide quality alternative family-based care for children who cannot live with their parents. Greater emphasis should be placed on the social model of disability instead of the purely medical view, which focuses exclusively on the treatment and 'cure' of disability, often in isolation from the wider society. The practice advocated is to "provide better support to families caring for children with disabilities, through integrated systems that link health care, education, child welfare and social protection services. These should build on community-based rehabilitation and integrated child protection models and involve children with disabilities in the design, delivery and monitoring of interventions" and "as a matter of priority, end the institutional care of all children, including those with disabilities, and ensure that children with disabilities have a range of high-quality family-based alternative care options open to them."[11]

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11   Better Care Network and EveryChild, *Enabling reform: Why supporting children with disabilities must be at the heart of successful child care reform*, March 2012, p. 6.

A CALL TO ACTION: END PLACING CHILDREN UNDER THREE YEARS IN INSTITUTIONS

In July 2011, UNICEF and the Office of the United Nations High Commissioner for Human Rights launched in the European Parliament a call to action to end placing children under the age of three in institutional care and prevent the separation of children from their families.

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This **call to action** aims at engaging governments in Central and Eastern Europe and Central Asia to put in place the policies and services required to prevent the placement of young children in institutional care as well as mobilize and leverage regional and global partners, especially the European Union, in support of this goal. It builds on international and European human rights standards: the United Nations Convention on the Rights of Persons with Disabilities, the recommendations of the United Nations Committee on the Rights of the Child, the United Nations Guidelines for the Alternative Care of Children, and the Council of Europe Recommendation on 'deinstitutionalization and community living of children with disabilities'.

In November 2012, twenty governments from the region, participating in a high-level interministerial conference held in Sofia, committed to adopting national operational plans for preventing the placement in formal care of children under the age of three. A review conducted by UNICEF at the end of 2013 showed that the number of children under the age of three placed in formal care had decreased by almost 3,000 in 2013 (representing a drop of 10 per cent for the whole region). This has yet to be confirmed by official statistics, but information collected at country level provides a clear picture of the evolving situation of young children and demonstrates that despite the impact of the economic crisis on the most vulnerable families some governments have kept up the momentum for improving their social protection policies and responses.

Every hour, approximately two young children, primarily babies, are separated from their parents and sent into institutional care in Central and Eastern Europe and Central Asia.

However, statistics did not disclose any substantial change regarding the abandonment and relinquishment of children with disabilities although the need for additional investments to support families of children with disabilities is widely recognized. Challenges remain, such as developing the capacity to identify and reach the most vulnerable families and provide them with adequate support to prevent separation. This is feasible only through systematic policy-driven changes aimed at less dependence on formal care and increased reliance on outreach and integrative services designed to keep children within their families and communities.

UNICEF will continue supporting Central and Eastern European and Central Asian governments to assist the most vulnerable families in order to prevent unnecessary separation. Alone, we cannot succeed. Regional and international organizations, bilateral donors, the media and civil society, all have a crucial role to play in promoting the social inclusion of families at risk and preventing infant abandonment and the placement in institutional care of children under the age of three deprived of parental care. No efforts should be spared to achieve this goal.

METHODOLOGY

The 'Compendium of promising practices to ensure that children under the age of three grow up in a safe and supportive family environment' was developed through a participatory process led by the UNICEF Regional Office for CEE/CIS. It was coordinated by Nela Krnić-Brković, UNICEF Child Protection Officer in Montenegro, and Jean-Claude Legrand, Senior Regional Advisor, Child Protection, UNICEF Regional Office for CEE/CIS.

The Compendium is a compilation of successful initiatives and actions implemented across the CEE/CIS region, which have had a tangible impact on the prevention of child abandonment and relinquishment and have demonstrated their potential for further replication and dissemination. It documents the most efficient and innovative practices, those that illustrate new lessons learned or are good examples likely to be applied in other countries.

UNICEF has clearly stressed its intention to compile not only promising practices supported by its Country Offices throughout the CEE/CIS region, but also those backed by other agencies, organizations and partners, which intend to bring real and lasting changes to children's lives and make a meaningful and sustainable contribution to ongoing child-care system reforms.

The process commenced with a thorough review of related literature, documentation and publications. It was followed by a broad consultation process that involved government partners, NGOs, donors, UNICEF colleagues and a wide range of experts from health, education, social protection, and other sectors.

While the promising practices included in the Compendium have been recognized as such by practitioners and experts, they have not necessarily undergone a formal evaluation. The overall process resulted in more than 60 submissions, of which 43 were selected and integrated into the Compendium. UNICEF verified, with all means at hand, the screening of each practice according to its standard/global criteria for good practices:

— impact/effectiveness
— relevance
— sustainability
— expanded partnership and alliances
— leadership, participation, and community empowerment
— social, political and financial mobilization
— cost-efficiency/financial sustainability.

Finally, due attention was given to ensuring that each practice was validated by relevant national counterparts and partners.

1 CHALLENGING SOCIAL NORMS: 'GENERATORS OF CHANGE'

Today, it is well known that discriminatory social norms and cultural beliefs can prevent deprived and disadvantaged groups from accessing basic entitlements and services. This has been widely documented. It is not unusual for particular groups of children or types of parents to face stigma and discrimination prevailing in society and perpetuated by systems. These attitudes negatively influence the separation of young children from their parents. For example, some professionals (medical doctors, civil servants and institutional staff) and even parents from vulnerable groups still believe that children will have a better upbringing in an institution than within their family.[12]

Children with disabilities are among the groups at highest risk of separation in the earliest phase of their lives. Also, children from ethnic minorities and infants born to HIV-positive women or women most vulnerable to HIV are at high risk of being placed in institutional care. These women are frequently considered as 'unfit mothers' and encouraged to leave their babies at birth in hospitals or infant homes. Single and teenage mothers and mothers of children born out of wedlock are also often subjected to prejudices and discrimination and deprived of support.

Until several years ago, there was a common belief in the majority of CEE/CIS countries that children unable to live with their parents were better cared for in large residential care institutions than in family-based alternative settings. In most countries, kinship placement was much better developed than other types of family-based alternatives because there was an open resistance towards taking charge of a child with whom there was no blood relationship. The rates of fostered and adopted children were very low; in the case of children with disabilities, they were almost non-existent.

In order to put an end to discrimination and stigma and encourage the establishment of systems promoting equity and rights for all, UNICEF started to support government efforts throughout CEE/CIS by identifying and addressing social norms and practices likely to perpetuate discrimination and exclusion or lead to child abandonment and family separation. UNICEF built broad partnerships, mobilized citizens and communities and leveraged substantial resources to design, launch and implement massive awareness-raising campaigns aimed at challenging and banning social norms and beliefs that constrain the fulfilment of rights or the demand for services.

It has now become apparent that reform processes accompanied by well-designed and evidence-based public awareness campaigns have proved to be most successful. This Compendium illustrates some of the most impressive initiatives implemented by UNICEF and its partners in the CEE/CIS region to promote social norms conducive to ensuring that all children live in a caring and safe family environment.

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12   UNICEF, *Children under the age of three in formal care in Eastern Europe and Central Asia*, supra, p. 9.

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CROATIA

The campaign 'Every child needs a family'

SUMMARY

The awareness-raising campaign 'Every child needs a family' promoted children's right to live in a family environment and gave precedence to family-based care over institutional care by openly denouncing the damaging effects of institutional care on child development.

PROGRESS AND RESULTS

Launched in 2005, the campaign 'Every child needs a family' successfully mobilized Croatian society around the pressing needs of children living in institutions and led to a substantial change in the public's attitude towards family-based care away from residential care. This was best demonstrated by the 60,000 individual donors who supported the campaign. The campaign triggered policy and legislative changes that banned the placement of children under the age of seven in institutional care and advocated the development of a specialized law on foster care. The outcomes of the campaign, combined with the results of the intensive child-care system reform process, cumulatively brought about a 25 per cent decrease in the number of children under the age of three in institutional care during the period 2006–2012.[13]

The communication materials developed for the campaign were replicated by other countries across CEE/CIS and successfully adjusted to different national contexts (e.g., Bosnia and Herzegovina, Bulgaria, Montenegro, and Ukraine).

BACKGROUND

For many years, children deprived of parental care were placed in institutions. There was very low awareness of the negative consequences of institutional care among both the public and professionals. Although foster care had a long tradition in Croatia, it remained relatively underdeveloped and lacked an adequate legal definition. There were no specialized forms of foster care (short-term care, respite care). Some professional support to foster families existed but only on paper. There was no recognition of their status or the services they provided. Considered as volunteers, foster families were poorly monitored and poorly supported. In addition, foster care existed only in some parts of the country, mostly in rural settings with low levels of education.

PROMISING PRACTICE

The campaign 'Every child needs a family' used strong advocacy messages and a variety of communication channels to familiarize each and every citizen with the campaign's objective. The authors of the campaign designed solid and persuasive visual and textual messages. Powerful emotions were the identifying factor of the campaign, and the feelings of the child were the primary focus of the audience's perception. The campaign fully relied on the potential of

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13 Ministry of Social Policy and Youth of Croatia, Annual reports 2006 to 2012 on social welfare beneficiaries and assistance, and state and non-state founded social welfare institutions.

partnership and leveraging. Major partnerships were built with the most influential Croatian media (including Croatian Telecom) to systematically cover all elements of the campaign, which was an integral component of an extensive fundraising strategy for the development and improvement of family-based services.

STRATEGY AND IMPLEMENTATION

The campaign's strategy combined advocacy, communication, resource mobilization and partnership, particularly with the media. Different events and fundraising activities were organized as part of the media campaign. The format of the events ranged from sport and music events to commercials and testimonials from celebrities. The campaign used a variety of communication channels and a broad range of promotional materials – prints, posters, TV and radio shows, etc. The major fundraising activity, which was carried out through a partnership between Croatian Telecom and UNICEF, consisted in attaching a payment slip for donations to monthly phone bills.

RELEVANCE

The campaign significantly contributed to the future development and implementation of numerous initiatives to support reform processes and the deinstitutionalization of children deprived of parental care, including changes in the policy and legal framework. Raising public and professional awareness of the negative consequences of institutional care proved its relevance.

SUSTAINABILITY

The campaign led the way to policy and legislative changes, strengthened the child-care system's capacity and boosted the overall commitment to deinstitutionalization, especially regarding children under the age of three.

EXPANDED PARTNERSHIP AND ALLIANCES

A major partnership was entered with Croatian Telecom, the country's leading telecommunications provider. The national television station and the country's biggest newspaper publisher cooperated as well. The campaign also gathered celebrities, professionals and citizens around the same idea and mission.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The Government of Croatia showed a strong sense of ownership. The countrywide launch of the campaign raised general public's awareness of the importance of growing up in a family environment and empowered citizens to consider becoming potential foster parents.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The initial plan of the campaign was to mobilize a large number of citizens to fundraise for family-based care upgrading and foster care expansion. The funds collected exceeded the initial plan. Around 63.64 per cent of the funds were received from individual donors and 28.43 per cent from the business community.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The campaign was highly cost-effective as it drew on the power of partnership and leveraging. The Public Relations Creative Media Agency worked *pro bono*. Croatian Telecom sponsored the co-mailing. The costs of media airtime and print materials were donated to UNICEF, whose investment in the campaign was minimal (U$ 20,000).

RELATED LINK

UNICEF Croatia. 'Every child needs a family'.
<www.unicef.hr/show.jsp?page=148628>

REMARKS

The 2005 campaign 'Every child needs a family' was a major breakthrough. It helped understand the importance of influencing social norms and perceptions in order to introduce system changes and achieve sustainable results for children and families. Although the overall increase in the number of foster families recruited during the period 2006–2012 was not significant (5 per cent) compared with the situation prevailing during the campaign (approximately 110 foster parents were recruited and 400 expressed interest), the number of children under the age of three placed in formal care (25 per cent) decreased as a result of the enhanced capacity of the social welfare system to better support families. Unfortunately, the number of foster families is declining seriously because the system is failing to provide foster parents with appropriate oversight and assistance. However, the campaign itself was one of the most successful events globally. Nine years after its launch, its messages and symbols are still recognizable; they remain powerful and are used even beyond Croatia.

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KAZAKHSTAN

Public-private partnerships to prevent the abandonment of children under the age of three

SUMMARY

The public-private partnership with ATFBank, facilitated through the UNICEF programme on prevention of child
abandonment, succeeded in shifting the focus of the corporate social sector's responsibility from supporting
residential institutions to assisting the reform of the child-care system and successfully leveraging resources to
prevent the abandonment of children under the age of three and strengthen family reunification programmes.

PROGRESS AND RESULTS

As a result of the first UNICEF/ATFBank pilot initiative, the focus of the corporate social sector's responsibility shifted
from supporting residential institutions to assisting child abandonment prevention programmes and raising public
awareness to reduce stigma and discrimination against families at risk.

The funds collected through UNICEF's affinity cards[14] were redirected to programmes of the Ministry of Health aimed
at preventing child abandonment, improving social work services at the primary health care level, and ensuring the
timely referral of families for professional counselling and their access to social benefits, temporary housing, and child-
rearing counselling.

According to programme evaluation reports, 40 per cent of women participating in the programmes who had decided
to abandon their newborn child in the maternity ward changed their mind. This led to a rapid reduction in the number
of children under the age of three living in child-care institutions – from 1,692 in 2011 to 1,302 in 2013 (Ministry of
Health data, 2014).

Based on its positive experience with ATFBank, the Ministry of Health entered a partnership with the BI group (a major
Kazakhstan construction holding) to provide temporary housing solutions to mothers at risk of abandoning their child.
This partnership was scaled up to eight regions.[15]

BACKGROUND

In 2011, 1,692 children under the age of three lived in infant homes in Kazakhstan. Every year, about 2,000 children
are abandoned primarily in maternity wards or because their parents are deprived of their parental rights due to their
declared inability to bring up children of this age in a safe and protective environment. The major causes of child
abandonment include poverty, evolving family culture, substance abuse and inadequate child-rearing skills. In a public

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14   To date US$ 200,000 have been raised for the UNICEF programme on the prevention of child abandonment.

15   See Public Fund Ana Uiy – Promotion of maternity and childhood protection: <www.facebook.com/dommamy.kz> accessed 30 March 2015.

opinion study on preventive measures against child abandonment conducted by UNICEF in 2013, 40 per cent of respondents expressed stigmatizing attitudes towards mothers abandoning their child; 36 per cent showed anger, condemnation and contempt; 53 per cent thought that the media paid insufficient attention to the problem and often stigmatized women who abandon their newborn child, portraying them as criminals. Corporate social responsibility is a new concept in Kazakhstan, and many business companies are investing in the development of a new range of residential institutions and the improvement of their physical conditions (mainly buying clothes and food for children). It was the first time that the private sector committed to supporting families in need and community-based prevention programmes.

PROMISING PRACTICE

In 2011, UNICEF approached the ATFBank with a major advocacy objective: to leverage its resources by shifting investments in residential care facilities to the development of preventative services for children under the age of three and family reunification programmes for young children living in institutions.

Programme activities included the issuance of UNICEF affinity cards (MasterCards) offered to ATFBank's clients; a communication campaign to reduce stigma against families at risk of child abandonment; and fundraising for community-based prevention programmes.

Thanks to ATFBank's contributions, UNICEF was able to provide technical and financial assistance to programmes of the Ministry of Health aimed at preventing child abandonment, improving social work services and ensuring timely referral of families for professional counselling and access to social benefits, temporary housing and child-rearing advice.

ATFBank's financial contributions to UNICEF were based on income generated through the use of affinity credit cards offered to customers associated with this partnership. ATFBank donated to UNICEF 50 per cent of every transaction charged to the card.

ATFBank's active involvement in the preparation and implementation of the communication campaign through affinity cards offered to its clients helped mobilize citizens and communities to support mothers at risk and establish community-based child abandonment prevention services.

STRATEGY AND IMPLEMENTATION

The UNICEF/ATFBank partnership led to the bank's better understanding of the causes of child abandonment and to a joint public call to support women and families at risk. Inspired by the idea of supporting UNICEF's programme, ATFBank initiated a public awareness-raising campaign. The bank distributed 80,400 flyers and banners to its clients in 17 large cities of Kazakhstan to inform them about the harmful effects of placing children in institutions and the benefits of prevention programmes. Information about the UNICEF/ATFBank partnership, 'In Warm Hands', was circulated among the bank's 92 branches across Kazakhstan on billboards and call centres, making the initiative visible to the public. The Ministry of Health produced and distributed countrywide two video spots and four posters to sensitize the general population.

RELEVANCE The partnership contributed to the adoption of the Development Strategy 'Kazakhstan 2030' and the Health Development Programme 2020 'Salamatty Kazakhstan'. It also backed the country's commitments to the CEE/CIS regional call to action to prevent child abandonment, which has provided tangible results.

SUSTAINABILITY The initiative, which has already produced lasting results for children and their families, has been documented so as to serve as a good example for Kazakhstan's business sector. ATFBank continues to apply its corporate social responsibility policy vis-à-vis other social initiatives (e.g., the inclusion of children with disabilities into ability promotion programmes).

EXPANDED PARTNERSHIP AND ALLIANCES UNICEF and ATFBank participated actively in the creation of a model of engagement with private business companies aimed at optimizing positive outcomes for children. Besides its partnership with ATFBank, UNICEF is collaborating with other business representatives, such as the Kazkommerts Bank and the BI group (a major Kazakhstan construction holding), in support of mother and child health in remote rural areas of Kazakhstan.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT The initiative was led by ATFBank and its branches in 17 large cities of Kazakhstan. Community empowerment was generated through ATFBank clients' support to families experiencing difficulties.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION The initiative proved that the current system allows the private sector to fundraise for preventative services receiving only small budget allocations from the Government.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY Fundraising through ATFBank was an important initiative that contributed to the overall efforts to reform the child-care system and covered the costs of the public awareness-raising campaign.

RELATED LINKS ATFBank's website.
<www.atfbank.kz/index.php/ru/about-bank/social-responsibility/atfbank-unicef.html>

UNICEF's social project: 'In Warm Hands'.
<www.unicef.org/ceecis/media_20929.html>

MONTENEGRO

The campaign 'It's About Ability' for the social inclusion of children with disabilities

SUMMARY

'It's About Ability' is a multi-year campaign aimed at changing people's knowledge, attitudes and practices (KAP)
regarding the social exclusion and discrimination of children with disabilities. Launched by the Government of
Montenegro and UNICEF in September 2010, the campaign built on the efforts of the health, education and child-care
systems to ensure equal access to quality services and education for all without discrimination.

PROGRESS AND RESULTS

Since the onset of the campaign, there was a fivefold increase in the number of children with disabilities enrolled in
mainstream school. The campaign also contributed to the overall child-care system reform, especially through efforts geared
towards developing community-based support services for children with disabilities and their families. Until 2010, only one of
Montenegro's 21 municipalities had a day-care centre for children with disabilities. Today, there are eight day-care centres,
with an additional three under construction. The Government's strategic goal is to have at least one in each municipality. The
campaign also supported social welfare system reforms that led to a 30 per cent decrease in the number of children with
disabilities in institutional care.

An evaluation undertaken in December 2013 showed that the campaign had exerted a concrete and positive impact on the
attitudes and practices of Montenegrin citizens towards children with disabilities – one in five Montenegrin citizens changed
behaviour. From August 2010 to December 2013, the percentage of those who found it unacceptable that a child with a
disability attends the same class as their child decreased from 64 per cent to 20 per cent; the percentage of those who found

Impact of the *It's About Ability* campaign in Montenegro 2010–2013
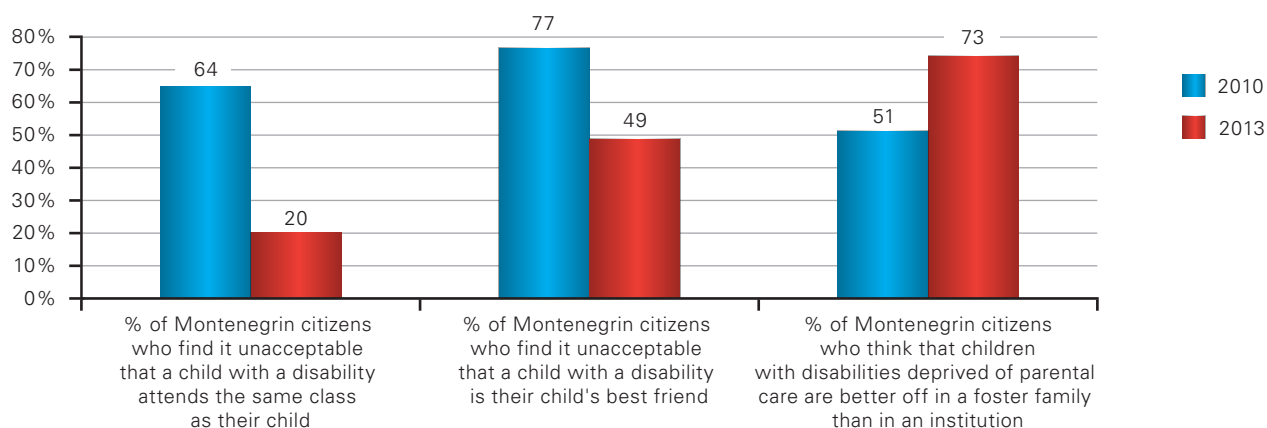
it unacceptable that a child with a disability is their child's best friend dropped from 77 per cent to 49 per cent; the percentage of those who found that children with disabilities deprived of parental care are better off in a foster family than in an institution increased from 51 per cent to 73 per cent during the same period.

BACKGROUND

According to a baseline survey conducted by UNICEF in August 2010, every second citizen believed that children with disabilities should attend special educational institutions and that it was in the children's best interests to be placed in residential care instead of living with their families. In contrast, more than fifty years of research across the globe demonstrate that children placed in institutions do not develop as well as children living in a family environment. Lack of public support in Montenegro for reforming the child-care system undermined the implementation of positive changes. For this reason, mobilizing public opinion towards the care and protection of children with disabilities became a necessary precondition to bringing about a real shift in the child-care system.

PROMISING PRACTICE

In September 2010, the Government of Montenegro in partnership with UNICEF launched an awareness-raising and behaviour change campaign, 'It's About Ability'. The Government's strategy, aimed at reforming the child protection system and aligning it with internationals standards, involved a drive to simultaneously removing barriers and increasing the demand for inclusion through Communication for Development (C4D) with UNICEF support. The following were the seven goals of the strategy:

1. Provide education to all children with disabilities.
2. Include children with disabilities in mainstream education whenever possible, and facilitate access to education through day-care centres when mainstream education is not feasible.
3. Establish specialized care, stimulation, physiotherapy and other services.
4. End the placement of children with disabilities in institutional care.
5. Keep families together through strong social protection interventions.
6. Place children in alternative family-style care, such as foster care or small group homes when family separation cannot be avoided.
7. Fundamentally, change the perception of children with disabilities across all sectors of society.

The C4D component of goal seven was crucial not only because of the barriers society has placed in the way of inclusion, but also because of a low demand for inclusion from a high percentage of families with children with disabilities. The campaign consistently highlighted the potential of children with disabilities. To this end, national advertisements stressing their humanity, dignity and potential (with taglines such as 'We see Love', 'We see Friendship', or 'We see our Children') were displayed underneath pictures prominently showing children with disabilities engaging happily in school, play, family life, music and sport.

The campaign turned the children featured in the adverts into celebrities and spurred discussions concerning disability rights and inclusion held in school parliaments right up to the National Parliament. For the first time, children, youths, parents and politicians focused attention on the issue of children with disabilities in a meaningful way.

The performance of 'It's About Ability' was measured by the baseline survey carried out throughout the campaign with new rounds of KAP surveys undertaken at the end of 2010, 2011, 2012 and 2013. With disaggregated data on regions and questions determining which sectors were achieving slower progress, the KAP surveys indicated how the campaign could be developed to address bottlenecks.

STRATEGY AND IMPLEMENTATION

The campaign strategy included:

ADVOCACY

Partners from all sectors were drawn into a broad coalition to harness both public and political support. Under the slogan, 'It's About Ability. Join Us', over 100 partners participated in the campaign: the European Union, the Council of Europe, the Organization for Security and Cooperation in Europe (OSCE), the United Nations family, foreign embassies accredited to Montenegro, associations of parents of children with disabilities, NGOs, print and electronic media, the private sector, local celebrities as well as children with and without disabilities and their parents from all over the country. These partnerships, particularly at the national level, were key to the success of the campaign.

As a result of partnerships with the media, the campaign's commercials were aired free of charge on all national TV stations during prime-time slots for three months every year. Thanks to private sector partnerships, the campaign gained significant visibility with many free billboards displayed throughout the country. Also, inclusive education was strengthened and promoted in several primary schools through private sector donations. The visibility and credibility of the campaign was reinforced through the regular involvement of representatives from the international community, the presence of celebrities at the campaign's special events and the participation of high government officials for whom promoting and upholding disability rights became an issue of credibility as Montenegro pursued the European Union accession process and its entry criteria. Through partnerships with NGOs and parents' associations, the active participation of children with disabilities was strengthened and promoted.

Billboard of the campaign 'It's About Ability' featuring logos of partners of the coalition for inclusion

PARTICIPATION

The campaign attracted considerable public attention due to its novel and innovative approach to placing at its centre children and young people with and without disabilities. For the first time, people could see and listen to children speak about inclusion on the most popular TV and radio shows. Children were the first to take the floor at all campaign events, ahead of the President, Prime Minister, ministers, ambassadors and other dignitaries. The support provided to the development of children's parliaments in schools, local communities and society proved to be essential for ensuring the active participation of children with and without disabilities. Throughout the campaign, UNICEF followed up on children's recommendations. This was especially motivating for them – for example, at their request, the Convention on the Rights of Persons with Disabilities was produced in Braille.

MONITORING AND EVALUATION

KAP surveys conducted during the years 2010 to 2013 were used to evaluate the impact of the campaign on citizens' attitudes and practices towards children with disabilities, as well as plan the next phase of the campaign in a way that responds most effectively to the situation in the field.

RELEVANCE

The campaign was important not only because it addressed society's discrimination against children with disabilities, but also because of the low demand for inclusion and inclusive services from a high percentage of families of children with disabilities. It enabled the mobilization of political support for reforming the child-care system.

SUSTAINABILITY

With the spread of quality, inclusive and community-based services for children with disabilities throughout the country, it is expected that, in the long run, the changes achieved in citizens' KAP towards children with disabilities will become sustainable and part of the new social norms.

EXPANDED PARTNERSHIP AND ALLIANCES

Partners from all sectors were drawn into a broad coalition to harness both public and political support. Under the campaign's slogan, 'It's About Ability. Join Us', over 100 partners joined the Government of Montenegro and UNICEF: the European Union, the Council of Europe, the Organization for Security and Cooperation in Europe (OSCE), the United Nations family, foreign embassies accredited to Montenegro, associations of parents of children with disabilities, NGOs, print and electronic media, the private sector, local celebrities as well as children with and without disabilities and their parents from all over the country.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

Girls and boys with and without disabilities became young agents of change and campaign leaders. For the first time, these children became visible in Montenegro's society. The campaign consistently showed their human potential and abilities.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

A coalition for inclusion was established with more than 100 partners from all sectors of society.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The campaign was funded primarily from UNICEF resources with some contributions from the United Nations and the United Kingdom Embassy. It did not run any fundraising activities, but it attracted attention to its objectives and obtained some donations from the private sector. When dividing the total budget invested in the campaign by the number of people who positively changed their behaviour towards children with disabilities (according to KAP surveys), it appears that for every € 2 invested in the campaign one citizen changed his/her negative behaviour towards children with disabilities.

RELATED LINK

UNICEF Montenegro. 'It's About Ability' campaign.
<www.unicef.org/montenegro/15868.html>

2 POLICY AND LEGAL REFORMS FOSTERING CHILDREN'S RIGHT TO LIVE IN A FAMILY ENVIRONMENT

Over the last decade, governments across the CEE/CIS region have engaged in intensive health, education, child-care and social protection reforms to facilitate access to basic services for the most disadvantaged groups and ensure equal realization of fundamental rights for all citizens without discrimination. A number of countries have adopted policies and legislation directed at families, recognizing that they are the best nurturing and protective environment for a child.

Most countries in the region have achieved major progress in aligning their policy and legal framework with relevant international standards. Several countries have introduced a ban on the placement of children under the age of three in institutional care and have defined it as a last resort measure to be applied only temporarily. These norms are the result of comprehensive reform efforts and have, in several cases, been accompanied by the necessary human and budget resource reallocations. Changes have also occurred in the governance and quality assurance of the system to ensure better coordination, decision-making and accountability. As the strongest policies take root in evidence, improved and more disaggregated data on children at risk and children in formal care were required to inform policy-making.

However, not all countries in the region have benefited from comprehensive reform processes regarding laws, policies, data, planning, capacities, standards of work and practice, services' development, monitoring, quality assurance and budget analyses – all resulting from the synergized efforts of different sectors at different levels.

In many countries, child-care system reforms concentrated heavily on deinstitutionalization, were fragmented in style, devoted insufficient attention to prevention and acted in isolation from other systems/sectors' interventions. In these countries, reforms did not contribute to establishing systems or capacities able to prevent family separation and, consequently, warrant the decrease in the number of children placed in formal care. Unfortunately, some of the strategy and policy papers endorsed during the last decade served only as noteworthy documents. They were never truly operationalized as they lacked the human and financial resources necessary to secure their effective implementation.

The challenge for governments is to develop a range of support and care options that are well regulated and administered, and adequately resourced. Ensuring that young children in families negatively affected by social and economic hardships and those without parents are well cared for and protected requires a strong political commitment, investment and oversight.

Only systematic policy-driven changes – aiming at less dependence on formal care and increased reliance on services designed to keep children within their families and communities – can lead to the genuine care and protection of children under the age of three. Such prevention policies must be accurately planned (e.g., careful budgeting of transition costs during the reform period and costing of the new child-care services; sensitization to gain public support; staff training adjusted to new mandates and needs) in order to provide young children currently in institutions with alternative care options, including permanent ones.[16]

The Compendium includes examples of successful policy and legal documents, which have been produced in the region within the scope of comprehensive, evidence-based and carefully planned reform processes that have already yielded tangible results for children and their families.

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16   UNICEF, *Children under the age of three in formal care in Eastern Europe and Central Asia*, supra, p. 10.

BULGARIA

A vision for deinstitutionalization

SUMMARY

The Council of Ministers of Bulgaria adopted the national strategy 'Vision for Deinstitutionalization of Children in the Republic of Bulgaria' on 24 February 2010. This national strategy is the expression of a firm political will and commitment of national and local authorities, civil society representatives and international organizations, such as the European Commission and UNICEF. It sets an ambitious 'vision' for shifting the child-care system towards risk prevention, early intervention, family support and provision of alternative care in a family or a family environment. The Action Plan adopted in November 2010 aims to implement Vision in order to achieve higher quality care, prevent the placement of children outside their families and create new services responding to the individual needs of each child and his/her family at the community level.

The Action Plan prioritizes children under the age of three and children with disabilities living in institutions and sets up clear goals to be achieved through the implementation of five projects. Vision has also opened the door to the development of a comprehensive national disability policy for all age groups.

Partnership with the European Union, the involvement of civil society actors and public support proved to be powerful guarantors and enablers of progress. They made it possible to maintain the political will and the commitment to implementing Vision and its Action Plan despite political instability and put into place changes that are understood and owned by a range of stakeholders at all levels.

PROGRESS AND RESULTS

These are some of the results achieved thanks to the implementation of Vision and its Action Plan: the number of children in institutional care has been decreasing rapidly and the number of those entering alternative community-based family-type care or foster care has increased; the system of family support and community-based services is being developed throughout the country; necessary steps have been taken to build the professional capacity of social workers and other key personnel, such as care staff in family-type placement centres, specialized foster carers and community-based auxiliary service staff; the pilot closure of eight infant homes is nearing completion; mechanisms for the management and coordination of the process at the national level have been put into place; there is increased public understanding of the deinstitutionalization process and reform.

Key achievements:

— A significant reduction in the number of children placed in specialized institutions: 3,592 children in 2013 compared with 6,899 in 2010.

— A significant increase in the number of community-based services established to prevent unnecessary family separation, reunify children with their family or place them with extended family members.

— A significant increase in the number of foster carers and children placed in foster families – 1,943 foster parents at the end of 2013 compared with less than 100 in 2010; over 2,000 children in need of alternative care placed in caring foster families.

— Following the approval of Vision, the closure of approximately 20 homes for children – two of which were infant homes.

BACKGROUND

Due to the difficult period of economic and political transition, child-care reform was not prioritized until the year 2000 when systematic reform efforts started with the approval of the Child Protection Act and the first Government's plans aiming to reduce the number of children in institutional care. The Government endeavoured to establish a child-focused protection system and develop family support services; however, progress was slow due to vested interests and the prevailing belief in institutional care among professionals and the general public.

In 2000, with over 35,000 children living in institutions, Bulgaria had Europe's highest percentage (1.78 per cent) of children in residential care. Most of these children were abandoned for economic or social reasons; some had physical or mental disabilities; less than 2 per cent were orphans. The child-care system suffered from an acute shortage of experienced and well-trained professionals with the appropriate knowledge and skills required to assess and respond to the specific needs of children and their families.

The child-care reform remained patchy with a high reliance on placement in institutional care. The prevention of family separation was not considered as a priority, and the development of new community-based services was piloted only in a limited number of municipalities by international donors and NGOs. There were also some attempts to reform and restructure existing institutions, which in most cases led to better quality infrastructures rather than meaningful changes in the lives of children and their parents.

PROMISING PRACTICE

Following the international and local public exposure of the situation of children with disabilities from the Mogilino home in 2007, UNICEF played a major role in rallying civil society partners, media and the general public to respond to the needs of these children deprived of their basic and fundamental rights. This contributed to accelerating changes in policies and practices and allowed national and local authorities, civil society representatives and international partners to unite forces to develop, through a transparent and consultative process, a draft of the Vision strategy. Vision aimed at setting out the need for a child-care philosophy focusing on prevention, early intervention, family support and the provision of alternative care in a family or family environment. It defined deinstitutionalization as a process of preventing the placement of children in institutional care by supporting families in the community; replacing institutional childcare with community-based family or close-to-family environment care; taking measures across social services and social welfare sectors to support families and extended families; strengthening adoption and foster care for young children; and facilitating the return to their families of children already in institutional care. It called for a holistic approach to deinstitutionalization and set out key changes needed in sectors such as health, education and social welfare.

The major policy shift was fully and enthusiastically embraced by the Government and resulted in a very ambitious and long-term deinstitutionalization plan that envisaged closing down all large residential care institutions. This ambitious plan was the outcome of the joint efforts of the Bulgarian Government and civil society partners and was backed up by the European Commission at the political level and through the allocation of funds.

The coalition 'Childhood 2025' was organized by an informal network of over 90 child welfare NGOs. It contributes to the implementation of the Action Plan and provides independent monitoring of its achievements for children. The coalition has the potential to act as a non-governmental counterpart of decision-making ministries and maintains a constructive and ongoing policy dialogue with the Government.

The partnership with the European Union had a very positive impact on the deinstitutionalization process. It was a new type of partnership also for the European Commission, as it was the first time different Directorates joined forces and granted funds to support a child-care reform in a member State.

These are some of the very useful elements of the national strategy 'Vision for Deinstitutionalization of Children in the Republic of Bulgaria':

— A clear focus and a strong political commitment from the Government. Support and active engagement of a range of stakeholders, including the European Union, NGOs, professional and academic communities and many regional and municipal authorities.

— A clear philosophy: essential principles and approaches that should be the starting point for any reform and could be used as guidance and reference during the process; in particular, any interim measure should be adopted only when it directly contributes to meeting the goal of transforming the system and closing institutions.

— The development of an Action Plan that provides clear parameters for the actions to be undertaken, the results to be achieved and the financial resources to be raised.

STRATEGY AND IMPLEMENTATION

The implementation of Vision involved building an alliance between national and local authorities, civil society representatives and international organizations in order to secure their involvement in the reform process.

Vision and its Action Plan have defined clear objectives to ensure the consistency of all reform initiatives throughout the country within a coherent national framework; they have also defined responsibilities and commitments at all levels and promoted attitude changes. Owing to the firm consensus developed around Vision and its Action Plan, it was possible to mobilize a unique support from the European Commission through different Directorates-General to set up one of the most ambitious reforms of the social sector in Europe.

The Action Plan was developed on the following substantial axes:

— Thorough, professional and comprehensive assessments of the needs of children in institutional care; case conferences; regular reviews forming the basis for decision-making.

— Successful gatekeeping to prevent entry of children into infant homes.

— Creation of infrastructure and workforce preparation to provide community-based services (both residential and non-residential).

— Regional assessments and social service development planning to provide a forecast of the services needed for planning and monitoring.

RELEVANCE

Vision allowed Bulgaria to reform its social sector, which had been neglected during its European Union accession process; address the situation of children living in institutions; and shift the child protection system from 'improved care' to a 'rights-based approach' providing better support for vulnerable children and their families.

SUSTAINABILITY

Strong government ownership of the process and NGOs' involvement in the development of Vision contributed to the Action Plan's collective 'ownership'. This proved decisive as it helped maintain the commitment to the reform during 2013 turbulent political events.

EXPANDED PARTNERSHIP AND ALLIANCES

'Childhood 2025' is a broad coalition of over 90 NGOs. Its partnership with the Government is supported by international organizations, such as the Bulgarian Helsinki Committee, the European Commission, the Office of the United Nations High Commissioner for Human Rights (OHCHR) and UNICEF.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The development of Vision was led by the State Agency for Child Protection (SACP) with the involvement of all relevant ministries, agencies, NGOs and parents' organizations. Its role was crucial for securing the central government's leadership, championing change, and gaining widespread support for the deinstitutionalization process. The Action Plan included a clear outline of the functions to be performed by different ministries and agencies in supporting its implementation and identifying the resources required.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The Government ensured that all key actors were brought on board – municipalities; local representatives of government ministries; education, health and social service providers; and NGOs. Vision was presented and seen as a national policy that was binding upon all. A special effort was made to address the concerns of institutional staff and municipalities. The Government also endorsed the investment of more than €100 million by the European Union Structural Funds through the European Social Fund, the European Regional Development Fund and the European Agricultural Fund for Rural Development.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

It is too early to analyse the cost-efficiency of the ongoing reform. The financial support from the European Commission was fundamental to cover the cost of shifting the child-care system from institutional care to community-based care.

Financial sustainability will be ensured by transferring the cost of running institutions to other care mechanisms. A stronger financial involvement of municipalities has been required, and related fiscal space is currently under development.

RELATED LINKS

Republic of Bulgaria, Council of Ministers. Status of the National Strategy 'Vision for Deinstitutionalization of Children in the Republic of Bulgaria'.

<www.government.bg/cgi-bin/e-cms/vis/vis.pl?s=001&p=0234&n=133&g>

See also National Network for Children, *Report Card 2011: Assessment of the Implementation of State Commitments towards Bulgaria's Children,* Sofia, 2011.
<http://nmd.bg/wp-content/uploads/2012/03/Report-Card-2011_EN.pdf>

REMARKS

Although the process of moving away from institutional care towards family- and community-based care is now considered irreversible, obstacles and challenges remain. It is of utmost importance that the new services and the child protection system be of good quality and go beyond the provision of care, towards a wider child rights approach. Adequate family support is needed to prevent children from being separated from their parents, whenever this is in their best interests.

Bulgaria has faced several challenges during the process of deinstitutionalization as envisaged by Vision:

— the risk of replacing large institutions with small ones;

— the lack of focus on prevention, early intervention and family support;

— ring-fencing of the money;

— the absence of independent monitoring and evaluation;

— the importance of developing standards and criteria that look at the effectiveness of services and results for children and families rather than just numbers;

— the need to improve the management and coordination of the process to ensure it is holistic and multidisciplinary, involves NGOs and other key stakeholders and is considered not only as a 'pilot project' financed through the European Social Fund.

GEORGIA

Placing deinstitutionalization within the broader context
of child-care system reform

SUMMARY

In 2012, the Government of Georgia adopted the national Child Welfare and Protection Action Plan 2012–2015 to enable a systematic approach to child-care reform, which aims at *(1)* supporting families with children and preventing child abandonment; *(2)* protecting children from violence and neglect; *(3)* providing high-quality alternative services to children in state care; and *(4)* dealing with systemic issues related to quality and sustainability of child-care services. Concentrating on all of these actions together created a comprehensive child-care system capable of responding to children's needs and protecting their best interests. Deinstitutionalization is being addressed within the broader context of the child-care system reform.

PROGRESS AND RESULTS

Guided by the Child Welfare and Protection Action Plan 2012–2015, almost two thirds of children formerly living in large residential care institutions were either returned to their biological parents or entrusted to a foster home. Only one third of the children had to be placed in small group homes. A gatekeeping mechanism was set up to prevent unnecessary family separation and, when separation is unavoidable, children are placed in small group homes as a last resort. Family support services – day care and early intervention – were enhanced in terms of extended geographical coverage and improved state funding. Child-care referral procedures were introduced as a major instrument to coordinate activities intended to identify and address violence against children. Children living and/or working on the streets became a state priority for the first time and services were established to support children's rehabilitation and socialization.

Almost all children from large state residential care institutions either moved back home or were placed in a family environment.

Placement of children from large residential care institutions (2012–2013)

- 3%
- 6%
- 32%
- 28%
- 30%

Small group homes
Reintegration
Foster care
Unknown
Discharged

Number of children in large residential care institutions

- 2005: 4,100
- 2014: 85
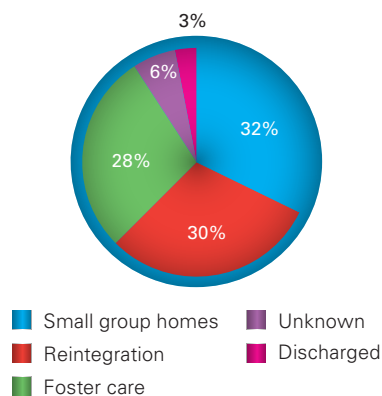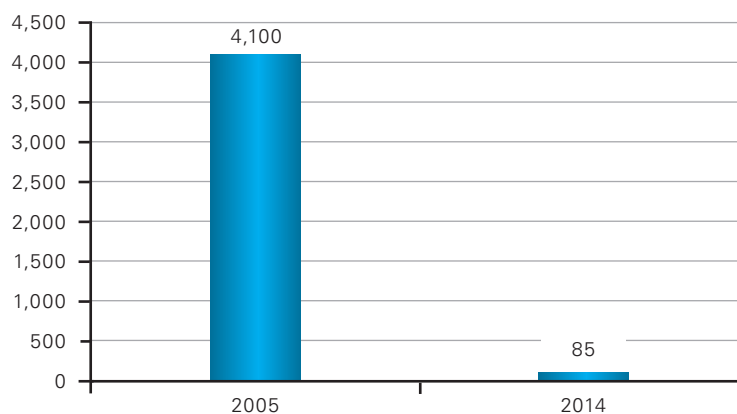
BACKGROUND

Georgia's child-care reform, which started in 2005, focused initially on removing children from large residential care institutions and placing them in family-like environments. The number of children in large institutions decreased from almost 5,000 in 2005 to around 1,500 in 2009. An additional push was necessary to advance the reform agenda further. The Children's Action Plan 2009–2011 differed notably from previous policy documents that almost exclusively focused on deinstitutionalization. It outlined three pillars for tackling problematic areas: poverty, child abuse and neglect, and overuse of large residential care institutions. In 2011, the Government decided to put an end to the use of large facilities and to concentrate on broader child-care needs. Another Children's Action Plan was developed specifically outlining activities to abolish the use of large institutions and proposing community-based alternative care options. Although the objective was to close down all large residential institutions, three large care facilities are still operational housing 100 children in total, all of whom are children with disabilities. As a result of the Government's strategic decision to broaden the scope of the reform and devote more attention and resources to family support services, the Child Welfare and Protection Action Plan 2012–2015 gives special importance to initiatives that address violence against children, further advance community alternative care services and provide systemic changes ensuring sustainability and quality.

PROMISING PRACTICE

The Child Welfare and Protection Action Plan 2012–2015 provides two outstanding examples of promising practices:

1. The Plan developed a comprehensive approach to childcare and responds to children's needs in a holistic and systemic way. It did not consider deinstitutionalization in an isolated way but placed it in the broader context of child-care system reform. The objective was to develop family support services and programmes on the one hand, and community-based alternative care on the other, simultaneously running activities to ensure the sustainability and quality of the evolving child-care system. In addition, the Plan established clear links between the deinstitutionalization process and the need to strengthen the child-care system to protect children from violence, abuse and neglect and any form of exploitation (i.e., children living and/or working on the streets).

2. The development of the Plan was a highly participatory process (facilitated by UNICEF). All relevant state agencies, civil society organizations and donors were actively involved in defining the Plan's priorities, activities, timelines and indicators of success. This process created a real sense of ownership and responsibility for the outcomes among stakeholders and generated an atmosphere where all the parties involved became active monitors of the process and vocal, constructive and legitimate critics of its outcomes. The cooperative approach adopted by all stakeholders – government, civil society and the donor community – reinforced ownership and commitment to the goals and activities of the Plan.

STRATEGY AND IMPLEMENTATION

The strategy of the Child Welfare and Protection Action Plan 2012–2015 was clear: it aimed to mobilize social resources and develop a comprehensive child-care system. Its core objective was to keep children at home with their families and put in place all supportive mechanisms for ensuring children's rights within the family environment. When separation was necessary, family-like alternative care would be the priority.

The implementation of the Action Plan required immense coordination efforts. UNICEF Georgia facilitated this process together with the Government. A normative basis was created, and services were outsourced to civil society organizations. State Standards for Childcare were adopted to secure service quality; a state funding mechanism and a quality monitoring unit were established; all service providers underwent training; ongoing capacity development mechanisms were set up; and social services were strengthened to respond to children's needs in a comprehensive way.

RELEVANCE

The child-care reform prioritizes children's right to be protected from discrimination and all forms of violence, live in a family environment and have opportunities for development, education and participation; it also emphasizes the need for family support services to prevent separation and avoid entry into the formal care system.

SUSTAINABILITY

Sustainability and quality assurance mechanisms have been embedded in the legal and institutional framework of the reform.

EXPANDED PARTNERSHIP AND ALLIANCES

The success of the reform is due primarily to the coordinated efforts of all parties involved: the Ministry of Education and Science, the Ministry of Internal Affairs (related to Child Protection Referral Procedures), the Ministry of Labour, Health and Social Affairs and its Social Service Agency; local and international civil society organizations (Anti-Violence Network of Georgia, Children of Georgia, EveryChild, First Step Georgia, Public Health Foundation, Save the Children, SOS Children's Villages); and the donor community (European Union, UNICEF and USAID, the United States Agency for International Development).

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The development of the Child Welfare and Protection Action Plan 2012–2015 was led by the Ministry of Labour, Health and Social Affairs with UNICEF's technical expertise. All the main stakeholders helped ensure that shared priorities were met and all activities listed in the Plan achieved the set results. Emphasis was placed on improving families' capacities in order to prevent unnecessary separation. The implementation of the Action Plan offered beneficiaries and their families greater opportunities to live better lives within their families and communities.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The Government of Georgia leads the child-care reform. It dedicates a growing state budget to the process and mobilizes other resources from civil society, businesses and private citizens to achieve the best results for children.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The Child Welfare and Protection Action Plan is a strategic plan entirely funded by the Government to ensure the viability of the child-care reform process. For the transitional or start-up costs of the system's development, the Government relied on donor support (e.g., to enhance the capacity of the professionals involved in service delivery, provide technical support to change the relevant legislation and policies, and cover infrastructure costs).

RELATED LINKS   Child Welfare and Protection Action Plan for 2012-2015 (in Georgian only).
<http://ssa.gov.ge/index.php?sec_id=947&lang_id=GEO>

Social Service Agency.
<http://ssa.gov.ge/index.php?lang_id=ENG&sec_id=1>

REMARKS   The new dynamic injected into the child-care reform in Georgia was positive thanks to the direct support provided by USAID, which substantially contributed to the costs of transferring children from residential to family- and community-based care. However, children living in private institutions, including institutions under the authority of the Orthodox Church, have not yet been considered by the reform. Children with disabilities have not been given sufficient attention either. Further efforts are required to ensure their social integration. An independent review of the children who left institutional care to be reunited with their families or placed in foster care or small group homes should be conducted in order to collect evidence that the system has developed an effective continuum of care in the best interests of children.

MONTENEGRO

The Strategy for the Development of Foster Care
in Montenegro 2012–2016

SUMMARY

A comprehensive approach to developing foster care services through a set of synchronized interventions at policy, institutional and community levels that aims at ensuring the effective implementation of the Strategy for the Development of Foster Care in Montenegro 2012–2016.

PROGRESS AND RESULTS

The Strategy for the Development of Foster Care in Montenegro 2012–2016 was adopted in March 2012 with the following objectives: to promote foster care as the least restrictive form of alternative care; develop a quality protection system for children deprived of parental care; and establish an efficient system for the financing of foster care.

The adoption of the Strategy was followed by the adoption, in 2013, of a new Law on Social and Child Protection, which provides the legal basis for ensuring that children under the age of three are not placed in institutional care and expands available forms of foster care services (e.g., emergency foster care, specialized foster care).

The capacity of social welfare professionals to assess foster carers and match them with the child's needs was also reinforced by a set of systematic capacity-building initiatives organized throughout the country.

A countrywide awareness-raising campaign, improvements in policy and legal frameworks, the standardization of services and systematic capacity-building have led to a notable reduction in the number of children living in the Bijela 'Mladost' home (the country's only institution for children deprived of parental care), from 154 children in 2010 to 97 in May 2014, out of which only six were children under the age of three.

In 2010, only 5 children were living with 5 non-kin foster parents; in May 2014, 21 non-kin foster families were looking after 30 children.[17] The number of children in kinship care has also gradually increased from 264 in 2008 to 320 in May 2014.

The practical implementation of the Strategy was supported by a mass media campaign on foster care, 'Every child needs a family', undertaken in late 2013. According to a knowledge, attitude and practice (KAP) survey conducted after the campaign, the percentage of citizens who disagreed with the statement that placing a child deprived of parental care in an institution was an adequate form of protection increased from 37 per cent in December 2012 to 44 per cent in February 2014.

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17   Data provided by the Ministry of Labour and Social Welfare of Montenegro.

BACKGROUND

A decade ago, Montenegro's child-care system relied heavily on the placement in institutional care of children deprived of parental care. It lacked prevention mechanisms and supportive, family- and community-based child protection services as an alternative to institutional care.

The Ministry of Labour and Social Welfare started the reform of the social and child protection system in the early 2000s. Departing from the piecemeal approach adopted in the first decade of the reform, the Ministry entered a partnership with UNDP and UNICEF in 2010, with financial support from the European Union, to implement a comprehensive reform of the social and child protection system. Reforming the child-care system was a decisive step in view of the underdeveloped gatekeeping mechanisms in place for admission into the care system and the limited alternative care settings available that resulted in over-reliance on institutional care. The reform strategy encompasses policy and legal reform; the reinforcement of the institutional framework; capacity-building of service providers; the expansion of community- and family-based services; and the promotion of attitude and behaviour changes towards social inclusion among the general population.

Consequently, from over 450 children living in institutions across Montenegro and neighbouring countries in 2007, the number gradually decreased to less than 240 at the end of 2013, partly thanks to progress achieved in inclusive education. In recent years, the Government has committed to prioritizing the removal of children under the age of three from institutional care.

While kinship care has always been relatively widespread in Montenegro, non-kin foster care has been greatly underdeveloped. A KAP survey conducted in 2012 showed that, despite the evidence of more than fifty years of scientific research, 58 per cent of Montenegrins believed that placing a child without parental care in an institution was an adequate form of protection. In light of the above results, the development and implementation of the Strategy for the Development of Foster Care in Montenegro was seen as a decisive step in the shift from institutional to family- and community-based care and the adoption of a systematic approach to foster care. The identified need to standardize the provision of kinship and non-kin foster care required both the development of standards and the training of child protection professionals in applying them. Changing the attitudes of the general population towards institutions and foster care was an essential precondition for recruiting additional foster carers.

Concrete steps were taken at the same time for a stronger involvement of the health sector in identifying vulnerable pregnant women and young mothers. To this end, a protocol was developed for increased cooperation between the health, education and social welfare sectors.

PROMISING PRACTICE

In 2011, an interdisciplinary Working Group chaired by the Ministry of Labour and Social Welfare was established to develop the Strategy for the Development of Foster Care in Montenegro. The Government adopted the Strategy in March 2012. A presentation took place in June 2012 to mobilize support for its implementation. The new Law on Social and Child Protection, adopted in 2013, introduced various types of foster care, foster care standards, licensing and improved benefits for foster carers.

Considering the vital role played by front-line social and child protection professionals in the Strategy's implementation, training was organized for professionals working in the Centres for Social Work (CSWs), followed by a training of trainers for professionals from all 10 CSWs across Montenegro.

Following the adoption of the new Law on Social and Child Protection, a massive evidence-based campaign, 'Every child needs a family', was launched in late 2013. CSWs hosted almost 50 creative and interactive open days in all Montenegrin municipalities in order to inform the general public about foster care and attract prospective foster carers.

In line with the Strategy's objectives, the recruitment of foster carers will continue in the future. The quality of service delivery will be improved with the introduction of training for foster carers; the publication of a guide for foster carers; and the provision of enhanced benefits for foster carers. Particular attention will be paid to the development of different types of foster care as envisaged by the new Law on Social and Child Protection.

STRATEGY AND IMPLEMENTATION

The Strategy for the Development of Foster Care included the following aspects:

— Effective sequencing of activities: the development of the Strategy was followed by a revision of the relevant laws and the reinforcement of professionals' capacities. The campaign 'Every child needs a family' was carried out only after the legal framework was in place and professionals had been trained, in order to ensure an adequate response to the increased demand for foster care as a result of the campaign.

— Training enabled CSW professionals to play a pivotal role in the promotion of foster care. CSWs hosted almost 50 open days on foster care, demonstrating an admirable level of dedication, initiative and ownership of the campaign. CSWs are embedded in local communities and, by involving local actors, they attained high levels of local residents' participation in the events. In addition, foster carers and youths formerly in foster care were invited to speak about their personal experiences.

— The campaign was evidence-based and results were monitored through KAP surveys and by tracking: *(i)* the number of people who contacted CSWs to inquire about foster care; *(ii)* those who initiated the procedure to become foster carers; and *(iii)* those who were approved as foster carers and became foster carers.

RELEVANCE

The implementation of the Strategy for the Development of Foster Care is highly relevant to the Montenegrin context of underdeveloped family- and community-based services for children deprived of parental care.

SUSTAINABILITY

The Strategy's adoption and implementation were fully endorsed by the Government as evidenced by the changes in legislation and practice; the results achieved; the ownership of the campaign; and the Government's commitment to strengthening the capacity of the social welfare and child-care systems to expand and oversee the services provided.

EXPANDED PARTNERSHIP AND ALLIANCES

The implementation of the Strategy involved multiple stakeholders at all levels – Government, Parliament, private sector, religious leaders, professionals, media representatives, foster carers and youths formerly in care, children in institutions, civil society, etc.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The Government's ownership and leadership were reinforced at every stage throughout the entire process. All phases of the Strategy's development and implementation were highly participatory. Communities were empowered to promote foster care with close to 50 open days organized in cooperation with local authorities, business companies, prominent artists and individuals, foster carers and youths formerly in care.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

Social, political and financial mobilization were all part of the Strategy's development process and its implementation at all levels. The campaign 'Every child needs a family' was launched by the Prime Minister of Montenegro, the Head of the European Union Delegation and the UNICEF Representative.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

Foster care is a statutory service. Benefits for foster carers are likely to be increased once the bye-law on foster care is adopted. UNICEF provided technical assistance for the development of policy and legal texts; held training sessions; participated in the preparation of the campaign, which was highly cost-effective thanks to contributions from media agencies; and organized open days in local communities using local resources, etc.

RELATED LINK

UNICEF Montenegro's website – media centre.
<www.unicef.org/montenegro/media.html>

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SERBIA

Policy and legal reform: Supporting children's right to live in a family environment

SUMMARY

In 2011, the Government of Serbia adopted a new Social Welfare Law, which prescribed the systematic reform of the social and child welfare system and, among other important provisions, banned the placement of children under the age of three in institutions. The new Law was the direct result of lessons learned from a long-lasting reform process and reflected Government's commitments deriving from the ratification of international child rights instruments. This Law has already contributed to speeding up the reform process and achieving tangible and sustainable results for children.

PROGRESS AND RESULTS

The new Social Welfare Law was the outcome of a clear understanding that a comprehensive reform of the child-care system required the simultaneous action of different sectors of the social welfare, child-care and social protection systems. The new Law addressed the various segments of the social welfare and social protection systems rather than just focusing on child-related areas.

The new Law does not only ban the placement of children under the age of three in institutions but also establishes a regulatory framework for the transformation of residential institutions, the development of community-based family support services and the further strengthening of foster care.

The systematic reform prescribed by the legislation is unfolding, and the new Law has already contributed to achieving sustainable and tangible results for the most marginalized, particularly children.

The total number of children aged 0–17 years in formal care decreased by 66 per cent between 2000 and 2013. At the end of 2013, there were 918 children living in institutions, down from 2,672 in 2000. The most remarkable achievement was the decline in the number of children under the age of three living in institutions. In 2013, only 44 of them were still in formal care (i.e., 88 per cent less than in 2000). These indicators put Serbia among the countries with the lowest institutionalization rate in Europe. Most of the existing institutions meet standards as defined by the new Law (e.g., they have a residential capacity of less than 50), with the exception of five large residential care institutions catering for children with disabilities where the quality of care remains a concern.

Progress regarding the provision of community-based services for families of children with disabilities is also manifest. Although the number of children benefiting from these services is still relatively small, it more than doubled between 2009 (1,247) and 2012 (2,731). At least one community-based service for children with disabilities is now available in around 65 per cent of municipalities. The provision of community-based services is now fully regulated, and the process of licensing service providers has started.

Children 0–17 years in formal care
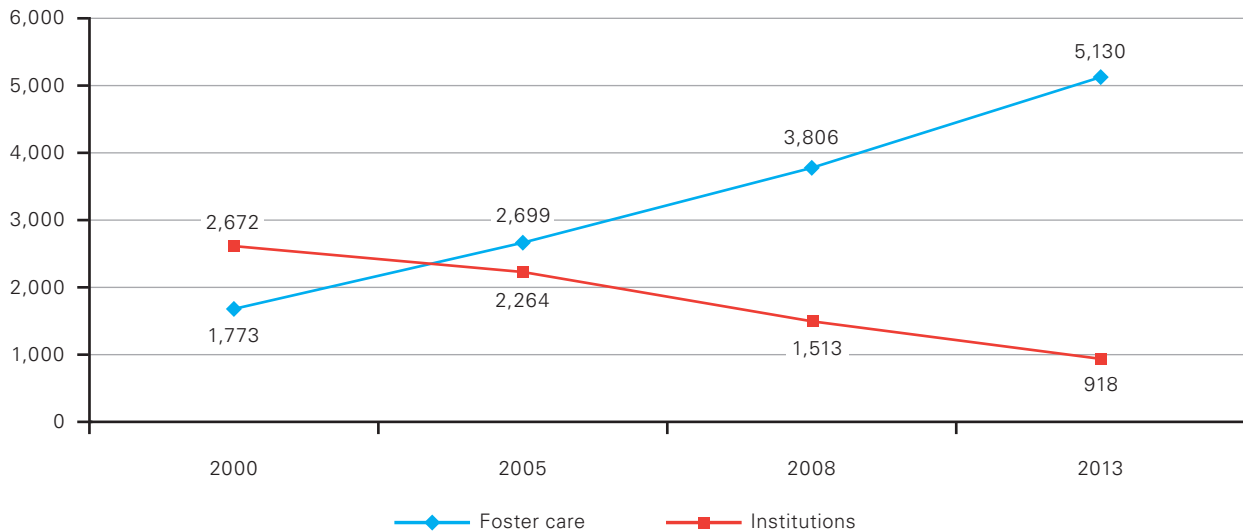
BACKGROUND

Child protection reforms in Serbia started in early 2000. Although the country had a long tradition of foster care, the number of children in institutional care was considerably higher (2,672) than in alternative family placement arrangements (1,773) due to the lack of a supportive policy environment and capacity. Foster care was provided for only 61 out of 425 children under the age of three in state care (15 per cent). There was a common understanding among decision makers and professionals that the existing Social Welfare Law (dated 1991 and amended more than ten times) did not provide a regulatory framework ensuring community support for the most vulnerable groups in a way that promoted their social inclusion.

The first reform initiatives focused on the physical reconstruction of large-scale specialized institutions for children with disabilities and the transformation of selected individual institutions for children deprived of parental care. Attention was also paid to enhancing the capacity of the Centres for Social Work (CSWs) as the key 'operational arm' of the social welfare system in charge of individual care planning. Reform was accelerated even further with the adoption of the Social Welfare Development Strategy in 2005, which emphasized the importance of developing community services and strengthening foster care. It became clear that in order to reduce institutionalization rates in a sustainable manner, the different sectors of the social protection system needed to act simultaneously. All stakeholders recognized that deinstitutionalization could not be seen as an isolated objective. It had to be part of a wider and long-term objective of improving the quality of care for all children, whether in formal care or benefiting from community services, and preventing child/family separation whenever this was in the best interests of the child. The adoption of new laws and regulations was deemed necessary to achieve this long-term aim.

PROMISING PRACTICE

Lessons learned from several reform efforts and projects strongly influenced the development of the new Social Welfare Law, which was drafted under the guidance of the Ministry of Labour, Employment, Veteran and Social Policy and the participation and active contribution of experts and relevant stakeholders.

The legal drafting and adoption of the new Law overlapped with the finalization of the master plan for the transformation of residential institutions, thus creating a momentum for key child-care targets to be integrated into the overall system regulations, such as:

— banning the placement of children under the age of three in institutions;

— limiting the residential capacity of children's homes to 50;

— prioritizing community-based care, family support and family-based alternative care.

The new Social Welfare Law provided the foundation for Serbia's social protection system that comprises CSWs; a network of community-based services; and residential institutions. It regulates:

— the overall financing of the system, including foster care, residential and community-based services, and cash benefits;

— the rights, obligations and responsibilities of professional staff (including professional development);

— the rights and entitlements of beneficiaries;

— earmarked transfers from the national budget to underdeveloped municipalities for the establishment of community-based services;

— the commissioning of local community-based services to service providers (civil society, private, state);

— the quality of services (service standards and mechanisms for licensing professionals and service providers);

— inspection and professional supervision;

— evidence and documentation;

— intersectoral cooperation.

The development and endorsement of several bye-laws, regulations, guides and instructions are currently underway to fully implement the new Law. Attention is given to capacity-building at both national and local levels, particularly regarding the quality of services (service standards, licensing) and the development and commissioning of community-based services, since these are areas where the most substantive innovations have been introduced with immediate practical implications.

STRATEGY AND IMPLEMENTATION

The Strategy is multidimensional. It includes advocacy, coordination, participation and technical expertise.

Initially, the focus was placed on persistent advocacy to mobilize political will at the highest level and ensure a systematic approach to reform. Involvement and partnership were crucial. At a practical level, this required a strong leadership from the Ministry of Labour, Employment, Veteran and Social Policy and the active engagement of professionals and other key actors, such as unions and civil society organizations.

Continual coordination at several levels was essential to build synergy among several processes, such as providing the Ministry with technical support to assess the child protection system, develop a master plan for the system's transformation, assist the working groups who were drafting the new law, etc.

Due to the complexity of the process and the implications of the new system, the commitment and continued support of international partners and donors were particularly important. This support helped the line ministry and the government as a whole to move forward and adopt the new Law, which affects the entire social welfare system and ensures substantive, comprehensive and sustainable changes.

RELEVANCE

The initiative, which addressed the most pressing needs of children in formal care and children at risk of entering care, was in line with the international commitments deriving from the ratification of human rights standards and Serbia's status as candidate country for European Union accession.

SUSTAINABILITY

The new Social Welfare Law primarily regulates the overall social welfare system and the financing of its key elements – from statutory functions to community-based services and cash benefits. It provides a clear division of national and local assignments as well as a mechanism for transferring financial resources from national to local budgets in order to develop community-based services in less developed municipalities and those with institutions undergoing transformation. In this way, sustainability is ensured, not only for nationally funded services but also for community-based services, which are essential to guarantee long-term social inclusion.

EXPANDED PARTNERSHIP AND ALLIANCES

The joint efforts of the tripartite partnership between the Ministry of Labour, Employment, Veteran and Social Policy, the European Union and UNICEF were a good starting point as they articulated the political commitment to change. Considering child-care reform as an integral part of the overall reform process required for the integration into the European Union further facilitated the commitment to the process. The active engagement of civil servants, child-care managers, practitioners, university experts and civil society organizations (especially parents' associations) in policy-shaping processes was decisive in generating sustainable changes at the normative level.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The Ministry of Labour, Employment, Veteran and Social Policy successfully led the reform process, ensuring that unions, staff associations or managers did not regard transformation as a threat to their positions. The extensive participation of experts from academic institutions and institutes, civil servants and NGO representatives was decisive, particularly to shape secondary legislative acts. The whole legislative development process proved to be an excellent vehicle for building ownership and strengthening capacities for strategic planning and cooperation.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The initiative successfully mobilized political actors and professional audiences in favour of social inclusion, thus contributing to the creation of the critical mass needed to sustain reform efforts more efficiently. Human rights-based organizations played a fundamental role in alerting national and international players to the conditions of large residential care institutions for children with disabilities and securing the commitment of government and international actors. Community-level mobilization was supported by complementary donor initiatives, which supported parents' associations and other membership-based local organizations.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The broad partnership established around the child-care reform built on previous initiatives undertaken in related areas, ensuring the cost-effective use of financial resources. All segments of the child-care system are covered by the new Law, which regulates both the general financing of the social welfare system and the new funding mechanisms of community-based services.

RELATED LINK

Ministry of Labour, Employment, Veteran and Social Policy. Social Welfare Law.
<www.minrzs.gov.rs/cir/dokumenti/briga-o-porodici/zakon-o-socijalnoj-zastiti-i-podzakonska-akta>

3 HEALTH-CARE PROGRAMMES SUPPORTING MOTHER AND CHILD WELL-BEING AND BONDING

Most of the children who live in institutions in the CEE/CIS region come from already highly vulnerable groups (HIV-positive mothers, drug-dependent mothers, or single mothers with children born out of wedlock, often exposed to violence, poverty or stigma). They are low-birth-weight infants, have medical problems and/or disabilities and, for this reason, suffer additionally from the lack of a warm and caring family environment.[18]

Today, a large proportion of mothers in CEE/CIS countries are giving birth to babies without having received any antenatal care. This is a major problem among certain subgroups of the population.[19]

While many countries report high coverage of antenatal care and increasing coverage of maternity wards, significant gaps in coverage, equity and quality of care remain between and within countries, including high-income countries.[20]

Maternal stressors, such as depression, socio-economic hardship and intimate partner violence, have been linked to preterm birth.[21] In addition, women with psychosocial stressors have a greater likelihood of engaging in risky behaviours, namely, smoking and alcohol use, and are less likely to seek health care.[22] Risky sexual behaviours also put these women at greater risk of unintended pregnancies and sexually transmitted infections (STIs).[23]

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18 Legrand, J-C., Grover, D., Schwethelm, B., *Institutionalization and Early Childhood Development Perspectives from CEE/CIS*, UNICEF Regional Office for CEE/CIS, forthcoming.

19 UNICEF, *Children under the age of three in formal care in Eastern Europe and Central Asia*, supra, p. 82.

20 World Health Organization, *Born Too Soon, The Global Action Report on Preterm Birth*, WHO, 2012, p. 17.

21 Austin, M. P., Leader, L., 'Maternal stress and obstetric and infant outcomes: epidemiological findings and neuroendocrine mechanisms', *Australian and New Zealand Journal of Obstetrics and Gynaecology*, vol. 40, 2000, pp. 331–337; Coker, A. L., Sanderson, M. and Dong, B., 'Partner violence during pregnancy and risk of adverse pregnancy outcomes', *Paediatric and perinatal epidemiology*, vol. 18, no. 4, 2004, pp. 260–269; Copper, R. L., Goldenberg, R. L., Das, A., Elder, N., Swain, M., Norman, G., Ramsey, R., Cotroneo, P., Collins, B. A. and Johnson, F., 'The preterm prediction study: Maternal stress is associated with spontaneous preterm birth at less than thirty-five weeks' gestation', *American Journal of Obstetrics and Gynecology*, vol. 175, 1996, pp. 1286–1292; Hegarty, K., Gunn, J., Chondros, P. and Small, R., 'Association between depression and abuse by partners of women attending general practice: descriptive, cross sectional survey', *British Medical Journal*, vol. 328, 2004, pp. 621–624; Sharps, P. W., Laughon, K., and Giangrande, S. K., 'Intimate partner violence and the childbearing year', *Trauma, Violence & Abuse*, vol. 8, 2007, pp. 105–16.

22 Schoenborn, C. A., Horm, J., 'Negative moods as correlates of smoking and heavier drinking: implications for health promotion', *Advance Data,* 1, 1993; Zuckerman, B., Amaro, H., Bauchner, H. and Cabral, H., 'Depressive symptoms during pregnancy: relationship to poor health behaviors', *American Journal of Obstetrics and Gynecology,* vol. 160, 1989, p. 1107.

23 Bauer, H. M., Gibson, P., Hernandez, M., Kent, C., Klausner, J., et al., 'Intimate partner violence and high-risk sexual behaviors among female patients with sexually transmitted diseases', *Sexually Transmitted Diseases,* vol. 29, 2002, p. 411; Bonomi, A. E., Thompson, R. S., Anderson, M., Reid, R. J., Carrell, D., et al., 'Intimate partner violence and women's physical, mental, and social functioning', *American Journal of Preventive Medicine,* vol. 30, 2006, pp.458–466; Seth, P., Raiford, J. L., Robinson, L. S., Wingood, G. M., and Diclemente, R. J., 'Intimate partner violence and other partner-related factors: correlates of sexually transmissible infections and risky sexual behaviours among young adult African American women', *Sexual health,* vol. 7, 2010, pp. 25–30.

Research indicates a link between maternal iron deficiency anaemia in early pregnancy and a greater risk of preterm delivery and insufficient maternal folic acid consumption. This can lead to neural tube defects, one cause of preterm deliveries, whose many survivors face a lifetime of disability, including learning disabilities and visual and hearing problems.[24]

As almost 60 per cent of children who live in child-care institutions in the CEE/CIS region are children with disabilities, disability appears to be one of the most prevalent risk factors that, combined with other social risk determinants, leads to child abandonment and relinquishment.

Worldwide, it has been estimated that 16 million adolescent girls aged 15–19 years give birth each year – representing approximately 11 per cent of all births.[25] In the CEE/CIS region, on average, 7 per cent of women aged 15–19 years are already married, ranging from 1 per cent in Bosnia and Herzegovina to 13 per cent in Tajikistan. The intra-country disparities are much bigger: every third Roma woman aged 15–19 years is married.[26] These girls are not physically prepared for pregnancy and childbirth and, without the nutritional reserves necessary, they are at disproportionately greater risk of having premature and low-birth-weight babies.[27] Married and unmarried adolescent girls often lack education, support and access to health care that would allow them make decisions about their reproductive health.[28]

Every baby needs essential newborn care, which is crucial for both mother and baby. All service providers should have the required competencies to care for the mother and her baby, ensuring that they are not separated unnecessarily, and promoting warmth, early and exclusive breastfeeding and a clean environment.[29] The CEE/CIS region has one of the lowest breastfeeding rates in the world: only 30 per cent of infants aged 0–6 months were exclusively breastfed in 2006–2010.[30]

Pregnancy and childbirth are also critical windows of opportunity when a woman can be reached through routine antenatal care and receive at multiple times throughout her pregnancy a range of efficient services that are tailored to her individual risk profile.

In addition, outreach and awareness must not begin at an early stage of pregnancy but in adolescence if they are truly to improve the health of women and newborns and reduce health risks and the potential likelihood of child abandonment.

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25 World Health Organization, Fact file on health inequities, World Conference on Social Determinants of Health, 2012. See also Adolescents: health risks and solutions, Fact sheet No. 345, updated May 2014 and Adolescent pregnancy, fact sheet, at <http://apps.who.int/iris/bitstream/10665/112320/1/WHO_RHR_14.08_eng.pdf?ua=1> accessed 30 March 2015.

26 Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS) conducted between 2008 and 2014 in 14 countries.

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28 WHO, *Born Too Soon, The Global Action Report on Preterm Birth,* supra, p. 35.

29 Ibid., pp. 64–65, and 77.

30 United Nations Children's Fund, *The State of the World's Children 2012,* UNICEF, New York, 2011, p. 95. See <www.unicef.org/sowc2012/pdfs/SOWC-2012-TABLE-2-NUTRITION.pdf> accessed 30 March 2015.

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CROATIA

Fostering mother-child bonding through the Baby-Friendly
Hospital Initiative and expanded programmes

SUMMARY

The Baby-Friendly Hospital Initiative (BFHI), which has been expanded in Croatia, is a global effort by UNICEF and the World Health Organization to implement practices that protect, promote and support breastfeeding. The 'Ten Steps to Successful Breastfeeding' are the foundation of BFHI and summarize the practices necessary to support breastfeeding. They aim to improve mother and child health outcomes and early mother-child bonding. They have proved crucial for the prevention of baby abandonment.

PROGRESS AND RESULTS

Despite the lack of specific research on this topic, there is a general belief among professionals that the implementation of BFHI has significantly contributed to the prevention of baby abandonment.

In addition, a series of studies conducted during the past decade confirmed the positive impact of BFHI on mother-child bonding, which is considered to be essential for the prevention of baby abandonment.

In 2007, a new breastfeeding advocacy programme was launched in Croatia, in collaboration with UNICEF, aimed at implementing BFHI. The programme led to professionals' and local communities' higher awareness about the importance of breastfeeding for the health of mother and baby and early bonding. The evaluation conducted in 2011 showed a 72 per cent increase in breastfeeding rates during the first two months of life. Out of a total of 30 maternity hospitals, 29 gained 'Baby-Friendly Hospital' status.

The programme is highly visible and accepted: 138 breastfeeding support groups are active throughout the country and the number of paediatric clinics, such as the 'Counselling Centres – friends of breastfeeding', is slowly expanding.

The BFHI concept pays particular attention to improving the communication skills of health professionals working with mothers and parents. This was found to be particularly important to prevent the abandonment of children born with a developmental risk, delay or disease. The training package developed by the Ministry of Health on 'How to tell unwanted news' has become an integral part of undergraduate and specialist education of the Faculty of Medicine at the University of Zagreb.

BACKGROUND

At the beginning of the 1990s, trends in breastfeeding rates declined in Croatia and war conditions further contributed to worsening the situation. At the time, all children were separated from their mother immediately after birth and placed in children's rooms. At night, newborns were fed with formula due to staff shortages in maternity wards. In addition, the majority of wards lacked the space or the equipment required to allow a mother and her newborn to remain together. To address this issue, the Government of Croatia, with UNICEF support, launched a breastfeeding advocacy programme in 1993.

Besides numerous studies showing the importance of early mother and child contact to secure attachment, research has also suggested that parent-child bonding can be significantly improved by resorting to suitable communication skills and knowledge. More specifically, training to enhance health professionals' communication skills is a prerequisite for quality medical care and psychological support for parents of children with special health/developmental needs.

PROMISING PRACTICE

BFHI contributes to mother-child bonding through early skin-to-skin contact and breastfeeding in maternity hospitals, and later in the local community with the help of breastfeeding support groups, baby-friendly communities and primary health care offices (Counselling Centres – friends of breastfeeding).

Following the successful training of maternity wards' health professionals, a training package on 'How to tell unwanted news' was developed in 2009/2010. The package, which comprises a manual, presentations and an educational documentary film, 'An Encounter of a Different Type', aims to improve the communication skills of maternity wards' health professionals working with parents of children born with developmental risk, delay or disease, at a time when parental comprehension is essential to prevent child abandonment and reduce anxiety and pain. The programme focuses on providing a positive approach and supporting parents of children with developmental risk/disabilities.

This form of support enables parents to understand better and accept the child's developmental delay/illness; reduces or prevents additional disorders; equips parents with the skills required to provide the child with adequate care; and contributes to the psychological and social adaptation to developmental risk/delay/disease.

The expanded programme that was introduced more recently has helped communities to support actively the increased prevalence of breastfed children. Further orientation and assistance to family and community are ensured through breastfeeding support groups, visiting nurses and paediatric clinics, namely, the Counselling Centres – friends of breastfeeding.

STRATEGY AND IMPLEMENTATION

BFHI implementation in Croatia was carried out at different levels. Under an Agreement on Cooperation between the Croatian Government and UNICEF, breastfeeding promotion activities were incorporated into one of the priority areas of the National Plan of Activities for the Rights and Interests of Children 2006–2012. All professionals working in maternity wards were trained to promote and implement the 'Ten Steps to Successful Breastfeeding'. In addition, professionals from all maternity wards underwent training on how to communicate 'unwanted news' in the case of developmental risks/delays/illnesses.

Cooperation was also established with professional groups and NGOs for expanding activities to breastfeeding support groups and primary health care offices, such as the Counselling Centres – friends of breastfeeding. In addition, the extensive network of community nurses throughout Croatia can reach out to parents and children most in need.

RELEVANCE BFHI has contributed to the public's knowledge and understanding of the importance of skin-to-skin contact and breastfeeding immediately after birth and its positive effects on mother-child bonding and early child development. In Croatia, BFHI has been a priority of core policy documents on health and child rights' promotion for almost two decades.

SUSTAINABILITY BFHI is implemented as an integral component of the mainstream health system. There is an ongoing process towards incorporating BFH standards as one of the criteria for the accreditation of hospitals by the national Agency for Quality and Accreditation in Health Care and Social Welfare.

EXPANDED PARTNERSHIP AND ALLIANCES Besides the partnership entered between the Ministry of Health and UNICEF, BFHI and its expanded programme have enabled cooperation with different professional societies (Croatian Medical Association, Croatian Nurses Association, Croatian Association of Breastfeeding Support Groups, Croatian Paediatric Society, Croatian Society for Preventive and Social Paediatrics, etc.), institutions (Croatian Institute for Health Insurance, Croatian National Institute of Public Health, etc.), NGOs (RODA, IZVOR, etc.), as well as city and municipality officials.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT BFHI is a priority programme of the Ministry of Health, which has shown a great sense of ownership in securing its implementation. The programme is operational throughout the entire country. It implies the active participation of newborns' mothers and parents and aims at empowering them to take on their new parenting role.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION AND COST-EFFICIENCY/FINANCIAL SUSTAINABILITY BFHI and the breastfeeding advocacy programme are financially sustainable. They are funded on a regular basis as an integral component of the mainstream health system.

RELATED LINKS UNICEF, The Baby-Friendly Hospital Initiative.
<www.unicef.org/programme/breastfeeding/baby.htm>
<www.unicef.hr/show.jsp?page=159359>

WHO, The Baby-Friendly Hospital Initiative.
<www.who.int/nutrition/topics/bfhi/en>

REMARKS With its expanded programme and its high visibility in Croatia, BFHI has increasingly taken a social dimension. It creates a new culture of breastfeeding and provides an overall understanding of its importance for early bonding and positive child development. By reinforcing mother-baby bonding, it has contributed to preventing baby abandonment.

REPUBLIC OF MOLDOVA

Reduction of spina bifida cases and a systemic approach to the prevention of child abandonment – starting with pregnancy

SUMMARY

As part of its overall health reform process, the Republic of Moldova has focused on reconceptualizing mother
and child health care (MCHCare) services to adopt family-focused/family-centred antenatal care as an essential
element of care that strengthens mother-infant-father relationship. Efforts to reinforce the health system (developing
MCHCare standards and protocols; including antenatal, perinatal and postnatal care as well as iron and folic acid
supplementation into the basic package of services; building the capacity of professionals providing perinatal care)
have been complemented by family education practices.

PROGRESS AND RESULTS

The results of the 'family-focused antenatal care' initiative include improved perinatal and family outcomes; decreased
incidence of spina bifida; improved preparation of pregnant women and their families for childbirth; and reduced
numbers of children abandoned in medical institutions. The implementation of the new standards positively impacts
childbirth and strengthens the emotional bond between mother and baby.

In accordance with data from the National Centre for Health Management, which regularly monitors child abandonment
trends, the number of children abandoned in health institutions decreased from 157 children in 2002 to 14 children in
2012, i.e., the rate of abandonment dropped from 4.4 per cent in 2002 to 0.4 per cent in 2012.[31]

During the period 2001–2012, the proportion of early registrations of pregnancy (i.e., before 12 weeks) increased from
51.2 per cent to 78.2 per cent; the number of visits to the family doctor during pregnancy (6 to 9 visits according to
the standards) rose from 44.3 per cent in 2001 to 75.2 per cent in 2008; the share of women who attended antenatal
classes grew by 50 per cent.

In 2008, 95.2 per cent of women reported that they were recommended to take iron supplements and 80.4 per cent
to take folic acid supplements; 73 per cent received information about healthy nutrition during pregnancy and early
recognition of the signs of potential danger.

Between 2001 and 2008, the share of pregnant women who took folic acid rose to 50 per cent. The incidence of
spina bifida declined from 3.7/1,000 live births in 2003 to 1.4/1,000 live births in 2009.

In addition, the infant mortality rate diminished from 21.2/1,000 live births in 1995 to 9.5/1,000 in 2013.

As MCHCare services are included in the Basic Benefits Package (BBP) and covered by the mandatory health
insurance, children and pregnant women get free access to essential health services and, since 2004, pregnant
women have free access to folic acid supplements.

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31   Abandonment rate: the number of children abandoned per 1,000 live births.

BACKGROUND

Since Moldova's independence, the economic and political transition has been reflected in the social situation of the country and the health status of the population, especially mothers and children. Outdated health technologies and reduced financial protection influenced both access to, and quality of, health services and resulted in high maternal mortality ratios (48.3 deaths of women from pregnancy-related causes per 100,000 live births in 1997) and high infant mortality rates (19.8 per 1,000 live births in 1997). In 2003, the incidence of spina bifida in the Republic of Moldova (3.7 per 1,000 live births) was higher than the average worldwide rate. Folic acid deficiency during pregnancy is the most significant risk factor for spina bifida, which is one of the most common birth defects worldwide and leads to child disability.

Changes specific to the transition period also influenced certain aspects of the child and family protection system. The Republic of Moldova had the highest proportion in the region of children not living with their mother and/or father as a consequence of poverty, migration and a weak social welfare system. A total of 62.6 per cent of child abandonment cases were registered in maternity and paediatric wards. Collaboration between medical institutions and local child protection services to prevent and lower the risk of child abandonment was inefficient. The study on child abandonment undertaken by UNICEF in 2006[32] was the first to assess the situation. It disclosed shocking figures: at least one child aged 0–7 years was abandoned daily. The majority of these children were left in medical institutions (maternities and hospitals for children). With this situation in mind, UNICEF Georgia assisted the Government in strengthening families' and pregnant women's access to quality MCHCare services and providing family education, empowerment and support through cross-sectoral work between the health and child protection services.

PROMISING PRACTICE

The health reform process required significant changes in the provision of antenatal care. UNICEF helped the Ministry of Health to develop antenatal care standards and protocols based on the World Health Organization's global recommendations and build the capacity of primary health-care professionals to apply the new standards. These standards were included in the Basic Benefits Package (BBP) and covered by the mandatory health insurance. In addition, UNICEF successfully advocated the provision of folic acid supplements to pregnant women under the health insurance scheme, as research proves that dietary supplementation with folic acid during pregnancy can reduce the incidence of spina bifida by around 70 per cent.

The family education component of MCHCare improved pregnant women's preparation for childbirth and created a positive family environment during pregnancy and delivery. Home visits are also used to identify pregnant women who are likely to abandon their child. In such cases, the woman is referred to an interdisciplinary team to receive the support she needs.

Family education includes four mandatory classes on 'psycho-emotional preparation of the pregnant woman and her family during pregnancy' organized by the primary health care services (PHC); home visits during pregnancy and after childbirth; national communication campaigns focusing on the recognition of danger signs during pregnancy, the benefits of breastfeeding for child health and development, and the importance of eating a healthy diet and taking folic acid supplements during pregnancy. The same messages are transmitted during home visits.

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32   Government of the Republic of Moldova and United Nations Children's Fund, *Child Abandonment in the Republic of Moldova*, UNICEF, Chisinau, 2006.

STRATEGY AND IMPLEMENTATION

UNICEF helped the Ministry of Health to develop its major policy documents, namely, the National Perinatal Care Programme and the clinical protocols and standards for antenatal, obstetrical and postnatal care. The capacity of health professionals to provide better quality antenatal care services based on approved standards and practices was reinforced.

UNICEF also provided technical assistance to develop and cost the Basic Benefits Package (BBP) for primary health care (PHC). The results of the BBP costing exercise were used by the Ministry of Health to obtain an increased allocation for PHC from the National Health Insurance Company. UNICEF also successfully promoted the full coverage of a number of drugs and supplements for pregnant women and children under the age of five.

There was a significant shift in focus from supply to demand. Family-oriented interventions were implemented using Communication for Development (C4D) strategies. Apart from the psycho-emotional preparation for childbirth, all pregnant women receive the 'Medical Perinatal Card' at their first antenatal visit. This card informs them and their family about examination standards, consultations and antenatal interventions and provides an educational message for mothers and families.

The public communication campaign 'For a beautiful and healthy baby' was implemented nationwide to encourage pregnant women to: visit the doctor in the first weeks of pregnancy; take folic acid supplements before and during the first weeks of pregnancy; take iron supplements for at least two months during pregnancy; and contact a doctor if danger signs appear. Local public administrations (mayors, community leaders, church workers, professors) were also mobilized and involved in the campaign, ensuring that pregnant women are supported at the community level.

RELEVANCE

Programme interventions were directed towards mitigating high child mortality rates, poor quality MCHCare services, insufficient financial protection of the population, and high rates of child abandonment in maternity wards and hospitals. The provision of folic acid supplements contributed to lowering the incidence of spina bifida, thus preventing child disability and, consequently, child abandonment.

SUSTAINABILITY

Antenatal interventions, including the supply of folic acid supplements, are part of the Basic Benefits Package (BBP) covered by the health insurance. All training modules belong to pre-service and post-service medical curricula.

EXPANDED PARTNERSHIP AND ALLIANCES

The success of the antenatal programme is the result of a broad partnership between the Government of Moldova, United Nations agencies (UNICEF and WHO), bilateral donors, professional associations, the Centers for Disease Control in Atlanta, and the National Health Insurance Company.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The antenatal programme was implemented under the guidance of the Ministry of Health and the Perinatal Care Association. Community empowerment was achieved with UNICEF support through a series of national campaigns among pregnant women and their families.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

MCHCare was set as one of the priority areas in the reform process, and the antenatal programme was part of an ongoing reform programme. The flexibility of the UNICEF Country Programme, at the end of the 1990s, which allowed for innovative engagement in MCHCare, combined with a strong local champion at the head of the Perinatal Care Association, led to the successful implementation of the programme. UNICEF assisted the Government in developing and costing the Basic Benefits Package available under the mandatory health insurance, ensuring that pregnant women and their children have free access to essential health services (antenatal care, obstetrical services and neonatal care).

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The antenatal programme was based on the World Health Organization's cost-effective global recommendations. In order to achieve financial sustainability, the services were costed, and the results used by the Health Insurance Company for contracting service providers. This ensured the financial coverage of the interventions. Folic acid is a fully compensated drug under the mandatory health insurance scheme. For this reason, pregnant women who are officially registered with a family doctor have free access to folic acid supplements during pregnancy.

RELATED LINKS

Government of the Republic of Moldova and United Nations Children's Fund, *Child Abandonment in the Republic of Moldova,* UNICEF, Chisinau, 2006.
<www.cnms.md/en/rapoarte>

Cooperation between the Ministry of Health and the Ministry of Labour, Social Protection and Family in preventing infant mortality and child institutionalization (presentation at the Sofia interministerial Conference).
<www.crin.org/docs/06-5_Moldova_presentation_20.11.2012_EN.pdf>

Evans, Peter, *Implementation of the national strategy and action plan for the reform of the residential childcare system in Moldova 2007-2012*: *Evaluation report.*
<http://resourcecentre.savethechildren.se/library/implementation-national-strategy-and-action-plan-reform-residential-childcare-system-moldova>
<www.bettercarenetwork.org/BCN/details.asp?id=32211&themeID=1002&topicID=1017>

National Bureau of Statistics of the Republic of Moldova, *Children of Moldova,* Chisinau, 2012.
<www.statistica.md/public/files/publicatii_electronice/Copiii_Moldovei/Copiii_Moldovei_ed_2012.pdf>

UKRAINE

An integrated care model for supporting HIV-positive
and drug-dependent pregnant women to keep their children

SUMMARY

The integrated care model (ICM)[33] was initiated in 2011 to provide integrated medical and social services to drug-dependent pregnant women and their children. The model focuses on the prevention of mother-to-child transmission (PMTCT) of HIV and strives to avoid separating children from women who are dependent on drugs. The initiative reaches out to women who are unable or unwilling to use mainstream maternity services during pregnancy and whose children are at risk of being taken into state care after delivery.

PROGRESS AND RESULTS

Within two years (2012–2013), Centres for the Integrated Care of Pregnant Women (CICPs) were established in maternity hospitals of four cities. Services were provided to 185 pregnant women, of which 98 were HIV-positive and 40 were opioid injecting drug users who received opioid substitution therapy (OST). So far, no case of HIV infection has been confirmed among the children born from the women who benefited from these services. Also, all of these children live with their biological families.

The initiative reached out to women who did not trust state services. Initially, they benefited from community services through local civil society groups, which made it easier to reach women before or at the early stages of pregnancy. In some sites, where the NGO social workers are former drug users, improved outreach and better uptake was registered (from 48 pregnant women in 2012 to 148 in 2013).

The model was initially piloted in three cities (Kiev, Dnipropetrovsk and Poltava) in July 2011. An external assessment carried out in 2012 found that ICM was a promising practice worth scaling up.[34] It was subsequently expanded to the city of Krivoi Rog in Dnipropetrovsk Oblast in 2013.

The principles of integrated care and treatment for drug-dependent pregnant women were incorporated into national policy mechanisms, e.g., the State's 'Concept of the National Targeted Social Programme of Counteraction to HIV/AIDS' approved by the Cabinet of Ministers in May 2013. The Concept focuses strongly on PMTCT and an integrated approach to medical and social care for HIV-positive drug users, including pregnant women. The inclusion of ICM into the newly approved five-year National AIDS Programme for 2014–2018 also demonstrates the Government's commitment to achieving its strategic goals, including PMTCT.

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33 The implementing project partner is the William J. Clinton Foundation in Ukraine.

34 United Nations Children's Fund, PMTCT and improving neonatal outcomes among drug-dependent pregnant women and children born to them in three cities of Ukraine. Assessment of the Pilot Project. Final Report, UNICEF Ukraine, 2012. See <www.unicef.org/evaldatabase/files/PMTCT_project_Evaluation_Report__UKRAINE_Eng.pdf> accessed 30 March 2015.

BACKGROUND

HIV prevalence among pregnant women in Ukraine is the highest in Europe, comprising around one fifth to one quarter of new HIV infections each year. In 2012, more than 5,000 pregnancies were registered among HIV-positive women.[35] Improvements in PMTCT coverage mask the particular vulnerability of women who inject drugs and their children. Almost 30 per cent of HIV-positive pregnant women are thought to currently or formerly inject drugs. In 2012, one in five pregnant women who were drug dependent did not receive any antiretroviral therapy, even though half of these women knew their HIV status before pregnancy.[36]

Despite progress in Ukraine's PMTCT response, the hardest-to-reach populations, particularly marginalized pregnant women, are still facing barriers. While the PMTCT rate decreased significantly between 2000 and 2011 (from 27 per cent to 4.5 per cent), HIV transmission from mother to child showed that it was drug-dependent pregnant women who were preventing the total elimination of transmission.

Drug-dependent pregnant women require a number of services. In addition, pregnant women who use drugs often receive antenatal care only towards the end of their pregnancy or attend a clinic for the first time at delivery. These women are not enrolled in HIV treatment early enough to reduce HIV transmission to their infants. The rates of HIV transmission from mother to child are twice as high amongst women who use drugs compared to the national transmission rates – 11 per cent compared to 4.5 per cent.[37]

Addressing the health and social needs of women who use drugs, and their children, requires reliable referral and coordination mechanisms between various service providers, including maternal and child health, addiction and HIV health-care services, state social services and family outreach services usually provided by civil society organizations.

PROMISING PRACTICE

Initially, ICM focused on its medical component, offering integrated medical services for women. It was only at the second stage of its implementation that ICM started providing social services as well. In the beginning, ICM relied primarily on NGO social workers to accompany beneficiaries and assist in finding ways to resolve social problems. The initial results, however, prompted the Government to outsource social services to NGOs and to widen the range of services progressively. The first positive results encouraged local authorities to finance additional services in order to satisfy the unmet social needs of target beneficiaries. In 2013, ICM was replicated in other cities. The participation of NGO service providers was particularly important because the most socially vulnerable and marginalized populations often prefer to use NGO services rather than state social services.

Integrated services for drug-dependent pregnant women have now been established in Centres for the Integrated Care of Pregnant Women (CICPs)[38] in maternity hospitals, providing a range of medical and psychosocial services under 'one roof'. They offer antenatal care, HIV testing and counselling, antiretroviral therapy, care during childbirth, postnatal care, treatment for newborn withdrawal syndrome, opioid substitution therapy (OST), psychosocial counselling and social support to families. Both state and civil society organizations are involved in service delivery. The CICPs deliver initial care to address HIV health needs and provide drug-dependency support, harm minimization

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35   Ministry of Health of Ukraine, HIV infection in Ukraine, Information Bulletin no. 39, 2012.

36   Thorne, C., Reduction of HIV mother-to-child transmission risks among pregnant women using injecting drugs in Ukraine, Centre of Paediatric Epidemiology and Biostatistics, UCL Institute of Child Health, University College London, February 2013.

37   Ministry of Health of Ukraine, Ukrainian Centre for Disease Control, HIV infection in Ukraine, Information Bulletin no. 41, 2014. See <http://ucdc.gov.ua/uk/statystyka/profilaktyka/ppmd> accessed 30 March 2015.

38   This integrated approach has been developed because, typically, in non-project sites, each type of health care is provided by a separate doctor in a separate site, often geographically apart. This means that a pregnant women may see separate doctors to treat chlamydia, syphilis or HIV, yet another doctor for antenatal care and yet another for drug dependency.

or reduction services, while establishing and reinforcing links with other social service providers to enhance parenting capacities and reduce child abandonment. These multidisciplinary teams bridge health care and social services, enabling timely information exchange about clients and ensuring continuity of treatment, care and support services for drug-dependent women and their children. Finally, working with civil society groups who undertake street outreach work within drug treatment programmes has made it easier to reach women before or at the early stages of pregnancy.

STRATEGY AND IMPLEMENTATION

These are the steps followed in establishing integrated care responses:

1. **Targeted advocacy and communication with health authorities** to convince decision makers of the need to reach HIV-positive and drug-dependent women individually, by highlighting existing barriers. National events and smaller meetings brought together key HIV and maternal health care and social care providers to determine the scale and nature of the problem. The key message was that injecting drug use, HIV and pregnancy are interlinked and must be addressed together to eliminate paediatric HIV. Decision makers in target regions participated in the planning of ICM. A multisectoral planning and coordination group was formed comprising the Ministry of Health, local (oblast-level) health authorities, medical workers and NGOs.

2. **Intersectoral approach in capacity-building of selected government and civil society service providers** at national and provincial levels delivering services for drug-dependent pregnant women. Service providers – social workers (mainly from HIV-service NGOs) and medical professionals (obstetricians, gynaecologists, neonatologists and drug-dependence treatment professionals) – were trained in a range of skills, including drug-dependency management during pregnancy; antenatal and postnatal care; treatment for infants of drug-dependent mothers; and social support for mothers and children to prevent abandonment. The training of medical and social workers focused on changing attitudes that create barriers impeding women from accessing services or lead to direct or covert pressure on women to relinquish their children.

RELEVANCE

ICM advocates and facilitates the implementation of the national HIV/AIDS strategy, contributes to PMTCT and ensures quality MCHCare and the provision of social services to the target beneficiaries.

SUSTAINABILITY

The incorporation of ICM into major government strategies and HIV/AIDS programmes secures its sustainability. However, work is still required to establish laws that regulate the basic package of integrated care services and guarantee appropriate (i.e., non-stigmatizing) structure, staffing, functions, care pathways and treatment guidelines and protocols.

EXPANDED PARTNERSHIP AND ALLIANCES

ICM first focused on medical services' integration and, subsequently, expanded to social services. The partnership with local authorities encouraged the Government to outsource social services to NGOs and to widen the range of services progressively.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

A key objective of ICM is to empower drug-dependent pregnant women and young mothers to get the support they need to care for their children and be active in society. In addition, women participating in the programme have become powerful instruments to reach out and encourage other women to visit the integrated care sites.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

Active involvement of local and national government partners led to the incorporation of integrated care principles into the National AIDS Programme. These factors reflect ICM's ability to mobilize political and financial support and evidence the Government's commitment to achieving its strategic goals, including the elimination of mother-to-child transmission of HIV in the next few years.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

ICM requires additional funding. Its cost was calculated in 2013, allowing the Government to estimate the funds required to scale up the model nationwide and eliminate mother-to-child transmission of HIV in the next few years.

RELATED LINK

Socio-demographic and health determinants of HIV transmission from mother to child in Ukraine, annotated report, UNICEF, Kyiv, 2013.
<www.unicef.org/ukraine/ukr/Determinanty_block.pdf>

REMARKS

One lesson learned is that the model must be expanded and strengthened not only among pregnant women who use drugs but also among their partners and family members in order to combat stigma, increase access to drug treatment programmes for male partners and address important issues, such as violence and abuse against women. Continuity of care for children born to drug-dependent women requires a proactive link between women's health-care staff and paediatricians who treat children born to drug-dependent pregnant women. Further collaboration could increase the use of preventative care and information services, such as family planning, safe pregnancy, breastfeeding and newborn care.

4 OUTREACH SERVICES TARGETING THE MOST EXCLUDED

Primary health care and social services are unequally distributed in CEE/CIS countries, *de facto* depriving certain populations (mostly rural) and vulnerable and discriminated groups from the support they require and early identification of at-risk women.

Research shows that low-income families, particularly those in remote rural areas or caring for children with disabilities, are at highest risk of family separation. Other high-risk groups include single mothers, very young mothers, ethnic minority Roma families and migrant families.[39]

Social workers do not systematically and proactively contact, visit and inform vulnerable families of the assistance or services available to them.[40]

In some countries, the inclusion of community nurses (as part of community-based services) proved highly successful and became a priority within sectoral development plans. However, despite some positive examples, home visitation through a patronage nurse system does not appear to be a prime concern within current efforts to reform childcare in the region. This type of intervention traditionally formed part of the public health-care system, but existing schemes remain underfunded, and outreach nurses and social workers are poorly trained and supported.[41]

Nowadays, it is increasingly recognized that home visitation services represent a unique opportunity to reach the most vulnerable; identify not only health but also social poverty as well as child protection risks (violence, abuse, neglect); and provide parents or prospective parents with integrated health and social welfare support, referral to services, counselling and information.

Social workers and patronage/home visitation nurses represent a 'circle of solidarity' that can provide support to vulnerable mothers and families. They hold the potential of being the 'go-between' persons reflecting mothers' perspectives, voices and considerations upward to the system (e.g., need for housing and heating to prevent abandonment) as well as being the 'go-to' persons where mothers/families can access support without fear of stigma, retribution or blame.

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39   UNICEF, *Children under the age of three in formal care in Eastern Europe and Central Asia*, supra, p. 81.

40   UNICEF INSIGHTS, Issue 1/2012, supra, p. 8.

41   UNICEF, *Children under the age of three in formal care in Eastern Europe and Central Asia*, supra, p. 129.

Based on research suggesting that Roma families may be more at risk of abandoning their children than other population groups (Bilson and Markova, 2007), some countries have developed projects to support and address risk in Roma families. These services tend to be community-based and geared towards identifying Roma families at risk of abandoning their children. They also intend to educate these communities about the consequences of child abandonment. Once the risk is identified, work is carried out with the families to support them and address any risk factors that may lead to child abandonment. Alongside the work outlined above, many of these services also help Roma families to get their children back from institutional care. Among the methods of prevention, there are good social services networks that can provide a community outreach service to help families with problems.[42]

Overall, community-based outreach services should seek to address problems and risk factors in relation to child abandonment within the community and the homes of families in need. The Compendium includes practices relying on integrated multisectoral approaches in an attempt to facilitate equal access to basic services through the development of outreach social work, case management practices and integrated home visitation services, prioritizing access to family support services for the most vulnerable.

42 The University of Nottingham, UK, with financial support from the European Commission's Daphne Programme, *Child Abandonment and its Prevention in Europe,* Nottingham, January 2012, pp. 58 and 175. See also Bilson, A., Markova, G., 'But you should see their families: preventing child abandonment and promoting social inclusion in countries in transition', *Social Work and Social Sciences Review,* vol. 12, no. 3, 2007, pp. 57–78.

BELARUS

Preventing family separation through the SafeCare Home
Visitation Programme

SUMMARY

SafeCare is a home visitation programme, which implements an outreach, evidence-based, training curriculum for parents who have been reported for child maltreatment or whose children are considered to be at risk of maltreatment.

PROGRESS AND RESULTS

The SafeCare Home Visitation Programme for families with children at risk under the age of three imparts positive benefits to families by improving parenting practices, the quality of children's home environment and children's development.

The initiative reinforces families' and communities' capacity to prevent abandonment and maltreatment of young children and improves timely detection of children at risk.

The SafeCare Home Visitation Programme has become an effective community response to the situation of increasing violence and abuse recorded in four communities and has contributed to sustaining a zero level of placement in institutional care through outreach, early detection of at-risk families and access to appropriate community-based services.

About 75 per cent of the trained home visitors have applied their new skills and piloted structured home visitation services for at-risk families in nine communities (Minsk, Borisov, Grodno, Chausy, Rogachev, Soligorsk, Orsha, Zhodino, and Vitebsk) in partnership with the local social-pedagogical centres.

The specialists who visited families at pilot sites have reported that 65 per cent of the participating families managed to improve their parenting skills, thus reducing high levels of risk of child abuse and neglect to medium and low levels. As a result, it was possible to remove these families from the supervision of the child protection system, maintaining families intact.

BACKGROUND

Belarus is facing the challenges of increasing maltreatment of young children. Accidents are ranked as the second leading cause of death among children – mainly avoidable accidents like drowning, burning, falls and poisoning. According to data from the Ministry of Health, there has been a 21 per cent rise in child morbidity due to external reasons in the last decade. Child abuse and neglect are the main causes for removing children from their families and placing them in institutional care. The Government has responded within the framework of Decree No. 18 of 24 November 2006 'on supplementary measures for affording state protection in dysfunctional families'. However, the child protection system fails to deliver consistent and lasting services to families at risk. Services targeted at parents of children under the age of three are not sufficiently developed, coordinated or integrated into the child protection system. The most vulnerable groups of parents – adolescent mothers, single mothers, families exposed to

poverty – are poorly served by care and social services until their children are enrolled in state preschools at ages 3–4. Responsibility for supervising the 0–3 age group has been delegated to health services. However, because of the critical shortage of paediatricians and their unawareness of effective prevention techniques, the main focus has been placed on the provision of medical treatment on demand. In addition, the blame approach, which is still common in working with at-risk families, discourages cooperation and incites families in need to become passive recipients of services. The most vulnerable groups of parents are adolescent mothers, care leavers and single parents.

PROMISING PRACTICE

In 2012, ChildFund Belarus pioneered SafeCare, a home visitation programme aimed at demonstrating how support, education and parenting skills can have a positive impact on keeping children in a safe family environment. Trained child protection professionals from community-based child protection agencies, health-care units and NGOs work together with at-risk families in their own homes to improve parents' skills in several domains. Due to the limited state funding available, volunteers are recruited from local communities and trained by state social welfare agencies to meet the demand for qualified specialists. The model, which seeks to develop practical parenting skills, comprises three modules – Health Module; Home Safety Module; and Parent/Child Interactions Module.

All three modules involve baseline assessment, intervention (training) and follow-up assessments to monitor change. Home visitors supervise parenting knowledge and skills for each module by using a set of observation checklists. Each module is followed by a social validation questionnaire to assess parents' enhanced knowledge of specific child development issues. Home visitors work with parents until they meet a set of skills-based criteria that are established for each module. Parents are educated about home safety and organization skills, child health and nutrition management, and parent-child interaction skills. SafeCare home visitors usually provide 18 to 20 weeks of trainings to parents via weekly home visits lasting one to two hours.

The initiative was supported by a USAID-funded project 'Orphans and Vulnerable Children' focusing on deinstitutionalization and development of community-based services.

STRATEGY AND IMPLEMENTATION

The objective of the Home Visitation Programme is to strengthen the capacity of local state institutions (community-based child welfare agencies, health-care units) to deliver home-based services through training and follow-up support and activities. The network of child welfare, health and other specialists who apply the methodology is supported by volunteers to reinforce the initiative's effectiveness. In this way, it is possible to reach out to all the families requiring assistance in their communities despite the limited human and financial capacity of the social care system.

Professionals from community-based child welfare agencies (social-pedagogical centres), health-care units and NGOs have been trained as home visitors by international experts from the United States and, in partnership with the local social-pedagogical centres, the programme was piloted by the first group of trained home visitors. Service providers and parents are trained using a general seven-step format:

1. Describe desired target behaviours.
2. Explain the rationale or reason for each behaviour.
3. Model each behaviour by demonstrating it.
4. Ask the parent to practise the behaviour.
5. Provide positive feedback.
6. Provide constructive feedback, point out aspects of performance needing improvement.
7. Review parents' performance, have them practise areas that need improvement, and set goals for the following week.

ChildFund Belarus has also trained a group of 16 national trainers on the SafeCare methodology, which will be instrumental in further replications of the programme and the preparation of new cohorts of home visitors.

Volunteers receive training from the state agencies' trainers and represent an important resource for workforce development and overall community mobilization.

RELEVANCE

The Home Visitation Programme is of high relevance to Belarus as its preventive effect responds to the needs of abused and neglected children and provides specific support to families and children at risk. The programme is in line with the national priorities defined in the Presidential Decree No. 18 and the National Demographic Security Programme.

SUSTAINABILITY

The programme was designed to have a long-term impact by involving multiple state actors and sharing costs with local communities. All the materials intended for parents and specialists are now translated into the local language and adapted to local legislation and regulations. As the initial training was provided to representatives of statutory agencies, the programme tools and methodologies were incorporated into the official child welfare system, thus enabling its replication without additional funding or new structures. The national trainers' team, which comprised staff from existing state services, spread the SafeCare approach among local child protection specialists independently.

EXPANDED PARTNERSHIP AND ALLIANCES

The programme encouraged and supported working partnerships with regional Departments of Education and social-pedagogical centres (responsible for child protection). Professionals of the pilot communities strengthened their links by sharing their experiences and challenges. The programme also facilitated the partnership between local health services responsible for the supervision of children under the age of three and child welfare services, by coordinating their respective efforts to deliver home visitation as early as possible, often as early as pregnancy. NGOs also found their niche in the professional network of home visitors; they used the SafeCare model to address the needs of particular groups, mainly young mothers, youths leaving institutional care without any parenting experience and HIV-positive mothers. All these efforts benefited from the overarching support of the Ministry of Education and USAID Belarus.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The programme encouraged the involvement of specialists at different levels and in various sectors (social-pedagogical centres, kindergartens, health clinics) as they jointly developed communities' capacity to support their most vulnerable members. Community ownership of the challenges met and the services provided increased as volunteers were recruited and trained to deliver a professional service.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

Programme implementation was supported by local communities and volunteers, and financed by local budgets.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The experience gained since 2012 suggests that home visiting can be a beneficial and cost-effective strategy for providing prevention services to families and children. The Home Visitation Programme is primarily delivered by practitioners of the state child welfare system. The expenditure is financed through local budgets, as the service is part of practitioners' routine job responsibilities.

RELATED LINK

Parenting Research Centre. SafeCare: preventing child abuse and neglect. **<www.parentingrc.org.au/index.php/sharing-knowledge/program-implementation/safecare-preventing-child-abuse-and-neglect>**

REMARKS

Over 60 international research studies have been conducted to develop and validate SafeCare or extensions of SafeCare. In terms of child maltreatment outcomes, Lutzker and colleagues (2002) compared families receiving SafeCare services to families getting standard family preservation services in California. They found that SafeCare families were significantly less likely to experience recurrence of child maltreatment (15 per cent over three years) compared to services-as-usual families (44 per cent over three years). This means that there was a 75 per cent reduction in future reports to child protective services for maltreatment in families participating in SafeCare. The programme could serve as a useful preventative measure because it establishes practices that focus on the most vulnerable groups, including children under the age of three, and contributes to stopping the stream of at-risk children in need of alternative family care.

BULGARIA

Family Centres: Outreach services to prevent family separation and improve early childhood development in the most marginalized communities

SUMMARY

'A family for every child' is a demonstration project that was launched by UNICEF Bulgaria in partnership with national and local authorities in 2010. The project aims to reduce young children's separation from their family, improve child development outcomes in the region of Shumen and inform national policies. A network of family support services comprising three Family Centres has been established in the region to fill the gap of primary prevention services, facilitate access of the most vulnerable to mainstream public services, raise parental capacities and change harmful practices, thus contributing to the prevention of family separation and child abandonment and neglect.

PROGRESS AND RESULTS

The approach, which has successfully built on local communities' strengths, is proactive and provides comprehensive outreach support to address the complex needs of the most marginalized families. The three Family Centres established in the region of Shumen have succeeded in reaching the most vulnerable and marginalized families as well as groups and ethnic communities living in extreme poverty and isolation. During the years 2011 to 2013, the Centres' outreach services achieved significant results:

— 2,559 families from disadvantaged communities were identified and given access to services;

— family separation was prevented in the case of 103 children;

— the placement of children under the age of three in the regional Infant Home was drastically reduced through partnership with other services: from 107 children in October 2010 to 10 by the end of December 2013. The few children still in institutional care are children with severe disabilities;

— 250 unregistered pregnant women, excluded from the health system, were identified and assisted during pregnancy, childbirth and the postnatal period;

— 249 women with a previous history of child abandonment received adequate support for family planning;

— 150 small children were enrolled in kindergarten; 140 children at risk of dropping out of education were reintegrated into school; and 174 young children received the compulsory vaccinations they had missed.

Over 90 per cent of the 2,559 families with children at risk had never before accessed existing social services. The Family Centres succeeded in improving parental care for babies and introducing early childhood development practices to the most vulnerable mothers and families in Roma communities.

BACKGROUND

Bulgaria has the highest rate of children under the age of three in residential care in the CEE/CIS region due to poverty, social norms and practices, and lack of access to services. Although the majority of children are benefiting from the country's economic development, the gap is widening for the most disadvantaged – the poorest Roma families, children in institutional care and children with disabilities. Despite the progress achieved in developing

community-based services, very few of them target the most marginalized communities or apply an outreach, needs-based approach.

Shumen is a region with mixed ethnic composition and higher than average rates of infant mortality and placement of infants in institutional care. More than 15 per cent of the pregnancies in the region are not followed up by a skilled health professional. A number of child rights issues and worrying child-rearing practices have been identified, including early marriages and pregnancies, harmful hygiene practices for babies, inappropriate nutrition regimes for children, etc. Traditional family models and gender roles result in girls dropping out of school early and a limited response to family planning services, with the consequent negative impact on family income.

PROMISING PRACTICE

The Family Centres are managed by the municipal authorities responsible for providing social, health and educational services and supporting small children and families at risk. The Centres offer a package of services adjusted to the needs of vulnerable families and children in marginalized communities. They address the needs of the whole family in the context of their community so as to improve the social resources and capital available to the family and contribute to the overall community development. The package of services includes: needs assessment of communities and families; psychological and social counselling for families and family members; family planning; parenting skills workshops for existing and future parents; support to access mainstream services (e.g., administrative and housing services, health care, education, social benefits, employment mediation, etc.); workshops and playgroups to develop young children's and adolescents' basic social skills; preparation for kindergarten and school; health education; prevention of trafficking, etc. The Centres support informal groups of community members (e.g., mothers or mothers-in-law) to improve small children's care, increase knowledge and change attitudes and behaviour regarding nutrition, health, reproductive health and family planning, traditional harmful practices (e.g., early marriage and pregnancy), and young children's care.

STRATEGY AND IMPLEMENTATION

The Family Centre model has a strong equity dimension as it builds national capacity to provide effective support to marginalized families. UNICEF's primary strategies involve advocacy, partnership, capacity-building, development of new services, communication for development and social mobilization. The Family Centres address the root causes of family separation and the needs of marginalized communities and families. They are integrated in the local community, and their multi-ethnic teams apply community-sensitive adjustment programmes and approaches. The model develops flexible programmes (packages of services) based on continuous needs assessments, mapping, outreach work and dialogue with local communities. The Family Centres do not replace existing mainstream services; they provide information, raise awareness among communities, facilitate access to services, and advocate the rights of children and families with authorities and professionals. The model was designed and is implemented in close partnership with national and local authorities, NGOs and communities, thus helping to ensure commitment, sustainability and replication. Implementing partners' capacities are continually expanded through training and technical assistance. The advocacy strategy includes the presentation of Family Centres' activities in a variety of forums at national, subnational and local levels; media coverage; exchange visits with NGOs and municipalities; the development of a service methodology; and the submission of proposals to obtain state funding.

RELEVANCE

The Family Centre model is tailored to the specific needs of children from marginalized families and utilizes all potential entry points to influence and make a difference in segregated Roma communities. The model was designed around the conclusions and recommendations of *(1)* an analysis of the existing Bulgarian social service system deficits, and *(2)* an in-depth assessment of vulnerable communities, which provided accurate information on the various segregated communities and outlined the approaches to be developed. The Family Centre model and the overall approach followed in the region of Shumen are in line with the national strategy 'Vision for Deinstitutionalization of Children' and the closure of the country's infant homes.

SUSTAINABILITY

On the basis of the results achieved to date, central and local authorities, service providers and NGOs recognize the Family Centre model both as a promising practice and a key component of the child welfare system. A nationwide roll-out was recommended by recent surveys of good practices carried out by the Agency for Social Assistance, an NGO, and a study on marginalized communities conducted by a Consortium offering technical assistance to the Ministry of Labour and Social Policy.

EXPANDED PARTNERSHIP AND ALLIANCES

The efficient functioning and service delivery of the Family Centres depend on the networking and partnerships established between all relevant stakeholders (social welfare, health care, education, child welfare and other service providers) and joint and/or shared service provider activities. Intermunicipal partnerships ensure the coverage of the whole region through a network of Family Centres, which initiate community networks comprising volunteers, informal leaders, resource persons, and others. These networks promote community participation, spread the message and influence community attitudes.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The design and philosophy of the Family Centres embed them in vulnerable communities. Supporting marginalized families and preventing risks is the whole community's responsibility, as well as stimulating the participation, integration and empowerment of Roma communities.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The network of Family Centres was financed through a three-month documentary series produced by the largest TV station in the country. The broadcasting of the series served as a platform for spreading messages and information on the damaging effects of institutionalization on young children and the benefits of family care and support to families. The mass media and the public's intense mobilization accelerated the Government's deinstitutionalization policies. The country's commitment to ending the placement of children in institutions and to ensuring that every child grows up in a nurturing family environment was recently highlighted at a ministerial conference of high-level policymakers from Eastern Europe and Central Asia held in Sofia in November 2012 under the patronage of the President of Bulgaria.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The Family Centres are managed by the municipal authorities with funds, training and technical assistance from UNICEF. The service was costed to support continuing advocacy by UNICEF and partners for the provision of a state subsidy to municipal authorities. The service has proved the cost-efficiency of prevention over other forms of care.

RELATED LINK

UNICEF's project: 'A family for every child'.
<http://unicef.bg/en/projects/Semeystvo-za-vsyako-dete/2>

REMARKS

It has already been documented that the demonstration project 'A family for every child' has improved significantly the access of the most disadvantaged families to essential services in the selected region, thanks to its holistic, outreach approach. Although the model has not been integrated into local community systems or structures, intensive efforts are underway to leverage municipal and central funds and attract additional donor funding. In parallel with this process and following the design of the pilot model, the first practical steps towards its replication in two additional regions are in progress.

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ROMANIA

Integrated community health and social services
for 'invisible' children

SUMMARY

The model of integrated community-based health and social services in deprived rural communities aims to increase the impact of social policies on poor and socially excluded families and children, with a special focus on the prevention of violence and separation of children from their family.

PROGRESS AND RESULTS

The model has produced overwhelming proof that the issue of 'invisible' children (i.e., those who do not have access to basic services) represents a serious problem in rural communities and requires an urgent and determined policy response. The pilot initiative has also demonstrated that

— the development of preventative community services is feasible despite limited human resources and budgets at the local level;

— outreach activities are possible and essential for ensuring the right to social security for children (and other vulnerable groups). The pilot initiative has identified almost 8,000 'invisible' children living in 32 rural communities. In 75 per cent of cases, the initiative was able to improve or resolve their situation. As of 2012, 58 out of 70 children at risk of relinquishment have been maintained within their family.

The evidence collected by two external evaluations shows that the model contributes to more effective, efficient, sustainable and community-based solutions for the prevention of various risks and vulnerabilities, including violence against children and separation of children from their families. The model is expected to be scaled up at the national level and progressively address the main bottlenecks of the social and health systems at four levels:

1. legislative provisions (including standards and laws for the nationwide development of basic social services);
2. institutional capacity-building (including the development of tools, instruments, guidelines);
3. allocation of human and financial resources; and
4. social control mechanisms (including monitoring and evaluation).

In the National Strategy for the Protection and Promotion of Children's Rights and the National Health Strategy (2014–2020), the Ministry of Labour, Family, Social Protection and the Elderly and the Ministry of Health already committed to achieving specific objectives and adopting measures to ensure the continuity of the intervention. This model of community-based preventative services is, therefore, likely to be scaled up at the national level.

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43 This pilot initiative targeted 'invisible' children defined as children facing one or more types of vulnerabilities who have been reached by social workers through fieldwork activities. The term 'invisible' children also refers to children in a vulnerable situation, but whose vulnerability is not immediately apparent: (1) children living in households with many children, in poverty and precarious housing conditions; (2) children left behind by migrant parents, living in poverty or other difficult situations; (3) children at risk of neglect or abuse; (4) children with suspicion of severe diseases; (5) children relinquished into state care or at risk of child relinquishment; (6) children out of school or at risk of school dropout; (7) teenage mothers who left school and/or are at risk of relinquishing their newborn child; (8) children without identity papers or documents; (9) other cases of vulnerable children.

BACKGROUND

The social service development evaluations undertaken in 2011 concluded that the social protection system still faced many gaps and inconsistencies and was unevenly developed, especially in rural areas. Local prevention services continue to focus predominantly on social benefits instead of concentrating on outreach, prevention and counselling services, life skills development, support in finding employment, etc. The development of basic social services is hindered mainly by *(i)* an inert and rather reactive social system unable to identify children in a vulnerable situation or suffering discrimination; and *(ii)* social norms that tolerate violence and abuse, ignorance, poor parenting skills, and diluted family and community responsibilities.

Even though national priorities and strategies anticipate a shift from protection to prevention and the consequent development of community-based services, to date there has been only a limited response to the creation of community day-care services, which have proved to be a financial burden for local authorities. The country is still lacking the capacity to identify and/or address the needs of a significant number of vulnerable children.

PROMISING PRACTICE

The model's rationale is that children's welfare in Romania, including children's right to grow up in a family and be protected against violence, will improve only if and when children, especially those belonging to the most vulnerable groups, have better access to basic social, education, health, and protection services. A minimum package of community-based services was piloted for this purpose over a three-year period in rural communities in eight counties of Romania's most deprived region.

The minimum package of community-based services was underpinned by the principles of the Social Protection Floor Initiative[44] developed with the purpose of increasing social justice and economic development. The concept of minimum package refers to a mixture of basic social services that should be in place and accessible everywhere and secure equitable fulfilment for all, and particularly for the worst-off families, of their rights to education, health and social protection.

Community-based professionals – social workers, community nurses, Roma health mediators – have been trained, guided and supervised to ensure:

— better identification of the most vulnerable children and their families;

— comprehensive needs assessments;

— wider information about children's rights, and human rights in general;

— counselling services for those most in need;

— support for individuals, mainly through support groups and peer support for children and their families;

— clear referral mechanisms for specialized education, health and protection services;

— use of appropriate monitoring and evaluation mechanisms, techniques and tools.

STRATEGY AND IMPLEMENTATION

The main strategies linked to this model are the following:

▪ Piloting the development of community-based services and testing the feasibility and effectiveness of providing a minimum package of basic social services. Particular attention was paid to documenting and measuring progress

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44 International Labour Organization, Social Protection. See <www.socialsecurityextension.org/gimi/gess/ShowTheme.action?th. themeId=1321&lang=EN> accessed 30 March 2015.

and results through formative evaluations that identified the model's strengths and weaknesses and led to revisions, adjustments and, ultimately, knowledge management for policy development.

- Building the capacity of stakeholders at several levels, including *(a)* local partners to develop community-based services and integrated service delivery; *(b)* higher-level county authorities to provide methodological guidance and supervise activities implemented at the local level; and *(c)* central authorities to make use of evidence in amending national policies and strategies.

- Adopting a cross-sectoral approach and partnering with stakeholders at all levels in order to strengthen impact, ownership and commitment. The fulfilment of developmental rights is fundamental not only for children but also for the communities in which they live. Focusing on rural areas is an important means of achieving equity for the most vulnerable and deprived.

- Advocating policy and institutional-level reforms for scaling up the model by using evidence and results demonstrated in small-scale interventions. Evidence-based advocacy is performed with a view to leveraging the state budget, local funding and other resources and, thus, ensuring the transition to national ownership.

RELEVANCE

All stakeholders consider the project to be very pertinent to addressing vulnerable children's needs and see it as a real support in preventing children's separation from their family at the community level. From the design phase, the model was aligned with the Government's National Strategy for the Protection and Promotion of Children's Rights 2008–2013, which highlighted the need for prevention mechanisms that keep children in their family rather than placing them in formal care.

SUSTAINABILITY

Using evidence from external formative evaluations of the modelling already performed, the Ministry of Labour, Family, Social Protection and the Elderly and the Ministry of Health have already included in the National Strategy for the Protection and Promotion of Children's Rights and the National Health Strategy (2014–2020) specific objectives and measures to carry on the intervention. Thus, the community-based model of preventative services can be taken up by all key stakeholders. Seventy per cent of community representatives have declared that the model will be continued at the community level. However, the availability of human resources at community and county levels remains critical both for the project's sustainability and effectiveness.

EXPANDED PARTNERSHIP AND ALLIANCES

A broad partnership was entered with various public and private stakeholders horizontally and vertically, and with donors such as the Swiss-Romanian Cooperation Programme, the programme of the European Environment Agency (EEA) and other European Union financial mechanisms and instruments.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The main benefit of the project for children's welfare in their community has been better information. People have become increasingly aware of children's rights, the importance of a quality parent-child relation and the main aspects of child development.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The Ministry of Labour, Family, Social Protection and the Elderly and the Ministry of Health attach great importance to the model and have expressed their commitment to carrying on the intervention and contributing to advocacy efforts with a view to scaling up the model at the national level.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The model has proved highly efficient, showing a cost per child (and his/her family) per year of Lei 250 (US$ 68.10).[45] This represents an average cost per community per year of Lei 24,256 (US$ 6,607). The activities cover, on average, 97 children per community. By comparison, the standard cost per child per year in the child protection system varies from Lei 11,000 (US$ 2,996) to Lei 21,000 (US$ 5,720), i.e., a cost 44 to 84 times higher. Thus, preventative community services are not only more effective in protecting children but also more cost-effective compared with specialized protection services. Cost analyses performed to date did not address the cost implications of scaling up the model, e.g., its replication in a different context, or transition and long-term sustainability.

RELATED LINKS

Stanculescu, M. S., Marin, M., *Helping the 'invisible' children, Evaluation Report 2011,* UNICEF, 2012.

<www.unicef.org/romania/Raport_HIC_engleza.pdf>

Stanculescu, M. S., (coord.), *Helping the 'invisible' children, Second Evaluation Report 2013,* UNICEF, 2013.
<www.unicef.org/romania/HIC.eng.web.pdf>

REMARKS

Although this model has proved highly successful, questions remain about its effectiveness and sustainability. The study that has been commissioned on the financial impact of scaling up community-based services will hopefully resolve some of the issues. According to an external evaluation, given the complexity of vulnerabilities faced by 'invisible' children, it is less efficient to address each vulnerability separately than within an integrated approach.

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45   The cost includes: *(1)* the monthly wages of about US$ 224 for eight county supervisors; *(2)* a monthly budget of US$ 79 per county for transportation of supervisors to visit the communities included in the project; *(3)* about US$ 1,055 per county per year for covering the maintenance costs of a resource centre (within the General Directorate for Social Assistance and Child Protection-DGASPC) for communities included in the project; *(4)* the monthly wages of about US$ 263 for 64 social workers employed with the project; *(5)* 24 micro-grants of US$ 2,637 per year per community for covering the costs of a community centre for children and parents; *(6)* a budget of US$ 527 per year for experience exchange.

SERBIA

The Integrated Home Visitation Service

SUMMARY

The Integrated Home Visitation Service combines health- and child-care system components synergized in a team effort to reach and support the most vulnerable families with newborns at risk of/with a disability. By shifting the focus of an already existing home visitation service (patronage nurses) from an exclusively medical approach to the early identification of psychosocial risk factors and the consequent referral to, and networking with, child protection and social welfare services, the model has led to coordinated action between the two sectors.

PROGRESS AND RESULTS

The Integrated Home Visitation Service is now available in all municipalities across Serbia as part of the primary health care system. It gradually transformed from a medical model to a more 'public health and health promotion' type approach. By upgrading the traditional home visitation service, it was possible to identify the health system's potential to prevent institutional care and allocate it a precise role within the set of systematic and multisectoral interventions that constitute the child-care reform process.

The development of the Guidelines on Good Practice for Patronage Nurses in Family Visiting was an important step in improving the quality of practice as they clearly defined the scope of the work and introduced the assessment of health and psychosocial risks as a core element. Through a series of high-quality training courses, the patronage nurses acquired skills such as identifying child abuse and neglect, assessing risks using a family-centred approach, etc.

A special training programme was undertaken with the objective of preventing the abandonment of children with disabilities and strengthening local support networks. It was followed by the development of implementation guidelines. The programme was carried out in 70 municipalities (almost 50 per cent) across Serbia, reaching more than 300 patronage nurses and some 170 practitioners from other disciplines. In addition to upgrading the visiting nurses' capacities, the programme also improved the role of maternity wards in preventing institutionalization and ensuring cooperation between both services.

Although the national health system does not monitor sufficient indicators to measure the impact of the different interventions provided through the home visitation service, it does allow for some measurement of progress in terms of coverage of children and pregnant women at risk. Data for the whole country are not available but, according to the information issued for Belgrade, coverage increased over time from 2,166 pregnant women at risk in 2007 to 3,816 in 2013; and from 4,274 infants at risk in 2007 to 7,813 in 2013. A common understanding developed among professionals that the home visitation service contributes to the overall child-care reform efforts.

BACKGROUND

In the early/mid 2000s, over 70 per cent of children under the age of six in public care had been placed in institutions directly from hospitals or during the first months of living in a family. The largest number were children at risk of/with medical problems linked to potential developmental difficulties.

Although the home visitation service was widespread throughout the country, it did not, until some years ago, include recognition of social vulnerability in its remit, nor identification of pregnant women and young mothers in need of social support; hence, it was not fully contributing to the prevention of baby and young child abandonment.

PROMISING PRACTICE

The Home Visitation Service encompasses both pregnant women and families with newborns/small children. The aim of the first visit to a pregnant woman is to provide education about breastfeeding and newborn care and prepare the woman for childbirth. After delivery, maternity wards inform the patronage nursing services of the impending discharge of a mother and newborn, and visits start again the following day. During the first month, each mother and her baby receive at least five visits and, during the first year of the baby's life, the nurse visits at least twice more (more often if needed). One home visit is also paid during the second and fourth year of the child's life. Each visit to a family is documented and lasts about one hour.

The visiting nurse performs the following activities:
— The nurse undertakes a basic health check-up and provides education and skills training (breastfeeding, care of the newborn, healthy lifestyles, etc.);
— assesses the potential health/developmental and psychosocial risks (poverty, neglect/violence, substance abuse, parents' mental health, etc.);
— advises, informs and refers parents to other services in the community.

The needs of each family determine the dominant activity. When health or social risks are identified, the nurse visits more often and, depending on the issues, refers the family to a medical doctor or the Centre for Social Work (CSW). Home visitation can include a joint visit to the family with a medical doctor, paediatrician or social worker. Visiting nurses are also members of the primary health care centres' local teams for the protection of children from violence. Their role is to inform health teams about the risks of violence in the family and pay special visits to such families for further assessment and/or follow-up. In the case of families of children with disabilities, visiting nurses provide counselling, information and education, and refer families to other services in the community, thereby strengthening the social protection network for these families and reducing the risk of separation.

STRATEGY AND IMPLEMENTATION

The implementation strategy combined advocacy, coordination, capacity-building, participation and partnership. The support provided for the strengthening of the existing home visitation service was an integral part of the overall child-care system reform. The Ministry of Health played a leading role in upgrading and expanding the service. The Belgrade Institute for Public Health and the Association of Public Health were important drivers of change regarding nurses' capacity-building. Training was primarily oriented towards strengthening nurses' practical skills and contributing to the timely recognition of risks and the referral of families to health and social welfare services. The training methodology included the active participation of representatives of other community services in joint interactive sessions with visiting nurses. This facilitated networking activities and the translation of referring principles directly into jointly agreed-upon cooperation modalities.

RELEVANCE

The Home Visitation Service is highly relevant to Serbia's child-care and health-care reforms and related national policies. It is in line with Serbia's Social Welfare Development Strategy, National Plan of Action for Children and National Health-Care Programme for Women, Children and Youth. It is highly relevant to Serbia's international commitments deriving from the ratification of human rights standards and its status as a candidate country for European Union accession. Finally, the Home Visitation Service fully complies with UNICEF's organizational and regional priorities.

SUSTAINABILITY

The Home Visitation Service is mainstreamed into the health system. It relies on a partnership between key actors of the national health and child protection structures. Its sustainability has been additionally enhanced by improving the capacity required at the national level for its further replication and upgrading.

EXPANDED PARTNERSHIP AND ALLIANCES

The model, including its capacity-building element, is heavily dependent on partnership with the main national actors in both health-care institutions and civil society organizations. This contributes not only to ownership of the process but also to increased sustainability through investments in raising the capacity needed for further replication, ongoing monitoring and upgrading.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The overall process was successfully led by the Ministry of Health within the overall scope of the ongoing child-care system reform, which was coordinated by the Ministry of Labour, Employment and Social Policy. The participation of children and their families in all stages of the process contributed to their empowerment and better access to basic services and protection.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The programme mobilized political actors and professional audiences in favour of social inclusion, thus participating in the creation of the critical mass needed for more efficient reforming.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The Home Visitation Service is financially sustainable. It is covered entirely by the basic health insurance package. According to national legislation, patronage nursing is one of the basic primary health care services with a staffing standard of 1 nurse/5,000 inhabitants and a daily workload of seven home visits.

RELATED LINK

UNICEF and Institute of Public Health of Belgrade.
Video: Home visiting nurses in Serbia.
<www.youtube.com/watch?v=1bsdBk0y2nk&feature=youtu.be>

THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA

The Community Outreach and Counselling Centre
for Parents and Children – Gazi Baba

SUMMARY

The Community Outreach and Counselling Centre for Parents and Children – Gazi Baba provides outreach and counselling services to vulnerable families in order to facilitate their access to essential services (e.g., education, nutrition, health, legal assistance and psychosocial support) and strengthen parents' capacity to protect and care for their children.

PROGRESS AND RESULTS

Thanks to existing statistics, outreach work and the participation of community partners, the Centre was able to identify more than 2,000 children lacking appropriate parental care in the city of Skopje and set up a programme to support them and their families. The Centre's outreach work made it possible to trace the families at risk; make a quality assessment of children's and families' situation; set realistic goals for improvement; and mobilize the active participation of all members in the process of overcoming the risks.

By providing a range of interventions (legal assistance, health support, parenting education, referral to services, etc.) that aim at mitigating the threats to good childcare and family functioning, the Centre has contributed to preventing family separation for 357 children in 118 families – 110 of them being under the age of three. Overall, the Centre has participated in the efforts of the social welfare system to improve the coverage and quality of services for children and families at risk, by educating parents about responsible parenthood; providing psychosocial interventions for children and parents and skills for healthy lifestyles; supporting families to acquire identity documents and access education; and networking and sharing resources and knowledge with a range of community partners. It has also helped to increase awareness among community members about children's rights and human rights and how to put them in practice.

BACKGROUND

The rate of unemployment in Skopje was 37.7 per cent in 2008,[46] with 35.1 per cent of the population defined as seriously materially deprived.[47] In such environment, the identification of the most vulnerable children and families remained a challenge.

However, some of the most vulnerable children could be identified through the analysis of existing statistics – 406 children were registered as living with a mother or father lacking capacity to perform parental rights;

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46   State Statistical Office, Regions of the Republic of Macedonia, 2009.

47   SOS Children's Villages, Feasibility Study Report for the City of Skopje, 2013.

99 children were registered as 'living on the streets'; 870 children were supervised under the implementing measures of social protection; 701 children lived in families with difficult marriage circumstances; and 173 children experienced upbringing and social difficulties.[48]

PROMISING PRACTICE

The Counselling Centre for Parents and Children – Gazi Baba has a holistic approach to supporting children and families at risk. It provides a comprehensive package of services to families with children aged 0–18 years that includes individual counselling of parents/caregivers, parenting skills training, education in early childhood development, legal assistance, medical advice and material support.

A strong focus is placed on families with children under the age of three and single-parent families who are most at risk. Support is directed towards strengthening parents' skills for early child stimulation and appropriate care. The practice started by establishing mobile teams for outreach social work with children and families. These were successful in reaching and assisting the most vulnerable, through referral either from state institutions or citizens themselves. In this initial period, it was established that complementary and meaningful support required a more systematic approach enabling the permanent resolution of the problems or at least reducing their impact on the family. This led to the creation of the Counselling Centre for Parents and Children. Today, children and families at risk are referred to the Centre by local partners: health centre, local schools, NGOs, self-referral, etc. The Centre offers holistic support to families at social risk that includes:

— **Legal support** – helping parents to acquire identity documents (e.g., birth certificate) and obtain health insurance and social protection (child allowance, special allowance, parental allowance);

— **Health support** – counselling and educating on breastfeeding, healthy nutrition and appropriate health care; motivating parents to attend periodic medical check-ups and ensure regular vaccination of their children;

— **Parenthood education** – increasing knowledge about responsible parenthood and strengthening parental capacities to respond adequately to the developmental needs of their children;

— **Early childhood development** – providing parents with individual or group counselling on early childhood development;

— **Support to secure financial sustainability** – raising parents' professional competencies through additional qualifications; mentoring access to the labour market and search for job opportunities; supporting the process of self-employment;

— **Referral to the child-care and social protection system** – referring to the local Centre for Social Work difficult cases that cannot be managed by the Centre's social worker or when the eligibility for social allowances has not been fully explored.

STRATEGY AND IMPLEMENTATION

Following a situation analysis and feasibility study, SOS Children's Villages Macedonia took a strategic decision to concentrate on the prevention of child abandonment, support child development in different settings and contribute to enhancing community stakeholders' capacity to effectively respond to child abandonment. A fieldwork analysis, which included a detailed assessment of the situation of children and families at risk, confirmed the decision to focus increasingly on preventative social work. A Memorandum of Understanding was signed between the Ministry of Labour and Social Policy, the Centres for Social Work, the local municipality, NGOs and public institutions in the community, and programme standards were formulated. A case management methodology was developed and applied in working

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48   Ibid.

with families and children, which, on the basis of assessments and lessons learned over a three-year period, proved necessary to improve the situation of children and families, depending on the level of risk.

POTENTIAL APPLICATION

With the assistance of SOS Children's Villages Macedonia, this practice has already been applied in other municipalities in the city of Skopje and is likely to be implemented in other regions of Macedonia, and even outside the country. The programme does not require a high level of financial resources, since its implementation involves all stakeholders/duty-bearers in the community and a sharing of resources to achieve effective and efficient support for at-risk children and their families.

RELEVANCE

The absence of a holistic approach and outreach work in assisting children at risk of abandonment and their families was a prime motivation for the development of this particular model. A feasibility study and an initial assessment of households in the community showed the need for a complementary approach to support children and families at risk due to poverty, unemployment, violence and lack of parental capacity. This approach was necessary because of the lack of practice and the limited resources available to Centres for Social Work for outreach work in the detection and support of children and families at risk.

SUSTAINABILITY

The Municipality of Gazi Baba is an implementing partner. It provides the premises required and allocates annually modest funds to sustain the Centre's activities. The local kindergarten accepts children at social risk free of charge. This practice could function as a state-delegated activity in the future, provided the State subsidizes the service in accordance with the newly adopted legislation.

EXPANDED PARTNERSHIP AND ALLIANCES

An agreement was reached with more than 13 organizations from different sectoral fields including: the Ministry of Labour and Social Policy; the Municipal Centre for Social Work of the city of Skopje; the Municipality of Gazi Baba; the kindergarten '25th of May'; Health Centre 'Cento'; the Institute for Social Activities – Skopje; the primary schools 'Dane Krapcev', 'Naum Naumovski Borche', 'Stiv Naumov', 'Brakja Miladinovci', and 'As Makarenko'; the special primary schools 'Kuzman Josifovski Pitu' and 'Idnina'; the vocational university 'Koco Racin'; the NGOs 'Cradle', 'Creative', 'HERA' (Health Education and Research Association), 'People to People International', 'Sumnal', 'Umbrella', 'Young Lawyers' and 'Children's International Summer Villages Macedonia'. SOS Children's Villages chairs the 'Platform for the promotion of the situation of children at social risk and their families in the Municipality of Gazi Baba'.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The programme promotes and secures stakeholders' high involvement in order to warrant accountability in decision-making and resource-sharing. The model also ensures the participation of children and their parents in the decisions having a bearing on the child's future life. Family members are active partners in the decision-making process. The community is engaged in project activities and, thereby, reinforces its capacity for the early detection of, and response to, child risks.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The Ministry of Labour and Social Policy, the Municipality of Gazi Baba, SOS Children's Villages Macedonia and other sectoral associates and stakeholders cooperate on a daily basis via the local Platform towards finding appropriate supportive mechanisms to overcome the challenges faced by children and parents at social risk. Clear steps and responsibilities have been identified through the protocols for cooperation established between SOS Children's Villages Macedonia and the Centres for Social Work.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

External evaluation findings have shown that the programme is cost-effective, and optimization of results has been achieved within the given financial resources. Cooperation with partners has contributed to sharing resources and avoiding overlapping of services. With the recent changes introduced by the Law on Citizens' Associations and following established criteria, citizens' associations may now be commissioned and funded by the state budget. Hopefully, this will confer the Centre a state-delegated responsibility and secure the model's financial sustainability.

RELATED LINKS

SOS Children's Villages Macedonia.
<www.sos.org.mk/index.php?lang=en>

Institute for Social Activities.
<www.zsd.gov.mk>

Ministry of Labour and Social Policy.
<www.mtsp.gov.mk>

State Statistical Office.
<www.stat.gov.mk>

5 HEALTH AND CHILD-CARE SYSTEMS IN ACTION: PROVIDING PREVENTATIVE AND EARLY INTERVENTION SERVICES

Health systems can play a significant role in protecting children's rights in areas such as prevention of child abandonment and relinquishment, prevention of and adequate response to violence against children, prevention and treatment of accidents and injuries, improved nutrition and child development. Strengthening health systems is therefore of paramount importance if they are to contribute to delivering better results for children.

Three main priorities have been identified in the CEE/CIS region, which can benefit from closer collaboration between child protection and health systems, these being: *(1)* preventing and responding to the abandonment or relinquishment of infants; *(2)* avoiding the institutionalization of children with disabilities; *(3)* preventing, responding to and referring cases of violence against children.

Infant abandonment or relinquishment is often associated with a mother's vulnerability due to health conditions (e.g., HIV/AIDS) and or social problems (e.g., substance abuse). In ideal cases, expectant mothers should come into regular contact with the health system as part of an antenatal care programme. In the first days after birth, infants born to women in vulnerable situations are at high risk of abandonment, and this often occurs during the mothers' stay in the maternity hospital. This is the period when vulnerable mothers, who may often feel confused, abandon their children at the most critical time for bonding and building an emotional attachment with their child. Perinatology often lacks medico-social services, and the staff is rarely adequately trained to encourage mother-infant bonding or to communicate with women in crisis situations who may be at risk of leaving their child.[49]

Abandonment or relinquishment is also often associated with a child's health problems, such as disability or low-birth-weight. Therefore, maternity wards and hospitals are most often the places where relinquishment happens.

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49 UNICEF, *Children under the age of three in formal care in Eastern Europe and Central Asia,* supra, p. 81; Bowlby, J., *Attachment and loss, Vol. 1: Attachment*, Basic Books, New York, 1969; Egeland, B., Bosquet, M., Chung, A. L., 'Continuities and discontinuities in the intergenerational transmission of child maltreatment: Implication for breaking the cycle of abuse', in Browne K. D., Hanks, H., Stratton, P., Hamilton, C., editors, *Early prediction and prevention of child abuse: A handbook*, John Wiley & Sons, New York, 2002; Grossmann, K. E., Grossmann, K., Waters, E., *Attachment for Infancy to Adulthood: The Major Longitudinal Studies,* The Guilford Press, New York, 2006.

Through improved detection and identification of vulnerabilities, and through appropriate notification, reporting, referral and early intervention, the health sector can play a crucial role in preventing such cases of relinquishment.

Maternity hospitals do not sufficiently promote practices likely to reduce abandonment and strengthen ties between mothers and children. They only rarely include social workers who could provide counselling. Few health facilities in the region provide training to health workers on how to identify and counsel pregnant women or new mothers at risk of infant relinquishment.

Interactions between social welfare services and health services should be increased and formalized to prevent entry into institutional care of children under the age of three. It is essential that greater cooperation between the health and child-care sectors be translated into early detection, intervention, and family-centred support services. In addition, it is of utmost importance to develop standards of practice for health and social welfare staff so as to assist parents of newborns and infants with disabilities, as well as parents from the most vulnerable groups.

Examples of such interactions are the placement of social workers in hospitals or the updating/drafting and implementation of intersectoral working and referral protocols specifically targeting children under the age of three abandoned or at risk of abandonment.

In addition, early detection and management of developmental difficulties should be ensured through a complex set of health and social welfare interventions aiming to support families and empower them with the knowledge, skills and motivation required to fulfil their parenting role and prevent child separation from the family.

For some specific groups, temporary support provided in a residential setting proved to be an adequate way of overcoming a period of high risk of abandonment, relinquishment or maltreatment of the child – thus, efficiently preventing his/her entry into formal care. These groups included:
— young single mothers who temporarily lack financial resources and family support;
— single mothers who become marginalized due to geographical or social isolation and lack of income;
— pregnant women in the last trimester who consider abandoning their child at birth;
— young homeless mothers of under-three-year-olds who do not have stable incomes;
— young mothers facing family crises;
— families with other social and professional integration problems, which entail shortage of material and financial resources.[50]

These residential settings are often called 'mother and baby units' or 'mother and baby homes'. Typically, mother and baby homes help mothers become autonomous and responsible for their children while preparing them for professional and social integration through a range of services. These homes can also refer mothers to other family support services if needed. The model has been successfully implemented in several countries of the region.[51]

50   UNICEF, *Children under the age of three in formal care in Eastern Europe and Central Asia*, supra, p. 129.
51   Ibid.

BOSNIA AND HERZEGOVINA

Strengthening health and social workers' capacity
to identify families at risk and conduct joint home visitation
through Integrated Early Childhood Development (IECD)
and child protection services in Tuzla Canton

SUMMARY

The modelling of Integrated Early Childhood Development (IECD) and child protection services has expanded opportunities for home visitation practice by involving social workers to conduct joint visits with health professionals in order to assist children and families at risk. The practice focuses on early detection and intervention, prevention of abandonment, reintegration and development of new services for families that include, among other services, expanded foster care capacity. The approach is directed towards hard-to-reach populations with a view to decreasing the likelihood of family separation and promoting the reintegration into their families of children who already live in institutions.

PROGRESS AND RESULTS

The effective application of an integrated, multisectoral, outreach approach combining health and social welfare interventions towards identification, early intervention and service delivery has already provided tangible results. Its piloting in Tuzla Canton ensured the early identification of families at risk of separation and improved the quality of interventions.

The combined efforts of health and social sector professionals between 2011 and 2013 contributed to an 80 per cent decrease in the number of children admitted to 'Dječiji dom', the Tuzla home for children without parental care, and a 50 per cent reduction in the number of children deprived of parental care living in the home.

A cantonal action plan was developed to implement a family-based care strategy, and a sustainable model of IECD and child protection services was established in eight out of ten health centres in Tuzla Canton, with special focus on socially excluded families and children – Roma families and families of children with disabilities. A similar approach is now being followed in another Canton – Mostar.

On the basis of the results achieved by the pilot IECD and child protection services in Tuzla, the Government is already committed to expanding the services throughout the country.

BACKGROUND

According to TransMonEE Database 2012 and reports published by the UNICEF Regional Office for CEE/CIS,[52] Bosnia and Herzegovina is one of the few countries in the region where the placement in residential care of children without primary caregivers has grown over the last ten years. There has been an increase in the number of children

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52   UNICEF, *TransMonEE 2012 Database*, supra; UNICEF, *At home or in a home? Formal care and adoption of children in Eastern Europe and Central Asia*, supra.

in institutions versus children deprived of parental care in family-based care and in the number of children with disabilities and children under the age of three in institutions. Sixty-seven per cent of all children in institutional care are children with disabilities. Tuzla Canton is one of the country's most populous cantons and the location of a very large residential care institution that accommodates around 100 children deprived of parental care.

PROMISING PRACTICE

Following the adoption of the Policy for Early Childhood Development and the Federal Action Plan for Implementation of the Policy for Protection of Children Deprived of Parental Care, Tuzla Canton was selected to pilot an integrative and multisectoral approach to support children and families at risk, prevent family separation and address issues related to the prevention of abandonment, focusing on children with disabilities and children under the age of three.

The prime objective was to strengthen health and social workers' capacity to identify families at risk of separation and conduct joint home visits, thus facilitating direct collaboration and intervention by both sectors when required. It also enabled professionals from both sectors to provide follow-up services to families in need, by direct support, access to social welfare services, family support programmes, day-care centres or other services for families with children with developmental delays and disabilities. Special attention was given to building the capacity of health and social workers to offer assistance to the most vulnerable and hard-to-reach families through outreach services and home visits.

STRATEGY AND IMPLEMENTATION

High-level advocacy efforts were invested in federal, cantonal and local authorities (including the ministries of Social Welfare, Health, Education, and Finance) promoting the adoption of an ECD policy framework and an innovative approach among health, social work and other professionals. Convincing professionals of the need to introduce innovative services and understand the benefits of family-based vs. institutional care proved challenging at the start of the programme. Strengthening service providers' comprehension of the value of evidence-based methodologies in early detection and intervention for children with delays and disabilities proved to be a successful strategy to ensure the provision of quality services at the local level.

RELEVANCE

The approach is highly relevant in a country context where baby abandonment remains a relatively common practice. It also contributes to reinforcing cooperation between health and social welfare services in other areas, which will clearly benefit children.

SUSTAINABILITY

The approach was mainstreamed in national and local development plans and municipal budgets. It was developed in line with the national Policy for Early Childhood Development (2011). The cantonal ministries of Health and Social Welfare monitored the services and family support programmes.

EXPANDED PARTNERSHIP AND ALLIANCES

The approach contributed to a stronger partnership between the responsible cantonal authorities and strengthened cooperation between UNICEF and Hope and Homes for Children.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

Children and families were empowered particularly through the work of the outreach home visitation service. They acquired a range of skills for healthy lifestyles as well as information and knowledge about their rights, entitlements and opportunities. The leadership of the programme now rests with the ministries of Health and Social Welfare of Tuzla Canton.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

As a consequence of this initiative and its first results, the European Union is increasingly focusing on the reform of the overall child-care system in the country.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The service is funded from the cantonal and municipal budgets, and local plans with designated resources have been developed and approved by local authorities. The impact shows how positive changes can be achieved with a relatively small investment. Obviously, additional time is needed although there is a growing interest among communities and municipal authorities in enhancing budget lines for this area, especially after the presentation of the cost-benefit analysis that accompanied the cantonal action plan for family-based care for all children.

RELATED LINK   N/A

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BULGARIA

Early intervention services to prevent the abandonment of children with disabilities

FOCUS AREA

Child protection

Health & nutrition

Education

Social protection

Emergency

Early childhood development

Communication

COUNTRY

Bulgaria

TITLE

Early intervention services to prevent the abandonment of children with disabilities

CONTACT PERSON

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SUMMARY

The Early Intervention Programme (EIP) plays a crucial role in preventing the abandonment of children with disabilities by providing mobile family-centred early intervention services for families of young children with disabilities or at risk of developmental delay. The programme supports families' efforts to overcome children's developmental challenges.

PROGRESS AND RESULTS

Although the Early Intervention Programme (EIP) only started operating in 2010, one of its key systemic effects is its contribution to the prevention of child abandonment in maternity hospitals. In 2012, no children were abandoned in the maternity hospital 'MBAL St Anna - Varna', which partners with the programme, compared with 10 children in 2011. EIP contributes to preventing child abandonment by supporting children with disabilities aged 0–4 years and their families with a comprehensive package of interventions, namely, fostering positive parent-child relationships. Since 2010, the Karin Dom team has provided early intervention services to 184 children enrolled in the home visitation service. In addition, 64 children participate in parent-toddler playgroups; 110 families have benefited from family support network services; 4,160 mothers have received breastfeeding support and the parents of 21 children who had decided to abandon their child were granted the comprehensive package of individually tailored prevention services. Programme evaluation shows parents' high level of satisfaction as well as improvements in child development. Participating parents have acquired skills, confidence and knowledge of how to fulfil their children's needs, take care of them and stimulate their development. Children are prepared for their transition to childcare or kindergarten in parent-toddler playgroups.

BACKGROUND

Bulgaria has the highest rate in Europe of placement of infants in institutions. The few services that are available for children with special needs in the country are based on medical models of care. Medical staff often advise parents of infants and young children with disabilities to place their children in institutions because of the difficulties involved in taking care of them, discouraging parents from participating in their children's rehabilitation.

The Karin Dom Foundation was established in 1994 by Ivan Stancioff, former Ambassador of Bulgaria to the United Kingdom and the Irish Republic, and former Minister of Foreign Affairs. The Stancioff family offered the Foundation their family house, which was named after Karin (a cousin of the Stancioffs) who was born with cerebral palsy but was educated and learned five languages. Karin Dom (i.e., Karin's Home) is dedicated to proving that children with special needs are neither invalids nor non-educable. The Foundation offers professional services in a non-residential setting to prevent children from being abandoned in institutions and supports their successful inclusion into community life. EIP was established within Karin Dom in 2010 with the objective of preventing the abandonment of children with disabilities by helping their families to care for them at home.

PROMISING PRACTICE

EIP started providing outreach services in 2010 through home visits, a family support network, a resource library, breastfeeding support, and parent-to-parent support services. In 2011, a toddler-parent playgroup was incorporated as an additional service that provides opportunities for socialization and builds toddlers' communication skills. It is also a place where parents can meet and share experiences. Early interventions based on infant development programmes developed in the United States and Canada are at the core of EIP. The Home Visitation Programme includes identification (e.g., screening); needs assessment; development of individualized service plans; delivery of specific interventions; and regular monitoring of the child's progress. The family lies at the heart of the service. The specialists plan and implement interventions in partnership with the family by focusing on the child's strengths. They empower parents, especially through the difficult initial stages of adjustment when abandonment is most likely; they help them develop and maintain loving relationships with their child; they assist in planning and fostering positive experiences in the home and the community that encourage the child's growth and development. The family is linked to all available community resources, including the support network. Thus, the family gets access to information, assistance and resources, and becomes self-confident. The EIP team comprises a physiotherapist, speech therapist, psychologist, social worker, breastfeeding consultant and paediatrician.

STRATEGY AND IMPLEMENTATION

Karin Dom's Early Intervention Programme is the result of a long learning process involving practitioners, partners and local institutions. International practitioners from Canada and the United States with over 30 years' experience in the field of early intervention provided training to all stakeholders. The programme was established as a model of early intervention in Varna, meaning that the service was integrated into the general local child-care and child protection systems from the start. As a partnership programme between the social, health and education sectors, EIP requires good coordination to prevent the abandonment of children with disabilities and include the family in intervention services as early as possible. EIP has social, health and educational components that respond to the needs of the child and his/her family.

Professionals and specialists underwent training in family-centred approaches, delivery of early intervention services and breastfeeding support. EIP was promoted through publicity activities and awareness-raising events in health, child-care and kindergarten settings, parents' organizations, etc. The Child Protection Department, maternity hospitals and paediatricians refer families to the programme, which collaborates closely with the Social and Medical Directorate of the Municipality of Varna. Through early assessment coupled with active intervention, EIP increases the chances that children with disabilities participate and flourish in inclusive mainstream educational settings.

RELEVANCE   EIP proved to be highly relevant as the services for children with disabilities under the age of three that existed in Varna were medically oriented and focused solely on the physical aspects of child development. Increasing referrals from medical and child-care services and the Child Protection Department confirm its pertinence, interest and good reputation among partners.

SUSTAINABILITY

Within Bulgaria's deinstitutionalization framework, early intervention centres are seen as part of a package that will replace the current institutions for abandoned children. The Karin Dom Foundation is participating in a working group convened by the Ministry of Health to elaborate the methodology and the financial standards to be applied to future early intervention centres. This will give Karin Dom the opportunity to advocate that family-centred practices and outreach services be placed at the heart of new early intervention centres.

EXPANDED PARTNERSHIP AND ALLIANCES

EIP is implemented by the Karin Dom Foundation, in partnership with the Municipality of Varna, the local Child Protection Department, two maternity hospitals and the Colourful Future Association. Additionally, the Foundation is providing training courses and building partnerships with other social service providers who are initiating early intervention services.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The family support network is a family empowerment mechanism that enables them to develop formal and informal alliances to defend their rights and their children's rights. Counselling sessions help families to enhance their self-esteem and overcome the trauma of being the parents of a child with a disability. The parent-on-call service trains experienced parents to support less experienced parents. This service is available from the moment of the birth of a child with a disability or a medical condition, when parents need to talk to someone in an informal way.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

EIP is fully supported by all Varna's institutions. As a result of the Foundation's close partnership and open dialogue with the municipality, funds were allocated to the running of an early intervention centre at Karin Dom. Private donors are also supporting the programme. Société Générale Express Bank granted a financial package allowing children from any region of the country to visit Varna for short- and medium-term therapy sessions and family support programmes.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The main EIP service – home visits by a mobile team – requires little infrastructural investment, and once the children reach school age, the costs incurred to support them decrease. The programme uses families' resources and, by developing parents' capacity, it ensures the sustainability of the results achieved for the child. As of July 2013, the Municipality of Varna allocates local resources for the programme in addition to the funding received from the Open Society Foundation's Early Childhood Programme.

RELATED LINK Karin Dom Foundation, Centre for Children with Special Needs.
<https://karindom.org/en>

REMARKS EIP has been recognized as a an efficient early intervention model, which supplements the existing social, medical and educational services available to socially disadvantaged families and families of children with disabilities or children at risk of developmental delay. It has gradually been replicated in other communities in the country, contributing to the improvement of local child-care and child protection systems.

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BULGARIA

Preventing the abandonment of newborn babies
and children under the age of three

SUMMARY

For Our Children Foundation (FOC) provides services to families and supports them in dealing with crises, while building and developing parents' capacity to keep their children in the family rather than abandon them or place them at risk. The services are delivered through close cooperation between the family health and child protection systems, with FOC as a social service provider assigned to the particular case.

PROGRESS AND RESULTS

A key achievement of the initiative is the creation of a mechanism for integrating health care and social services around the child and the family, in accordance with the specific needs of each case.

Over the last few years, For Our Children Foundation has supported the families of more than 1,000 children at risk of abandonment, mainly infants and children up to the age of three. As a result, more than 800 children remained in their biological families. In addition, the service's average annual success rate has ranged from 80 per cent to 85 per cent.

In 2013 alone, the Foundation supported families with 208 children under the age of three. Placement in residential care was avoided for 189 of these children – 161 remained with their biological family and 28 were placed in kinship or foster care.

BACKGROUND

Bulgaria ranks among the European countries with the highest number of children in institutional care – approximately 5,500 children are living in children's homes. Each year, around 2,000 babies are abandoned – almost 1,000 babies immediately after birth. In 2012, there were 31 children's homes catering to abandoned infants in Bulgaria. At the end of 2012, 2,087 children were living in Homes for Medical and Social Care for Children.[53]

The financial and material resources specifically allocated to the prevention of abandonment are limited; social workers lack comprehensive competencies; and the health system's approach needs to become more sensitive to social issues and supportive of vulnerable families. Maternity ward staff are not prepared to recognize mothers who are at risk of abandoning their child unless they have declared their intention to do so. The health system is reluctant to let maternity ward social workers engage with vulnerable women at an early stage.

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[53] National Statistical Institute of Bulgaria. See <www.nsi.bg/en> accessed 30 March 2015.

PROMISING PRACTICE

FOC develops and provides services as part of a specialist programme aimed at preventing abandonment in maternity wards and supporting pregnant women. FOC's social workers take regular turns of duty at maternity wards where they discuss with medical specialists how to recognize young mothers at risk of abandoning their child. This tripartite partnership means that the Foundation receives case referrals simultaneously from both the maternity ward and the Child Protection Department. FOC's social workers coordinate the joint actions undertaken by maternity ward staff, the Child Protection Department and the parents, and the options available for support by the extended family. The Child Protection Department takes the final decision on the option to be chosen. Material or financial assistance/guidance is provided to the young mother until the risk for the child can be excluded. This may last from six months up to one year and a half. FOC's social workers work directly with those families that have declared their intention to abandon their child, by counselling and educating them. They also impart early child-care courses and training seminars to those young mothers and families who are willing to participate. Mobile teams provide family support making sure that the families know how to take proper care of the baby. FOC's programme also includes preparation of families to become foster carers for children with special needs; delivery of a 'welcome package' for the newborn baby upon discharge from the maternity ward; material assistance for the infant; and work with the family support system.

The programme focuses on the following target groups:
— pregnant women who have indicated their intention to abandon their newborn baby;
— families needing support to care for their child;
— families of children with developmental difficulties;
— youths who need to improve their parenting skills.

STRATEGY AND IMPLEMENTATION

FOC first started providing the Prevention of Abandonment Service in the Community Support Centre in Sofia, which was founded in 2008. The practice was replicated in Plovdiv, Bulgaria's second-largest region, when the second Community Support Centre managed by FOC was created in 2010.

The Prevention of Abandonment Programme comprises the following activities:
— **Tours of duty at maternity wards:** Currently, FOC cooperates with six hospitals that have maternity or neonatal care wards in two of Bulgaria's biggest cities – Sofia and Plovdiv. While on duty at the relevant maternity wards, FOC social workers provide counselling in a 'mother and baby' room that offers a supportive environment where young mothers can share their feelings, emotions, plans and concerns. They ascertain the needs of the baby while explaining to the mother the consequences of abandoning the child to be raised in an institution as well as the kinds of services available for her and her child.
— **Material support:** The mother receives a welcome package of material support for the newborn baby following her discharge from the maternity ward.
— **Intensive support in the home environment:** This aspect includes observation and support at the family home. Visits begin immediately after mother and baby are discharged from the hospital and continue until the risk of the baby's placement in institutional care is deemed to be eliminated. The team working on a case may resort to an intermediary to facilitate contact between the family and the specialists involved should there be a language barrier.
— **One-on-one or group family sessions as well as training:** 'First care for the newborn baby' is conducted to assist parents in identifying the needs of their children. Upon request, such meetings can be organized with the extended family. Families are advised on the functioning of the health-care system and how to access child-care services.

RELEVANCE

The vast number of children placed in institutions in Bulgaria is an indication of the importance of the national strategy 'Vision for Deinstitutionalization of Children in the Republic of Bulgaria'. It demonstrates a practical approach towards protecting children's rights that is very much in line with the United Nations Convention on the Rights of the Child.

SUSTAINABILITY

FOC's efforts have helped make child abandonment visible at the national level and have actively contributed to the acceptance of preventing child abandonment as a significant component of the deinstitutionalization process. The combined resources that FOC provides (competent staff, material and financial support) in a flexible way is the main reason that both health-care and child protection systems consider it as a vital partner in the timely prevention of child abandonment.

EXPANDED PARTNERSHIP AND ALLIANCES

The programme proposes and implements an effective model of interaction between service providers, the child protection authority and the health-care establishment. The relevant municipal authorities and regional social services are also actively involved in the partnership, as well as regional health inspectorates, which support the implementation and development of the proposed practice through their relevant structures.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

Families are active participants in the planning and delivery of services to the child. This creates real opportunities for their empowerment. The programme also strives to involve local communities in responding to the problems of vulnerable children and their families through campaigns and donations.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The work of FOC has attracted the attention of municipal authorities and policy and decision makers at the national level as a useful and efficient model that can contribute to deinstitutionalization. The programme is additionally supported by communities and the private sector.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The programme can add value to existing services in terms of human resources and because it lowers the costs of services and activities. The Community Support Centres, where the services are provided, are state-funded, but the programme itself is not. FOC and other NGOs are lobbying for inclusion into the list of services eligible for state funding.

RELATED LINK

For Our Children Foundation.
<www.detebg.org/en>

KAZAKHSTAN

Social work at primary health care level
to prevent family separation

SUMMARY

The Republic of Kazakhstan introduced social work practice at the primary health care level to address the complex needs of children, youths and families at risk and provide holistic support to children and families, thus preventing family separation and child abandonment, neglect and abuse.

PROGRESS AND RESULTS

The introduction of social workers at the primary health care level has contributed to a rapid reduction in the number of children under the age of three in residential care, from 1,692 children in 2011 to 1,302 children in 2013.

This initiative has strengthened the health system to interact with and enrich the capacity of the social welfare and child protection systems to identify risks; provide quality social work interventions; refer families to professional counselling and child-rearing advice; and facilitate access to social benefits and temporary housing.

Social work practice ensures a holistic approach to preventing unnecessary family separation and children's entry into the institutional care system. As a result, between 2012 and 2013, 40 per cent of child abandonment cases were avoided thanks to mothers changing their decision to abandon their newborn baby.

BACKGROUND

In recent years, Kazakhstan has witnessed a rapid economic boom with a growth rate of 6 per cent in 2013,[54] bringing the country close to reaching a high-income status. However, translating economic growth into sustainable social gains for the most vulnerable population groups, in particular, child and family well-being, is still a challenge. A new economic context and evolving family values have widened differences between various income groups, and the number of children placed in residential care in Kazakhstan remains among the highest in the region.

In 2010, 75,000 children were accommodated in different types of institutions, and 80 per cent of these had a parent or parents who could not afford their upbringing due to poverty, transformed family culture, lack of housing, or alcohol and drug addictions. About 2,000 children a year were identified as at risk of family separation and in need of professional counselling. Family vulnerability identification and preventive services were underdeveloped.

The factors influencing the placement of children under the age of three in infant homes include loss of parents, deprivation of parental rights, abandonment, hospitalization or imprisonment of parents, and temporary inability of parents to take care of the child. In 50 per cent of cases, parents formally refuse to look after their child by signing the necessary documents at the maternity hospital or at some later stage.[55] Evidence shows that, in most cases, limited

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54 Agency of Statistics of the Republic of Kazakhstan, 2014, retrieved at <www.stat.gov.kz> accessed 30 March 2015.

55 United Nations Children's Fund, Report on the profiles of children at the Specialized Baby Home of Astana City, based on documentation analysis, UNICEF Kazakhstan, Astana, 2012.

social work was undertaken to prevent children's separation from their parents; family and formal care was the only solution considered. The child protection system remained fragmented, and referrals to it were non-existent.

PROMISING PRACTICE

In 2011–2012, the Ministry of Health adopted regulations introducing social work practice into primary health care. Over 2,000 social workers were recruited. A ratio of one social worker per 10,000 population was established in maternity wards, Family Health Centres, Youth Health Centres and polyclinics.

The introduction of social work practice linked the health sector to the social welfare system, thus giving newly appointed university-qualified social workers an adequate function in case management and providing cross-sectoral outcome-based performance indicators for social well-being.

The social workers appointed to maternity wards, polyclinics, family planning centres and youth-friendly services perform a gatekeeping function in terms of safeguarding the well-being of children and youths. Social workers' job descriptions now include prevention of child abandonment, neglect and abuse, and their contributions to such prevention are considered as key indicators of their outcome-based performance review and a switch from reactive to preventative modalities of service planning and delivery.

STRATEGY AND IMPLEMENTATION

Advocacy and technical assistance provided by UNICEF prepared the ground for the introduction of social workers at the primary health care level. The social workers were coached in equity-focused interventions as part of a programme of capacity development and training. Guidelines were developed to support crisis interventions with children, youths and families.

Social workers' functions were revised to reflect their responsibility to provide a holistic approach and timely assistance to mothers of children under the age of three at risk of abandonment. Job descriptions were reviewed to ensure that they are more focused on children and youth, and the prevention of abandonment, neglect, abuse and family separation.

The child protection system also progressively expanded and developed performance monitoring indicators on children and referral mechanisms including protocols and case management.

RELEVANCE This practice model was included in the Development Strategy 'Kazakhstan 2030' and the Health Development Programme 2020 'Salamatty Kazakhstan'. It also backs the country's commitments to the CEE/CIS regional call to action to prevent child abandonment, which has already provided tangible results.

SUSTAINABILITY The model is now a part of the state health system, and the Ministry of Health has adopted regulations enforcing social work practice at the primary health care level.

EXPANDED PARTNERSHIP AND ALLIANCES

The specially designed referral protocol enabled social workers to enter cross-sectoral partnerships with other relevant actors and stakeholders. There is now a roster of private and non-governmental service providers of professional assistance. In Astana, the BI group (a major Kazakhstan construction holding) joined other stakeholders to support mothers at risk of child abandonment by providing temporary housing solutions. This partnership will be scaled up to eight additional regions of Kazakhstan.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The Government entirely leads this practice. The activities of the child abandonment prevention programme have empowered women and enabled them to change their decision to abandon their children. Social workers have played a catalytic role in mobilizing health-care professionals by building strong links between them in response to families' needs and with other sectors for the provision of services and social benefits.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The Ministry of Health and the central and local authorities are all committed to developing social work practice in Kazakhstan and have allocated the necessary funding, staffing and support.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

Social workers and their work are financed by the local budget. The Ministry of Health documents and presents the model's practice and results in order to obtain additional financing from the central budget for capacity development and service expansion.

RELATED LINKS

UNICEF Kazakhstan, news: Case management in social work at the local level.
<www.unicef.kz/ru/news/item/437>

UNICEF Kazakhstan, Photo essay on the development of a sustainable programme for the prevention of child abandonment and institutionalization of children 0–3 years.
<http://unicef.kz/en/media/photo>

REMARKS

The introduction of social work practice at the primary health care level is a new concept in Kazakhstan. Challenges remain to maintain the quality of services; supervise and monitor social workers; and identify long-term financing of social work in the regions. Although coordination of work and division of responsibilities between social workers of primary health care services and home visitation services still require alignment in order to reach their full efficiency and effectiveness, this model clearly has the potential to make an outstanding contribution to primary health care and social welfare and child protection services.

ROMANIA

Preventing child relinquishment and abandonment
in hospitals

SUMMARY

The design and implementation of a package of integrative services for the prevention of child abandonment and relinquishment included:

1. introducing social work practice in hospital care units, based on modelling and knowledge generation;
2. creating a Baby-Friendly Hospital network;
3. modelling community health care through community health nurses and Roma health mediators.

PROGRESS AND RESULTS

Between 2002 and 2007, Romania made significant progress in child health and child-care reform by developing a model of integrated, cross-sectoral interventions that promoted increased access to antenatal and postnatal care through social work counselling in maternity wards; home visitation; and promotion of baby-friendly hospitals with rooming-in systems and services encouraging permanent contact, breastfeeding and quality support.

Mainstreaming the model into national programmes and policies significantly contributed to reducing and preventing child relinquishment and abandonment. The relinquishment of children in maternity units and paediatric hospitals declined by 71 per cent, from 5,130 cases in 2003 to 1,474 cases in 2012.

As a result of concentrated efforts and evidence-based advocacy, several normative acts were adopted regulating *(1)* the introduction of social work practice in hospital care units; *(2)* the incorporation of the Baby-Friendly Hospital Initiative into the National Programme for Mother and Child; *(3)* the integration of home visitation and community health care through community health nurses and Roma health mediators.

In addition, Governmental Order 373 adopted in 2007, approving the National Action Plan for the Prevention of Child Relinquishment and Abandonment, has become an important milestone in concentrated and integrated efforts to address the phenomenon.

BACKGROUND

Studies on child relinquishment and abandonment conducted between 2002 and 2006 showed that approximately 1.8 per cent of newborn children remained in hospital care without their parents, sometimes for long periods. Unfortunately, the hospital ward was often seen as the best available substitute for accessible social welfare services, both for the parents who wanted to relinquish their child temporarily or permanently and, paradoxically, for the child protection services that use such hospitals to 'host' children in difficulty while they look for other protection options. Prevention services at the community level are poorly developed. These studies also indicated that the causes of relinquishment and abandonment are complex, deeply rooted in the socio-economic conditions of the family and usually linked to social norms. As a result, there is no single solution for the prevention of child relinquishment and abandonment.

PROMISING PRACTICE

Taking into account the magnitude of child relinquishment and abandonment in medical units, UNICEF, in partnership with the county General Directorates for Social Assistance and Child Protection (DGASPC) and NGOs, modelled the provision of social work services in maternity hospitals, including counselling for mothers, extended family and even members of the community, to prevent child relinquishment at birth or immediately after birth. A social assistant was hired and a counselling centre was set up in the hospital to assist mothers in obtaining identity documents for themselves and their children; provide information and facilitate access to family planning or family physician services; connect the family to community resources; provide general counselling and emotional support in order to strengthen mother-child bonding and, if relevant, remove barriers to the acceptance of the child. In addition, some of the implementing organizations provide material or financial support once the mothers leave the maternity ward and monitor the case for a few months until the mother and the family emerge from the crisis. An evaluation of the model demonstrated the services' positive impact, but it also highlighted its limitations due to the absence of a continuum of integrated services for cases of children at risk of relinquishment and abandonment.

At the same time, an initiative aiming to improve the nutritional status of all babies through the promotion of breastfeeding in baby-friendly hospitals evidenced its significant impact on the reduction of child relinquishment and abandonment. Early initiation of breastfeeding and strengthening of mother-child bonding through rooming-in facilities and timely counselling have positively influenced the prevention of children's separation from their mothers and family. Since 2003, UNICEF has helped 30 maternity hospitals to gain Baby-Friendly Hospital status, primarily by raising staff's capacities but also through financial assistance to improve rooming-in.

An evaluation conducted in 2003 showed that it would be possible to enhance further the effectiveness of the above measures by offering additional prevention services at the community level, before and during pregnancy and once the mother returns home with her baby. Most of the socio-economic factors and norms that push families towards relinquishment and abandonment could be addressed through home visitation and community-based services.

The Community Health Nursing Programme was initiated during the years 2002–2006 to widen access to basic health care. It focuses in particular on poor and uninsured populations from rural areas, mitigating the risks of child relinquishment by facilitating access to antenatal care and promoting breastfeeding. It was piloted initially in seven counties and the city of Bucharest with the help of 160 newly hired community health nurses. By the end of 2005, 485 community health nurses were active in 23 counties and the city of Bucharest thanks to this programme.

STRATEGY AND IMPLEMENTATION

The key to successful outcomes in this area was the Government's commitment and leadership, including the investment of appropriate resources in *(a)* developing interventions (including situation and bottleneck analyses) and services at the local level; *(b)* promoting the integration of services and increased horizontal and vertical cooperation between institutions and professionals; and *(c)* establishing and using a monitoring and evaluation system to measure the impact of policies and the reiteration of policy development processes based on results achieved and lessons learned.

In addition, the main development strategies were the following:

1. Piloting and modelling *(a)* social work practice in hospital care units and collaboration and cooperation with child protection services; *(b)* baby-friendly hospitals; and *(c)* home visitation and community health care through community health nurses and Roma health mediators. A lot was invested in evaluating interventions and corroborating analyses, which allowed to identify the strengths of the integrated approach and continuum of services.

2. Building the capacity of stakeholders at several levels, including *(a)* local partners in the development and integration of service delivery; *(b)* county authorities, especially based on evidence of concerted efforts and knowledge management; and *(c)* central authorities, especially on the use of evidence in adjusting national policies, strategies and normative frameworks.

3. Advocating policy and institutional-level reforms for scaling up interventions by using evidence and results demonstrated in the pilot interventions.

SUSTAINABILITY

The model has proved to be sustainable in a stable environment, but the shock generated by the economic crisis in terms of budgetary cuts and by decentralization as part of the institutional reform shows the fragility of the model and is likely to jeopardize significant achievements. After 2009, against the backdrop of austerity measures, the child protection system underwent budget and staff cuts. Services geared towards preventing the separation of children from their family were drastically affected and are now insufficiently and unevenly developed across the country. Also, systematic annual reports on community health nursing have not been drawn up at the national level since the decentralization of services. Therefore, the benefits of the model remain unknown to many county or national public authorities and the Ministry of Health.

EXPANDED PARTNERSHIP AND ALLIANCES

Until 2007, preventing child relinquishment and abandonment was considered a national priority. Many key stakeholders were involved in supporting the model and promoting evidence-based advocacy for policy formulation in the area. An interministerial technical working group was created at the level of the Romanian Government and coordinated by the Government's General Secretariat. It operated with the support of a large group of experts from relevant ministries and civil society organizations.

FINANCIAL RESOURCES' MOBILIZATION AND LEVERAGING

Financial resources were mobilized through partnerships and alliances with donor and/or development assistance agencies, such as the Swiss-Romanian Cooperation Programme and the World Bank, in order to promote rooming-in in all maternity hospitals via a national programme of rehabilitation of obstetrics and gynaecology units. The John Snow Institute, the United Nations Population Fund (UNFPA), UNICEF and USAID contributed with technical and financial assistance to piloting and scaling up the community health nurses' network.

RELATED LINKS

United Nations Children's Fund, *The Situation of Child Abandonment in Romania,* UNICEF, March 2005. **<www.CEE/CIS.org/child_protection/PDF/child%20 abandonment%20in%20Romania.pdf>**

UNICEF Romania's website. Baby-Friendly Hospital Initiative.
<www.spital-prieten.ro>

Swiss Romanian Cooperation. Conference on 'Community Integrated Health Services' held in Bucharest on 21–22 February 2014 within the Swiss-Romanian Cooperation Programme.
<www.cred.ro/v3/index.php/conferences/131-conference-community-integrated-health-and-social-services.html>

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ROMANIA
Maternal-Child Shelters

SUMMARY

The Maternal-Child Shelter (MCS) is a service designed to prevent mother-child separation. It targets mothers at risk of abandoning their baby in the maternity ward by providing protection, counselling, and social (re)integration support for a limited period, thus giving the mother enough time to bond with her newborn baby or young child. It also offers support for the socio-economic (re)integration of the mother-child couple.

PROGRESS AND RESULTS

The creation of the Maternal-Child Shelter model has made a valuable contribution to the ongoing child-care system reform in Romania. It has become an integral part of a continuum of care, increasing prevention and early intervention capacity. The model enables close interaction with the health sector and contributes to better outcomes in preventing the separation of mothers and infants.

The most important result achieved is the percentage of children who have not been abandoned and the percentage of mother-child couples who have been successfully (re)integrated. The six shelters established with World Vision Romania's support served over 350 mother-child couples and were rated as highly successful in preventing infant abandonment, with a success rate exceeding 85 per cent. The service has expanded significantly at the national level: 52 shelters are currently operated by the public service and another 4 by NGOs.[56] They have contributed to reducing the number of abandoned infants from over 5,000 in 2003 to less than 1,500 in 2009.[57]

All Maternal-Child Shelters initially created by World Vision Romania have been taken over and are now operated by the County Specialized Child Protection Departments. Their impact and results can also be quantified in terms of improvements in the quality of mother-child relationship, mothers' life and parenting skills, as well as the percentage of mothers who have become financially independent. Other indicators of the programme's success are the number of staffs trained to deliver the services; the implementation of partnership agreements with public authorities; and the overall sustainability of the services.

BACKGROUND

In 1990, the number and conditions of children in Romanian institutions made international headlines. Romania had one of the highest rates of children separated from their families and placed in large, horrifying institutions (hosting over 200 children each). The situation started to improve after 1997, when the Romanian Government prioritized child protection reform and, in partnership with NGOs, created services intended to reunite children with their families and developed alternatives to institutional care, including services that prevented child separation.

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56   Children's Rights Protection, Developments in child protection (Table 4. Special protection in residential-type services, on September 30, 2013), p. 7. See <www.mmuncii.ro/j33/images/buletin_statistic/Copii_III_2013.pdf> accessed 30 March 2015.

57   National Authority for the Protection of the Rights of the Child and Adoption (NAPCRA). See <www.copii.ro/statistici> accessed 10 May 2015.

In the late 1990s, the numbers of children abandoned by their parents under the child protection system were still high. One of the main entry points for children into institutional care was the hospital, especially maternity wards. Over 5,000 babies and toddlers[58] were abandoned each year by hopeless mothers, including young, unmarried mothers, mothers with too many children at home and mothers living in critical situations, most of them with no vocational education, no jobs, no life skills, or coming from abusive families.

PROMISING PRACTICE

In cooperation with the National Authority for the Protection of the Rights of the Child and Adoption and on the ground of signed partnerships with the County Specialized Child Protection Departments, World Vision Romania established Maternal-Child Shelters in six different locations between 1999 and 2009.

The Maternal-Child Shelters are part of a 'continuum of care' to prevent the abandonment of babies and toddlers that includes: social work and psychological counselling for mothers in maternity wards; maternal shelter; job accompaniment; family reunification; and day care for children (aged 1–3 years) of working mothers. All services are provided free of charge to ensure mother-child (re)integration and avoid abandonment. The Maternal-Child Shelter service includes psychological and social counselling, medical services, vocational and life skills education, counselling for the extended family, and assistance (including material support) for (re)integration.

Maternal-Child Shelters are residential units specially designed for up to six mothers with small children. The residential space includes individual mother-child rooms and common areas for mothers and infants (dining room, playroom and kitchen). The service is available to mothers for a period of six to twelve months. In addition to residential care (including safe housing, cooking facilities and medical supervision), the Shelter includes specific social work services that help mothers design and implement an individual social (re)integration plan. Individual and group counselling is accompanied by counselling for extended family members, life skills and vocational education, and assistance to find a home and seek a job at the end of the programme.

Throughout the programme, participating mothers are trained to take care of their baby, recognize the milestones of normal child development as well as the signs that should raise their concern. As many beneficiaries are unprepared for motherhood, they learn basic skills like cooking, cleaning and other life skills such as dealing with public transportation, job seeking, accessing necessary services, etc. Whenever required, mothers are supported to register their children and obtain birth certificates. A designated doctor or nurse provides medical assistance to mothers and newborn babies throughout the programme. Peer education and mutual support among mothers are encouraged to achieve social integration.

STRATEGY AND IMPLEMENTATION

NGOs initially piloted the Maternal-Child Shelters. Their demonstrated success in preventing the abandonment of babies convinced public authorities to adopt the model as an integral part of Romanian statutory child protection services.

In the locations where the programme was implemented, World Vision Romania has signed partnership agreements with the local child protection structures that include an agreed-upon plan for the service to be transferred to the public service. Service delivery is done jointly: World Vision initiates the programme, and the public service takes over responsibility gradually (both in terms of staff and budgetary allocations). The transfers have been successful in all cases. Presently, all services are fully functional with public funding and personnel.

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58 Ibid.

Due to the Romanian reform context, the programme included an important partnership and capacity-building component besides direct service delivery. During implementation, World Vision Romania provided constant support in raising the capacity of the Child Protection Department's staff to take over service delivery, monitoring, documentation and funding.

The direct beneficiaries of the service, identified in the maternity wards by social workers, psychologists or trained medical staff, received initial counselling focused on assessing the risk of separation and the support needed to avoid child abandonment. On the basis of this assessment and a formal agreement with the Child Protection Department, World Vision Romania's social workers refer mothers to the Maternal-Child Shelter until they can solve the critical social issues that prevent them from keeping the baby.

Social workers are required to report periodically on progress achieved during the implementation of the case management plan to the Child Protection Departments as they have the primary responsibility for preventing child separation. The decision to discharge the mother-child couple is taken by the County Child Protection Department upon the recommendation of the designated social worker. The intervention is followed by a six-month monitoring period.

RELEVANCE

The creation of the Maternal-Child Shelter service is highly relevant for the Romanian child protection reform context and contributes significantly to achieving the objective of reducing the number of children in institutions. The most important enabling factor in developing this service in Romania was the political and administrative will to expand the network of child protection services at the local level.

SUSTAINABILITY

The Maternal-Child Shelter model proved to be fully sustainable in all six locations and has become a part of the formal child protection system. It has contributed to the development of a continuum of child protection services and has been defined by legislation as a component of the network of public child protection services.

EXPANDED PARTNERSHIP AND ALLIANCES

From the pilot stage of the programme, partnership with the statutory child protection authorities was crucial to securing the model's integration into the overall child and social protection systems and its sustainability. Functional partnerships were entered with the health services, especially hospital maternity wards where the Maternal Counselling Service is located to ensure the identification and referral of cases. It was also necessary to build partnerships with the police and legal services to identify mothers and facilitate birth registration (where needed).

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The County Child Protection Departments led the Maternal-Child Shelters' incorporation into the continuum of care on the basis of a successful evidence-based model. Staff training and impact demonstration empowered local communities to take on gradually the responsibility for the service. Counselling empowered mothers to keep their children and regain trust in their ability to be good mothers. They were given an opportunity to develop professional and independent life skills and received assistance to find a job, a home and/or support for family reintegration.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The Romanian Government took a political and administrative decision to integrate this service into the statutory child protection services. At the county level, the ongoing implementation of this service is being funded by the County Councils based on the child protection legislative framework.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The model is highly cost-effective. It helps avoid the cost of institutional care and, according to recent studies on the detrimental effects of institutionalization on children under the age of two, it brings significant gains in terms of child development and well-being.

RELATED LINK

Ministry of Labour, Family, Social Protection and the Elderly. Children's Rights Protection.
<www.mmuncii.ro/j33/images/buletin_statistic/Copii_III_2013.pdf>

REMARKS

The Maternal-Child Shelter model has been replicated in many countries of the region and appears to be a fundamental element of a coherent child-care system.

RUSSIAN FEDERATION

Mother and Baby Units

SUMMARY

Mother and Baby Units (MBUs) are a free service for vulnerable pregnant women and mothers at risk of abandoning their babies who face difficult life situations. This service helps women to overcome family and life crises and keep their babies.

PROGRESS AND RESULTS

The Mother and Baby Unit was the first model that successfully addressed baby abandonment in Sverdlovsk Oblast and helped reduce the number of infants abandoned, from 200 in 2000 to 100 in 2011. Although MBUs did not achieve this significant drop on their own, they indeed contributed to reducing child abandonment, combined with increased benefits. The model has now been integrated into the state system under the Ministry of Social Protection of Sverdlovsk Oblast.

During the period 2005–2011, 3,563 women used the crisis departments' services for legal and psychological consultations; 303 women in five cities across Sverdlovsk Oblast used MBUs for temporary accommodation; specialists dealt with 76 cases of abandonment in four towns; and abandonment was prevented in 60 cases.

BACKGROUND

In 2006, 5,330 children lived permanently in children's homes in Sverdlovsk Oblast. In 2007, 1,032 children were placed in children's homes. Besides these homes, there were also infant homes for children under the age of three and shelters. The number of early abandonment cases was growing year after year in Yekaterinburg (216 cases in 2004; 233 cases in 2005; 256 cases in 2006). Most mothers did not want to abandon their children but were forced to do so because they did not have a place to live or faced problems with their parents and families. The reasons put forward for abandoning their children were the lack of income, the absence of support with childcare, or unemployment. Previously, authorities were unable to provide much practical assistance to these mothers, and often they could only suggest to refuse the child and place him/her in state care. Thus, the State encouraged mothers to give their child for adoption, assuming that adoptive parents could provide better care. Sometimes, fairly minor supportive interventions could have transformed a baby's life avoiding separation from his/her mother and father. Ongoing long-term community support was greatly needed.

PROMISING PRACTICE

MBUs are a preventative service for vulnerable pregnant women and young mothers at risk of abandoning their infants. The service, initiated in the Russian Federation by EveryChild Sverdlovsk, is supported by the MAMA+ programme (HealthRight International) in partnership with state and local NGOs. In 2007, the NGO Family to Children started piloting a new MBU service in the small Russian town of Revda. The service provides counselling and accommodation for vulnerable mothers with babies and for pregnant women at risk of abandoning their future infants. Family to

Children works in partnership with the municipal authorities who provided two social workers to assist the MBU's clients. The social workers assess the women's living conditions and prepare a plan to overcome their difficult situations. They also help women take care of their babies, establish good relationships with their close relatives and families and find part-time jobs. Since 2008, the model has been implemented in Yekaterinburg, Bogdanovich, Artemovsky, Nizhny Tagil and Nizhnyaya Tura.

STRATEGY AND IMPLEMENTATION

Although Family to Children is situated in Yekaterinburg, the first MBU was established in the town of Revda because of its lower flat purchasing prices. The purpose of the strategy was to demonstrate the efficiency of the practice and encourage the State to assume responsibility for the service. Once MBUs were recognized as a real alternative to the 'baby home' state care system, they were validated as a new model able to provide temporary accommodation for needy mothers and their infants. MBUs now work with the State Social Centres in Bogdanovich, Artemovsky and Nizhnyaya Tura. In addition, a whole network of services has been set up to help vulnerable mothers.

RELEVANCE

MBUs empower women to keep their children, make use of the social state benefits available to them, become more confident in their everyday life, and obtain long-term support from the local community. Thus, children avoid separation from their mothers and enjoy the invaluable experience of a family upbringing.

SUSTAINABILITY

The Revda MBU has been funded by the Ministry of Social Protection of Sverdlovsk Oblast since 2009 and operates as a state service although the project's apartment is the property of Family to Children.

EXPANDED PARTNERSHIP AND ALLIANCES

All projects are implemented in association with the Ministry of Social Protection of Sverdlovsk Oblast. Family to Children has collaborated with the Ministry for more than ten years.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The women who received MBU support were empowered to cope with life's challenges and look after their children themselves.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

Family to Children has attracted funding from outside the country to invest in the social development of Sverdlovsk Oblast since the year 2000. After a period of 10–12 years of innovative work targeted at preventing unnecessary family separation and supporting vulnerable families and children in the Russian Federation, Family to Children is now recognized as a highly professional socially oriented local NGO, working in close cooperation with the Government.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY
The Revda MBU continues to operate as a state service and is now fully funded by the Government. Family to Children started receiving subsidies in 2011 from the Ministry of Physical Culture, Sports and Youth Policy and from the Ministry of Social Policy of Sverdlovsk Oblast.

RELATED LINK
Family to Children. Innovations of Social Support. Disseminating Experience of 'Urgent Accommodation for Vulnerable Mothers' project in Sverdlovsk Oblast.
<www.family2children.ru/en/disseminating_experience>

REMARKS
MBUs are now considered as a fundamental element of the child-care system and an essential component of the prevention package that should be set up alongside other services and benefits in order to prevent family separation and support family reunification. The MBU model has already been replicated in several countries of the CEE/CIS region.

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RUSSIAN FEDERATION

Early intervention programmes for children under the age of three at risk of developmental delay, and their families

SUMMARY

The St Petersburg Early Intervention Institute (EII) is a non-governmental organization that has developed a model
and applied early childhood intervention programmes for children at risk of developmental delay under the age of
three and their families in the Russian Federation. The early intervention model focuses on community-based services
for families of children with disabilities or at risk of developmental delay on the basis of the following principles: an
interdisciplinary approach; teamwork; partnership with parents; a stimulating environment; evaluation as an essential
part of professional work.

PROGRESS AND RESULTS

From 1995 to 2005, the St Petersburg Early Intervention Institute provided early intervention services to around
15,000 babies and infants and their parents from all over St Petersburg; supported the establishment of 22 state-
funded early intervention services in children's polyclinics; and set up 10 early intervention departments in social
rehabilitation centres across the city and in Leningrad Oblast. EII successfully promoted early intervention services
at the national policy level. This was reflected in the growing number of early intervention services established across
the country in recent years. The St Petersburg EII has created a Russian Association of Early Childhood Intervention,
which now has a membership of 27 early intervention services from 20 Russian regions, representing a range of
government health care, social care and educational organizations and NGOs. Early intervention programmes have
been recognized as effective preventative programmes that help keep a child in his/her family and as support
programmes improving the development and socialization of children with disabilities and their families. EII continues to
provide early intervention services to some 200 babies and infants and their parents every year, but its main function
in recent years has been to train and build the capacity of specialists from all over the country. In a period of only two
years, 550 specialists were trained by early intervention service providers from more than 10 regions of Russia, and
3,000 early intervention specialists received regular information updates.

In 2014, an interministerial working group was established to develop federal regulations for early intervention
services.

The Russian Association of Early Childhood Intervention has developed an ethical code, a set of standards and a best
practices publication based on best practices in Russian, Belarusian and Ukrainian early intervention services. The
standards and best practices have been peer reviewed by 'Eurlyaid', the European Association on Early Childhood
Intervention.

BACKGROUND

In the Russian Federation, every year, around 30,000 babies and infants under the age of three are cared for in over 200 infant homes. Approximately half of them are children with disabilities who are later transferred to some 40 (internats) for older children with intellectual disabilities hosting 23,000 children and youths aged 4–23 years. The medical approach to disability still prevails among professionals and the public in Russia, and disability is usually considered as an illness to be treated in an institutional set-up. The main objectives of the treatment programmes are to cure a sick child and to make him/her 'healthy and normal'.

PROMISING PRACTICE

The early intervention services developed by the St Petersburg EII challenge the current model of disability and offer children and their parents a range of multidisciplinary services that support all aspects of the child's development; help parents to play an active role in their child's upbringing; and reduce the risk of parents placing their child in state care.

The early intervention programme is a family-centred interdisciplinary programme geared towards preventing the placement of children with disabilities in institutional care and supporting families to offer their children a better development. The overall goal of the programme is the normalization of family life and children's inclusion into society. Early intervention programmes use evidence-based approaches to ensure positive developmental dynamics for each child. They have a proven impact on early childhood development across several dimensions – vision, hearing, gross and fine motor skills, cognitive functioning, communication and interpersonal and social skills. Early intervention programmes have also contributed to boosting children's educational achievements in late childhood and young adulthood and strengthening parenting skills and resilience.

Early intervention programmes include several stages: identification of children under the age of three at risk of developmental delay; interdisciplinary assessment; development and implementation of a programme tailored to the client family that includes regular evaluations and transition to a preschool or rehabilitation centre. The interdisciplinary teams comprise a doctor (paediatrician or child neurologist), psychologist, special educator, speech and language therapist, physiotherapist, occupational therapist, social worker and vision and hearing specialists. Parents are always involved as team members at all stages of the programme. A programme typically lasts from the moment the child is first assessed, in some cases just after birth, up to when he/she turns three years old.

The success of the early intervention programmes depends on early identification and referral. A system of screenings (including visual, hearing and developmental screenings) has been developed and implemented in St Petersburg. Close cooperation with medical centres, such as maternity hospitals, intensive care units, children's polyclinics and hospitals, helps refer children with identified disabilities or medical problems to early intervention services. EII also provides regular, monthly supervision to specialists from 19 St Petersburg government-funded early intervention services in kindergartens, polyclinics and social service organizations.

Individual care and intervention plans are developed on the basis of an interdisciplinary assessment, which aims to identify problems or delays in child development, but also to note the child's positive potential and strengths and the family's resources, and match them with the early intervention programme. A family's plan may include individual or group sessions for children and parents with specific specialists; home visits; club activities; training; and group sessions for parents. Regular monitoring contributes to evaluating achievements and indicates where amendments to the plan are necessary to achieve the goals or provide better results for the child and his/her family.

Planning for transition from home to kindergarten is an important part of the early intervention programme as it helps ensure continuity of support for a child with developmental delays entering the preschool system at the age of three. Early intervention specialists assist parents to choose the right preschool and provide preschool staff with information about the child, the results of their interdisciplinary assessment and recommendations.

STRATEGY AND IMPLEMENTATION

The St Petersburg EII started developing and implementing early intervention programmes in 1991. The first governmental early intervention services were opened in St Petersburg in 1998 with financial support from the city government and technical assistance from EII. As a licensed educational organization of post-graduate professional education, the St Petersburg EII provides educational courses and training for professionals aimed at disseminating the early intervention model. From the mid-nineties right up to now, the Institute has educated specialists and supported their attempts to open early intervention services in different regions of the Russian Federation and CIS countries.

At the same time, the St Petersburg EII has actively advanced the concept of early intervention at different levels through the mass media and a variety of academic and professional organizations. Besides early intervention, staff members take part in projects geared towards developing new professional disciplines in the Russian Federation, such as physiotherapy, occupational therapy, alternative and communication therapy, which are essential components of early intervention programmes.

In 2010, early intervention professionals from different regions created the Russian Association of Early Childhood Intervention for advocacy and spreading ideas of early intervention. The Association has developed and disseminated among professionals across the country early intervention standards, descriptions of best practices and an ethical code for professionals working in the field of early intervention.

RELEVANCE

Early intervention programmes empower parents, promote inclusion and reduce stigma and the risk of placement in residential care in countries that still rely heavily on institutional services for children with disabilities. Early intervention services are relevant for children with developmental difficulties due to social problems and children with functional disorders or disabilities. They challenge medical models of disability and promote highly individualized interdisciplinary responses to the needs of children.

SUSTAINABILITY

Early intervention services in the Russian Federation have been established at the local level in over 27 regions and are paid for either through health, education or social protection budgets. In some cases, NGO services are financed by local authorities; in other instances, parents bear the costs of the services. Early intervention services have become a national priority, and it is likely that every region will have a state programme focused on developing these services in the coming five years.

EXPANDED PARTNERSHIP AND ALLIANCES

The Russian Association of Early Childhood Intervention is led by the St Petersburg EII and brings together over 27 municipal, regional, national government and non-governmental organizations focusing on early intervention services.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The St Petersburg EII has been leading the development of early intervention programmes and services in the Russian Federation and the CEE/CIS region since the beginning of the 1990s. It has secured support for early intervention as a key element of child and family policy at the national and regional levels in the Russian Federation, Belarus and other countries of the region.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The State has funded the provision of early intervention services in St Petersburg since 1995 through health services and subsequently education and social protection organizations. Private donors and parents themselves also fund some services for children and families at the St Petersburg EII. Regional governments commission training and supervision from the Institute and there is strong support for early intervention services at federal, regional and local levels across Russia, including financial and legislative support.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

Early intervention services have produced long-term economic returns for children with developmental difficulties in terms of educational achievements and eventual productivity. The cost of high-quality early intervention services is a fraction of the cost of providing residential services for children with developmental difficulties.

RELATED LINKS

Early Intervention Institute, St Petersburg.
<www.eii.ru/en>

Association of early childhood intervention in Russia. Standard requirements to organization of early intervention services.
<www.eurlyaid.eu/projects/docs/Standards_for_Russian_Early_Intervention.pdf>

REMARKS

This model takes a holistic and interdisciplinary approach to rehabilitation of children with developmental difficulties that is empowering for parents and children. It achieves substantial developmental results, helps parents to fulfil their parenting responsibilities and ensures that families of children with disabilities get the support they need to look after their children without resorting to their placement in institutions. Early intervention programmes are based on the International Classification of Functioning, Disability and Health for Children and Youth. They promote a holistic understanding of disability and link into inclusive preschool education, social policies and programmes.

UKRAINE

Social Centres for Mother and Child and consultation points of the Centre of Social Services for Families, Children and Youth (CSSFCY)

SUMMARY

The Social Centres for Mother and Child and the consultation points of the Centre of Social Services for Families, Children and Youth (CSSFCY) provide social and psychological support to vulnerable pregnant women and young mothers who are considered likely (or who have expressed intention) to abandon their newborns. The consultation points operate in a total of 696 state medical facilities (maternity wards, women's medical clinics and baby homes), offering psychological and social support and reintegration of abandoned newborns or young children (up to age three) living in baby homes back into their families (biological parents, foster parents, guardians, adoptive parents, small family-type homes). They also provide information and educational initiatives to develop responsible parenting. In addition to these services, the Social Centres for Mother and Child (operating in approximately 16 of Ukraine's 25 regions) procure shelter to vulnerable women from the seventh month of pregnancy until the child is 18 months old.

PROGRESS AND RESULTS

The results to date suggest that the model has contributed to reducing the number of infants abandoned, from 1,549 in 2004 to 599 in 2011. In 2012, 61 per cent of women (487) who had expressed their intention to abandon their infant and received services from the consultation points changed their minds and kept their child. While this preventative service was not solely responsible for this significant drop, it is likely that, combined with increased benefits, it has significantly contributed to reducing abandonment at birth.

A recent review of cases shows the service's positive impact: in 2011, 63 per cent of service users and, in 2012, 61 per cent of users kept their children rather than abandon them. Of the 232 women who left the Social Centres in 2012, 96 per cent kept their children. Living conditions improved for about 100 women in terms of housing, employment and economic stability.

This model of psychosocial support and preventative services for vulnerable pregnant women and young mothers at risk of abandoning their infants was initiated by UNICEF with NGO partners, namely, Hope and Homes for Children and Partnership for Every Child. The model, which has now been integrated into the state system under the Ministry of Family, Youth and Sports, continues to develop under different state and NGO formats and scopes. At the end of 2012, 696 consultation points and 16 Social Centres for Mother and Child were operational in the country.

BACKGROUND

In Ukraine, approximately 8,000 children are deprived of parental care every year (due to termination of parental rights). In 2004, 1,549 infants were abandoned at birth. Families face an array of vulnerabilities, which induce them to abandon their babies: lack of housing; poverty; absence of social 'safety nets'; limited or no contact with family

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members for these vulnerable families or often single mothers; parents with dependencies, in conflict with the law or facing violence.

PROMISING PRACTICE

The model focuses on activities that help prevent the abandonment of infants and young children. The target groups include pregnant women, mothers with newborns (including underage mothers), parents of children with developmental problems or whose newborn died. The work is conducted in two different formats: as consultation points and as social centres for mother and child. The key components of the work are: *(1)* social and psychological support; *(2)* reintegration of abandoned newborns or young children up to age three living in baby homes into families (biological parents, foster parents, guardians, adoptive parents, or small family-type homes); and *(3)* information and educational initiatives to develop responsible parenting.

In 2012, 696 consultation points were operational throughout Ukraine. Although predominantly located in maternity wards (554), 129 consultation points were run in women's medical clinics and 13 in baby homes. The consultation points provide emergency support for women at risk of abandoning their child. When doctors identify the potential risks of abandonment, they inform the patient about available support services, refer them to the Social Centre for Mother and Child, and provide assistance in completing the medical documents required. Social workers provide access to social services and, when needed, refer to the Social Centre. Specialists work with women on social and psychological issues, strengthen parenting skills and support opportunities for sustainable housing, continued education or work options.

The Social Centres for Mother and Child can also provide shelter for vulnerable women who are more than seven months pregnant or have infants up to 18 months old. In the Social Centres, women do not only acquire parenting skills, they also benefit from continuing education and assistance in obtaining their documents and finding an employment and sustainable housing.
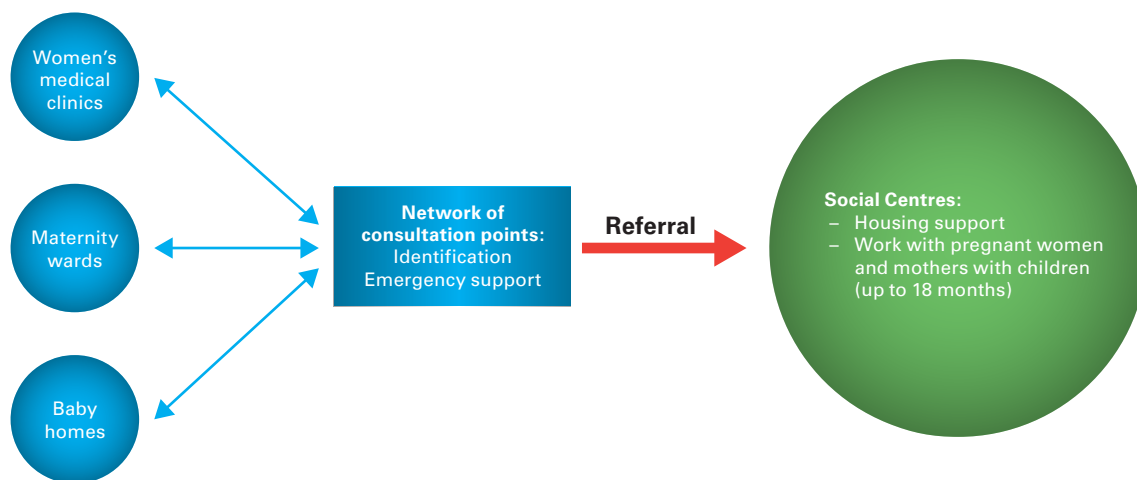
STRATEGY AND IMPLEMENTATION

The main strategies used involve:

— **Advocacy, coordination and partnerships:** *Introduction of an inter-agency mechanism for interaction of social and medical workers.*

As a result of the cooperation between UNICEF and Hope and Homes for Children, the concept of the Social Centre for Mother and Child was implemented on a pilot basis and later scaled up and incorporated into the state policy framework. A coordination mechanism between social workers and health-care professionals was established in 2007 to prevent infant and baby abandonment.

Following intensive advocacy efforts, the thrust of social service reform, launched in 2012, is now developing comprehensive social services in the community. A new standard for the existing early abandonment prevention service is to be developed.

— **Capacity-building:** *Setting-up of networks of consultation desks at maternity hospitals, antenatal clinics, infant homes; and further establishment of social centres for mother and child.*

There has been an important transfer of skills and knowledge to local social workers around the methodologies used in the consultation points and the Social Centres for Mother and Child. UNICEF supported the training of experts to establish and expand the model in cooperation with Hope and Homes for Children in Ukraine.

RELEVANCE The model responds to the needs of women who are at risk of abandoning their newborns. The annual decreasing trend of women abandoning their child at birth seems to confirm its success.

SUSTAINABILITY The model has become an integral part of Ukraine's social welfare and child-care system. It is implemented by both state and NGO providers.

EXPANDED PARTNERSHIP AND ALLIANCES The model has expanded collaboration between different service providers of the health-care and social protection sectors, and involves both NGO and state agencies.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT One of the primary tasks of the Social Centres for Mother and Child and the consultation points is to empower young pregnant women and mothers to care for their children, overcome their difficult situations, and find their place in society. The Social Centres offer a variety of services to help users resocialize and acquire new skills and professions.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The model, which began as a UNICEF and civil society initiative, has been successfully integrated into the public system of social care. This demonstrates the Government's commitment towards preventative social services and deinstitutionalization through family support services.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The Government finances the Social Centres for Mother and Child and the consultation points, thus ensuring their sustainability. However, some experts have noted that social centres although effective can be costly. The approach remains valid and significant for preventing baby abandonment while operating methodologies continue to evolve.

RELATED LINKS

Lviv Oblast Social Centre for Mother and Child.
<http://locssm.ipsys.net/merega_golovn.php?id=36>

Chernihiv Oblast Social Centre for Mother and Child.
<https://sites.google.com/site/oblasnijcsssdm/pro-centr/-zakladi-socialnogo-spramuvanna/batki-j-ditina>

Chernihiv Oblast Social Centre for Mother and Child.
Video: Mothers receive shelter and warmth at the Centre for Mother and Child.
<https://www.youtube.com/watch?v=oZEPqtkfmkM>

REMARKS

The model developed in Ukraine has proved to be highly successful. It has contributed to the identification, early intervention and provision of comprehensive and integrated prevention services for mothers at risk of child abandonment. Even though the results obtained suggest that the model is valid, challenges still remain and need to be further addressed. The efficiency of separate social centres may be an issue, particularly for countries with limited resources. Ukraine is exploring how to maintain the services' approach and principles while making them more cost-efficient. In addition, consideration should be given to a more adequate development of these approaches in rural areas.

6 FAMILY SUPPORT AND ALTERNATIVE CARE SERVICES

A reliable gatekeeping mechanism should be in place to adequately support vulnerable children and their families and prevent unnecessary entry to institutional care. This mechanism should be grounded on a thorough assessment of the child's individual needs and his/her family's potential, strengths and weaknesses, which are translated into an individually tailored programme of support.

Timely and efficient interventions and the provision of family and child support services that can facilitate family life and also prevent the neglect and abuse of children, as well as family breakdown, are essential components of social protection systems.[59]

Social work plays a crucial role in preventing child abandonment and relinquishment and coordinating support among different sectors and actors. The quality of social work interventions is an indicator of the capacity of child protection systems to identify the most vulnerable families, reach out to them and provide appropriate support in order to avoid family separation.

Child protection systems should comprise a continuum of services, designed and established to address children and families' vulnerabilities through individual plans and strengthen families' capacities for providing quality care to their children. Such services can be family support services (such as mediation, psychosocial support, situation assessment, access to day care, respite care, better parenting initiatives) or family substitute services (such as temporary placement in extended families or foster care). Ultimately, the primary functions of the continuum of services should be to: prevent unwarranted separation of children from their biological families; ensure early identification of families at risk of abandoning their child; assess each case to better understand the root causes of problems; single out needs and types of assistance required and find possible solutions; arrange support measures, including cash allowances whenever necessary; refer to and purchase appropriate services from either public, NGO or private service providers; procure the services; monitor progress in achieving expected outcomes for the family and the child; and review individual cases until a permanent solution can be found.[60]

The United Nations Guidelines for the Alternative Care of Children were developed from the recognition of significant gaps in the implementation of the international legal framework for children deprived of parental care or who are at risk of being so. The Guidelines emphasize the role of governments and link together social protection and child-care policies and activities towards promoting the care of children by their family or envisaging stable and definitive solutions, such as adoption or *kafala* of Islamic law. A child should be admitted to

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59   UNICEF INSIGHTS, Issue 1/2012, supra, p. 2.

60   UNICEF, *Children under the age of three in formal care in Eastern Europe and Central Asia*, supra, pp. 9–10.

alternative care only when such efforts have been exhausted, and acceptable and justified reasons for entry into care exist. The Guidelines assist States to design care and protection systems that remove children from their families only when it is absolutely necessary and the placement in alternative care is consistent with the best interests of the child. The Guidelines expect deinstitutionalization to take place as well as the progressive elimination of large residential care facilities.

Article 19 of the United Nations Convention on the Rights of Persons with Disabilities emphasizes the importance of developing good quality and sustainable alternatives to institutional care, requiring the shift of government policies away from institutions towards in-home, residential and other community support services.

The Council of Europe's recommendation on 'deinstitutionalization and community living of children with disabilities'[61] recalls, "placing children in institutionalized forms of care raises serious concerns as to its compatibility with the exercise of children's rights" and recommends that governments of member States "take all appropriate legislative, administrative and other measures adhering to the principles set out in the annex to this recommendation in order to replace institutional provision with community-based services within a reasonable timeframe and through a comprehensive approach." Paragraph 20 of this recommendation emphasizes the need for governments to take a strategic approach to the development of community-based services as alternatives to institutions: "A national action plan and a timetable should be drawn up to phase out institutional placements and replace these forms of care with a comprehensive network of community provision. Community-based services should be developed and integrated with other elements of comprehensive programmes to allow children with disabilities to live with their families in the community."

Children cannot exit institutional care if alternative services are not available or targeted to those most in need. A UNICEF rights-based regional situation analysis carried out in 2012 showed that not all countries in the CEE/CIS region have yet established a fully fledged child-care system that effectively addresses family vulnerabilities in order to prevent the placement of children in formal care and enable the reintegration into their family of children currently in institutions. The new system must be designed as a continuum of services, capable of dealing with diverse vulnerabilities through individual child/family plans and strengthening families' ability to provide quality care to their children. The transformation of the old system and the establishment of new services require careful planning.[62]

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61 Council of Europe, Recommendation CM/Rec(2010)2 of the Committee of Ministers to member states on 'deinstitutionalization and community living of children with disabilities', February 2010.

62 UNICEF, *Children under the age of three in formal care in Eastern Europe and Central Asia*, supra, p. 95.

BELARUS, BOSNIA AND HERZEGOVINA, BULGARIA, REPUBLIC OF MOLDOVA, UKRAINE

Strengthening families and ending institutional care for young children by resorting to the ACTIVE Family Support model

SUMMARY

'ACTIVE Family Support' (AFS) is a model of intervention aimed at identifying and supporting children at risk of being
separated from their parents and preventing their placement in institutional care. The model can also be used to
reintegrate separated children into their biological or extended families.

PROGRESS AND RESULTS

Reviews of the AFS model in different countries[63] have confirmed that it prevents children's placement in institutions;
generates improved outcomes for children across all well-being domains; and delivers significant returns on investment.
Successful pilot deinstitutionalization projects that included the AFS model as a key component have contributed to the
formulation of national strategies for moving from institutional child-care responses to community- and family-based
services. In Belarus, Bosnia and Herzegovina, Bulgaria, Republic of Moldova and Ukraine, where AFS has been developed:

— 1,977 young children were kept within their families instead of entering institutions;

— 294 young children were reunited with their families;

— 5 institutions housing children aged 0–3 years were closed;

— 11 institutions housing children aged 0–3 years are in the process of closure;

— 9,000 professionals and students participated in AFS training.

BACKGROUND

The United Nations Convention on the Rights of the Child recognizes the central importance of family for child
development. While the Convention requires governments to provide support services and assistance to parents, in
reality parents and carers confronted with complex challenges often do not have the knowledge or the confidence to
seek help, advice or counselling. Many parents fear they will be judged, thus increasing their risk of being separated
from their children. Many face poverty and social exclusion, lack support services in their communities and are
frequently unable to maintain a job while being single parents as well. As a result, their children suffer. Systematic
reliance on institutional care for children under the age of three is a reality in extended regions of Central and Eastern
Europe. Institutions, originally set up as a resource to provide support to families, have become a 'one size fits all'
solution for all the issues that encumber parents and children's lives.

Most of the children placed in institutional care have parents. However, for many of them separation from their
family could have been prevented had the right services been in place. The two essential components of the
deinstitutionalization model developed by Hope and Homes for Children are: *(i)* dismantling institutional care facilities

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63   Know How Centre on Alternative Care for Children, Evaluation of the programme 'Strategic Deinstitutionalization and Child-Care Reform in Bulgaria
     and Moldova', New Bulgarian University, 2014. See <http://knowhowcentre.nbu.bg> accessed 30 March 2015.

by developing family-based care, and *(ii)* developing community-based services to support children and parents at risk of separation in a timely and sustainable fashion.

PROMISING PRACTICE

The AFS model was developed by Hope and Homes for Children on the basis of almost 20 years of practical experience in working with children, families, child protection authorities and local service providers. The model is an adaptable good-practice framework that is used to design appropriate interventions and services for vulnerable children and their families. Its primary objective is to keep families together and children out of institutions. It facilitates the closure of institutions and prepares child protection systems to function without relying on residential care, by channelling resources to prevent children from entering the alternative care system in the first place.

AFS helps parents care for their children and give them the best possible start in life. It targets extremely vulnerable groups of children who are often poorly served by protection agencies and support services.

AFS does not view children in isolation but rather as connected to their primary carers, their immediate and extended family and the wider community. Interventions are designed to deliver improvements for the whole family unit across a range of well-being domains, including living conditions, family and social relationships, behaviour, physical and mental health, education, employment and household economy. The AFS model supports children and their families holistically across all well-being domains by working with the wider community. Families are helped to connect with relevant agencies and services and establish informal support networks in the community.

Through hands-on demonstration and training, the expertise is transferred to local professionals and decision makers so that they can manage an alternative care system on a sustainable basis.

STRATEGY AND IMPLEMENTATION

The AFS model is tailored to the individual needs of each child and family and is built on core values of partnership, respect, inclusion, sustainability and the best interests of the child. Families are helped to assess their needs, strengths and potential. Based on the outcomes of this assessment, a support plan is developed in collaboration with representatives of all the participating agencies. Thereafter, families are assigned a support team comprising a social worker, pedagogue and psychologist who work intensively with both parents and children for an agreed period. The plan, which focuses on the family's strengths and challenges, includes specific goals and agreed time frames and defines the roles of all those involved. After three months, the plan is reviewed to assess progress and plan the next period's interventions.

The duration of the support is subject to the situation of each family, but interventions are designed to achieve sustainable change while avoiding the family becoming dependent on AFS. Support lasts an average of six months, during which time the family is visited as frequently as needed and assisted, if necessary, to access social, health and educational services. The AFS team works with the extended family and the community to gather additional support for the parents. Families may also receive basic supplies, such as children's clothes, baby essentials, household equipment, materials for small repairs and improving household safety, start-up packs for kindergarten or school, and fees for the acquisition of personal documents and the purchase of prescribed medication.

The family's programme is implemented in partnership with child protection and social services, local schools and kindergartens, health services, employment agencies, social assistance services and NGOs. These organizations refer individual children and families to the programme and also offer support in their respective areas of expertise. Work concludes when the family can function independently of AFS' support. All work with families is well documented and regularly monitored.

The scale and depth of Hope and Homes for Children's direct involvement with families during a deinstitutionalization project depend on the availability and skills of local professionals operating within resourced and functional frameworks. In some countries with underdeveloped social infrastructure, it was necessary to provide multidisciplinary teams, while in countries with well-regulated child protection systems and a basic network of social service providers, AFS was managed by Hope and Homes for Children coordinators with a social work background, at district level. In both scenarios, Hope and Homes for Children invests in developing local capacity through comprehensive training programmes and joint case management.

RELEVANCE

AFS is a universal model based on current research into child and family well-being, using a strengths-based approach and a contextualized and targeted package of support to help parents care for their children. Irrespective of the country's level of capacity, the AFS approach contributes to building the skills of the social care workforce and enables closer cooperation between children, families and other stakeholders.

SUSTAINABILITY

The AFS model offers targeted, time-bound support geared towards enabling families to build on their strengths and address their challenges in order to provide their children with a safe and nurturing environment in the long term. The model has been incorporated into new services funded from the redeployment of the budgets of institutions closed down. In Belarus, the approach is part of the work of the Social-Pedagogical Centres and Rehabilitation Centres in Gomel District. In Bosnia and Herzegovina, it is offered by a Mobile Team for Family Support in Zenica; in Bulgaria, by the Centre of Social Support in Teteven; in the Republic of Moldova, by the Resource and Training Centre in Chisinau; and in Ukraine, by the Makarov Rayon Centre of Social Support for Children and Families. The AFS model has been embraced by other professionals at the local level and customized and included in their approach to service delivery. The evidence gathered through the implementation of the AFS model has helped inform policy and improve financial provision for service delivery and human resourcing. The model has also contributed to catalysing governments' commitment to deinstitutionalization.

EXPANDED PARTNERSHIP AND ALLIANCES

Hope and Homes for Children has succeeded in developing and demonstrating the benefits of the AFS model within wider deinstitutionalization processes, by building strong relationships with governments and other stakeholders at national and local levels.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

Family members are treated as active participants in the whole process rather than passive recipients. Interventions, which are planned and agreed upon with the family, are realistic and clearly defined with specified timelines. These interventions are recorded in a support plan that is regularly reviewed. Professionals work with children and their families in their homes, thus redressing the balance of power. By overcoming their challenges, parents evidence significant strengths and resources, which can be capitalized on with modest support. Long-term family sustainability is sought by mobilizing community support.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

Hope and Homes for Children has been able to mobilize politicians, high-level decision makers, local professionals, communities and financial resources in each country to make deinstitutionalization come true, with AFS as an essential component.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

AFS is cost-effective because assistance is tailor-made and strategic. It aims to restore or create community support networks for the families through social development responses to the specific elements of poverty and social exclusion that lead to families' breakdown. AFS does not only provide far better outcomes for children than institutional placement but also delivers significant returns on investment. A review of the AFS programme in Bosnia and Herzegovina showed that each €1 invested resulted in a return of € 9.33.

RELATED LINKS

Hope and Homes for Children.
<www.hopeandhomes.org>

Hope and Homes for Children. Preventing the separation of children from their families in Bosnia and Herzegovina, April 2012.
<www.crin.org/docs/Bosnia%20Active%20Family%20Support%20HHC.pdf>

Bilson, A., Larkins, C., 'Gatekeeping. Providing alternatives to infant institutionalisation in Bulgaria: How gatekeeping can benefit from a social development orientation', *Children and Youth Services Review*, vol. 35, issue 9, September 2013, pp. 1566–1575.
<http://bettercarenetwork.org/BCN/details.asp?id=31401&themeID=1003&topicID=1022>

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BULGARIA

District Coordination Mechanisms to close institutions
for children under the age of three

SUMMARY

This initiative establishes intersectoral mechanisms at district/municipal level to facilitate the practical implementation of the national policy on deinstitutionalization. It has enhanced gatekeeping mechanisms and cleared the way for the closure of eight institutions for children under the age of three, with positive outcomes for all children and their families. A specific mechanism was developed to ensure a local-level environment conducive to inter-agency cooperation, maximum clarity, effective regulation and operational partnerships that speed up the implementation of the national deinstitutionalization policy.

PROGRESS AND RESULTS

The State Agency for Child Protection and the Ministry of Labour and Social Policy formally recognized the District Coordination Mechanism (DCM) model as a valuable and efficient mechanism for reintegrating children back into their families. They expressed their willingness to scale it up across the country.

DCMs are operational in seven regions (Plovdiv, Pernik, Pazardjik, Gabrovo, Montana, Ruse, and Targovishte). Three additional DCMs are in the process of establishment in Razgrad, Pleven and Silistra, with plans to cover all 28 districts over the next two to three years.

The DCM model contributes to the quality and speed of decision-making by optimizing the use of resources at district/municipal level, avoiding cumbersome administration and reducing delays leading to new or unnecessarily prolonged institutional placements.

Between September 2012 and December 2013, DCMs worked on 70 complex cases. In 100 per cent of these cases, it was possible to reunite children with their family instead of placing them in residential care. The staff of Hope and Homes for Children monitored children's care and quality of life for about a year. Outcomes were documented. DCMs were also convened to find solutions to local issues related to deinstitutionalization that were best solved through joint decision-making.

The implementation of the intersectoral DCM contributed to enhancing the capacity of its members and improving their skills for teamwork and partnership. Long-term partnerships were entered with institutions and agencies. The mechanism also helped to bring about a change in specialists' attitudes towards working with children and their families in terms of improved understanding of the significance of personal and institutional responsibility regarding children's and families' problems.

BACKGROUND

In 2009, 32 institutions for children under the age of three were run by the Ministry of Health, accommodating 2,563 infants. Just under half of the 2,017 children who entered these institutions in that year were newborn babies.

The Government of Bulgaria recognized the need to reform the child-care system and secured funding from both the European Regional Development Fund and the European Social Fund to achieve the main objectives of its national strategy 'Vision for Deinstitutionalization of Children in the Republic of Bulgaria' adopted in 2010.

The national deinstitutionalization policy requires practical implementation at district and local levels within a reasonable time frame to ensure that all actions are taken in the best interests of the child. To this end, a specific intersectoral instrument was designed to facilitate meaningful interinstitutional partnerships, shape NGOs' involvement, and empower families. This mechanism clarifies how and when decisions need to be made with reference both to the organizational framework and the operational schedule. It brings competencies to the surface and defines responsibilities based on those skills.

PROMISING PRACTICE

The District Coordination Mechanism was developed within Hope and Homes for Children – Bulgaria project – 'Strategic deinstitutionalization and reform of the care system for children aged 0 to 3'. This project supports the national initiative for closing eight institutions for children aged 0 to 3 – 'Direction: Family'. The DCM model was developed to enhance the state's gatekeeping function and ensure the coordination of deinstitutionalization processes as well as the collaboration of all instances responsible for the implementation of the national deinstitutionalization policy at the local level.

Each DCM is established, led and convened by the District Governor who sets the preliminary agenda for strategically selected participants, including permanent and associate members whose competence and expertise are needed to guarantee the fruitful and sustainable resolution of each case. The permanent members are representatives of the district administration; various district municipal authorities; district and municipal directorates for social assistance; and municipal child protection departments. Associate members include social service and health providers; NGOs; the institution for babies; education and cultural institutions; police and prosecution services.

A primary function of DCMs is to ensure the inter-agency management of complex cases requiring the action of a range of institutions in different municipalities. DCMs undertake monitoring and analysis at each stage of a case management process. This entails developing individual care plans for children based on a needs assessment of their families and monitoring progress against child-care plans for at least a year.

STRATEGY AND IMPLEMENTATION

The main strategy is to develop and facilitate local processes ensuring that decisions are made in the best interests of children and their families; make optimal use of resources and expertise; and actively engage the community and all relevant institutions.

Emphasis is placed on the improvement of professional competencies and equal participation of all relevant stakeholders in DCMs, thus securing the free flow of accurate information within a tracking system designed to monitor and evaluate the actions and initiatives of all participants. Training was organized for 42 DCM members who in turn trained 170 members on how to work effectively in a multidisciplinary environment; recognize the harmful effects of institutional care on young children; prevent child separation and placement in institutional care; provide alternative care and services; and change values and perspectives.

DCMs have established operational rules, procedures and regulations for their efficient functioning. Only the most complex cases are brought to their attention; they direct expertise and resources towards determining the best solution for each child's situation and taking concrete actions to achieve it. The dissemination and popularization of DCMs' work are also part of the strategy aiming to implement national, district and local policies.

RELEVANCE DCMs prevent unnecessary separation of children from their families and facilitate reintegration in those instances where children have been wrongly removed because of past practices or an emergency measure that was not followed up with the appropriate family support.

SUSTAINABILITY The District Governor establishes the District Coordination Mechanism; participation falls within members' existing functional responsibilities. This allows work to be integrated from the start into the regular tasks of the authorities responsible for the deinstitutionalization process.

EXPANDED PARTNERSHIP AND ALLIANCES The DCM model was developed in partnership with the Ministry of Health, the State Agency for Child Protection and the Agency for Social Assistance.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT Leadership is vested in the District Governor and the district administration, but results' orientation requires the active involvement of all participants on the basis of their areas of expertise. Families are formally recognized as partners in the process. DCMs' support strategies engage communities and encourage local ownership of child and family welfare.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION The district strategies delineated by DCMs in response to the national deinstitutionalization policy enable coordinated actions to achieve positive outcomes for children involved in the process.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY The DCM model requires only very modest financial resources, mainly technical support and DCM members' initial training.

RELATED LINKS Hope and Homes for Children.
<www.hopeandhomesbg.com>

Know How Centre for Alternative Care for Children.
<http://knowhowcentre.nbu.bg>

REMARKS Most of the major prerequisites for a successful reform of Bulgaria's child-care system are in place: a firm national policy framework accompanied by district and local strategies; significant support from the European Union; and specialized government agencies partnering with a very active NGO sector. However, the major barriers to reform seem to be the country's fragmented approach to child protection

reform and a strong focus on deinstitutionalization,[64] with limited initiatives targeting prevention and gatekeeping. Some concern has also been expressed about skills' gaps at the local level, inadequately resourced institutions and insufficiently funded service providers. The creation of DCMs has contributed to ensuring that, within this national context, more immediate and efficient assistance be provided to address the most complex issues facing children and their families.

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64   Deinstitutionalization is here understood as the process of transitioning children out of institutions.

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CROATIA

Conceptual and methodological guidelines for improved family assessment and social work interventions with families at risk

SUMMARY

In 2008, conceptual and methodological guidelines were developed to improve legal supervision of parental rights together with instruments for needs-based family assessment and enhanced social work interventions with families at risk of separating from their child.

PROGRESS AND RESULTS

The implementation of the new conceptual and methodological framework improved the quality of social work interventions related to the prevention of family separation in several locations where it was tested. For the first time in Croatia, social welfare professionals were equipped with a systematically developed methodology, guidelines and social work instruments for a thorough family assessment, followed by the development of a needs-based family support plan. This new approach to social work practice and professional accountability to beneficiaries was validated by the Ministry of Social Policy and Youth, which is preparing secondary legislation to scale up the model. Needs-based individual planning was incorporated into social welfare legislation, and welfare professionals acquired new competencies, knowledge and skills. A first handbook was produced, covering all significant issues regarding early intervention with families at risk.

BACKGROUND

Supervision of parental care is an official individual social welfare intervention when there is evidence of frequent parental failures or negligence in child-rearing, or when parents need additional support and assistance in raising their children. This intervention is offered to parents after they receive an official warning for negligent upbringing but before separation, thereby providing 'a window of opportunity' to avoid the child's removal from the custody of his/her biological family. This intervention can offer individualized professional support and empower parents in their parental role. Although the supervision of parental care was anticipated in the legislation, specific guidelines, instruments, methodology or structure did not exist before this model was developed. Social welfare professionals conducted interventions on the basis of their own best judgment, without any standardized mechanisms, guidelines, methodology, or family assessment instruments.

PROMISING PRACTICE

The Ministry of Social Policy and Youth, with technical assistance from UNICEF, and in cooperation with academic experts and social welfare professionals, initiated the unfolding of a model intended to enhance social workers' skills in family assessment and social work interventions and develop conceptual and practical guidelines and instruments. This ensured that all actions undertaken by social welfare professionals efficiently supported families and prevented separation. The model was piloted in selected locations with the general intention of providing standardized tools,

methodologies and procedures for the timely and efficient support to families in crisis, thus avoiding the child's removal from his/her family and/or facilitating his/her return. A set of tools and techniques was developed to assess families' capacities, risks and progress and standardize interventions.

STRATEGY AND IMPLEMENTATION

The following strategy was used to develop and implement the model:
— A group of leading national experts (in social work, law, psychology, paediatrics) was established to guide the process;
— A pilot region was selected, and an initial needs assessment was conducted;
— A group of experienced and motivated social welfare professionals was identified in the pilot region to participate in the future development and implementation of the pilot model in four selected locations;
— A draft handbook on early interventions in families at risk and family assessment instruments was developed by a team of experts; four groups of social welfare professionals field-tested the tools with families within their regular practice;
— The experience was included in the draft handbook and discussed by social welfare professionals at a regional meeting/seminar;
— The final handbook/toolkit 'The child's right to family life' was distributed to all Centres for Social Work in Croatia;
— A series of additional training seminars was held subsequently in the rest of the country, providing education and practical instructions for the most efficient use of the handbook and assessment instruments;
— Regional supervisory meetings were organized with social welfare professionals to monitor the implementation of the concepts and the methodology presented in the handbook/toolkit.

RELEVANCE

This initiative significantly contributes to improved social welfare practice in working with families at risk of separating from their children. Considering that there are still a number of children in residential care in Croatia, this model enables systematic, planned and quality work with families and contributes to avoiding the separation of children from their biological families and their placement in public care.

SUSTAINABILITY

The model is being piloted within the official social welfare system. The Ministry of Social Policy and Youth is preparing secondary legislation that will scale up and regulate its implementation in all Centres for Social Work across the country, so that the model and its methodology can be sustained within the new case management approach.

EXPANDED PARTNERSHIP AND ALLIANCES

The model was successful in facilitating partnership among different stakeholders: The Ministry of Health and Social Welfare, UNICEF, universities, experts in various areas of expertise (social work, paediatrics, psychology, and law), social welfare institutions, field professionals, and families.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT
The model was developed through a participatory process involving national experts, field professionals and parents participating in the pilot. Its objective was to empower families and encourage their involvement in the process of change. A primary principle of the model is families' active participation in the planning process and parental care supervision.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION AND COST-EFFICIENCY/FINANCIAL SUSTAINABILITY
As the model offers improved instruments for its application within the existing social welfare system, it can be incorporated into regular practice with existing resources. UNICEF provided the initial funding for the development of the methodology, which is applicable within the current system.

RELATED LINK
UNICEF, Pravo djeteta na zivot u obitelji (The child's right to family life).
<www.unicef.hr/upload/file/294/147255/FILENAME/2-Knjiga-FINAL.pdf>

REMARKS
Croatia has taken an important step towards improving the standard of social work intervention with families at risk of separation by developing conceptual and methodological guidelines, including instruments for family assessment and professional work with families at risk. The main challenges are associated with the implementation of the new principles and methodology. Social welfare professionals did recognize its positive impact and participating families' enhanced capacity for change. However, lack of time and work overload prevented the systematic implementation of all elements of the model. This aspect is carefully monitored, and recommendations for simplification and improvements have been submitted.

GEORGIA

Developing specialized foster care for children with disabilities

SUMMARY

The synergetic efforts of state and non-state actors to develop specialized foster care has given children with disabilities the opportunity to live in family-based environments. Specialized foster care has become an important instrument in preventing new admissions to residential care.

PROGRESS AND RESULTS

Specialized foster care has become an integral part of the foster care system and the broader state child-care policy and agenda.

At the end of 2013, 1,094 children (10.9/10,000 child population) lived in regular foster care, out of which 128 were children with disabilities (around 12 per cent). In the majority of cases, children in foster care were removed from large residential care institutions; in fewer cases, children relinquished by their parents were sent directly to foster care.

Children with disabilities in specialized foster care are entitled to vouchers for early intervention and day-care services although it should be mentioned that geographical access to these services is very restricted.

State leadership, financing and standard-setting, the constructive involvement of professional civil society organizations, the Orthodox Church and UNICEF's technical expertise ensure that children in foster care receive quality care and have the opportunity to move to more stable forms of care, such as reintegration into their biological families, adoption or guardianship.

BACKGROUND

Prior to the dissolution of the former Soviet Union, institutional care was the only type of care available to children deprived of parental rights. When Georgia ratified the United Nations Convention on the Rights of Child, foster care became the first alternative form of care established in the country with the adoption of its first Law on Foster Care that started replacing large residential care institutions.

In the late 1990s, foster care services, including specialized foster care, were piloted and expanded into a full-scale state programme funded by the Government through the Child Care and Rehabilitation Programme of the Ministry of Labour, Health and Social Affairs.

It was statutory social workers' responsibility to recruit and register foster carers, match children with foster carers, place children, and take charge of follow-up and monitoring. However, the recruitment of specialized foster carers became a highly challenging task given the level of stigma associated with disability and the lack of relevant social services for children.

PROMISING PRACTICE

The Ministry of Labour, Health and Social Affairs has been leading the child-care reform in Georgia, while heavily relying on civil society organizations' expertise, participation and funding as well as on the donor community's resources and technical assistance. This participatory approach made it possible to redistribute responsibilities and resources efficiently and ensure quality care for vulnerable children, including children in foster care.

The involvement of civil society organizations was crucial in developing both foster care and specialized foster care. NGO partners participated in the development and quality assurance of existing services and state foster care programmes with the support of UNICEF. They drafted the relevant legislation and foster care standards and established service monitoring systems and instruments.

A training programme for foster carers developed by EveryChild and Children of Georgia with the support of UNICEF was implemented during the years 2011–2013. The training programme, which contained a specific module for specialized foster care, was mandatory for all registered foster carers prior to children's placement. This ensured recruitment adequacy and provided selected families with the basic understanding and skills required to look after a child. However, the regular training of specialized foster carers has yet to be developed.

EveryChild resorted to different approaches to support the recruitment of specialized foster carers by the Social Service Agency.[65] In addition to conducting a general recruitment campaign (through meetings in the community and schools, distribution of leaflets and other information bulletins), EveryChild approached particular groups (e.g., the nurses' association, clergymen and their congregation) assuming their higher readiness and motivation to become specialized foster carers. This provided an additional flow of potential foster carers.

Save the Children, the Georgian Association of Social Workers and UNICEF supported the Ministry of Labour, Health and Social Affairs in establishing a monitoring unit to supervise the services directed at children, including foster care. They also developed specific monitoring forms. In addition, EveryChild led a multiparty working group to introduce foster care standards, which still need to be adopted by the Government.

STRATEGY AND IMPLEMENTATION

The development of specialized foster care services in Georgia was supported by a strong political commitment; the availability of a state budget to finance service provision; the presence of a well-developed social work system; strong professional civil society organizations; advocacy by UNICEF and partner NGOs; and international technical support and financing of service development.

Concepts, the law and other normative acts, as well as foster care standards, were all developed collaboratively thanks to local and international expertise and resources. Registering foster carers, matching children with foster parents and monitoring are all functions performed by state social workers. Outreach and training, as well as independent monitoring, are shared between various professional civil society organizations.

The Georgian Orthodox Church was involved in the recruitment of specialized foster carers. Initially, it appeared to be a challenging task due to the stigma associated with disability and the limited availability of support services for children with special needs. However, through its active involvement, the recruitment of specialized foster carers intensified, enabling the placement of a higher number of children with disabilities outside large residential care institutions.

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65   The Social Service Agency is a state entity subordinated to the Ministry of Labour, Health and Social Affairs employing statutory social workers.

RELEVANCE

This initiative, which is now fully embedded in state policy and practice, proved to be highly relevant for a specific group of children exposed to the stigma associated with disability and the lack of appropriate services.

SUSTAINABILITY

Foster care is a statutory service, regulated by legislation. Core financing comes from the state budget, with additional support services and training provided by civil society organizations.

EXPANDED PARTNERSHIP AND ALLIANCES

The success of the foster care system is due to the development of constructive relations and partnerships between the State, civil society and the donor community. The following actors are involved: the Ministry of Labour, Health and Social Affairs and its Social Service Agency; local and international NGOs (Children of Georgia, EveryChild, Save the Children); and the donor community (European Union, UNICEF and USAID).

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The development of the foster care system was led by the Government of Georgia and supported by civil society and the donor community. The development of the foster care concept, its standards, monitoring and assessment tools involved all relevant state and non-state actors and experts.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The Government is dedicating a growing portion of its annual budget to specialized foster care services, and civil society organizations provide additional support.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The programme is entirely funded by the Government and is financially sustainable. Foster families are paid from the state budget through the Rehabilitation and Child Care Programme administered by the Social Service Agency. Foster care families get a monthly allowance, which depends on the type of foster care. Reimbursement for specialized foster care amounts to GEL 600 per child/per month as compared to GEL 450 for a child in regular foster care.[66] In addition, all children in foster care are covered by the universal package of health insurance. Child-care standards and regular monitoring guarantee the quality of service delivery.

RELATED LINK

N/A

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66   The US$ equivalent as of 01 January 2015 would have been the following: GEL 600 = US$ 329.8; GEL 450 = US$ 247.36.

REMARKS Although considerable progress has been achieved in the development of foster care services, including specialized foster care, some issues still need to be addressed to ensure the sustainability and quality of the service. Additional support for specialized foster care is required to give children with complex disabilities and health needs, currently stuck in the remaining large residential care institutions, an opportunity to experience family warmth and attention. The stigma associated with disability, the relative scarcity of services for children with disabilities (especially those with severe and profound disabilities) and the lack of steady support for specialized foster carers are some of the factors hindering the further advancement of the specialized foster care system.

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KOSOVO (UNSCR 1244)

Promoting foster care services for children under the age of three

SUMMARY

Foster care is being developed as the most appropriate solution for children deprived of parental care and in need of durable family placement. It is implemented through synergized actions of state and non-state actors at different levels, from the development of a regulatory framework to foster care practice.

PROGRESS AND RESULTS

From May 2001 to March 2014, the child-care system has placed around 300 children in foster care and established 50 foster care families across Kosovo[i]. Currently, there are 36 active foster families caring for 84 children, of whom 59 were abandoned immediately after birth (seven of them with disabilities), and 25 were victims of violence, abuse and neglect.[67]

In 2002, the Ministry of Labour and Social Welfare built foster care allowances into the Kosovo[i] national budget. These allowances have since been increased by approximately 65 per cent, thereby showing the Government's commitment to developing family-based foster care as an alternative to institutional care.

During the last decade, 150 social workers across Kosovo[i] have been trained in foster care by international organizations, e.g., the International Foster Care Organization (IFCO), and national experts have been recruited by the Ministry of Labour and Social Welfare. Building the capacity of social workers has led to a growing number of families interested in fostering and a greater number of children placed with foster families.

A foster care association has been established. It helps foster families to exchange their experiences and engage in foster care awareness activities.

BACKGROUND

Political change and instability, economic and social distress related to the post-conflict situation, and lack of adequate social safety nets have all contributed to an increase in infant abandonment in Kosovo[i].

More than 500 infants have been abandoned in Kosovo[i] since 1999. Most of them were born to young unmarried mothers. The most frequent explanation for the abandonment of a baby was unwanted pregnancy linked to other factors, such as economic hardship, unemployment, social norms, lack of reproductive education at schools, etc.

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i   All references to Kosovo in this publication should be understood to be in the context of United Nations Security Council resolution 1244 (1999).

67   Some foster families are looking after more than one foster child.

Foster care was recognized by the Ministry of Labour and Social Welfare as the most appropriate solution in post-conflict Kosovo[i] (1999–2000) due to the alarming increase in the number of infants abandoned in state hospitals. An assessment conducted during this period indicated that placement in foster care was urgently needed for fifty children aged between one month and three years in compliance with the rights enshrined in the United Nations Convention on the Rights of the Child.

PROMISING PRACTICE

As from 2001, the Government was particularly concerned to develop foster care in Kosovo[i]. This commitment was translated into the Ministry of Labour and Social Welfare's systematic efforts to establish a strong foster care system. As foster care had already been regulated by legislation, the Ministry was able to develop policies and procedures in a short period. A panel for the placement of children in foster care was set up, training manuals were drafted and administrative instructions drawn up for the provision of foster care services on behalf of children with disabilities and children deprived of parental care.

Continual capacity-building of social workers and assistance to foster children and foster families were the major factors that contributed to the sustainable development of alternative family care services.

In 2002, the Ministry of Labour and Social Welfare built foster care allowances into the Kosovo[i] national budget. These have since been increased by approximately 65 per cent, thereby showing the Government's commitment to developing family-based foster care as an alternative to institutional care.

The Ministry did not focus only on the development, funding and provision of new alternative care services, it also endeavoured to change attitudes towards foster care through a range of public education and communication methodologies, including a public awareness campaign. Much work was done to raise awareness of and promote fostering and recruit new foster families through national and local mass media.

STRATEGY AND IMPLEMENTATION

The development of foster care services was managed and led by the Government of Kosovo[i] with the support of international organizations and civil society. The relevant policies, training programmes, administrative instructions and standards were developed with the participation of, and contributions from, central-level agencies, municipal child protection actors and civil society.

The Ministry of Labour and Social Welfare, in close cooperation with international partners, supported the Centres for Social Work (CSWs) to introduce the concept of foster care and raise public awareness about the value of family-based care. Regular meetings were held between CSW staff and community groups to increase knowledge about fostering and identify potential foster carers.

Public awareness of, and interest in, foster care was stimulated through community presentations, live radio interviews, TV programmes, meetings with women and youth NGOS, as well as awareness-raising campaigns organized by CSWs to explain the concept and the relevance of foster care.

RELEVANCE

Foster care services in Kosovo[i] are now part of an existing framework that comprises legislation, administrative instructions, institutional infrastructure and existing protocols developed by the Ministry of Labour and Social Welfare, in cooperation with international and national implementing partners. The impact of the services on the prevention of child abandonment is already tangible.

SUSTAINABILITY

Foster care is a statutory service provided through CSWs. It is regulated by the Kosovo[i] Family Law, the Law on Social and Family Service and other regulations and policies; it is financed by the state budget.

EXPANDED PARTNERSHIP AND ALLIANCES

Foster care services were developed thanks to a partnership between the relevant statutory institutions and NGOs. Clear rules and criteria for cooperation were set up among the respective partners. The main actors involved in fostering are the Ministry of Labour and Social Welfare, CSWs, the local foster care organization 'Amici dei Bambini', the Coalition of NGOs for Child Protection and UNICEF.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The relevant local institutions have displayed a strong sense of ownership. Active participation by foster families at community presentations has inspired other families to become foster carers.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The development of foster care services was managed and led by the Government of Kosovo[i] with the support of international organizations and civil society. The relevant policies, training programmes, administrative instructions and standards were developed with the participation of, and contributions from, central-level agencies, municipal child protection actors and civil society.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The Government fully funds foster care services. International donors and implementing partners still provide resources to support the capacity-building of CSW professionals and the future development of alternative family care services.

RELATED LINK

Ministry of Labour and Social Welfare.
<http://mpms.rks-gov.net>

REPUBLIC OF MOLDOVA

Social crèches to support families at risk in order to prevent babies and young children's abandonment and separation

SUMMARY

The 'social crèche' is a free service, which offers support to families at risk in order to prevent the abandonment and separation of babies and young children. The crèche provides day care for children aged four months to three years (the official kindergarten entrance age).

PROGRESS AND RESULTS

The experience of the first years of work, together with parents' testimonies, statistics and long waiting lists, indicates that the social crèche is a much-needed service that plays a significant role in the overall child protection system and, more specifically, in preventing child abandonment and separation from the family. Since June 2011, over 84 children have attended the social crèche piloted in Chisinau Municipality, with a 96.4 per cent success rate in preventing separation from their families. The absolute number is not very high for a municipality of about 1 million inhabitants, as some children need to attend the crèche for up to two years. However, the number of children placed in the Chisinau Municipal Institution for Babies and Young Children decreased from 78 children in 2010 to 27 at the beginning of 2015 thanks to this service and other prevention measures. The number of children who entered the Municipal Institution also fell from 56 children in 2010 to 28 in 2014. The Chisinau social crèche has proved its relevance and usefulness and is currently being replicated in another region. Local public authorities in most regions have shown their interest and expressed the need for such a service, in some cases with a smaller capacity. There are no vacant places in either of the crèches, and there is a waiting list for the service.

BACKGROUND

The social crèche was one the services developed alongside the closure of the Chisinau Municipal Institution for Babies and Young Children. CCF (Child, Community, Families) Moldova and Hope and Homes for Children UK have been working on the closure of the Institution since 2010. The total number of children placed in the Institution at that time was 243, of which approximately 80 per cent were under the age of three. A further 451 children integrated the prevention programme. The most common causes of separation/abandonment were the following:

— lack of family network/support

— lack of resources

— unemployment

— lack of housing.

These causes were often found in combination. About 80 per cent of children in the social crèches come from single-headed families, predominantly single mothers. In 2010, a single mother had no chance of supporting herself and her baby if she was not employed. The general rule is that a child should be older than three years to enrol in kindergarten, but in exceptional cases, children as young as two can be accepted. Many of the mothers using the social crèche

wanted to keep their children, but they saw no other possibility than place the child in an institution until they could start working. State social welfare benefits are quite small, especially for women lacking an official job and unable to afford insurance.

PROMISING PRACTICE

The social crèche is predominantly a prevention service offered to families with children at risk of separation. It can also be used as a support service for working families with children under the age of three. Target beneficiaries of the service are children aged four months to three years and their families:

— children of mothers who grew up in an institution;

— children of single mothers deprived of family support;

— children from families exposed to poverty;

— children from families who lack housing;

— children and mothers leaving mother and baby units;

— children who were reunited with their families, including extended families.

Childcare provided by the crèche enables parents (especially mothers) to seek employment, rent an apartment, meet their family's needs and keep the child close to them. Staff members are trained to support mothers and encourage positive and healthy relationships with their children. The crèche offers day care to children until they reach 2.5–3 years of age (the official kindergarten entrance age).

STRATEGY AND IMPLEMENTATION:

CCF Moldova undertook a number of steps to set up the service. The first was to identify families' needs and evaluate existing child-care practices and models from Bulgaria, the United Kingdom and the United States. These findings were discussed with the Municipal Child Protection Department and the staff of the Chisinau Municipal Institution for Babies and Young Children. Once the identification, restoration, equipment and refurbishment of the crèche was completed, CCF Moldova worked together with the Municipal Child Protection Department to develop regulations defining the referral mechanism and the procedure required for accessing the crèche. After the family's case is assessed, the local Child Protection Department refers it to a Municipal Child Protection Commission who approves the service. The family must agree to enlist the child in a kindergarten (as there is a waiting list), be employed or look for a job. The child must undergo a medical examination and attend the crèche regularly.

The Municipal Institution for Babies and Young Children recommended that some of its staff be employed in the social crèche. CCF Moldova developed a training module for this purpose. The family situation is reviewed every six months by the Municipal Child Protection Commission, and so is the service. The child's placement ends if the family decides to discontinue the use of the service or the child reaches the kindergarten entrance age, and a place is available. CCF Moldova provides continuous technical assistance and advisory services and organizes seminars on parenting skills for parents.

RELEVANCE

Since it began in 2011, the service has clearly demonstrated its relevance for a very specific group of mothers – mothers with babies, lacking family support and facing economic problems (unemployment and low or no income).

SUSTAINABILITY

The Child Protection Department took on all the running costs from the start. Funds have now been freed up from within the budget of the Municipal Institution for Babies and Young Children due to the fall in the number of children residing in the institution.

EXPANDED PARTNERSHIP AND ALLIANCES

CCF Moldova works in partnership with the Municipal Child Protection Department through a signed cooperation agreement. The service is not widely promoted due to its limited capacity and because it is offered only to children at risk of separation from their families.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The community is strengthened by every family that reintegrates society and can raise their children in a nurturing way. Crèche services are provided on a temporary basis, thus discouraging dependency and guiding clients towards the use of universal state services. In this way, parents are integrated into the wider society and enabled to solve their problems and raise their children on their own.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The national Ministry of Labour, Social Protection and Family supports the initiative, and CCF Moldova has started negotiating the development of national regulations and standards for the social crèche service.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The Municipality covers the costs of the service. As it is a day service that does not involve an extended stay or very specialized staff, the cost per child is lower than residential placement. In addition, it allows a greater number of children to use the service, which also decreases unit costs.

RELATED LINK

CCF (Child, Community, Families) Moldova. Creating alternative services.
<http://ccfmoldova.org/ce-facem/item/13-crearea-de-servicii-alternative.html>

RUSSIAN FEDERATION

'Guest family' and 'short break' services: Short-term placement of children with disabilities in a receiving family

SUMMARY

The 'guest family' and 'short break' services provide an individual assistant to the families of children with disabilities, offering either short-term placement of the child in the assistant's family or the assistant providing care in the child's own home. The assistant (or receiving parent) looks after a child with disabilities during his/her parents' necessary absence, granting parents a rest as well as personal time to resolve their difficulties.

PROGRESS AND RESULTS

The guest family and short break services, developed by Partnership for Every Child in St Petersburg and the Child Placement Support Centre in Murmansk[68] have contributed to the overall reform of the child-care system and the prevention of child abandonment in both regions. The services have been reflected in the national child-care policy since 2012.

The model has considerably influenced society's attitude towards children with disabilities and their families. In addition, it has created a high demand for the service at the community level. Since 2007, when the 'short break' service was established in St Petersburg, 130 children (including 36 children under the age of three) have received some 100–360 hours of respite foster care services each year.

Since 2012, when the 'guest family' service started operating in Murmansk Oblast, 76 children (including 9 children under the age of three) have benefited from respite care. The services have helped lessen families' emotional tension and, consequently, decrease the related risk of neglect and abandonment of children with disabilities. At the moment, there are 40 trained and active guest families in St Petersburg and 46 in Murmansk Oblast. In addition, 100 social welfare professionals and NGO representatives from St Petersburg, Novosibirsk, Vologda and Tver Oblasts and 97 from Murmansk Oblast have been trained on how to set up the service and identify, recruit, support and oversee prospective guest families.

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68   As a result of a joint initiative between the Ministry of Labour and Social Development of Murmansk Oblast and the World Health Organization.

BACKGROUND

Due to the considerable physical and emotional efforts associated with taking proper care of their children, the parents of children with disabilities often do not have time to deal with their personal challenges. This can lead to depression, which may go along with neglect and even abandonment of a child with disabilities. Despite the development and availability of daytime social services in Murmansk, 66.7 per cent of parents of children with disabilities need additional child-care services at their place of residence; 43.6 per cent outside their place of residence; and 35.9 per cent in daily care. At the same time, due to communities' lack of resources, the delivery point for most services is institution-based and provided only in accordance with regular schedules. Many families need services at home in the evening and at weekends. In this context, cooperation between state social centres and NGOs can be fruitful and highly beneficial for the families.

PROMISING PRACTICE

The guest family and short break services do not intend to replace the biological family. Their aim is to provide families an additional resource in order to:

— avoid the abandonment of children with disabilities because of their parents' despair and tiredness. Temporary care improves the quality of life of children, parents, siblings and other family members;

— prevent violence against children with disabilities;

— widen the range of services available to families with complex needs;

— train potential foster parents or adoptive parents to take care of children with disabilities; offer a cost-effective model of alternative care in comparison with state residential institutions;

— procure opportunities for additional employment; model the European experience of supervising families of children with disabilities.

The guest family and short break services are free of charge for parents. While the services are available primarily for families of children with disabilities, they can also include children without special needs, e.g., children under the age of three of single-headed households. Under the Federal Law on the Fundamental Principles of Social Support to the Population in the Russian Federation, which came into force 1 January 2015, NGOs will be authorized to provide social services on an equal basis with state institutions. There is a growing awareness that NGOs can offer traditional social services and also become a platform for the development, testing and acceptance of new services.

STRATEGY AND IMPLEMENTATION

The short break respite foster care service developed by Partnership for Every Child in St Petersburg and further expanded in Murmansk by the Child Placement Support Centre organizes short-term placements of children with disabilities in a receiving guest family. The decision is made on the basis of extensive consultations with the child's parents, the potential receiving family, and child-care and disability specialists and legal experts. The United Kingdom's experience was considered when developing the St. Petersburg short break service, and the Norwegian experience of supervising families of children with disabilities was taken as a basis for developing the guest family service in Murmansk. One issue addressed during the model's development was the assignment of legal responsibility to be shared between the receiving family and the child's parents. A three-way agreement was worked out, which clearly divides responsibility between the service provider (state or NGO), the parents and the receiving family. A receiving parent (assistant) is a citizen who has been assessed as capable of providing this service; has undergone appropriate training; and has no criminal record or health issues that might prevent him/her from taking care of a child. The receiving parent can care for the child at his/her home for a few hours up to several days; or take care of the child at

the child's home; or accompany the child for a walk or to appointments with the relevant service centres. This gives parents time to, for instance, visit a doctor, spend time with their other children, or just get some rest. The results of a quality of life monitoring mechanism administered by the service indicated that both the child's and the parents' quality of life improved as a result of the service. The child's social contacts increase, their communication skills improve, and the parents are helped to find the emotional and psychological resources they need to provide ongoing care for children with complex needs. During the child's placement, the family provides the receiving parent with the required food and hygiene items or the money to purchase them. A social worker or psychologist from the service agency makes monitoring visits throughout the placement and is on call 24 hours a day.

RELEVANCE

The guest family and short break services have proved to be highly relevant in the context of the great number of children with disabilities living in St Petersburg (about 14,000) and Murmansk Oblast (about 2,000). This free service has contributed to preventing children with disabilities from entering state residential care institutions.

SUSTAINABILITY

The guest family and short break services have created a demand at the community level. Therefore, it is reasonable to expect that the governments of St Petersburg and Murmansk Oblast will ensure their sustainability and replicate them in other regions. The Child Placement Support Centre and Partnership for Every Child are jointly promoting the idea of professional 'receiving families' due to regional governments' increasing demand for technical support from both NGOs to help establish 'receiving family' services for children with disabilities.

EXPANDED PARTNERSHIP AND ALLIANCES

The introduction of the guest family and short break services has expanded partnership between regional and municipal authorities, state social and educational institutions from Murmansk Oblast, and other NGOs working with children with disabilities. In St Petersburg, the City Social Policy Committee and the Legislative Assembly are considering scaling up the provision of these services. The Murmansk Child Placement Support Centre and Partnership for Every Child are both members of an informal network, the 'Professional Community for the Children and Families of Russia', which has actively shared information about these services with over 50 oblasts of the Russian Federation during the period 2010–2013.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The implementation of the guest family and short break services has contributed to raising the awareness of local communities and authorities about the problems of families of children with disabilities. The attitude of local communities towards these families has considerably improved. Parents of children with disabilities have become active members of society and participate in the evaluation of the services.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The guest family and short break services mobilize the resources of regional and municipal authorities, state residential institutions, social centres and NGOs in the best interests of children with disabilities.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The guest family and short break services are cost-efficient as they prevent the running costs of the residential placement of children with disabilities, which are considerably higher than maintaining children in their family. In addition, short-term placement in receiving families is a less expensive service that can also support other target groups, such as:

— single mothers to prevent a child's early abandonment;
— foster parents with a child with disabilities in their family;
— families with elderly persons to prevent their placement in state residential institutions;
— young people with disabilities to widen their social contacts.

Regional government authorities already cover part of the services. It is expected that their contribution will increase over time either by commissioning the services or providing grants and subsidies. Partnership for Every Child has received a two-year subsidy from the City Government of St Petersburg. In addition, a discussion is underway about how to scale up the services in order to respond to the needs of the city's 2,000 children with complex disabilities requiring 24-hour care from parents.

RELATED LINK

Partnership for Every Child. EveryChild Short Breaks Service – An Evaluation of the Innovative Service for Families. Caring for Children with Disabilities.
<www.p4ec.ru/images/stories/p4ec/Materials/respite%20evl.pdf>

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RUSSIAN FEDERATION

Supporting young mothers who are institutional care leavers to keep their babies and complete their education at the Socio-Professional Technical College 'Builder'

SUMMARY

This initiative tries to prevent child abandonment by allowing young mothers who left institutional care (including those with mild learning disabilities) to keep their child while completing their education at the Socio-Professional Technical College 'Builder'. The College provides a package of accommodation, professional day-care services, financial support and psychosocial counselling from a team of specialists, including nurses, a social pedagogue and a psychologist. The aim is to enable young mothers who are care leavers to live with their baby, receive a professional education, obtain appropriate support while they study, and develop independent living and parenting skills and knowledge.

PROGRESS AND RESULTS

Fifty-two young mothers and their babies have benefited from the service over eight years, thus preventing the placement in residential care of 50 babies. All 52 care leavers obtained a professional qualification, life and parenting skills, and the necessary financial support.

Between 2008 and 2012, the following results were recorded among 27 women who used the service:

— 15 diplomas and 12 certificates were awarded;
— relationships with the child's father were restored in 9 cases;
— 7 mothers gave birth to a second child;
— 11 children attended kindergarten;
— 15 mothers found employment.

Overall, the service had a significant impact on the lives of the 52 care leavers and their babies and improved the employment prospects of young care leavers who might otherwise be dependent on benefits. The service also contributed to fewer babies entering residential care facilities. So far, the model has been replicated in one other town in Sverdlovsk Oblast.

As part of the overall reform of the health and child-care systems in Sverdlovsk Oblast, the service contributed to a steady reduction in the number of babies abandoned in maternity hospitals, from a yearly average of 207 babies in 2008 to 105 babies in 2011, and 78 in 2012.

The service contributes to breaking the cycle of deprivation and ensures that care leavers with little or no parenting experience are supported over a sustained period of two to three years. This gives them the opportunity to acquire knowledge leading to more informed life choices, improve their parenting skills and lower the probability of their children ending up in state care in the future. Beneficiaries appear to have more sustainable livelihoods, but a full external evaluation is required to assess the medium- to longer-term impact of the service.

BACKGROUND

According to official data from the Ministry of Education, 3,385 children were living in institutions for children without parental care in Sverdlovsk Oblast at the end of 2013. Until 2008, an average of 207 babies was taken into care each year in maternity hospitals in Yekaterinburg. Some of these babies were born to care leavers who had no other option except to give up their child if they wanted to complete their education. The Builder Technical College, which provides training for young care leavers straight from children's homes, found that young, lone care leavers who became pregnant had to either leave the College or place their child in care as they would not be allowed to look after their child in the College's student accommodation. In 2008, the College responded to this situation by converting one floor of the students' hostel into 14 mother and baby units where young women, with no parents or family support, could live together with their infants, benefit from the assistance of specialists and complete their education.

PROMISING PRACTICE

The mother and baby units at the Builder Technical College prevent babies from being relinquished or abandoned while at the same time enabling young women deprived of parental care to complete their education and acquire independent life skills. The College receives referrals from other technical colleges as it is the only service of its kind in the city. Accommodation, which is provided for 14 mothers and their babies for two to three years, consists of a room with basic furniture and household equipment and access to a shared kitchen and bathroom. The mother does her own cooking and cleaning and is the primary carer for her baby, but the mother and baby unit looks after her baby while she is at class. A team of eight specialists, comprising a psychologist, a nurse, four carers, a social pedagogue and the head of unit, support the mother and help to build her independent and parenting knowledge and skills. The staff's methodologies include consultations, mentoring, practical assistance, and training in life and parenting skills.

STRATEGY AND IMPLEMENTATION

The service was established by the college management with support from two NGOS: Family to Children, which had previous experience in the development of mother and baby units, and Aistenok, which had substantial expertise in the prevention of child abandonment in maternity hospitals. The College converted one floor of the students' hostel into rooms suitable for mother and baby pairs and established a team of experts and a service manager to work with the mothers. The strategy was to empower the mothers to care for their babies, allow them to complete their education by providing practical support and good quality day care, and mentor them in both parenting and life skills. The staff was trained by Family to Children. They report to the Ministry of Education on both qualitative and quantitative indicators on a quarterly basis. The service belongs entirely to the College and is monitored by the Ministry of Education.

RELEVANCE

This service has proved to be highly relevant. In 2013, in Sverdlovsk Oblast alone, 3,385 children were living in institutions for children without parental care, and a comparatively high proportion of young mothers who were care leavers themselves left their babies in infant homes. There continues to be a high demand for the service as the number of youths leaving children's homes is not decreasing. In April 2014, there were eight young women on the mother and baby units' waiting list.

SUSTAINABILITY

The mother and baby units at the Builder Technical College were created in 2008 and financed by the Sverdlovsk Oblast Ministry of Education from the very beginning, with additional funding from private donors and NGOs.

PARTNERSHIPS AND ALLIANCES

The Ministry of Education and the Builder Technical College entered a partnership with local NGOs and corporate donors from the start. Since 2013, the model has come to the attention of the wider Russian professional community through Partnership for Every Child and a number of regional and national conferences. In cooperation with Family to Children, it was possible to replicate the experience in a technical college in Nizhny Tagil.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

One of the most significant factors of the model's success is the strong team leadership of the Builder Technical College. The Government has partnered with NGOs to lead the way for this model, which empowers highly vulnerable marginalized women not to end up abandoning their babies.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The service, which is funded by the State through the Ministry of Education's budget, helps young women to claim their social benefits. NGOs add value to the service by providing support staff and raising funds from local sources to improve the quality of the service.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The State entirely funds the service. It is clear that the mother and baby units make it possible to save the high costs associated with institutional care. The improved outcomes for mothers in terms of their potential for securing employment and higher incomes thanks to their professional qualification also contribute to the model's long-term cost-efficiency.

RELATED LINK

Partnership for Every Child – Safe Family for Every Child.
V Regional Conference 'Working together for children'.
<www.p4ec.ru/ru/030413-v-.html>

SERBIA

Community-based services for children with disabilities –
A modelling experience

FOCUS AREA	**COUNTRY**
Child protection	Serbia
Health & nutrition	**TITLE**
Education	Community-based services for children with disabilities –
Social protection	A modelling experience
Emergency	**CONTACT PERSONS**
Early childhood development	Nada Sarac, Head of Department for Professional Development, National Institute for Social Protection; nsarac@zavodsz.gov.rs
Communication	Katlin Brasic, Child Protection Specialist, UNICEF Serbia; kbrasic@unicef.org

SUMMARY

A package of community-based services for families of children with disabilities was developed to facilitate social inclusion and prevent institutionalization. The project, which involved policymakers, practitioners and NGOs, placed particular emphasis on reaching the most marginalized families of children with disabilities as assessments had shown that their children were at highest risk of institutionalization.

PROGRESS AND RESULTS

A package of community-based services for families of children with disabilities was piloted in 40 communities, prioritizing three types of services: day care, home help and respite care. The initiative effectively supported 52 locally based services: 17 day-care services (33 per cent); 29 home help services (56 per cent); 5 respite care services (10 per cent); and one service of hippotherapy (2 per cent), serving a total of 930 children and employing 300 staff.

The high level of parents' satisfaction evidenced the model's impact: after one year, 94.9 per cent of parents were entirely or mostly satisfied with the service. Beneficiary families, as rights-holders, reported that the service had contributed to improving the quality of life of both their children and other family members. Parents were able to move from isolation, distrust and ignorance of their rights to openness, increased awareness of services' potential and inclusion in community activities.

Based on the lessons learned from the pilot, all three types of services were listed as community services under the new Social Welfare Law adopted in 2011 and the accompanying bye-law, which defines the standards for each service.

BACKGROUND

The problem that prompted this programme was the growing awareness of care conditions in Serbia's large residential care institutions for children with disabilities and their harmful impact on child development. In 2008, a report by Mental Disability Rights International on the situation of children in large residential institutions drew national and international media attention. In Serbia, the debate continued for months after the publication of the report and led to the Government's renewed commitment to addressing the issue. The strong partnership entered with the Government, the European Union and UNICEF gave rise to the expansion of community-based services for children with disabilities that are now seen as one of the major pillars of the ongoing reform of the social welfare and child-care systems.

PROMISING PRACTICE

Priority was given to the development of three types of community-based services aiming to prevent the institutionalization of children with disabilities: day care, home help and respite care for families. These services were developed and piloted in 40 communities.

Focus was placed on the Centres for Social Work to make sure that the services reach the children most at risk of institutionalization, as they were in the best position to identify and refer these children to the innovative community-based services.

Local authorities received grants to establish the services and benefited from a comprehensive capacity-building programme that included: *(a)* specifically tailored programmes on how to fully integrate the services into their regular budget; *(b)* training for service providers. A distinct training programme accredited by the relevant authorities was developed for each service, thus facilitating replication.

Each pilot model was monitored by the Department of Social Work enabling it to build up evidence regarding impact and outcomes.

A handbook for setting up and managing each of the services was also published in partnership with the relevant institutes for social protection.

During the two-year pilot period, service providers received ongoing mentoring support from experienced practitioners. Horizontal knowledge exchange was organized periodically and provided the basis for defining the standards and work programmes for each service.

STRATEGY AND IMPLEMENTATION

The initiative's strategic approach was based on four principles:

1. **Working in parallel at policy and community levels.** Piloting at the community level contributed to practitioners' active participation in the definition of new national regulations for community-based services.

2. **Expanding existing alliances to include academia and build a more robust and evidence-based approach to assessing outcomes for children and families using the services.** Post-graduate students interviewed parents, children (using a methodology developed for this particular model) and service providers at the start of service delivery and again one year later.

3. **Promoting the participation of the target group – families of children with disabilities.** The level of parents' participation in shaping the service was monitored, and their engagement encouraged and fostered.

4. **Using civil society organizations to advocate sustainable community services.** Advocacy campaigns were organized in 10 municipalities to raise funds for setting up community-based services for children with disabilities, thereby increasing the likelihood of securing municipal governments' regular funding for the continued operation of the services.

RELEVANCE

The services contributed to preventing the institutionalization of children, particularly young children, as they were tailored to the needs of vulnerable families.

SUSTAINABILITY

The model's sustainability was ensured from the beginning of the process thanks to local governments' long-term funding commitment and the drafting of a separate bye-law regulating additional financial support on behalf of the poorest municipalities.

EXPANDED PARTNERSHIP AND ALLIANCES

The initiative was implemented through a tripartite partnership between the Government, the European Union and UNICEF, with the direct involvement and participation of communities, professionals, children and families.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The Ministry of Labour, Employment, Veteran and Social Policy played a key role in ensuring that lessons learned at the field level were fed into policy development processes. Practitioners and families using the services were given the opportunity to voice their opinions throughout the entire piloting period. Their views were taken into consideration when defining policies and drafting handbooks regarding day-care centres, home help and respite care for families of children with disabilities.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The commitment of the national government increased after concerns were raised by NGOs and the media regarding the rights of children with disabilities. The municipal authorities, which agreed to participate in the two-year piloting process, committed to taking over the funding of the services.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

A service delivery analysis was conducted, which showed that community-based services were more cost-efficient than residential care. Full or partial sustainability for 86.5 per cent of the supported services was guaranteed for at least one additional year of operation.

RELATED LINK

Ministry of Labour, Employment, Veteran and Social Policy.
<www.zavodsz.gov.rs/english>

REMARKS

Although a package of community-based services for children with disabilities is now available in more than 80 per cent of municipalities, demand and supply remain a concern. The full continuum of services established as part of this model is not available for all families of children with disabilities. In addition, securing access for families with multiple disadvantages continues to be problematic. Multiply disadvantaged children with disabilities are less likely to benefit from a range of community services. Inclusion in the services was not based on any precise instruments/assessments to 'pre-classify' families with children at risk of institutionalization and/or suffering from multiple deprivations. Evaluations clearly showed that while these services directly contributed to the social inclusion of children with disabilities, their role in preventing the placement of children in residential care was not as clear-cut due to the fact that they were not designed specifically for families at risk of separation.

SERBIA

Strengthening the foster care system to respond
to the needs of newborn babies and young children at risk

SUMMARY

The Government of Serbia has progressively developed a system of foster care to respond to the needs of particularly vulnerable newborns (especially those with disabilities or health problems) in order to prevent their placement in institutional care.

PROGRESS AND RESULTS

Throughout the last decade, Serbia significantly improved its policy and legal framework and built institutional and human capacity in foster care, which led to the progressive development of a foster care system. The new Social Welfare Law promotes the development of different forms of foster care; six regional centres for foster care have been established; a broad capacity-building programme for professionals and foster carers has been implemented; and mechanisms for oversight and monitoring have been put in place.

Strengthening the foster care system to ensure the care of newborn babies and children under the age of three with additional health needs or a disability has been instrumental in preventing their placement in institutions.

These comprehensive efforts led to a significant decrease in the number of children under the age of three in institutional care, from 364 in 2000 down to 44 in 2013. At present, the children under the age of three who live in residential care are mainly those with complex medical problems that require 24-hour medical attention. In 2000, only 60 children had been placed in foster care, whereas today around 500 children live in foster families.

BACKGROUND

Fostering has a long tradition in Serbia. However, there were always particular groups of children at higher risk of placement in institutional care, including *(a)* babies identified as having a health risk; *(b)* children with disabilities, including very young children; and *(c)* children placed in care through emergency procedures.

When developing the new child-care legislation, the Ministry of Labour, Employment, Veteran and Social Policy prioritized young children. Very early, the normative drafting process (2009) reached a consensus to ban the placement in residential care of children under the age of three and directed reform efforts towards meeting this goal. This agreement provided the necessary impetus to develop this particular practice, even before the new law was adopted. Thus, by 2011, when the law came into force, there were only about 100 children under the age of three in institutional care.

It became apparent that, in order to eliminate altogether the placement of children under the age of three in residential care, the system had to introduce more rigid gatekeeping mechanisms; parents needed to receive greater support at the local level; and the fostering system had to bring down the remaining barriers that prevent the placement in foster care for some babies and young children.

PROMISING PRACTICE

The synergistic effect of a series of coordinated actions at different levels over a five-year period led to a drop in the placement of children under the age of three in institutional care and a corresponding increase in foster family placement. Although there was no single strategy document outlining all the pillars of the actions to be implemented, the following strands simultaneously applied at different levels prompted the described change:

1. **Introducing tight gatekeeping** of institutional placements on behalf of the Ministry of Labour, Employment, Veteran and Social Policy, which reviews cases made by the Centres for Social Work (CSWs) in this regard. CSWs are now required to provide evidence of the efforts they have undertaken to place the child in foster care (once the possibilities of maintaining the child in his/her family have been exhausted). The regional fostering centres have to confirm that no fostering family is available for that particular child and explain the reasons.

2. **Improving the normative framework** (law and bye-laws) for foster care. The Social Welfare Law explicitly identifies the need for foster care that requires 'more intensive support' (i.e., fostering for children with disabilities or health problems) and emergency foster care. The Rulebook on Fostering also calls for foster care with 'more intensive support' that facilitates the fostering of children with disabilities.

3. **Developing regional level infrastructure** through the establishment of six regional fostering centres, which are mandated to provide information to citizens on: fostering, training of potential foster parents, finalization of the selection process, liaison with CSWs on placement issues, and fostering centres' regular support to foster families.

4. **Investing in capacity-building of fostering advisers and foster parents** through regional networks aimed at addressing health- and disability-related issues. The new infrastructure allows for intensive support and capacity-building, not only to build skills but also to support the creation of a new organizational culture open to inclusion and diversity.

5. **Regulating and building capacities for emergency fostering.** Since field-level experience indicates that children under the age of three are entering residential care under emergency procedures and remaining in these shelter programmes for more than six months (and in many cases more than 12 months), every local case manager must regularly review his/her caseload and is held accountable to the national instance. A decision was also made to introduce emergency fostering guidelines and provide additional training for fostering advisers and foster parents who have already been accredited.

6. **Regulating additional financial support for children with disabilities and their foster parents.** The secondary legislation governing financial assistance to families has introduced additional fees for families fostering children with disabilities or behavioural problems to ensure the provision of further support targeting these particular needs.

STRATEGY AND IMPLEMENTATION

The following elements of the strategy contributed to achieving sustainable results:

— Nurturing a partner relationship and joint commitment to shared goals between the Government, the European Union (as the primary funder), UNICEF and Save the Children;

— Strengthening and enabling the Ministry of Labour, Employment, Veteran and Social Policy to maintain the position of 'leader' and take 'leadership' on this issue;

— Establishing specialized infrastructures for the development of fostering services (fostering centres at the regional level);

— Including directors and practitioners in process-oriented activities, thus securing 'ownership' at local levels (e.g., at the level of regional fostering centres and residential homes undergoing transformation);
— Timely capacity-building when establishing new institutions to shape the 'culture' of these institutions and develop a more inclusive understanding of how fostering should work.

RELEVANCE This intervention was essential to ascertain that children under the age of three were no longer placed in residential care institutions, in accordance with the new legal framework, which bans the placement of children under the age of three in residential care.

SUSTAINABILITY Fostering is a statutory state service provided through CSWs with technical assistance from the regional fostering centres, which provide capacity-building and ongoing advisory support to foster parents.

EXPANDED PARTNERSHIP AND ALLIANCES The Ministry of Labour, Employment, Veteran and Social Policy took a lead role in coordinating efforts from international organizations, especially UNICEF and Save the Children, whose added value and crucial role were technical assistance and expertise as well as mobilization of media support.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT The Ministry of Labour, Employment, Veteran and Social Policy also took the lead in strengthening the fostering system – a key priority for the social welfare reform process. UNICEF provided support in translating agreed-upon policy priorities into practice by, for instance, supporting newly established fostering centres, building media support at national and local levels, and creating a space for civil society's engagement.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION Social mobilization was central to achieving the above results. This was done through quality media coverage of the problems faced by children with disabilities to overcome social exclusion. Media reliance on disability rights and membership-based organizations ensured a wider commitment to building a socially inclusive culture. Changes to the financing of fostering were an integral part of the development of the bye-laws related to foster care.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY The establishment of regional fostering centres did not entail additional long-term costs because they used existing physical infrastructures and were set up as an integral part of the transformation of residential homes for children. Staff members, who previously worked in residential homes for children, were

retrained to work as fostering advisers. The only additional expenditure was an increase in the remuneration of foster families with children requiring more intensive support. This was a government decision, based on the necessity to secure access to family-based care for children with disabilities.

RELATED LINK   Centre for foster care and adoption – Belgrade.
<www.hraniteljstvocps.gov.rs/english/index.htm>

REMARKS   This model is suitable for its potential application in many different contexts where fostering needs to be set up in a more inclusive way, in particular for groups of children requiring additional medical care or suffering from some form of disability. The Government's commitment to transferring resources previously allocated to institutional care to the regional network of fostering centres was all-important for the specialization and progressive development of the model. However, the increase in the number of children in foster care during a given time period, which exceeds the number of children placed in institutional care, shows a steady growth in the number of children placed in public care. This is a proof of the system's failure to prevent family separation effectively – an issue that is not country-specific but typical of most CEE/CIS countries.

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TAJIKISTAN

Early years' support to prevent the placement
in residential care of children with disabilities:
Family Support Centres based at baby homes

SUMMARY

The Kishti Centre, created in 2008, was the first Family Support Centre (FSC) to be established within the grounds of a baby home. In 2014, the Marvorid Centre opened in Khujand. Both centres provide a set of innovative community-based social services that strengthen child protection mechanisms, promote early childhood development for children with disabilities and support vulnerable families and children in order to prevent abandonment.

PROGRESS AND RESULTS

The Family Support Centres have developed a set of niche services including: a family support centre based on the grounds of a baby home; a befrienders scheme with volunteers helping baby homes' staff; Mellow Parenting[69] for vulnerable mothers at risk of abandoning their babies; family-child sessions to prevent the abandonment of children with disabilities and support families to care for their children at home.

The establishment of Family Support Centres in baby homes has broken down barriers between closed institutions and the community. Children in the baby homes are no longer isolated and benefit from mixing with children from the community. The families of children with disabilities have developed skills to care for their children and managed to keep their children with them.

Between August 2011 and July 2013, 702 children from the community received early years' service at the Kishti Centre; 481 children from schools and kindergartens in the community took part in the activity clubs; 21 parents completed the Mellow Parenting sessions benefiting 18 children. Parents of children with disabilities increased their knowledge and skills, such as establishing eye contact with their children, learning proper feeding practices and how to handle and seat children, and performing activities to stimulate movement using appropriate equipment and technologies. The befriending scheme, which brought in volunteers to the baby home to spend time with the children led to stronger personal relationships and emotional support between volunteers and staff members and children with disabilities. Ninety-seven parents took part in a prevocational course, which strengthened their individual coping and income-generation skills.

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69   Mellow Parenting. Promoting parent-child relationships. See <www.mellowparenting.org> accessed 30 March 2015.

In 2012 and 2013, it was possible to prevent the placement of 22 children in the Dushanbe baby home; in addition, 12 children with disabilities from the baby home were returned to their families. The opening of the Marvorid Centre in Khujand in September 2014 created new opportunities for the baby home staff to work alongside the Marvorid Centre staff in supporting children's rehabilitation and leading 'circle time' activities. This good teamwork also contributed to increased cooperation with the child rights unit. As a result, by February 2015, a total of 36 children (half of them babies and young children under the age of two) had been returned to their biological families – 16 girls, 20 boys. Among these children, those with disabilities received rehabilitation and support services before returning home.

BACKGROUND

Tajikistan has traditionally relied on institutional care and restrained income support to children with disabilities and other children at risk rather than developing an approach tailored to the needs of every child and assisting families to prevent child abandonment. Four baby homes are operational in the country, housing 257 children (as of December 2013). The main reasons for placing children in baby homes are: family poverty, single parenthood and disability. About 25 per cent of placements are temporary. Parents are in general poorly informed about the harmful effects of institutionalization on their child's welfare and development. Some 26,000 children with disabilities are registered in the country, but many more are not registered and kept at home due to the stigma and shame associated with disability, deprived of access to any early identification or intervention services. There is a growing understanding of the benefit of cross-sectoral approaches to early intervention services for children. However, critical gaps remain concerning the knowledge and provision of adequate social services for vulnerable young children and their families.

PROMISING PRACTICE

The Family Support Centres (FSCs) were developed on the basis of a needs assessment of the target population. Specifically, the early years' services support and empower parents to overcome the obstacles they face for having a child with a disability. They assist parents to keep their children at home while building their skills and enabling vulnerable young children and children with disabilities to develop physically, socially and emotionally within their families. Finally, they enhance the skills of professionals who work in the health and social sectors by providing a model of good and up-to-date early intervention practice. In addition, the project supports the reintegration of children from baby homes back to their families.

FSCs work across all four areas of childhood development: physical, cognitive, language and social/emotional. The teams promote inclusion, preparing children for mainstream kindergarten and school where possible. Children attending FSCs undergo an individual assessment. The child is assigned a key worker who coordinates his/her programme and sets goals in conjunction with the parents. The child participates in group work and individual therapy sessions. In the case of children with disabilities who have parents, the staff works with the parents who are the 'lead' therapists in their child's rehabilitation.

Children from the baby home participate in the FSC programme along with children from the community. Activities include play sessions, baby massage, music, and support with feeding and positioning. They also benefit from sessions with befrienders who work one-to-one with individual children and take them on visits to the community.

A crisis team works with mothers who want to place their children in the baby home and runs Mellow Parenting groups to promote attachment and improve at-risk mothers' parenting skills.

STRATEGY AND IMPLEMENTATION

The development of FSCs within baby homes has pioneered an innovative state and non-state partnership. The purpose was to tackle some of the root causes of children's placement in institutional care as well as provide children and their

families with direct learning experiences by promoting good practice in early childhood development. This project fills a major gap in Tajikistan's early childhood intervention system and family support services as it prevents child abandonment and fosters the reintegration into their family of young children placed in baby homes. FSC staff can promote changes in the baby home's staff and practices as they are based on the grounds of the institution. The focus placed on children with disabilities has given hope to parents and prevents them from placing their child in formal care when they discover their child's potential to develop and learn new skills. Parenting groups enable parents to relate better to, and care better for, their children. Thus, they are less likely to place them in institutional care.

The key strategies, which have contributed to the success of FSCs, include:

— **Prioritizing parents.** FSC staff works directly with parents and supports them through training, practice and goal-setting to promote their child's development.

— **Establishing a mobile crisis team**, which can offer immediate support and link parents to other services as appropriate.

— **Establishing the FSC on the grounds of the baby home.** Thus, the centre is immediately accessible to parents in crisis and can make changes from within the baby home.

— **Providing education sessions** for the baby home's staff and involving them in activities that increase their understanding of early childhood development and the importance of bonding. They also acquire tools to support child development.

— **Working with children directly in the baby home.** Staff can watch individual children's progress and be aware of the role they play in promoting their advancement. Befrienders/volunteers are also allowed to interact with children in the baby home and take them on community outings, thus reducing their isolation.

— **Working with children with disabilities in the community setting.** This way of working demonstrates that these children can make progress and need not be consigned to institutional care for the rest of their lives.

— **Creating opportunities for professionals** to learn and share best practices through an Early Years Network.

RELEVANCE

Health and social care professionals, particularly those in maternity hospitals, are often unaware of postnatal depression, children's developmental needs in their early years, or how best to support families to retain the care of their vulnerable children, including children with disabilities. Parents of children with disabilities often experience stigma and shame and lack the support of early years' services. The only service available to them is the baby home. By addressing these issues, this package of services is directly relevant to the Tajikistan context.

SUSTAINABILITY

The establishment of FSCs was based on trust and good working relationships between all stakeholders. As FSCs proved to be a good model for the country, they were showcased by the Deputy Prime Minister of Tajikistan at the interministerial conference on ending the placement of children under three in institutions that was held in Bulgaria in November 2012. Community-based services have been added to the social development programme drafted by the Government, which in the future will contribute to its sustainability.

EXPANDED PARTNERSHIP AND ALLIANCES

The initiative began with a partnership between the Dushanbe City Health Department and the former Ministry of Health (MoH) and expanded to include the former Ministry of Labour and Social Protection (MLSP). At the end of 2013, the MLSP's social protection component was transferred to MoH, which was restructured as 'the Ministry of Health and Social Protection'. The partnership continues with this new ministry. The NGO Ishtirok runs the Kishti Centre. The new FSCs are being supported through three additional NGOs: Sarchashma, Hayot Dar Oila and IRODA. The Early Years Network brings together local organizations working in the area of early childhood development. The project has also established links with UNICEF, SPOON Foundation, Falkirk Social Services Council in Scotland and NGOs in the Republic of Moldova.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The newly formed Ministry of Health and Social Protection collaborates with the services and provides leadership to promote early years' support. Parents' active participation has empowered them to speak out for their children. Some have now established their own services, thus expanding the assistance available. Communities' participation in FSC services has contributed to addressing the stigma of having a child with a disability and has improved access to inclusive kindergartens and schools.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The success of the Kishti Centre has convinced the Government of the importance of early years' services. The FSCs are run in cooperation with the Ministry of Health and Social Protection and are beginning to span the divide between health and social care.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The Ministry of Health and Social Protection has provided the buildings for the FSCs based on the grounds of the baby homes and covers utilities' costs. In 2012, the former Ministry of Labour and Social Protection began to partially fund the Kishti Centre through a commissioning agreement. The same arrangement is now continued by the newly established Ministry of Health and Social Protection. Investments in early years' interventions will reduce the future costs of caring for children with disabilities. Providing a time-limited service and empowering parents to support their child's development increase the service's sustainability and value for money. The model also taps into the resources of volunteers to work with children in the baby homes, which is cost-efficient.

RELATED LINKS

HealthProm
<http://healthprom.org>

Early Years Network
<www.facebook.com/groups/522140324578049> and **<www.ecdtaj.tj>**

'Dear Grandmother'. Website providing support and advice.
<www.bibijon.info> (under construction at the time of publication)

Mellow Parenting
<www.mellowparenting.org>

TURKEY

Expanding foster care services in Turkey

SUMMARY

The Government of Turkey has boosted foster care through rapid systemic changes, increased social benefits and the implementation of a dynamic public awareness-raising campaign organized in a very short period. Thus, foster care has become the priority alternative care option in Turkey, especially for children under the age of three.

PROGRESS AND RESULTS

The combined impact of a number of interventions from 2012 to 2014 – new regulations, expanded types and modalities of fostering, increased family benefits, additional support for professional/specialized foster parents, and a countrywide awareness-raising campaign – led to increased foster care placements, from 1,474 to 3,283 by the end of 2014, including children under the age of three who had previously been placed in institutional care. In the course of 2014, over 4,449 new applications for foster parenting were received and assessed.

The new National Child Rights Strategy 2013 prioritizes family-based services, in particular for children under the age of five.

BACKGROUND

In Turkey, some 14,000 children live in institutions due to a mixture of socio-economic and child protection reasons. Alternative family-based options existed, but they were neither promoted nor actively supported. For the last ten years, foster care remained at an annual average of 170 new placements and reached a cumulative figure of 1,382 children living with foster families by September 2012. In November 2012, Turkey took part in the Sofia interministerial conference on ending the placement of children under three in institutional care. This international exposure, together with the sharpening of the Government's pro-family policies, reinforced the orientations of the Directorate-General of Child Services to expand family-based and family-type care options for children under the age of three.

PROMISING PRACTICE

The practice successfully combined:

— Improvements in the legal framework. The regulation on 'foster care services' was amended and the 'professional foster care system' was recognized as an essential new provision; training programmes and obligations were defined accordingly.

— Development of new foster care models. 'Foster care by relatives or close neighbours', 'periodic foster care', 'temporary foster care' and 'specialized foster care' were redefined and strengthened.

— An increase of nearly 45 per cent in the amount of financial aid allocated to foster parents as well as access to state health insurance for one foster parent under specific conditions.

— Establishment of foster care units as part of local social services in each province. (One or several social workers are appointed to deal with queries and applications and undertake the screening, capacity-building and monitoring of foster families.)

STRATEGY AND IMPLEMENTATION

The successful expansion of foster care services in Turkey is the result of a combination of strategies: advocacy for service expansion and improvement of social assistance; technical support to undertake legislative changes; capacity-building geared towards foster parents and social workers' professionalization; broad partnership to promote community mobilization and awareness-raising. Legislative amendments have secured the classification and establishment of benefits corresponding to the different types of foster care (short term, long term, specialized). They have also expanded the requirements for becoming foster parents and made training and monitoring mandatory. Equity was advanced through enhanced social benefits and increased opportunities for more disadvantaged families to consider becoming foster parents. It is now envisaged to make capacity-building compulsory for both foster parents and social workers so as to enhance specialization and skills. Ownership of the country's social services was encouraged through information brochures and meetings. Awareness-raising and community mobilization were achieved through TV spots, information brochures, a special website and provincial-level campaigns held with the support of, and representation from, the Ministry of Family and Social Policies. Hundreds of meetings and events were celebrated in different provinces.

RELEVANCE

In a context of socio-economic growth and declining fertility, an increasing number of families may be well placed to foster a child deprived of parental care. In 2012, 882 children under the age of three were living in institutional care. This shows the potential of foster care in such a vast country.

SUSTAINABILITY

Sustainability depends on continued resource allocation (staff, benefits, communication) to keep up with the needs generated by the campaign, ensure foster families' appropriate supervision and support, and build their capacities to adequately address potential challenges, e.g., failed placement, need for increased support and monitoring.

EXPANDED PARTNERSHIP AND ALLIANCES

The partnership entered with the central Ministry of Family and Social Policies and the provincial governors (central/local authorities) was decisive for the successful development of foster care. However, expanding the partnership to include civil society would improve balance and sustainability.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

While leadership came from the highest ministerial level, the involvement of governors' wives enabled adaptation and participation at the provincial level. In the absence of community empowerment elements, testimonials from foster parents were used as evidence in evaluations, campaigns, etc.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

Strong political mobilization and the social engagement of communities to share the Government's core values had a powerful leverage effect. Significant resources were raised, especially in terms of social assistance/benefits. However, it is still difficult to estimate whether the costs will be matched by an equivalent decline in expenditure on residential care.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The financial viability of foster care and enhanced social assistance have been secured through legislative changes and consequent budget allocations. The Ministry is also conducting an internal cost-benefit analysis of its different alternative care services, which should confirm the cost-efficiency and sustainability of foster care.

RELATED LINK

Foster care web page of the Ministry of Family and Social Policies (including tips, legislation, statistics and contact details).
<www.koruyucuaile.gov.tr>

REMARKS

The increase in the number of foster parents is patent, but their qualitative impact remains to be carefully monitored and assessed as the new wave of foster parents has not yet been adequately trained and supervised.

The acquisition of new skills by trained professionals and parents must be monitored and demonstrated. The quality of life of children placed in foster care has undoubtedly improved, but its impact on the child's relationships with his/her biological parents still needs to be evaluated. The most challenging endeavour of this model would be to achieve the same level of mobilization and support for the 'hardest-to-reach children', i.e., children with severe disabilities.

7 SOCIAL PROTECTION SCHEMES NURTURING CHILDREN'S RIGHT TO LIVE IN A FAMILY ENVIRONMENT

Family separation often happens because parents cannot access the support needed to take care of their children at home. One of the most illustrative indicators of the effectiveness of a social protection system is its capacity to help vulnerable families to take care of their children at home.

The very high rates of children living in formal care or separated from their biological families in the CEE/CIS region suggest that existing social protection systems are failing to provide vulnerable families with appropriate assistance in preventing the kinds of crises that lead to a child being placed in alternative care.[70]

Data indicate that over 20 per cent of children in the CEE/CIS region are separated from their parents and, in most cases, children in the poorest quintile are worse off than those in the richest quintile (except in Central Asia).

Single mothers are found to be socially disadvantaged and excluded, facing economic hardship or lacking access to adequate health, social services and cash benefits. Research also shows that low-income families, particularly those in remote rural areas or caring for a child with disabilities, are at highest risk of family separation.

This situation highlights the fact that social protection systems do not provide vulnerable families with the support they require (combining cash transfers, services and social work) in order to cope with the impact of economic hardship. The families most in need of support are those facing the biggest obstacles when seeking government aid and, in many instances, they are not even eligible for assistance. There are many reasons for this: some are related to unnecessary bureaucratic red tape while others are more subtle, such as discrimination.

On the other hand, the provision of good quality residential care is very expensive. Placing children in these facilities to secure better material conditions and to avoid neglect (or to access education) is an inefficient way to cope with poverty.[71]

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70   UNICEF INSIGHTS, Issue 1/2012, supra, p. 1.

71   Williamson, J., Greenberg, A., *Families, not orphanages*, Better Care Network, New York, September 2010, p. 8.

Percentage distribution of children under age three by their living arrangements, according to the most recent survey data, 2008–2013

Legend:
- Living with both biological parents
- Living with mothers
- Living with fathers
- Living with neither parent
- Impossible to determinate
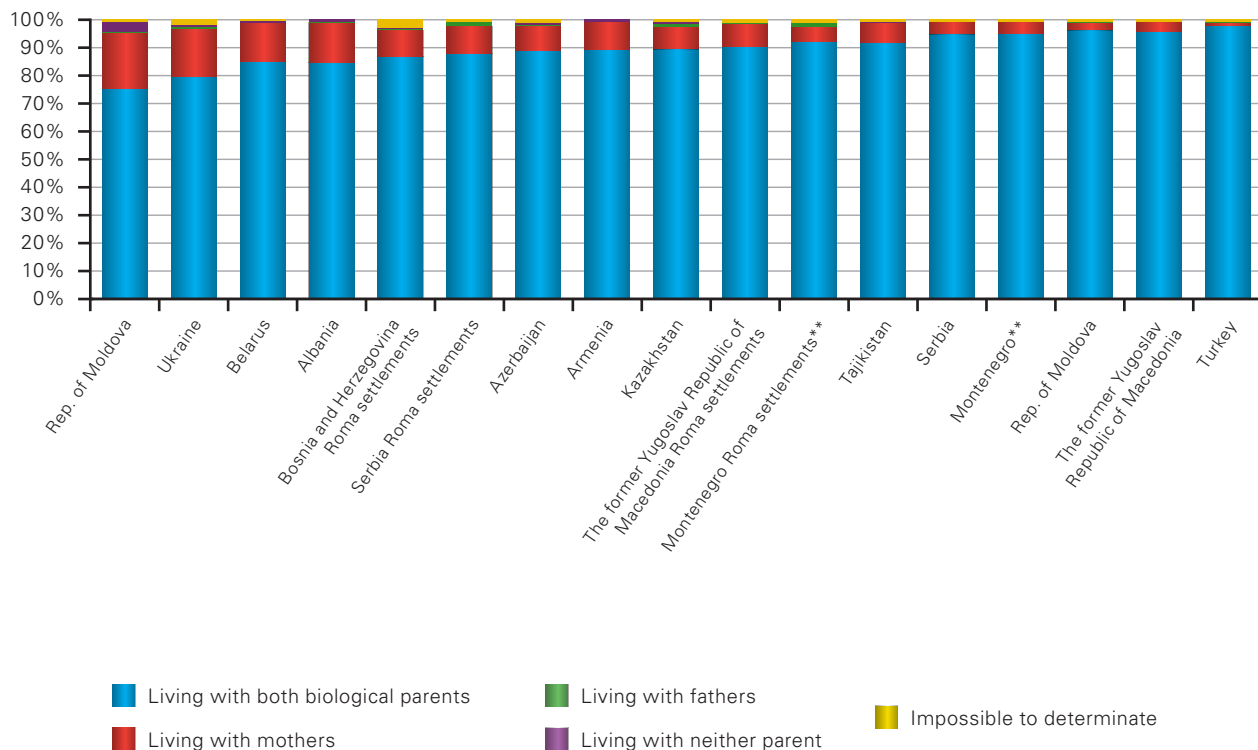
Sources: Republic of Moldova 2012 MICS, Ukraine 2012 MICS, Belarus 2012 MICS, Bosnia and Herzegovina 2011/12 MICS, Kazakhstan 2010 MICS, Serbia 2010 MICS, Armenia 2010 DHS, Azerbaijan 2006 DHS, Albania 2008/09 DHS, Tajikistan 2012 DHS, The former Yugoslav Republic of Macedonia 2011 MICS, Montenegro 2013 MICS, Turkey 2008 DHS.
* For Albania, Armenia, Azerbaijan, Tajikistan and Turkey data are based on the <2 age group.
** MICS data for the Republic of Moldova and Montenegro have not been published yet.

UNICEF believes that separation is best addressed by refocusing attention on the family as the starting point. For this reason, it calls for a more comprehensive set of integrated interventions geared towards improving the capacity of child protection systems to identify the most vulnerable families, reach out to them and provide appropriate support in order to prevent separation.

Child-care system reforms should go hand in hand with social protection system reforms in order to maximize the benefits for vulnerable and disadvantaged groups. In addition to inclusive access to integrated social services at the community level, it is essential to ensure equitable social transfers.

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ARMENIA

Integrated social services to support vulnerable families

SUMMARY

In 2013, Armenia included in its social welfare and social work systems the concept of integrated social services (ISS) provided through a case management methodology. This significant change in practice aimed at increasing the coverage of excluded and marginalized groups and improving support effectiveness and efficiency. It is hoped that the concept will positively impact the prevention of family separation thanks to a better-planned assistance tailored and focused to the needs of the most vulnerable children and families. To date, the concept has been piloted in twenty locations.

PROGRESS AND RESULTS

The new model of integrated social services has facilitated structural and systemic changes. It is the first time that child/family-tailored assistance has been provided (through case management) at the territorial level, and needs-based assessment and planning have taken place (through local social plans) at the regional level. The new approach has been reflected in the relevant legislation. Initial assessments show wider coverage, improved social work interventions and greater consistency in social welfare delivery. Although no direct link with the prevention of family separation has been documented to date, it is expected that this model of individualized packages of services and cash benefits will strengthen families' coping mechanisms and help those at risk of separation to overcome hardship and crisis. To measure the progress achieved, UNICEF has conducted a baseline survey in 2013 and intends to undertake an evaluation study in 2015. So far, 20 Integrated Social Centres are operational in Armenia. It is expected that 35 will open by 2017. Although the model is still at the development stage, around 1,300 families have already been assessed, and individual social projects are being developed for these cases.

BACKGROUND

In Armenia, 36.2 per cent of children live below the poverty line, of which 3.3 per cent in extreme poverty. The high number of institutionalized children (4,500) shows that institutions are still very much considered as an acceptable response to the needs of children in vulnerable situations. Social workers are used principally to implement financial assistance schemes such as family benefits, resulting in disadvantaged families and children not receiving adequate social support. Children are being placed in institutions without the appropriate needs assessment; case management practice and needs-driven local social service plans do not exist; the social welfare system is fragmented and limited and lacks continuity, oversight and the capacity to provide professional social work interventions.

PROMISING PRACTICE

The integrated social services (ISS) model has been designed for families with multiple and complex needs (e.g., families with children in residential care or at risk of institutionalization, families of children with disabilities) by mobilizing all available resources to address those needs, including those of the family and community. The services

are based on a community needs assessment conducted by regional and local authorities (health, education, social welfare and child protection representatives) in cooperation with relevant stakeholders and translated into a local social action plan. The primary sources of information for the local social action plan are aggregated data from case managers[72] who are municipal servants employed by the Integrated Social Centres.[73] Once the local social action plan identifies the resources available in the community, case managers can develop individual social action plans (care plans) in order to provide a package of services and allowances tailored to the specific needs of a particular child and his/her family. Case managers then verify that the package reaches the families regularly and consistently.

STRATEGY AND IMPLEMENTATION

Developing the ISS model required advocacy; technical assistance; developing partnerships among the main stakeholders and building their capacity; and adjusting the legal and regulatory frameworks. The model introduced the whole concept of needs assessment into child protection and family support services. Individual social projects (care plans) and local social action plans are now case managers' primary tools. They are used for the design, follow-up and monitoring of service delivery and the evaluation of outcomes for clients. The ISS process includes the following steps:

1. Shared assessment of individual social needs drawing on the perspectives of professionals and practitioners (social and medical diagnosis) and users' informal social networks (perceived needs).

2. Design and implementation of an individual social project within the framework of the resources identified in the local social action plan, comprising different 'pieces' tailored to clients' specific needs relying on the skills and expertise of professionals and local communities' resources.

3. Step-by-step monitoring and evaluation to identify gaps in services and support for improved delivery of high-quality services.

RELEVANCE

The holistic and needs-centred approach introduced by the ISS model is seen to be responding better to beneficiaries' complex needs than the former fragmented social protection system focusing on cash assistance.

SUSTAINABILITY

The Government of Armenia is leading the initiative and is committed to extending the new concept of work throughout the country.

EXPANDED PARTNERSHIP AND ALLIANCES

This initiative is the result of a successful partnership between the Government of Armenia, the World Bank and UNICEF. The implementation of the new approach led to partnerships with different professionals working on individual cases (e.g., teachers, doctors, nurses) and professionals working in NGOs and housing services. While the World Bank predominantly supported the hard component of the reform through the correspondent loan, UNICEF helped the Government design case management and local social planning components. Cooperation includes, but is not limited to, information-sharing, referral processes, joint planning and implementation.

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72 Case management is a new approach introduced with UNICEF's technical assistance.

73 The Integrated Social Centres are the new bodies encompassing Territorial Offices of Social Services (case management and family benefits; Employment Department and Pension Department).

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

Local social action plans are developed through a highly participatory process involving the social protection services, health units, education services, NGOs, and public bodies. Deputy Governors lead the process with the secretary support of Family, Women's and Children's Rights Units of Governors' Offices. The active participation of children and families in the design of individual social support plans has empowered them to access education and employment services, thus increasing their social and financial capacity.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The development and expansion of the ISS concept is a priority area of the country's institutional reform efforts; resources have been supplied by the World Bank and UNICEF for this purpose. The draft Law on Social Assistance provides comprehensive legal ground for case management, local social planning and institutional cooperation among social sector services.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The pilot stage of the reform has been financially supported by the World Bank (infrastructure, refurbishment, databases) and UNICEF (introduction of case management, local social action plans). The Government has covered the operating costs of the Integrated Social Centres. Its commitment to assuming all the costs associated with the implementation of the new approach guarantees the sustainability of the overall reform.

REMARKS

It is too early to draw conclusions about the model's impact or effectiveness. However, the approach seems to be quite 'promising' in terms of translating the efforts of different sectoral actors into an integrated, needs-focused, active assistance to vulnerable children and families. One important element is that highly individualized and targeted packages of health, education and social welfare services and benefits are planned and consistently provided within the broader context of the resources available in the community. The country-specific factors, which enabled the development and implementation of the model, include a strong political will, efficient intersectoral cooperation and the mobilization of adequate financial resources.

RELATED LINKS

Ministry of Labour and Social Affairs.
<www.mlsa.am/home/index.php?home>

UNICEF Armenia's website.
<www.unicef.org/armenia>

GEORGIA

Preventing family separation and supporting family reunification through the Prevention/Reintegration Fund and family strengthening services

COUNTRY

Georgia

TITLE

Preventing family separation and supporting family reunification through the Prevention/Reintegration Fund and family strengthening services

CONTACT PERSONS

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SUMMARY

The Prevention/Reintegration Fund was developed to assist the state Social Service Agency (SSA) in providing families at risk of separation and families whose children are already placed in institutions with one-time assistance (food, clothing, repairs, furniture, household technology, other household items, etc.). The one-time assistance in many cases served as a short-term solution for a crisis situation allowing families to receive basic food and clothing while state social workers were helping them access the benefits to which they were entitled (e.g., poverty allowance, food voucher, disability pension), thereby, to some extent, stabilizing their financial situation.

Working alongside other family support services, the Prevention/Reintegration Fund is an important mechanism for preventing child abandonment and supporting child-family reunification by improving the basic living conditions of the household where children's primary needs can be met. For several years, the Fund represented one of the key family strengthening services available to vulnerable Georgian families.

PROGRESS AND RESULTS

The Prevention/Reintegration Fund, in cooperation with other family strengthening services, proved to be an essential mechanism for the reintegration into their biological families of children placed in institutions.

According to official data, 275 children were reunited with their 159 families in the three years after the Fund was begun. (Children of Georgia contributed to the reunification of 24 children aged 0–5 years with their 16 families and Save the Children to the reunification of 251 children aged 6–18 years with their 143 families.) This represents almost 50 per cent of the total number of children reunified with their families. All 159 families benefited from the Prevention/Reintegration Fund alongside other family support services.

Enforcing proper gatekeeping mechanisms, putting more emphasis on prevention and developing alternative care services seem to be the factors that contributed to almost eliminating institutional care for children without special needs under the age of three. Separation from their families was avoided for 216 children (Children of Georgia avoided the separation of 141 children aged 0–5 years, including 21 children with disabilities, and Save the Children the separation of 75 children aged 0–18 years from 23 families).

Also, one infant institution (Makhinjauri Infant House) was closed; the number of children living in the remaining one (Tbilisi Infant House) decreased from 137 children in 2011 to 53 in 2014.

In view of the positive achievements of the Prevention/Reintegration Fund, which is an important instrument for strengthening vulnerable Georgian families,[74] in Spring 2014, the Government launched an innovative programme to support impoverished families and their children. Although the programme does not offer home repair services, it provides food, furniture, home technologies and clothing and operates along procedures similar to those of the Prevention/Reintegration Fund.[75]

BACKGROUND

The main reasons for child abandonment/separation in Georgia are poverty, homelessness and child disability. The child welfare reform process, which started in 2005, led to a significant decrease in the number of children living in large residential care institutions: from 4,000 in 2005 to 100 in 2014. There are now only three child-care facilities in the country, down from 45 in 2005. More than 1,000 children have been reunited with their biological families; over 1,000 children have been placed in foster care; over 300 children live in family-type Small Group Homes.[76] A new policy is being rolled out across the country to ensure that children enter the care system only when there are no other options.

PROMISING PRACTICE

The Prevention/Reintegration Fund was developed in 2011 through a partnership between governmental and non-governmental agencies, including the state Social Service Agency (SSA), Children of Georgia, Save the Children and UNICEF. The partnership was envisaged as a response to a need clearly established during the reform process, i.e., the need for material assistance to be provided to vulnerable families alongside standard social work interventions such as counselling and other support services, especially in the initial stages of family preservation or reunification. The Fund was utilized to improve the household environment of at-risk families and create the basic living conditions required to fulfil a child's primary needs. A specific family's need for the Fund's assistance is determined by a state social worker who assesses the family situation and identifies the acutest penuries. The categories eligible for the service are:

— children living in child-care institutions/state care who are identified as potential candidates for reintegration back into their biological families;

— children considered to be at risk of entering state care but who could remain at home if their home environment were improved.

The type of one-time assistance provided to families varies from food, clothing and essential household items to household technology (e.g., stove, refrigerator, washing machine), disability articles and repair works.

STRATEGY AND IMPLEMENTATION

The Prevention/Reintegration Fund's strategy entailed increasing cooperation between state agencies and NGOs, and both sectors sharing responsibility for planning and providing assistance to vulnerable families. After the initial referral from state social workers confirming the needs of a particular family to prevent a child's entry into state care or to promote a child's reintegration back into his/her biological family (for children aged 0–6 years), the Fund is used for the delivery of food, furniture, equipment, etc., as required.

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74   United Nations Children's Fund, Study Report. Needs Assessment of Reintegrated Families in Georgia, UNICEF, USAID and Save the Children, Tbilisi, November 2013. See <http://unicef.ge/uploads/Needs_Assessment_of_Reintegrated_Families_in_Georgia-Report-eng.pdf> accessed 30 March 2015.

75   As per the newly introduced programme, a single impoverished family with children can access one-time assistance to meet their most pressing needs for an amount that should not exceed GEL 1,000 (equivalent to about US$ 550 in January 2015).

76   Data provided by the LEPL Social Service Agency under the Ministry of Health, Labour and Social Affairs of Georgia.

The Fund operates in collaboration with the state Social Service Agency after consideration of
— a comprehensive assessment of the child and his/her biological family with a recommendation that it is in the child's best interests to be reunited/remain with his/her biological family;
— an assessment of the family's immediate and pressing household needs and the identification of gaps in the home environment that threaten family reunification or family preservation;
— the development of an action plan that addresses all these needs.

The statutory social worker in charge completes an initial and comprehensive assessment of the child and his/her biological family. On the basis of the assessment's results, the social worker prepares a recommendation for approval by the state Guardianship and Care Council. The financial resources are administered by the relevant NGO, which hands over the supporting documentation to the Social Service Agency.

In all cases, the service is delivered in cooperation with statutory social workers and, in many cases, as part of a package that also includes the services of a project social worker or an early intervention service. Prevention/reintegration cases are monitored by a statutory social worker and the relevant NGO representatives, as long as the need exists, and at least for a two-year period.

RELEVANCE

The Prevention/Reintegration Fund fully responds to the priorities of the Georgian child welfare reform vision, which aims at maintaining children in the care and protection of their biological families. It has proved to be highly relevant to the Georgian situation where poverty and poor housing conditions are the two major factors contributing to child abandonment.

SUSTAINABILITY

The role of the Prevention/Reintegration Fund in carrying out Georgian child welfare reform has been crucial and has been recognized by all stakeholders. Although the Government acknowledges the importance of the Prevention/Reintegration Fund, it is still reluctant to incorporate it into government structures or systems due to potential bureaucratic budgeting and management difficulties, mainly complications related to the planning of the assistance required and the nature of the support provided, which are atypical for regular social protection schemes instituted by the State. However, in 2014, the Government established a new programme for impoverished families that builds on the experience of the Prevention/Reintegration Fund.

EXPANDED PARTNERSHIP AND ALLIANCES

Prevention/Reintegration Fund services were provided in conjunction with the state Social Service Agency, UNICEF, USAID, the Open Society Georgia Foundation, EveryChild, First Step Georgia and other NGOs. A shared vision, strong partnership and effective collaboration among these stakeholders are some of the key determinants of the success of the Georgian child welfare reform.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The development of strong partnerships with all key players in the field, the mobilization of local resources and communities, and joint advocacy and lobbying for the rights and services of vulnerable children and their families are some of the factors that contributed to the success of the child protection reform. Awareness-raising activities among beneficiary groups (children and families) geared towards educating them about their rights and responsibilities and building their skills have proved to be efficient empowerment tools. The continuous and consistent advocacy of NGOs, which evidenced the Prevention/Reintegration Fund's positive achievements, encouraged the Government to adopt and institutionalize a similar state-funded programme.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The Georgian experience shows that implementing partners should work in close collaboration with policy and decision makers and give careful consideration to the evaluation of the approach they have been promoting in order to generate evidence, inform advocacy and facilitate the endorsement of policy changes.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

According to Save the Children's calculations, the median monetary equivalent of the assistance provided in 2013 amounted to US$ 596 per child and US$ 972 per family, with an average cost of US$ 427 for support to reunification and US$ 761 for support to prevention. Operating costs are not included. Although the cost of the Fund may seem high, it saves money in the long term. The one-time/temporary assistance provided by the Fund helps discontinue or prevent expensive institutional care, which, in addition to protecting children's best interests translates into decreased state expenses. In the initial stage, the Government acknowledged the importance of developing the Prevention/Reintegration Fund model but expressed reluctance to incorporate it into government structures. However, in Spring 2014, the Government adopted and institutionalized a similar state-funded programme for impoverished families with children that builds on the positive experience and achievements of the Prevention/Reintegration Fund.

RELATED LINKS

United Nations Children's Fund, *Study Report. Needs Assessment of Reintegrated Families in Georgia,* UNICEF, USAID and Save the Children, Tbilisi, November 2013.
<http://unicef.ge/uploads/Needs_Assessment_of_Reintegrated_Families_in_Georgia-Report-eng.pdf>

Children of Georgia. Returning home – children's right to live in a family.
<www.youtube.com/watch?feature=player_embedded&v=db--2VXwWEI>

Children of Georgia. A document that reviews medical needs related to children living under state care diagnosed with spina bifida and hydrocephalus.
<www.cog.ge/en/files/hydrocephaly_prevention_-en.pdf>

REMARKS The Prevention/Reintegration Fund played a significant role in covering the transitional costs of the Georgian reform and addressing the immediate needs of the most vulnerable children and families. It has proved that social welfare and child-care services, solely, if not accompanied by benefits and financial assistance where needed, cannot ensure a sustainable impact. The long-term effect of such one-time assistance needs to be further documented.

ROMANIA

Social protection schemes nurturing children's right
to live in a family environment

SUMMARY

Alongside other measures promoting the development of services to prevent child relinquishment and abandonment, the Government of Romania also initiated social protection schemes targeting families with children at risk of separation. Cash transfers combined with social work interventions and the provision of social services contributed to a significant reduction in the number of children relinquished and/or abandoned by their families.

PROGRESS AND RESULTS

Between 2002 and 2005, Romania developed, adjusted and increased a series of allowances and allocations for children and their families, designed primarily to raise birth rates and reduce poverty but also indirectly targeted at preventing child relinquishment and abandonment. These social protection measures comprised a mix of means-tested and non-means-tested transfers: universal child allowances with a significantly higher amount for children under the age of two (doubled for children with disabilities), newborn allocations and newborn kits, maternity or paternity benefits, complementary family allocations, and a support allocation for single-parent families.

Through their universal coverage (e.g., child allowance), these new social protection schemes have already demonstrated a positive impact on the reduction of child poverty as well as the indirect effect of lowering the number of children separated from their families, in particular children under the age of two and children with disabilities. The introduction in 2005 of the differentiated allocation, higher for children up to age two, led to an increase that year in the number of beneficiaries of almost 200,000 children.

Statistics show that between 2003 and 2005 the number of children relinquished in maternity units was halved, from 5,130 (2003) to 2,580 (2005). While several other policy changes occurred in the same period with the objective of reducing child relinquishment and abandonment, it is generally accepted that these social protection measures highly contributed to this goal, especially for children under the age of two.

Between 2005 and 2006, the Government spent more than the European average on 'expenditure for family and child as a percentage of the social protection expenditure' and, since 2010, the overall budget for social welfare expenditure has grown continuously. It is expected that the Government will maintain the focus on children and their families in the policy framework due to be revised for 2014–2020.

BACKGROUND

In-depth studies were conducted between 2002 and 2007 on the causes of child relinquishment and abandonment. Evidence indicated that the primary factors supporting the separation of children from their families were linked to poverty, mothers' lack of education, absence of specialized services in local communities and scarcity of housing. Low income was mentioned in 86 per cent of the counties where data were collected, whereas parents' lack of education was referred to in only 52 per cent of counties.[77]

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77 Interministerial Technical Working Group, The prevention of child abandonment by its family through the development of communitarian support services in Romania, 2006.

Due to the acknowledged complexity of the causes leading to child relinquishment and abandonment, the Government developed a range of services geared towards preventing separation (e.g., day-care centres, counselling centres for children and families, support services for families with a large number of children). It also promoted an integrated approach to addressing the risks of separation, which included social protection measures to reduce poverty and improve child well-being.

PROMISING PRACTICE

The social protection measures to reduce poverty and improve child well-being, introduced alongside a variety of services aiming at the prevention of family separation, included:

— **Child allowance,** universal, non-contributory, the most important social protection measure targeting child well-being. This allowance is given to children until the age of 18 or until they finish high school, according to Law 61/1993. Its universal character was established in 2006 when the Constitutional Court declared that linking the allocation to school attendance was unconstitutional (Decision no. 277 of 21 March 2006). The value of the allocation is based on age: the amount for children up to the age of two, or three for children with disabilities, is Lei 200 (US$ 54.50), and after this age Lei 42 (US$ 11.45). The amount for children with disabilities up to age three is increased by 100 per cent to Lei 400 (US$ 109), and after this age to Lei 84 (US$ 22.90).

— **Birth grant,** non-contributory, established by Law 416/2002 regarding the guaranteed minimal income. This grant is paid to the mother at the birth of each child, for up to four children. Other benefits include layette (without limit to the number of children). A lump sum of new Lei 230 (US$ 62.95) is paid for each live birth. A layette equal in value to new Lei 150 (US$ 40.85) is paid for each birth. Statistics show an increasing number of beneficiaries up to the year 2010.

— **Maternity benefit** for insured (pregnant) mothers with at least one month of contributions during the last 12 months. Mothers receive 85 per cent of their average monthly earnings during the six months preceding the expected date of childbirth. The benefit is paid for up to 126 days (63 days before birth and 63 days after birth).

— **Parental leave,** non-contributory, instituted in 2005 and provided until the child reaches the age of two, or three in case of disability (according to Emergency Order no. 148/2005). Parents who have been employed for nine months prior to the child's birth and who choose to return to work before the end of the two-year period are given an incentive of Lei 100 (US$ 27.25) together with their salary.

— **Complementary family allocation** and the **support allocation for single-parent families** established by Order 105/2003 as a social welfare measure aimed at supporting children in low-income households.

STRATEGY AND IMPLEMENTATION

Prior to 2007, the Government set children as a priority and, along with other key stakeholders (development agencies, donors, civil society organizations), it headed major reforms to improve the situation of children. Advocacy around social protection was built on the Government's commitment to addressing poverty, especially in families with children, and the country's low birth rates. Complementary evidence had to be sought to highlight the main causes of child relinquishment and abandonment and enable continuous adjustments of social protection schemes targeting families with children.

In addition, the adjustment of these schemes in favour of children with disabilities and their families was made possible by confirming the slow development of specialized and support services at the community level on the one hand, and disclosing the increasing evidence of the benefits of early intervention on the other hand.

Taking advantage of a period of economic prosperity, the Government and other key stakeholders prioritized investments in children by leveraging state budget, local funding and other resources.

RELEVANCE   There are no studies available about the direct impact of these social protection schemes on child relinquishment and abandonment. However, data analysis shows that the universal allowance for children significantly contributed to the reduction of poverty, thus addressing one of the major causes of the separation of children from their families.

SUSTAINABILITY   Although Romania was severely hit by the economic and financial crisis, the country endeavoured to maintain, consolidate and strengthen social protection gains on behalf of families with children without damaging their situation in a context of austerity measures and budgetary cuts. A new strategy for the years 2011–2013 regarding the reform of social assistance was elaborated in 2011 on the basis of an analysis of social assistance expenditure, which had increased by almost 1.5 per cent of GDP between 2005 and 2010. The potential positive effects (reduction of child poverty, improvement of child well-being and implicitly of children's right to grow up in their family) of this strategy and of the Social Inclusion and Poverty Reduction Strategy 2014–2020, currently being developed, depend on how priorities for families with children and children themselves are maintained and enhanced.

EXPANDED PARTNERSHIP AND ALLIANCES   N/A

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT   The Government of Romania has led the process and demonstrated its commitment. Extensive progress was made in reducing poverty and lowering the number of children in institutional care, thus empowering the most vulnerable children and their families to strive and prevent family breakdown and separation.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION   N/A

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY   The universal child allowance represents the biggest envelope in social protection expenditure dedicated to families with children (about €4 million annually). Because of its direct impact on the reduction of poverty and its indirect repercussion on the number of children placed in public care (down from 84,796 in 2003 to 65,950 in 2010), this allowance is considered to have achieved high returns on its investment, especially when measured against the annual costs per child in institutional care (€6,500).

In its absence, the poverty rate for children aged 0–17 years could have reached 12.7 per cent, compared to 8 per cent registered in 2010. Means-tested, targeted allowances had (at the end of 2010) much lower coverage in households with children, which combined with the decreased generosity of the benefit resulted in a far smaller drop in poverty. This may represent an additional argument for the progressive realization of universal coverage of support programmes and policies.

Ministry of Labour, Family, Social Protection and the Elderly.
<www.mmuncii.ro/j33/index.php/ro>

Joint Note of UNICEF and the World Bank, Romania – Rapid assessment of the impact of economic crisis on poverty.
<www.unicef.org/romania/Crisis_Impact_UNICEF_WB.pdf>

REMARKS   There is a consensus in Romania that the social assistance system must shift focus from cash transfers towards social service delivery in order to adequately address the needs of vulnerable groups. Social benefits must provide a secure income. For this reason, system reform to date has featured consolidation and optimization measures that need to be maintained. Income support should not be ignored given both the high level of poverty and material deprivation in the country and the fact that families with youths and children are at highest risk. However, the most vulnerable groups do not only require changes in income support measures, they also call for the availability of social services targeted at their specific needs. For these groups, support packages should be developed that integrate cash benefits with social services geared towards active inclusion.

TURKEY

Socio-economic support for vulnerable families to reduce the number of children in institutional care and reunite them with their families

SUMMARY

In 2005, the Government of Turkey launched the initiative 'Reuniting Children with their Families' and 'Support within the Family' to reduce the number of children living in institutional care and reunite them with their families, with particular emphasis on children under the age of three. Increased socio-economic support for vulnerable families and children and social protection services gave families the opportunity not to be separated (whenever economic poverty was found to be the primary vulnerability factor).

PROGRESS AND RESULTS

Turkey is reportedly shifting from institutional to family-based care as a result of renewed socio-economic policies and the rapid development of foster care. In less than a year (2012–2013), the number of children under the age of three in institutions decreased by over 200. In addition, out of 21,000 children in residential care in 2005, 10,079 children had been reunited with their families by March 2014.[78] Socio-economic support and other social protection services intended to help families at risk (on condition that economic poverty is found to be the primary vulnerability factor and the reason children are placed in formal care) are provided *within* the family environment. At present, 46,638 children are obtaining services in their family environment. Only in 2013, 11,605 children remained with their parents thanks to financial assistance and preventive support services.[79] Back in 2001, poverty was recorded as the main reason for placing children in residential care in 71.6 per cent of cases; from 2006 onwards it was only in around 20 per cent of cases.[80] Parallel to this process, other pro-poor measures (5 per cent of vacancies in private nursery schools and day-care centres are offered free of charge to children aged 0-5 years from low-income families), parenting training, home care services for children with disabilities and other family and social services, such as conditional cash transfers, may also have been associated with a drop in institutionalization.

BACKGROUND

Turkey is not among the countries with the highest rates of institutionalization of children due to a combination of historical, cultural and structural factors. Its child protection system is entirely state-led, welfare-oriented and centralized. A total of 12,475 children live in care institutions, and an additional estimated 1,500 children live in specialized residential care for persons with disabilities (data as of May 2014). An analysis conducted some years ago on the reasons for placing children in formal care showed that socio-economic conditions and single parenthood (e.g., after divorce) were prominent. Over the past decade, and most forcefully since the creation of the new Ministry of Family and Social Policies, the Government's policy has shifted towards improved support for families at risk in order to prevent or revert the placement of children in residential care.

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78   Data provided by the Ministry of Family and Social Policies of Turkey, May 2014.

79   Ibid.

80   Ibid., May 2014.

PROMISING PRACTICE

The Government's improved support for vulnerable families (when economic poverty is found to be the primary reason for placing children in state care) as a means to prevent family separation is ensured through:

1. Socio-economic support and social welfare services for children living with their family without taking them under formal protection: families who apply to have their children placed under formal protection, as well as families with children identified by authorities as being at risk of separation, are granted a package of socio-economic support and social protection services in their own living environments or in the place where children live with their parents or relatives (in the case the request is imputable only to economic poverty). Within this scope, 32,440 children[81] were supported in 2013 within their families or relatives, instead of being placed in residential care.

2. Socio-economic support and social protection services for children living in institutional care in order to reunite them with their families or relatives: families benefit from financial assistance and preventive support services and undergo periodical monitoring. In 2002, 268 children were returned to their parents, whereas, in March 2014, 10,079 children had reintegrated their family.[82] In parallel, foster care was boosted and professionalized in the course of 2012.

STRATEGY AND IMPLEMENTATION

UNICEF's strategy has been a mixture of advocacy and equity promotion. International exposure of the Turkish Government at regional events and conferences as well as lessons learned about the harmful effects of institutionalization on children under the age of three played a key role, together with European Union accession prospects. Government efforts aim to reduce equity gaps, notably between regions (East/West) and reinforce poverty eradication.

RELEVANCE

A package of socio-economic support and social protection services is the core policy driver contributing to family strengthening and preservation.

SUSTAINABILITY

The implementation of the programme is secured through a bye-law that defines the roles and responsibilities of relevant government institutions and determines social assistance allocations.

EXPANDED PARTNERSHIP AND ALLIANCES

The programme is being implemented by government institutions. The Directorate-General of Child Services cooperates with social welfare foundations and provincial and district governors for its implementation at the local level.

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81   The figure is cumulative. Data provided by the Ministry of Family and Social Policies of Turkey, 2013.

82   Ibid., May 2014.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The Government firmly leads the reform process, which is proving to be highly effective in empowering children and families.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The Government has set up a full-fledged agenda on family support and preservation, in line with Article 41 of the Turkish Constitution. The consolidation within the new Ministry of responsibilities formerly assumed by several directorates-general and other institutions is a positive development, which could facilitate the implementation of a comprehensive social protection system and pave the way for a closer focus on children in social welfare policy.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The programme is funded from the national budget. The amounts devoted to social welfare are determined according to a fixed ratio of the public sector's monthly minimum wage, depending on the age of the child.

RELATED LINK

N/A

UKRAINE

Financial benefits for children under the age of three as a social support for families to prevent infant and young child abandonment

SUMMARY

The Ukrainian system of universal social protection benefits for young children (aged 0–3 years) is complex and includes a series of state support services for children and their families. The birth grant and a monthly child-care assistance for children under the age of three are the most important benefits that contribute to the prevention of baby abandonment.

PROGRESS AND RESULTS

Although the impact of universal financial benefits on the prevention of child abandonment has not been fully documented, a review conducted in Ukraine suggests that high-value and widely accessed benefits, combined with targeted service delivery (i.e., counselling for women at risk of abandonment in maternity wards), have contributed to a significant drop in the number of infants placed in residential care at birth, and thus to an overall decrease in the number of children under the age of three in institutional care. In 2009, 3,704 children under the age of three lived in institutions compared with 5,011 in 2007. These numbers include abandoned children and children who cannot live with their parents. This reduction was achieved through a synergy between benefits and services.

Over the last few years, the number of infants receiving government support increased: from 1,261 children in 2009 to 1,361 in 2012. The method for calculating child-care allowances for children under the age of three was modified to enhance the state support mechanism. Thus, the amount rose from 50 per cent of the living wage in 2008 to 100 per cent in 2010. In addition, the Government decided to increase living wages by 25 per cent each year. All of these changes resulted in a doubling of the total assistance budget between 2008 and 2013.

Trends in the average amount of child-care assistance for children under the age of three
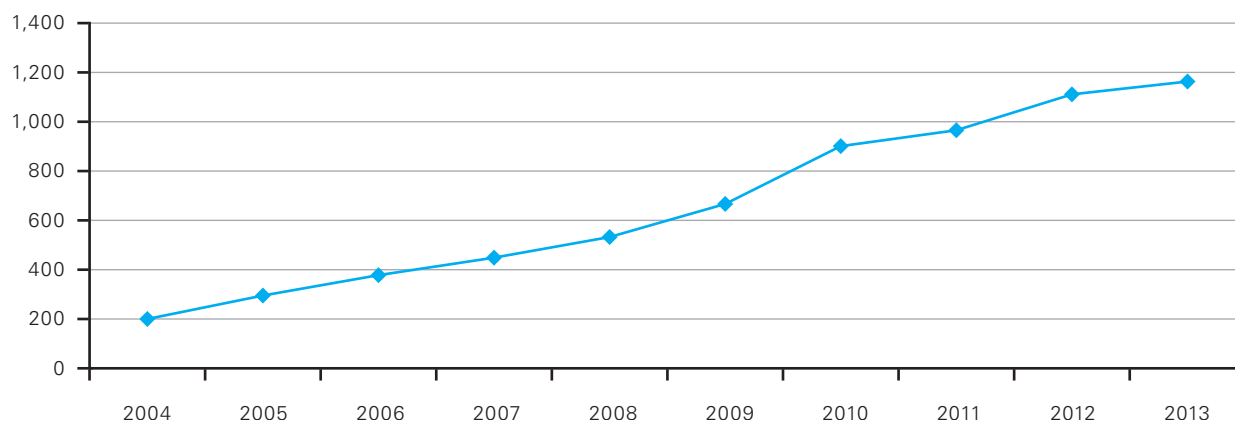
These universal benefits are reaching higher proportions of the poorest families than means-tested schemes. However, the high level of funding for categorical benefits that is spent on wealthier households should be noted.

The structure of GDP offers the same picture: budget allocations for child-care assistance of children under the age of three in percentage of GDP are increasing year by year.

0–3 years monthly child-care assistance in % of GDP
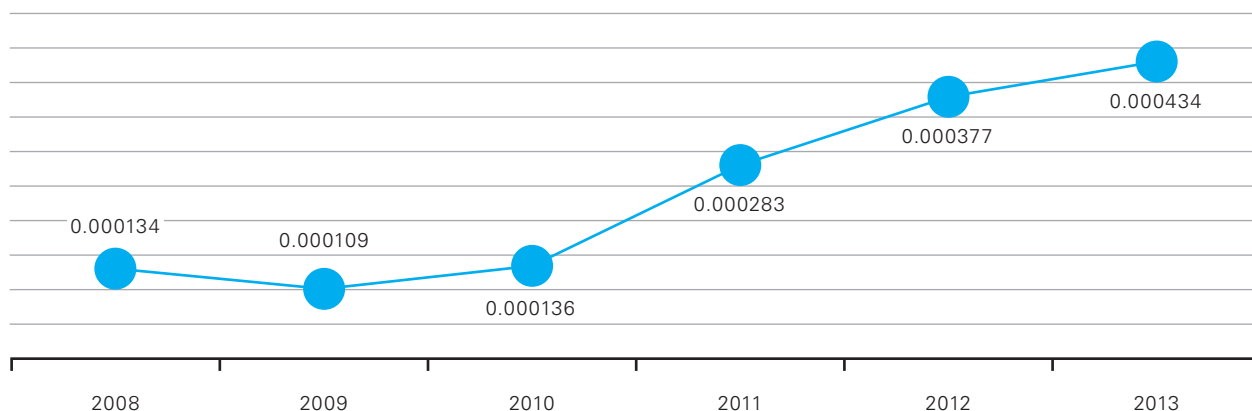
The increase of the monthly child-care assistance in the structure of GDP started in 2010 and continued in 2013. Monthly child-care assistance for children under the age of three stood at 0.0004 per cent of GDP in 2013 (i.e., 2.7 times higher than in 2008). The 2009 negative indicator may be explained by a one-time reduction in the number of recipients (572,000 persons in 2009 against 827,000 persons in 2008, and 794,000 persons in 2010).

BACKGROUND

In Ukraine, approximately 8,000 children are deprived of parental care every year due to termination of parental rights. In 2004, 1,549 infants were abandoned at birth. Families face an array of vulnerabilities that leads them to abandon their babies: lack of housing; poverty; absence of social safety nets; limited contact with, or support from, family members; single parenthood; parents with dependencies, facing violence or in conflict with the law.

Recognizing these problems, the Government has strengthened its family care response in recent years by adopting a series of legislative changes and raising the funds allocated to social services and benefits. Social benefits were increased to promote higher birth rates and address regional population decline. Whatever the political motivations behind the initiative, these interventions have significantly reduced child abandonment, particularly at birth.

PROMISING PRACTICE

Since 1992, Ukraine has introduced financial benefits for children under the age of three as a means of supporting young children and their families. The amounts of the benefits paid have increased over time in order to improve family stability.

1. The birth grant is one of the primary vehicles of the State's financial support to families with children. This grant is calculated on the basis of the living wage for children under the age of six. It is provided in the amount of:

— the equivalent sum of 30 minimum living wages for the first child;

— the equivalent sum of 60 minimum living wages for the second child;

— the equivalent sum of 120 minimum living wages for the third and each next child.

In accordance with a procedure established by the Cabinet of Ministers of Ukraine, the grant is paid in tranches, the first payment at birth being the equivalent of 10 minimum living wages. The monthly payments that follow are spread over different time periods, depending on the number of children in the family:

— for the first child over a period of 24 months;

— for the second child over a period of 48 months;

— for the third and each next child over a period of 72 months.

2. The child-care assistance for children under the age of three is a state benefit paid to the child's legal caretaker (e.g., parents, foster parents or guardians, grandmother, grandfather or other relatives).

The amount of this assistance is equal to the difference between the living wage for able-bodied persons and the average total per capita family income over the preceding six months, but not less than US$ 8.2.[83]

STRATEGY AND IMPLEMENTATION

The primary strategic direction of Ukraine's state benefits (social support) programme was to increase the annual level of financial benefits for young children under the age of three so as to strengthen families' ability to care for their children:

— quarterly increases in the amount of child-care assistance are sanctioned in the Law on Ukraine's state budget;

— procedures have been simplified to enable families' access to state benefits, e.g., by reducing the number of documents required;

— provision of comprehensive state support that includes financial help for children but also assistance to families/households as needed, e.g., subventions to cover expenditure for housing and communal services.

RELEVANCE

These categorical benefits are an initiative that can have a stronger impact if coordinated with other forms of assistance, such as targeted services to address the root causes of families' vulnerabilities and establish a positive socio-economic effect (counselling, home assistance, daily care, etc).

SUSTAINABILITY

The funds to cover these benefits are approved annually under the Law on Ukraine's state budget. The inclusion of benefits in the state budget guarantees their sustainability.

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83   Based on an exchange rate of US$ 1.00 to UAH 15.82 (January 2015).

EXPANDED PARTNERSHIP AND ALLIANCES

Financial support is provided through a complex operational cycle of relevant state and local bodies, such as the Ministry of Finance, the Ministry of Social Policy, State Treasury (central and regional divisions), etc.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

Leadership lies with the Government, whose social policy is committed to strengthening family ties and preventing family separation.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

Technical assistance is required to conduct a sociological assessment of families with a newborn child and/or children under the age of three in order to examine this particular population's entitlement to state support, parents' capacity to care for their children adequately, etc. Such an assessment could be undertaken by a local government, an NGO or an international organization.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

State support for children under the age of three is funded from the national budget through subventions to local budgets upon approval by the Law on Ukraine's state budget.

RELATED LINK

N/A

REMARKS

The use of categorical benefits has expanded the coverage of women and families from the lowest income strata and provided more effective access than means-tested approaches. At the same time, it has meant allocating significant resources to wealthier households for whom the benefits may not be as critical. In countries like Ukraine, with limited financial resources, this kind of approach needs to be fine-tuned in order to avoid losing coverage of the poorest families while also better targeting resources towards those most in need of assistance.

Another lesson learned is the value of the different components of Ukraine's national strategies to address infant and young child abandonment. Although planned separately, experience has shown the value of coordinating benefits with services, in particular the social counselling services provided in maternity wards for women at risk of abandoning their newborn as well as the longer-term support provided by mother and child centres to address the root causes of the hardships these women are facing. Together, birth and child-care benefits can supply the immediate resources women and families require to get through the neonatal period and overcome their difficulties. UNICEF continues to press for greater synergy of services and benefits to enhance overall responses.

However, at the peak of the ongoing socio-economic and political crises, the Government has reviewed its policy on social benefits and modified the legal and policy framework. (As of 1 July 2014, the birth grant was reduced, in particular for the second and third child; care assistance for children under the age of three was cancelled.) Unfortunately, such decisions may create disincentives for disadvantaged families and lead to further vulnerability.

8 EFFECTIVE MONITORING MECHANISMS AND REDRESS TO ENFORCE CHILDREN'S RIGHT TO LIVE IN A FAMILY ENVIRONMENT AND TO BE PROTECTED FROM VIOLENCE, ABUSE AND NEGLECT

All CEE/CIS countries have ratified the United Nations Convention on the Rights of the Child and accordingly embarked on a journey to harmonize their laws and practices with the rights set forth in that international treaty. Although the process of adjustment is going well, it is necessary to check continually whether each child in the region, in all settings, is enjoying those rights on a daily basis. This applies in particular to the health, education, social or justice rights of the children who need special protection measures.

Ensuring that all the provisions of the Convention are respected in legislation, policy development and delivery at all levels of government is a process that requires ongoing monitoring and evaluation. There can be no successful planning without evaluation. No State can develop and update a plan of action in the area of child rights if it is not prepared to monitor progress and assess results.

Monitoring and evaluation are governments' obligation, but they cannot achieve this task alone. They must work with civil society, which should play an important role in the process. Altogether, stakeholders should monitor overall legislative and policy activities as well as very particular situations, namely, the living conditions of children in institutional care or children's access to multisectoral services. Monitoring of children's rights may be defined as all activities undertaken with the purpose of assessing and measuring the implementation of their rights.

In its General Comment No. 5 on Article 4 of the Convention (General measures of implementation), the Committee on the Rights of the Child recognized the importance of monitoring. "Ensuring that the best interests of the child are a primary consideration in all actions concerning children (art. 3 (1)), and that all the provisions

of the Convention are respected in legislation and policy development and delivery at all levels of government demands a continuous process of child impact assessment (predicting the impact of any proposed law, policy or budgetary allocation which affects children and the enjoyment of their rights) and child impact evaluation (evaluating the actual impact of implementation). This process needs to be built into government at all levels and as early as possible in the development of policy."[84]

The Committee on the Rights of the Child also regards as essential "the independent monitoring of progress towards implementation by, for example, parliamentary committees, NGOs, academic institutions, professional associations, youth groups and independent human rights institutions."[85]

In the early years of this century, child protection systems in CEE/CIS countries largely failed to identify cases of violence, abuse and neglect and provide adequate protection to children at risk. Some of the causes of the system's malfunction were the non-visibility of abused and neglected children, a fragmented approach to child protection, the lack of sensitivity to the child/family's participation in child protection and justice processes, the absence of sanctions for failing to report child abuse and neglect, the inadequacy of professionals' skills in management, interventions and follow-up as well as poor monitoring mechanisms for enforcing children's right to protection from violence, abuse and neglect.

Among particularly vulnerable children, those who were living in large residential care institutions represented one of the most 'endangered' groups. Deprived of regular contact with their families and caregivers, they hardly benefited from periodic reviews and monitoring of their treatment.

In the absence of efficient responses from the child protection systems and monitoring mechanisms in place, the fact that international, regional and civil society human rights organizations played a crucial role in shedding light on the 'appalling conditions' of some of the children living in large residential care facilities proved to be of paramount importance.

These initiatives have triggered and accelerated the reform processes throughout the CEE/CIS region towards the creation of child protection systems that reduce the number of acute violations of children's right to appropriate care and protection.

In addition, experience teaches that a single-issue approach is likely to fragment the child protection response, resulting in inefficiencies and unmet child protection needs. Rather than treating issues in isolation, a systems approach promotes a holistic view of children and provides a continuum of services incorporating both prevention and response. Well-functioning child protection systems nurture cooperation, coordination and collaboration among all levels of stakeholders.

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84 Committee on the Rights of the Child, General Comment No. 5 on 'General measures of implementation of the Convention on the Rights of the Child (arts. 4, 42 and 44, para. 6)', CRC/GC/2003/5, 27 November 2003, para. 45. See <www2.ohchr.org/english/bodies/crc/docs/GC5_en.doc> accessed 30 March 2015.

85 Ibid., para. 46.

Closely linked to effective monitoring functions, the ability of the justice system to guarantee and provide a redress for violations of rights, as put forth in national and international norms, has been challenged and successfully reaffirmed in two cases brought to the attention of the European Court of Human Rights.[86] The case law of the European Court has shown that justice systems, when accessible to all, may be powerful tools to undo discriminatory decisions, restore entitlements that were denied and keep families together.

86 European Court of Human Rights, Chamber Judgment Wallová and Walla v. the Czech Republic (application no. 23848/04), Strasbourg, 26 October 2006; European Court of Human Rights, Chamber Judgment Saviny v. Ukraine (application no. 39948/06), Strasbourg, 18 December 2008.

CENTRAL AND EASTERN EUROPE AND THE COMMONWEALTH OF INDEPENDENT STATES (CEE/CIS)

Monitoring and oversight mechanisms to redress justice and put an end to violations of the rights of children placed in institutional care across CEE/CIS

SUMMARY

Throughout the last decade, international, regional and civil society human rights organizations have effectively used their monitoring, oversight, advocacy and other mechanisms to put an end to violations of the rights of children placed in formal care and have brought to public attention children's appalling conditions of care and protection in institutions across the CEE/CIS region, which have triggered, initiated and accelerated reforms.

PROGRESS AND RESULTS

The development of monitoring and oversight mechanisms has contributed to reducing the number of acute violations of the rights of children to appropriate care and protection.

The right of the child to live in a caring family environment has been brought to the attention of the general public, professionals and decision makers, and a common understanding has been built on the human rights imperative for the child to live in a caring family environment. Highlighting governments' accountability has led them to take action to reform their child-care systems.

The prevalence of violence against children placed in institutional care has started to be carefully documented and addressed. As a result, children in institutional care across CEE/CIS have begun to receive better health care and nutrition, as well as individually tailored child-care and educational support plans, and even in some cases individual plans for leaving institutional care. The availability and quality of community-based family support services and family substitute services have also increased.

BACKGROUND

The worst examples of institutional care were brought to public attention in Romania after the fall of Ceausescu in 1989, when pictures of severely deprived, malnourished and poorly cared for children were shown around the world. However, a 2003 study[87] conducted by a large team of partners across Europe[88] showed that the placement of children under the age of three remains an issue in most European countries. Official government data indicated that 23,099 children under the age of three (approximately 11/10,000 children) had been in institutional care[89] for more

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87 European Union Daphne Programme, Moving Young Children from Institutions to Family Based Care, Information Briefing, Centre for Forensic and Family Psychology, University of Birmingham, UK (k.d.browne@bham.ac.uk), 2003.

88 Research fellows: Dr. Rebecca Johnson, Dr. Shihning Chou, Dr. Cecilia Pritchard. Partners: Dr. Helen Agathonos-Georgopoulou (Greece), Prof. Marie Anaut (France), Dr. Maria Herczog (Hungary), Maria Keller-Hamela (Poland), Anna Klimácková (Slovakia), Dr. Ingrid Leth (Denmark), Georgette Mulheir (Romania), Dr. Violeta Stan (Romania), Sezen Zeytinoglu (Turkey) and Mikael Ostergren (World Health Organization Regional Office for Europe).

89 Defined as 11 or more children.

than three months in 31 European countries. The rates ranged from less than 1/10,000 in Iceland, Slovenia and the United Kingdom to 31–60/10,000 in eight countries (Belgium, Bulgaria, Czech Republic, Hungary, Latvia, Lithuania, Romania and Slovakia).[90]

After the collapse of the communist system in 1989, strong emphasis was put on improving living conditions in residential institutions. This was necessary but allowed highly inappropriate large residential care institutions to remain in place. In addition, it permitted outdated care practices to be maintained in 'renovated' institutions.

International research has sufficiently documented the lifelong negative impact of institutional living on general and mental health, intellectual development, employment and later parenting skills,[91] including non-organic failure to thrive and grow; poor executive functions (working memory, inhibitory control, and cognitive or mental flexibility); poor self-confidence; lack of empathy for and understanding of others; indiscriminate affection towards adults; lack of understanding of appropriate boundaries; aggression towards others, cruelty to animals; negative and antisocial behaviours; autistic tendencies, stereotypical self-stimulation and self-harming conduct; poor cognitive development and academic underachievement; poor moral development (difficulty in understanding the difference between right and wrong); relationship problems in childhood and adulthood; delinquent behaviour in adolescence and young adulthood; and a higher probability of an autistic social personality. In addition, frequently reported abuse and neglect in institutions by staff and older residents contribute to increased chronic health conditions in adulthood, poorer mental health and greater difficulties in breaking the abusive cycle in the next generation.

PROMISING PRACTICE

In the early 2000s, international and European human rights organizations, international and local NGOs and human rights advocates initiated a long campaign to bring to public attention violations of the rights of children placed in institutional care across CEE/CIS that contravened a whole range of international human rights instruments: the Convention on the Rights of the Child, the European Convention for the Prevention of Torture (ECPT), the European Convention on Human Rights (ECHR), the International Covenant on Civil and Political Rights, The United Nations Convention on the Rights of Persons with Disabilities, and many other internationally accepted human rights instruments.

The European Committee for the Prevention of Torture and Other Inhuman and Degrading Treatment and Punishment (CPT)[92] has played a significant role while exercising its mandate of unlimited access to social care institutions in order to assess how children and persons are treated. The reports issued by CPT contained alarming findings on the condition and treatment of children and adults in institutional care settings, and mobilized many countries to devote due attention to the issue, improve the situation, put in place guarantees to prevent further violations of rights, and accelerate the reform processes.

90 Hamilton-Giachritsis, C., Browne, K., 'Forgotten children? An update on young children in institutions across Europe', *Early Human Development*, vol. 88, issue 12, December 2012, pp. 911–914.

91 North American Council on Adoptable Children, *Research on Institutional Care of Vulnerable Children*, Better Care Network. See <www.crin.org/docs/ US%20Instititional%20Care%20Research%20Studies%20NACAC.pdf> accessed 30 March 2015; European Commission Daphne Programme, in collaboration with WHO Regional Office for Europe & The University of Birmingham, United Kingdom, *De-institutionalising and Transforming Children's Services – A Guide to Good Practice*, Birmingham, 2007. See <www.crin.org/docs/Deinstitutionaliation_Manual_-_Daphne_Prog_et_al.pdf> accessed 30 March 2015; Center on the Developing Child at Harvard University, *Building the Brain's 'Air Traffic Control' System: How Early Experiences Shape the Development of Executive Function*, Working Paper No. 11, 2011. See <http://developingchild.harvard.edu/resources/reports_and_working_papers/ working_papers/wp11/> accessed 30 March 2015.

92 Office of the High Commissioner for Human Rights, Human Rights. Committee against Torture. See <http://tbinternet.ohchr.org/_layouts/ treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=1&DocTypeID=5> accessed 30 March 2015.

The Helsinki Committee for Human Rights[93] and Disability Rights International[94] have published several reports describing human rights abuses perpetrated against children and adults with intellectual disabilities and systemic discrimination and social exclusion of children and persons with intellectual and psychosocial disabilities in several CEE/CIS countries.

Some of the most drastic cases can be found in judgments of the European Court of Human Rights where, in a particular case, the Court described the situation as a 'national tragedy'. Authorities had failed in their duty to protect the lives of 15 vulnerable children and adults living in a social care 'home' who died due to lack of food, heat, medicines and basic necessities during the winter of 1996–1997. In its judgment, the European Court of Human Rights found a *violation of Article 2 (right to life)* of the European Convention on Human Rights and emphasized that the deaths were not the result of a sudden and unforeseen event. On the contrary, 15 children and young adults died gradually over the course of three months after the authorities had been given notice of the pending fatalities.[95]

In its Concluding Observations, the United Nations Committee on the Rights of the Child[96] has expressed concern about the state of children in particular institutional settings in many CEE/CIS countries. It has called on governments to put special emphasis on the protection of the rights of children deprived of parental care and those with disabilities placed in institutional care; to accelerate reform processes in the health, education, social welfare and finance sectors; and to ensure that preconditions are put in place for children to be reunified with their families or placed in carefully selected and well-supported substitute family care.

In its yearly progress reports,[97] the European Union has consistently called on governments from all over the region to accelerate these reform processes, prevent violations of children's rights and devote due attention to the issue within the European Union accession agenda.

STRATEGY AND IMPLEMENTATION

In order to exercise their mandate, independent human rights bodies continue to advocate unrestricted access and unannounced visits to social care institutions. They have multiplied the number of such visits to monitor the quality of care provided. This has helped increase the accountability of States regarding the type and quality of care made available. Following the issuance of country-specific reports, which were made public and widely disseminated, several countries committed to enhancing the situation denounced by these reports. In some countries, the European Union accession process has been a driving force to improve the situation in child-care institutions and accelerate the overall child-care reform process.

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93   See Bulgarian Helsinki Committee, at <www.bghelsinki.org/en/publications accessed> 30 March 2015.

94   Mental Disability Rights International, *Behind Closed Doors: Human Rights Abuses in the Psychiatric Facilities, Orphanages and Rehabilitation Centers of Turkey*, Istanbul, September 2005. See <www.disabilityrightsintl.org/wordpress/wp-content/uploads/turkey-final-9-26-05.pdf> accessed 30 March 2015.

95   European Court of Human Rights, Information Note on the Court's case-law no. 164, June 2013, Nencheva and Others v. Bulgaria, no. 48609/06, June 2013. See <www.echr.coe.int/Documents/CLIN_2013_06_164_ENG.pdf> accessed 30 March 2015.

96   Office of the High Commissioner for Human Rights. Human Rights. Committee on the Rights of the Child. <www.ohchr.org/EN/HRBodies/CRC/Pages/CRCIndex.aspx> accessed 30 March 2015.

97   European Commission. Strategy and Progress reports. See <http://ec.europa.eu/enlargement/countries/strategy-and-progress-report/index_en.htm> accessed 30 March 2015.

RELEVANCE

The development of monitoring and oversight mechanisms is highly relevant for a large number of children placed in institutional care across CEE/CIS from 2000 onwards. An extensive body of evidence shows that, in the majority of countries, the situation of children who live in institutional care has gradually improved. However, even today, not all institutional settings are adequately adapted and equipped so that children's fundamental rights to life, dignity, protection and privacy are universally respected. In many of the countries of the CEE/CIS region, these and similar initiatives triggered broader child-care system reforms as well as adoption of legislation and national plans for the transformation of child-care institutions with a view to preventing further placements, reunifying children with their families and/or moving children from institutions into alternative family- and community-based care.

SUSTAINABILITY

These and similar initiatives have contributed to long-term changes in the life of children in institutional care and led to significant improvements in the physical conditions of child-care institutions and the care practices within them. The majority of governments in the region have developed national plans of transformation of child-care institutions, which have been adopted, allocated budgets and placed within the broader context of child-care system reform.

EXPANDED PARTNERSHIP AND ALLIANCES

This initiative facilitated the establishment of broad partnerships among national and international actors and helped governments to adopt a constructive approach to the issue. The European Union, the Council of Europe, UNICEF, the Helsinki Committee for Human Rights, Disability Rights International and other international and local human rights-based organizations have initiated, promoted, supported and monitored, in accordance with their specific mandate and role, similar processes in many of the countries in the CEE/CIS region.

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT

The initiative was instrumental in empowering children placed in institutional care to receive better standards of care and treatment and to participate more actively in the development of individual care/protection plans. It has also empowered communities to recognize their role in supporting vulnerable children and mobilizing its members to support the most vulnerable families.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION

The initiative mobilized the broader international community to invest significant financial resources in child-care reform across CEE/CIS; and national authorities to allocate increased financial resources towards improving legislation, working programmes, work practices, and conditions in institutional care settings.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY

The nature of the initiative is not suitable to be measured in financial terms since its human rights dimension and impact for children and families far exceed any financial investments.

RELATED LINKS Office of the High Commissioner for Human Rights, Human Rights. Committee against Torture.

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MEMBER STATES OF THE COUNCIL OF EUROPE

Access to Justice – Effective remedies to redress violations of unlawful family separation (the case law of the European Court of Human Rights)

SUMMARY

Through the European Court of Human Rights, parents have access to regional judicial mechanisms to challenge the decision of national authorities to separate a child from his/her family.

PROGRESS AND RESULTS

The two cases that have been extracted from the case law database of the European Court of Human Rights – Wallová and Walla v. the Czech Republic (23848/04)[98] and Saviny v. Ukraine (39948/06)[99] – illustrate how parents, when they have access to the required assistance and support to make the procedure accessible to them, can effectively challenge unlawful decisions of national judicial and administrative authorities and be provided with a remedy for violations of their rights. This empowers families to challenge unlawful decisions of family separation and encourages public debate on the issue.

In addition, by establishing such case law, the European Court of Human Rights has reaffirmed the international standards on the right of children to live in a family environment and States' obligation to provide support to vulnerable families experiencing difficulties in bringing up their children as a consequence of poverty, unemployment or disability.

BACKGROUND

In the cases of Wallová and Walla v. the Czech Republic and Saviny v. Ukraine, children were removed from their family environment solely for reasons associated with poverty, material difficulties and disability, although the parents were willing to bring up their children.

In the case of Wallová and Walla, the State took children from a large family into public care on the sole grounds that the family's housing was inadequate. The applicants and their children had been separated following court decisions ordering that the children be placed in residential care – first on a temporary basis in 2000 and then permanently in 2002 – on the grounds that the applicants' material difficulties rendered them unable to provide a suitable home for their five children.

In the case of Saviny v. Ukraine, all seven of the applicants' children were taken into public care on the grounds that their blind parents had failed to provide adequate care and housing. The national authorities took the decision on separation without demonstrating that the physical condition of the parents made them unable to care and protect their children, and based their decision on a finding that the applicants' lack of financial means endangered their children's life, health and moral upbringing.

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98 European Court of Human Rights, Chamber Judgment *Wallová and Walla v. the Czech Republic* (application no. 23848/04), Strasbourg, 26 October 2006. See <http://hudoc.echr.coe.int/sites/engpress/pages/search.aspx?i=003-1820815-1910281> accessed 30 March 2015.

99 European Court of Human Rights, Chamber Judgment *Saviny v. Ukraine* (application no. 39948/06), Strasbourg, 18 December 2008. See <http://hudoc.echr.coe.int/webservices/content/docx/001-90360?TID> accessed 30 March 2015.

PROMISING PRACTICE

After exhausting all legal remedies at the national level, the parents initiated a procedure in front of the European Court of Human Rights in order to challenge the decision of national authorities to separate families and place children in public care. In both cases, the Court unanimously considered that the right to family life guaranteed under Article 8 of the European Convention on Human Rights had been violated.

In the case of Wallová and Walla v. the Czech Republic, the Court considered that the decision had be taken due to the family's poor housing conditions. Under the social welfare legislation, the national social welfare authorities had an obligation to monitor the applicants' living conditions and hygiene arrangements, to advise them on the steps they could take to improve their situation and to support the identification of a solution to their housing problem. Separating the family on the sole grounds of their material difficulties had been an unduly drastic measure.

In the case of Saviny v. Ukraine, the Court challenged the adequacy of the evidence on which the authorities had based their finding that the children's living conditions had in fact endangered their life and health, drawn from only occasional inspections of the applicants' dwelling by the municipal authorities. No other evidence was collected, such as the children's own views, their medical files, assessment of their paediatricians or statements by neighbours. Nor did the courts appear to have analysed in any depth the extent to which the purported inadequacies of the children's upbringing were attributable to the applicants' irremediable incapacity to provide requisite care, as opposed to their financial difficulties and objective frustrations, which could have been overcome by targeted financial and social assistance and effective counselling.

As regards the applicants' purported parental irresponsibility, no independent evidence, such as an assessment by a psychologist, had been sought to evaluate the applicants' emotional or mental maturity or motivation in resolving their household difficulties. The courts had not examined the applicants' attempts to improve their situation, such as requests to equip their flat with access to natural gas and hot water, recoup salary arrears or request employment assistance. No evidence had been collected regarding the type and adequacy of support provided to the family, either social assistance or counselling. The European Court considered that the national courts should have sought specific information in this regard in order to assess how local authorities had fulfilled their own obligations to promote family unity and whether they had sufficiently explored the effectiveness of less far-reaching alternatives before seeking to separate the children from their parents. Furthermore, at no stage of the proceedings had the children been heard by the judges. Moreover, not only had the children been separated from their family of origin, they had also been placed in different institutions. Two of them lived in another city, away from the town where their parents and siblings resided, which rendered it difficult to maintain regular contact. In sum, although the reasons given by the national authorities for removal of the applicants' children had been relevant, they had not been sufficient to justify such a serious interference with the applicants' family life.[100]

STRATEGY AND IMPLEMENTATION

The two applications were lodged by individuals who have brought their cases to the Court alleging violations of the European Convention on Human Rights. The Convention system provides for 'easy' access to the Court, enabling any individual to bring a case, free of charge, even if he/she lives in a remote region of a member State or is penniless.

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100 Ibid.

RELEVANCE Specified cases have illustrated how justice systems, when accessible to all, may be powerful tools to undo discriminatory decisions, restore entitlements that were denied and keep families together.

SUSTAINABILITY The Court's judgments are in principle binding on the concerned countries and contribute to consolidating the rule of law. However, the enforcement of the decisions depends on particular circumstances in each case; and differs in terms of the State's commitment, the dynamics of implementation of the decision, and circumstances that might change over time and often influence the enforcement of the judgments.

EXPANDED PARTNERSHIP AND ALLIANCES N/A

LEADERSHIP, PARTICIPATION AND COMMUNITY EMPOWERMENT Putting their case to the European Court of

Human Rights has allowed vulnerable families to seek redress in case of unlawful family separation.

SOCIAL, POLITICAL AND FINANCIAL MOBILIZATION The large publicity given to the decisions of the European Court usually triggers

public debate on critical discrimination issues.

COST-EFFICIENCY/FINANCIAL SUSTAINABILITY N/A

RELATED LINK European Court of Human Rights. HUDOC database.
<http://hudoc.echr.coe.int/sites/eng/Pages/search.aspx#>

REMARK Access to the European Court is provided free of charge. But other obstacles remain, such as access to information, conditions of hearing children, access to legal aid, etc. Usually, access to the European Court for vulnerable families has to be facilitated and supported by independent human rights organizations.

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