



# **Analysis of the progress and remaining challenges in Child Care System Reform <sup>1</sup>**

**Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkey, Turkmenistan and Uzbekistan**

**Discussion paper for the 2<sup>nd</sup> Child Protection Forum on “Building and reforming child care systems”**

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<sup>1</sup> The present analysis has been prepared by Natalia Lyalina, Independent Consultant and Anna Nordenmark Severinsson, Child Protection Specialist at the UNICEF Regional Office for CEE/CIS. It has relied heavily on an independent evaluation commissioned by UNICEF in 2007 which was carried out by Oxford Policy Management. This original evaluation is available on: [http://www.unicef.org/ceecis/protection\\_11250.html](http://www.unicef.org/ceecis/protection_11250.html) . The background paper is also informed by the official submissions of Governments on recent changes in child care reform, submitted to UNICEF before the Child Protection Forum. Finally, it uses data from UNICEF TransMONEE, and Country Analytical reports submitted in 2008 by the state statistical offices in the participating countries, in the context of the MONEE-project.

## 1. Background

The five countries of Central Asia and Azerbaijan were all previously republics of the former Soviet Union and gained independence simultaneously in 1991. They share the same heritage in terms of the general level of social and economic development and the system of governance of the child care system. Turkey has its own cultural and historical legacy, owing to strong tradition of large patriarchal families and close communities. The child care system in Turkey therefore has different characteristics than the other countries and is not covered in the regional analysis, but is described in more details in the country chapters. All countries but three are classified by the World Bank as belonging to the low-income category; Kazakhstan and Turkey belong to the upper-middle-income category, Azerbaijan – lower-middle-income. In recent years countries have experienced fairly fast economic growth, which has contributed somewhat to the improvement of living standards in the population and allowed governments to increase public expenditure. The current economic crisis is already having a negative impact on the economic growth however, and may also negatively affect the rates of children in need of alternative care<sup>2</sup>, just as was the case in the 1990s during the economic crisis that followed independence. The government budget situation is considerably better in resource-rich countries (Azerbaijan, Kazakhstan, Turkey, Turkmenistan and Uzbekistan), than in relatively resource-poor Kyrgyzstan and Tajikistan. Even before the crisis, poverty and vulnerability were the main problems throughout the region, especially in rural areas and small towns. Families with many children seem to be overrepresented among the poor. The abundance of the workforce and lack of attractive employment opportunities at home drive many citizens of Kyrgyzstan, Tajikistan and Uzbekistan to migrate to neighbouring countries, mainly Russia and Kazakhstan, in search of jobs. This has numerous economic and social implications for migrants' families and children: the remittances sent home by migrant families, too, can improve wellbeing and reduce dependence on the child care system, though this is counteracted by the risk that the absence of the worker increases the number of children requiring alternative care.

## 2. The importance of alternative care in the region

During the Soviet period, child care systems in countries covered by this regional analysis were guided by the Soviet ideologies which clearly defined the central role of the State. The child care system was organized accordingly. All countries in the region inherited a centralized planned and budgeted child care system that relied largely on institutionalisation of children as a protection measure for children without parental care, in cases of child abuse and neglect and for children with disabilities. Some forms of adoption and alternative family based care, mainly in the form of guardianship were also available on a smaller scale in several of the countries. Family support services were underdeveloped, with the only exception of day care which was available for working parents. The system is a legacy of the Soviet state policy that was based on priority of public interests over the private ones, and vested the primary responsibility for raising the children in the state, considering the parents first of all as a labour force. Such approach led to isolation of children in unfavourable situation such as deprivation of parental care, disability or delinquency. The system itself encouraged parents to leave children for alternative care, undermining parental responsibility.

In the early 1990s, when the countries started the process of transition and economic conditions deteriorated for many families, the state could not take care of the children and maintain the whole network of public services, but many families were not ready to manage the full responsibility for their children, being themselves in need of protection. Thus, institutionalisation also became a strategy to mitigate family poverty. At the same time, the transition opened up space for new ideas and countries started recognising the importance of children to grow up in a family environment. Between 1992 and 1994 all countries covered by this analysis ratified the UN Convention on the Rights of the Child and

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<sup>2</sup> This paper uses the terminology of the "Draft UN Guidelines on the appropriate use and conditions of alternative care for children". It refers to "alternative care" for any type of care of a child which is substituting the biological family. Alternative care can be residential care, or family based care, such as foster care or guardianship care. The system, regulated by the state, which provides alternative care for children at risk, is referred to as the "formal care system" or "child care system". It can include both private and public service providers.

thereby accepted the obligation to devise a system that would serve children's best interests, and respect children as subjects of rights, rather than mere objects of care. The child care system reform takes place in this context and is a process which needs to redefine, clarify and enforce the core responsibilities of the State, diversifying different types of services, and introduce the necessary changes in the system regulators, such as policy- and legal frameworks, planning, financial flows and budgeting, professionals, governance bodies, quality assurance systems (such as standards, certification and inspection mechanisms) to reflect modern approaches of family based care for children.

### **3. Findings of the analysis**

Today, as compared to other parts of the world, CEE/CIS countries still have high rates of children in alternative care. In 2006-2007 there were more than 230,000 children in the region who were living in any type of alternative care arrangements. Approximately 160,000 children were growing up in residential care. Poverty and disability are important factors which push families to use the available child care services. Children with different types and grades of disability for example, represent more than 30% of all institutionalized children. Economic growth since year 2000 did not have any major impact on the rates of children who entered the formal care system during the same period however. The rate has remained rather stable in the last 5 years, possibly because the additional resources available to countries during the years of positive GDP growth were not invested in a major way in the social protection sector and in development of social services (even if assessments made in the countries reveal that a piloting of new practices and services is taking place). The rate of children in need of this kind of protection has increased from 644 per 100,000 of the child population in 2002 to 702 children per 100,000 of the child population in 2006-7 (this represents about 0.6% of the total child population). Furthermore, the proportion of children who live in residential care (69%), as compared to alternative family based care (31%), remains almost unchanged. This means that the development and diversification of alternatives to institutionalization is yet to happen in all of the countries. Some countries are struggling with high rates of children under the age of 3 years who live in residential care. This is the age group for which residential care is the most harmful even if the child is placed there only for a short period of time. These countries are yet to develop specific strategies, linking up also with the health sector for preventing the separation of newborns from their parents in the first place.

Despite of the initiation of reforms which are taking place with significant variations in terms of focus and results in all the countries, there are some common characteristics of the child care system which are useful to stress as the fact that these countries share a common "basics" mean that there is also a huge potential to learn from each other's experiences. In all countries the functions of the child care systems are still mainly carried out by the provision of different types of residential care (baby homes, orphanages, boarding schools etc. - names vary between countries but the form of care remains the same or very similar). Different types of decision making bodies (departments, commissions, courts) at local level also exist and are the main players in the gatekeeping function. However, their roles and responsibilities are under reform in most countries, and with the economic downturn that followed independence and the changes in governance that are occurring in most countries, the gatekeeping role has become more and more blurred and requires attention of its own in future reform efforts. Vertical decision-making and implementation structures are characteristic for all countries of the region. Central planning and budgeting is still predominant although there are decentralization efforts to various extents in different countries. Changes in the governance structure have often taken place without adjusting administrative procedures, information systems, financial and human resources management. There are several sectors involved in the management of the system (typically ministries of education, health and social protection) and supervising different types of services at local level (mainly residential institutions). There are mainly three levels of governance (national, regional and local) involved in the system. There is not much coordination between these sectors and levels, although this is an issue that has been identified in the reform and where attempts to improve coordination are being made.

#### **a) Main achievements of the reform:**

The most significant achievement in reforms in these countries so far, is perhaps the improvements made in policy and legislative frameworks. These are now clearly favoring support to biological families and to children at risk, prioritize alternative family based care over residential care and favor a reform of institutions. The pace of change varies between countries on account of differing political, economic and social circumstances. There are legal changes to streamline national legislation with standards set up in

the Convention on the Rights of the Child. Several countries have enacted new Family Codes, along with adopting and amending other laws and by-laws. In Kyrgyzstan the adoption of the Children's Code, as an attempt of a comprehensive approach to child protection, is a positive step, but as a standalone document it can have no impact. Duplications and contradictions with other laws have to be eliminated as a next step. Secondary legislation needs to be developed and approved, and government budget needs to be allocated in order to make it an effective document. In Uzbekistan support to legislative reform has taken time to show results but the government now has a programme for the introduction of laws including on social protection and children's rights; the most important achievement is the adoption of the Law on the Guarantees of the Rights of the Child. A draft of the new Family and Marriage Code in Kazakhstan incorporates some of the main features of the reform. Secondary legislation, of course, has to follow on from the primary legislation and it is far less advanced

The importance of child care as a public policy matter is acknowledged by all six governments. Policy development on the wider issues of social protection and poverty reduction is on the political agenda everywhere. Specific child care issues are addressed in these countries' government programmes to varying extents. In Azerbaijan, Kazakhstan, Kyrgyzstan and Uzbekistan there are special government programmes devoted to the problems of child care; the other two countries do not have specific programmes, although in Tajikistan child protection issues are explicitly addressed in the PRSP 2007–09 and in the Strategy for a Modern Social Services System. The next step for ensuring implementation of reforms is the development of the necessary regulations and standards and identification of funding.

Azerbaijan has further developed the policy provisions in a comprehensive strategy – the Master Plan for transformation of residential institutions. This is probably the most advanced attempt to operational planning, as it was preceded by a comprehensive assessment of all available child care institutions in the country to inform a categorization of the institutions into three main clusters: institutions to be closed down, to be downscaled and to be transformed into other types of services. It is yet to be seen how the Government of Azerbaijan will put this plan into practice. In 2009, the Government began piloting implementation of the plan in 7 institutions and surrounding communities. Azerbaijan has also taken other steps in operational planning which is a promising example of how to overcome the current weakness of data to inform policy making. In 2008 it did a comprehensive census of all children in institutions and got important information on how many children stay in fulltime residential care vis-à-vis how many children stay there to access for example days care or education services. This has important implications for the development of new services, and can also inform plans for transformation of individual institutions, and the de-institutionalization of specific children.

Establishment of specialized bodies for child protection on central and local level is another positive step ahead. Recently, national government bodies for coordination of child care or child rights policies have been introduced in Kazakhstan (under the MoES), Kyrgyzstan (as a specialized agency), Tajikistan (inter-agency body) and Uzbekistan (under the Cabinet of Ministers). In some countries these bodies are accompanied by specialized local government bodies (Tajikistan ) which are sometimes additional to, or a substitute for, traditional statutory services. These new bodies are intended to improve interagency coordination and achieve the shift from residential to family-focused services. The full results of these actions are yet to be seen and no country has yet achieved a fully functioning national gatekeeping function yet.

Another important achievement is the development of new social services in all countries of the region. In some cases these remain on a pilot basis still and are not financially sustained on government's budgets yet, while in other cases such provisions have been made. The piloting of new services built up the capacity of local civil society, which has been providing significant input to the child care reform implementation.

Community-based family and child support services, important to prevent family separation, are developed in all six countries mostly as pilots. These include, for example, family and children support centres (in all countries), day-care services for children with disabilities (Azerbaijan, Uzbekistan, Kazakhstan and Kyrgyzstan) and young offenders (Tajikistan). In the coming phase it will be important to document the good practices in these pilots and inform the development of national standards for all services, agreeing on the variety of different types of services needed and the minimum of what is required in all locations to

prevent family separation and distress. Only in one country (Kazakhstan) have steps been made through the Law on Specialized Social Services to regulate the role of private service providers in the system.

The development of family based alternative care services, as alternatives to institutions, is still limited and has a correspondingly limited effect. Alternative family based care services consist largely of guardianship and trusteeship services, which are overseen by the guardianship authority at the local level. The guardianship system is already well established in the region. Guardians are often members of the child's extended family (factually, this is kinship care). It is thought likely that many more children are being looked after informally by guardians (such as grandparents) than what is known by the state. This has implications for the development of any policy to provide financial support to guardians since there is a possibility that the total number of potential recipients is larger than currently estimated. Another important issue of concern is the lack of regular child support payments to the guardians: they are envisaged by Family Codes in almost all countries, but are not paid in practice. Foster care has been introduced on a systematic basis in Kazakhstan only, where the government has allocated significant resources for that, although practical implementation of foster care in that country is still to be improved. In Kyrgyzstan foster care still remains a pilot activity. In Uzbekistan the practice has been provided with legal framework and funding. In Kyrgyzstan foster care regulations are currently under revision. It is absent in other countries. Remaining issues to be addressed include scaling up of pilot initiatives and increase the coverage of these services in all regions of the countries, standardization of the service, and institutionalizing recruitment, assessment, training and supervision over foster parents.

Processes to develop standards for new social welfare services have started in majority of the countries. Standards for protection of children in closed institutions with focus on protection of abuse and neglect were adopted by the Government of Tajikistan. Minimum standards for social services are being developed in Kyrgyzstan, and draft standards on foster care are under revision. In Uzbekistan a standard foster care contract has been elaborated. The Standard for boarding schools in Tajikistan envisages obligatory licensing and accreditation of such schools. A case management module and a standard individual care plans are under development and revision in Azerbaijan. Standardization of the newly established services is expected to be addressed.

Introduction of social work methods through a new profession in the system is a revolutionary novelty. University courses on modern social work now exist in Azerbaijan, Kazakhstan, Uzbekistan and Kyrgyzstan and are being developed in Tajikistan.

In all countries, among professionals and in key positions at central and local government levels, there is evidence of a shift in mindsets on the rights of the child and modern methods of protection. There is very generally speaking a favorable environment to speak about the importance of individual approaches and family based care rather than collectivist approaches and residential care. There still remain mixed attitudes among professionals towards de-institutionalization and the establishment of community-based services though, not so much because of lack of considerations about the welfare of the child, but rather because of the implication of the closure of institutions for the allocation of resources to ministries and the availability of jobs in remote areas. Some changes in the attitudes of the general public are apparent in areas of pilot activities.

#### b) Remaining challenges:

Progress in terms of redefining the role of the State in the area of child care has been ambiguous and is a process which remains unfinished, even if there are attempts and initial steps in this direction. Also, progress in the countries covered by this analysis, compared to other parts of CEE/CIS, are just in the very beginning of this process. Adoption of standards; establishing gate-keeping mechanisms; accreditation systems for service providers; providing support to planning, costing and budgeting; defining minimum package of services; quality assurance systems and developing targeted social policies to support the most vulnerable families are all core State responsibilities which need to be enforced. Attention needs to be paid to bridging gaps between sectors, along with coordination and facilitating institutional and professional capacity development. In addition to this, even if policies and legislations are being developed and reformed, countries are yet to articulate the basic vision for the child care system, guiding principles to inform the organization of the system and translate all of this in to operational plans

with clear and measurable targets and indicators. The notion of the child care system as one whole is just beginning to emerge.

There is an increasing number of players on the child care scene, all of which need to be guided by the same regulatory frameworks, and follow outlined policy priorities. However, this is not yet the case. The efforts of the governments at all levels, who are the main stakeholders in the reforms, have been widely supported by various development partners. But in the absence of a vision of the child care system as a whole, and operational plans for its transformation, international support to the reform risks to become patchy. While it is clear that parts of the system are being reformed in all countries, it is much less clear how these efforts complement each other. An emerging opportunity for a more coherent approach to reform is the direct budget support to the social sector provided by the EU which will give a large impetus to the reform (Kyrgyzstan, Tajikistan). In Azerbaijan, the European Commission provides technical support to the de-institutionalisation reform which has the by far most operational reform approach so far in the region. However, as important as this budgetary support is, it would not be successful without the technical input of many other actors which are helping governments to pilot new services, plan and prioritize reform steps, and to innovate approaches in service provision. UNICEF has made a significant contribution to the child care system reform in this region, including through the activities of the project 'Every child has a right to grow up in a family environment' funded by the Human Security Trust Fund. The World Bank focuses on designing targeted cash benefits system. Among bilateral donors, SIDA has been an important partner in de-institutionalisation in Tajikistan. There are several international NGOs that can be mentioned among the most active partners in the region (such as the Soros Foundation, the Eurasia Foundation and SOS Kinderdorf International in Kazakhstan; Save the Children Fund and EveryChild in Kyrgyzstan; ORA International in Tajikistan; SOS Kinderdorf and World Vision in Uzbekistan etc.). Some of them are operating at the community level, including implementing family-based alternatives to large-scale residential care. There are also active national NGOs in the area of child care, which offer different types of socio-psychological consultation and family counseling services, provide professional training, run awareness-raising and advocacy campaigns in partnership with government agencies and international organizations. There are now also emerging good practices of Governments developing legal procedures and allocating some resources to outsource social services to NGOs.

Reforms in the sector towards restructuring of institutions and the development of alternative family based care have been slow and inconsistent. At the same time as new legislation and policies favor de-institutionalization processes, new private forms of residential care have been opened up. In addition, they are operating in parallel but without the same oversight and standards. In Kyrgyzstan public expenditure to institutions increased. In several countries there is still strong pro-institution attitude by professionals and public. The analysis reveals that although there are de-institutionalization efforts ongoing in several countries, in all countries residential institutions still remain the main element of the current child care system. The rate of institutionalization of children is a particular problem in Kazakhstan and Kyrgyzstan. Conditions for children in institutions have generally improved in recent years, but malnutrition and abuse are still reported to take place occasionally. Systematic process for restructuring and de-institutionalization has started only in Azerbaijan. In Tajikistan significant numbers of children have been returned to their families, a few institutions and boarding schools have been closed or transformed into regular schools but without an overall plan for the system. Retraining of staff in institutions has started in some countries. There is also the barest necessity in establishing a mechanism in reallocation of resources from institutions to other types of services. The traditional system of residential care seems to be maintained in part also by favorable public opinion, and the interests of staff in residential institutions who are not certain of alternative employment opportunities. However, although it is difficult to assess the progress in the changing attitude of the society and the state officials towards the new concepts of de-institutionalization, there is certainly some evidence that at least there is awareness about these concepts among the key stakeholders (even if they are not yet fully understood and accepted).

Planning is a weak element of the system in all countries, even if there are emerging good practices in this area. This is inherited from the old system where the purpose of data collection was mainly to justify budget allocations, and not to measure the achievement of policies priorities. As a result, the current systems largely lack results based management processes and basic data is not easily available, or very reliable. In the efforts to collect basic statistics for this analysis, we were very often confused with the huge differences of data from different sources available within the countries. There is generally a lack of shared agreement on the core child care indicators to use to measure changes in child care priorities, and data collection at local levels and aggregation at national levels are full of challenges. As a result, the

systematic monitoring and review of progress is limited in all six countries, partly because the demand for monitoring is not yet strong. Technical expertise in understanding the scope of monitoring and evaluation is found to be at a relatively early stage of development. In some countries 'monitoring' is widely seen as a synonym for inspection of facilities rather than an essential component of the policy process. There is a good possibility of further developing monitoring capacity in research organisations and national statistical agencies, provided that this is accompanied by a move to use the results of monitoring processes to feed into policy development and revision. An example of good practice of engaging the Ombudsman Office in an external monitoring of the reform process is present in Azerbaijan.

Gatekeeping, has the double aim of limiting the number of inappropriate placements, while at the same time ensuring that children and families are provided with the support services or substitute care to which they are legally entitled. As it has also the important role of making decisions on state resources remains a core function of the state. However, this is a function that is very weak in all countries and is an area where there has probably been more regression than progress since independence. It could for example be one of the explanations for lack of improvement the rate of children going into formal care in these countries. It is also worrisome to note that in several of the countries, there is anecdotal evidence of children being admitted straight into the institutions, without necessarily passing through the statutory organs which are the only structures mandated to take such decisions. The result can easily become an uncontrollable influx of children into institutions as this is still the main service available in the system. Gatekeeping in all countries need to be better organized for an efficient targeting of services. It needs to be designed to be operational not only at the point of referral, but at all stages of service provision. It should not be a one-off event as the current practice, but requires a regular review of cases. There are several countries (Tajikistan, Uzbekistan and Kazakhstan) that are now introducing social work into the system and this is promising, but still not sufficient.

There are important changes in the organization of statutory functions of the system at national level and local levels. But efforts to "streamline" the functions of the system have mainly been dealt with through the establishment of new specialized local bodies, (such as Departments on Protection of Child Rights in Kazakhstan), often additional to traditional structures such as the Guardianship authority and Commission for Minors. Sometimes it is unclear how the functions of the new local bodies differ from those carried out already by the Commission for Minors and the guardianship authority. The Family and Child Support Units in Kyrgyzstan and Child Rights Departments in Tajikistan were on the other hand established in place of old structures, but are not fully operational in all parts of the countries. Statutory functions, such as individual case assessment, case planning and review should be mainstreamed and standardized into the functioning of these bodies. In addition, clarification of what needs to be regulated and organized at national level (i.e. development of standards, licensing procedures and inspection mechanisms), and what are the functions to be carried out at local levels is still needed.

Reallocation of resources within the system is yet to happen: Management and budgeting in government tends to be based on inputs (e.g. a percentage increase on the previous year's budget) rather than outputs (the achievement of a successful outcome in a particular area). This means that reporting on results risks being a mechanical exercise, an end in itself, rather than an analytical tool that can affect policy, which provides little incentive to improve the quality and comprehensiveness of analysis.

While budget expenditures on child care have increased in all countries due to the general growth of government revenues, in no country did the share of child care expenditures in total public expenditures increase during the period 2003-2007. Moreover, the increased public resources went almost exclusively to support residential care. Alternative family based care has received government funding in Kazakhstan and Uzbekistan. As such, the financial sustainability of the reform initiatives has not yet been fully assured. However, there are some achievements in this direction. Kazakhstan has begun to address the issue of financial sustainability at the highest level, through changes in the budget process in the interests of children. In Kyrgyzstan the EU's budget support programme includes the planned nationwide rollout of the Family and Child Support Units into the matrix of conditionality for budget support; the transformed Belovodsky children's home, now providing family support services is being financed through the budget. In Uzbekistan the Republican Centre for Social Adaptation of Children, which coordinates policies on behalf of children in need and those with disabilities, is already established under the state budget; and 12 Family Resource Centres are also funded by the government.

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

There is work going on with professionals in the child care system both in terms of organizing training and re-training for professionals who are already working in the system, and in terms of introducing new professions. At the same time, deficit of professional human resources, low qualification of the personnel working with children and shortage of social workers remain among main constraints.

#### **4. Conclusion and lessons learned**

Children cannot move out of residential care if alternative services do not exist or are not targeted to those most in need. All the countries covered by this analysis are yet to establish a full child care system that effectively addresses family vulnerabilities in order to prevent institutionalization of children from vulnerable families and to enable the re-integration of children currently in care into their biological or substitute families. The new system must be designed as a continuum of services which is able to address diverse vulnerabilities through individual child/family plans and by strengthening family capacities for providing quality care for their children.

The transformation of the old system and establishment of new services require careful planning. In all countries but Azerbaijan, better data is needed on the true numbers of children who are currently living in institutions for reasons of social protection, and the number of children who attend these institutions only to get access to schooling or day care. Only if this is available, can countries make a realistic estimation of how much of the new services will be needed in the new system. Careful planning of the use and targeting of new services is also needed to make sure that those children who are already users of existing residential care services are the first beneficiaries of new alternative services. This includes also children with disabilities who represent more than a third of all children growing up in institutions in these countries.

The child care system needs to be organized in a way that the core functions can be best performed. This way, the problem of governance of the child care system which is prevalent in all the countries covered by the analysis, needs to be addressed from a perspective of strengthening gatekeeping, rather than as a mere issue of establishing new structures to improve coordination among many actors. Only through this perspective is it possible to define who is supposed to do what and if it is necessary to abolish some structures, or establish new ones. In addition, there is growing experience in the larger CEE/CIS region showing that there is a need to refocus the debate from “structures” to rather focus on the need for development of common approaches: methodologies of assessment of the different statutory organs existing at local level, and a focus on reducing the number of places where decisions on placements of children are being made. However, it should be kept in mind that removal of parental rights cannot be decided upon by any other “agency” than a court, and disabled children should have an assessment and decision making which is relevant for the educational needs and rehabilitation interventions.

The reform of the child care system requires careful budgeting for the transition cost during the period of reform and costing of the new child care services. Experience shows that for the first few years of reform, systems have to carry costs for both the maintenance of old services as well as transforming and setting up new ones. External guidance and incentives need to be consistent with overall national reform policies, and provided in a coordinated manner to support reform costs.

In addition, it seems that until now, the economic situation has been a facilitating factor in many countries. At current times when the impact of global economic crisis is yet to be seen, it is also important to keep a close watch on the rates of children who go into formal care, and in particular residential care. Governments need to maintain their focus, if not intensify their efforts to reform child care systems, both to prevent more children from entering the formal care system but also to save scarce budgetary resources. It is well documented that institutions are a very expensive service. Most children in institutions and in alternative care would be able to stay in the biological families if these were provided with some additional

supports (family support services, cash assistance, housing or a combination of these things). Several studies in the region (cost benefit) which look at the costs of various services (e.g. by EveryChild in Kyrgyzstan) provided evidence that services for family and child support that can help prevent children from entering the care system and rehabilitate children back to biological families - are by far the most cost effective. Foster care is also more cost-effective than the current residential care services. Priority of reforms need to be placed on prevention of family separation and the strengthening of gatekeeping systems, as well as a re-allocation of budgetary resources from institutions to new types of services. For countries with very high rates of separation of children under 3, more emphasis has to be placed on preventing abandonment in hospitals and maternity wards.

The process of de-institutionalization needs to enjoy public support to be successful. Stakeholders who have vested interests in maintaining institutions to guarantee local jobs (e.g. institutions staff) have a tendency to postpone reforms. It is therefore important to make sure that residential institutions are assessed from a perspective of how they can be transformed and used in the new child care system. Some institutions can be downscaled, while others could be transformed into new types of services. It is also very likely that a number of institutions need to be closed down because of their poor standards, or location in the country. Similarly, plans for institution staff need to be part and parcel of any reform plan in order to overcome their resistance for change.

## 5. Next steps

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

1. To carry out a census of all children in residential care in order to establish the true picture of how many children are currently served by the system. Specific efforts need to be made to distinguish those children who are in residential care for other reasons than social protection (i.e. to attend free education services or day care)
2. To map out all residential care services and categorize them for closure, transformation into other services, and institutions to be downscaled;
3. To map out the needs for child protection services in total population, based on children currently in residential care, children who are entering the system every year and other children;
4. To map out the current human resources available in the child care system to develop plans for staff in the future system, including needs for training and capacity building;
5. To establish a national minimum of services to be available in each country, and each geographical locality, and articulate budget sources for those;
6. To estimate the costs for current child protection services and to make projections for new services to be developed, taking into account the need for a better distribution of services to prevent family separation and to provide alternative family based care for children at risk;
7. Based on the points 1-6, to develop operational plans for the reform with clear and measurable targets, timetable and indicators for development of new services;
8. To assess the current entry points (gatekeeping structures) through which children are currently entering the system with an aim to identify the main weaknesses of gatekeeping of the system;
9. Based on the above information, to articulate clear mandates in oversight and quality control of the system, in developing standards, accreditation and certification mechanisms,
10. To introduce individual case management approach in local gatekeeping bodies;
11. To scale up efforts to diversify alternative family based care services, recognizing in particular the need for quality standards that are based on the best interests of the child in the process of planning for alternative care;
12. To scale up efforts to develop a range of services and support mechanism to prevent family separation, articulating as a priority for the system that no child should be placed in alternative care for reasons of family poverty alone;
13. Recognizing the importance to prevent institutionalization of babies, to develop specific strategies for increasing the availability to family friendly services of pregnant mothers and new parents;
14. Recognizing the overrepresentation of children with disabilities in the current child care system, to develop specific strategies within the health and education sector for prevention of institutionalization of children with disabilities;

## **PART II: COUNTRY STUDIES**

### **AZERBAIJAN**

#### **Achievements and gaps in child care system reform**

##### **Policy, strategy and legal framework**

Azerbaijan adopted a Master Plan on Transformation of Child Care Institution as a guideline for the implementation of the State Programme on Deinstitutionalisation and Alternative Care (2006-2015), adopted by the President of the Republic. The MP's specific role is planning to quantify targets, define action benchmarks and stakeholders for the management of change in the residential institutions. Tasks stemming from this document will be introduced in each institution's annual plans and will be regularly followed up. The MP is based on in-depth assessment of all residential institutions carried out in 2008. Based on the data assessment of the situation and established criteria, all the institutions are to be transformed within short-term, medium-term or long-term period. The institutions with children with severe disabilities and the ones where significant number of children, which can not be reintegrated to families will have to maintain smaller residential care units and add other services such as day care, rehabilitation and outreach services, small group homes (for youth leaving care and children with severe disabilities). The MP also envisages promotion of adoption, developing foster care, enforcement of guardianship and support to extended families, as well as training of institutional staff and guardianship authorities.

Government has also adopted the State programme on Development of Education (Inclusive Education) of Children with Disabilities (2005) and the State Program Early Childhood Education Development (2007). A concept document of social services has been drafted. Several framework laws were adopted in 1998-99, such as the new Family Code, the Law on the Rights of the Child and the Law on social protection of children without parental care. However, insufficient implementation mechanism remains a constraint.

##### **Governance structures**

The Cabinet of Ministers have a key coordination role, the Ministry of Education (MoE) is responsible for coordination of the implementation of the State Program on De-Institutionalisation and Alternative care, in addition the Ministry of Labour and Social Protection of Population (MoLSPP), Ministry of Health (MoH) and the State Committee on Family, Women and Children Affairs play a significant role in supporting the reform. The National parliament is fully engaged in revision of the laws and legislation. According to the government representatives, establishment of one government body responsible solely for child protection issues would make the reform mechanism more efficient. The MoE has already submitted for the Cabinet of Ministers' approval a model of a local level child protection mechanism to be piloted in a selected district from second half of 2009.

The Commission on Minors jointly with the MoH, MoE and MoLSP are key bodies responsible for placement of children in child care institutions. The Local Guardianship and Adoption Commissions (on average 1 employee) are the guardianship bodies at the local level. The MoE has issued a decree on more enhanced gatekeeping procedures to limit new placements in the institutions. A case management module and a standard individual care plans are under development and revision. According to the government, the main shortcoming in this filed is the absence of coordination of child protection issues on local level, most interventions are one-time and not systematic.

##### **Residential institutions**

Azerbaijan has a low and stable number of children officially entering formal care each year. The number of children in institutions seems to be rather high (655 per 100,000 of child population in 2007). The total number of children in public care is declining. According to the assessment conducted in 2008, out of 14,389 children in institutions in total, only 4,055 (28%) are residing there (children's homes, orphanages, for juvenile delinquents, infant homes, and for children with severe mental disability), the rest are only getting education, spending either every night or every weekend at home (general boarding schools, institutions for children with mental and physical disabilities, with speech problems, and sanatoriums). The

following data refers to those permanently residing. 60% of children do have both biological parents, and only 2% are orphans. Main reasons for institutional placement are poverty, a need for special education and single parenthood. Majority of children belong to the medium age group between 7 and 16 years of age. There is a significant disparity between boys and girls: 73%:27%. 6.4% (256) of children are abandoned by parents without official rejection document; such status violates their right to live in family environment and deprives of a chance to be adopted. 32% of children are living in institutions in the area of Baku.

The first step in the Master Plan implementation is developing local Transformation Plans for three selected regions in collaboration with Local Plans of Action and institution's staff. A moratorium will be introduced on new entries (initially from other regions then location of the institution and in a second stage a total moratorium on placement there), employment of new staff, re-qualification of current staff and capital investments in institutions planned to be transformed at the first stage. Within 1 year it is expected to ban opening of new residential institutions, except small group homes; to transform residential institutions without permanently living children into regular schools having day care service; and to introduce day care as a specific service within or outside residential institutions.

### **Family support services**

There are 3 Family and Children Support Centres which are funded by the public budget. There is also 1 Day Care Centre for children from low-income families and children who deprived from parental care and live with extended families. There are 7 Rehabilitation Centres for children with disabilities which are operated by the NGO's. District level social integrated services for vulnerable children and their families are being modelled in 4 districts.

The profession of social workers have been introduced as part of child protection mechanism. There are Retraining Courses at the Teachers Institute and Social Work Bachelor's and Master's Degree level education at the Baku State University. Standards for professional social workers were developed by the MoLSPP.

There is a range of cash benefits provided to children and families: targeted social assistance for poor families; allowance of 10-20 USD for children under 3 years, one-time cash benefit for new born babies from low-income families in the amount of 62 USD; 30 USD cash allowance is for children without one parent or two parents; children of victims and veterans of different wars are entitled to cash assistance in the amount of 6 USD, and cash assistance for families with children with disabilities (50 USD plus 25 USD for transportation to education facilities). Even though there are benefits for children, the amount is very little comparing with the living standards in the country.

### **Family based care**

The proportion of children placed in alternative family based care amounts to 28% and remains stable. The main forms of alternative family based care of children without parental care are guardianship and adoption. In 2007 there were 6,700 children living with guardians in total (decreasing trend). The number of children exiting guardianship care is greater than the ones entering. This is mostly because of age majority. During the revision of the Family Code, there was an article about foster care added, however there is no by-laws on foster care implementation yet.

The adoption number is gradually on rise with 972 national adoptions and 18 international (2%) in 2007. In 2006 there were 11,746 children living in adoptive families in total (decreasing trend). Registration Procedures of Children Deprived of Parental Care and Adopted Children along with the Registration Procedure of Individuals Willing to Adopt Children and Registration Procedure for Foreigners and Stateless Persons Willing to Adopt Children were adopted in 2000, the Hague Convention on Inter-country Adoption has been ratified. 3 ministries have their own adoption procedures and unit in charge of adoptions. The MoH oversees adoption of children up to 3 years old, the MoLSPP - of children with disabilities and the MoE oversees adoption of children which are from institutions under its administration (children from 3-18). The State Committee on Family, Women and Children Affairs is responsible for the inter-country adoption.

## **Monitoring**

A database of all children in institutions was created as a result of the assessment, conducted under the leadership of the MoE. An example of good practice of engaging the Ombudsman Office in an external monitoring of the reform process should be mentioned though. Every ministry is doing their own inspection of services they provide. However, a comprehensive data collection and monitoring system is yet to be established.

## **Activities of development partners and NGOs**

UNICEF has been a leading agency in advocacy and providing technical assistance to the government for the child care reform. The European Commission supports the ongoing de-institutionalisation programme. Grass-root organizations conduct small projects and research activities. A few NGO's are providing some services on the request from the public authorities, but it is not nationwide and it is fragmented. For the improved coordination and exchange of information key 9 NGOs engaged in the child protection reform in Azerbaijan established with UNICEF's assistance a Child Protection Network. The network meets regularly to coordinate and support own activities.

## **Conclusions on the status of child care system reform**

The government has established a solid ground for the reform by adopting a comprehensive policy on de-institutionalisation and alternative care, based on an in-depth assessment of all residential institutions and a database of their child beneficiaries, and further developing its provisions in an operative master plan. Legislative changes need to be further reinforced by introduction of implementation mechanisms. Standards development work is ongoing. The governance of the child care sector is fragmented between different sectors, with the Cabinet of Ministers in a key coordination role.

Transformation of institutions has started. There is a range of cash benefits for children and families, although this type of support does not reach the goal of prevention of family separation due to small amounts. Other family support services have been tested and piloted, and some of them have been included into state budget. The main forms of alternative family based care of children without parental care are guardianship and adoption.

## KAZAKHSTAN

### Achievements and gaps in child care system reform

#### Policy and legal framework

The Government of Kazakhstan recognises that the system of child care it inherited has not always been fully able to support the rights of the child to live in a family, nor has it always provided parents with sufficient support to enable them to overcome short-term difficulties that impede the family's ability to look after the child. The relatively high numbers of vulnerable families, children classified as 'abandoned', children in residential care and parents legally deprived of their parental rights over their children are symptomatic of this. Moreover the attitude of the general public towards institutionalisation has previously been generally positive. The government has begun to reform child care in line with the UN Convention on the Rights of the Child (CRC) and in recent years has already made some important practical steps towards the introduction of new elements into the system.

So far residential care is still the prevailing component in the system, but the main direction of the reform puts an emphasis on de-institutionalization and the development of alternative forms of child care, which can be categorised as family support services (e.g. social work or financial support) and family substitute services (guardianship, foster care and adoption). Key elements of the reform are outlined in the government programme 'Children of Kazakhstan' and some of the main features are expected to be incorporated into the current Law on Specialised Social Services and the draft Marriage and Family Code. Framework Law on Child Rights has been adopted in 2002.

#### Governance structures

Progress has also been made in developing appropriate governance structures to steer and implement the new system: an example is the creation in 2006 of the Committee on Child Rights Protection (CCRP) under the Ministry of Education and Science, which is to assume a coordinating role in the government child care system. The CCRP is responsible for coordination among agencies and for the development of legislation regarding child care; it also has control functions with regards to the implementation of the UN CRC. In 2007 the government allocated the necessary funding to establish oblast departments on the protection of child rights, which is expected to increase the potential of this government body. The CCRP leadership is supportive of the de-institutionalization agenda. However, the placement of the CCRP in the structure of the Ministry of Education and Science may limit its ability to coordinate activities of other ministries.

The Ministry of Education and Science is in charge of developing norms and standards for the institutions under its control. Other 9 ministries and agencies having a role in the system of child care include the Ministry of Health (norms and standards for its institutions), Ministry of Labour and Social Protection of Population (development of policy regarding children with disabilities), Ministry of Justice (control of legislation development, including juvenile justice), Ministry of Interior (juvenile police issues), and the Ministry of Foreign Affairs (international adoption). The creation of a special service for children in the Ombudsman's Apparatus is now under discussion. It is clear that fragmentation of government policy development and implementation is likely to persist, especially while the CCRP is still in the process of defining its role and clarifying its relationship to other implementing partners.

Local and regional departments of health under MoH (for children of early childhood age) and departments of education under MoES (for all other children) have competence of the guardianship bodies. Insufficient qualified professionals is one of major constraints in their work.

All government-funded residential institutions are subordinated to oblast Departments of Education (orphanages and boarding schools), Health (baby homes for children under three), and Social Protection (institutions for children with severe mental disabilities and wheelchair-bound children). These institutions are funded from oblast budgets only. This has implications for negotiating and getting an agreement in policy development from the local level where they decide directly on the funding of the child care system. Therefore, any policy change which requires a change in budget allocations should be supported not only at the central, but also at the oblast level. Reforms are driven by the national level but are mainly

implemented at the level of oblasts, towns and rayons. Gatekeeping function is with local authorities (guardianship departments and commissions on minors).

Financial resources of the child care system have been considerably expanded due to the general increase in the government's revenues whilst retaining a more or less constant share (0.23%) of total public expenditure.

As for the capacity of human resources at the government level, there remains a shortage of staff trained in social work in the CCRP and other agencies.

### **Residential institutions**

According to the data of CCRP, in 2007 there were some 76,308 children living in 710 state-run institutions and a further 565 in 12 private institutions. Most of these children are not deemed to be without parental care: the total includes students at regular boarding schools, sanatoria and 'corrective' internats. Those that are without parental care comprise 17,500 children in institutions under three different ministries, namely MoES, MoH and MoLSPP. Even out of those who are considered not to have parental care, only one in every six (3,200 in total) is a full orphan; all others are so-called 'social orphans' with one or two biological parents alive, who may be in prison, long-term medical care, or deprived of parental rights among other reasons. A set of standards for different types of institutions has been adopted in 1997-2005. The number of children in institutions and the number of institutions demonstrate a stable trend. About 10,000 children are identified as deprived of parental care annually and 2000 children are placed into institutions. This suggests that, unlike some other countries of Central Asia, extreme poverty and out-migration are not the main reasons for placement of children into institutions. Importantly, the perception of many people employed in the system and the general public regarding residential care is rather positive. A significant increase in government funding for institutions has also contributed to the maintenance of the positive image of residential care. Agencies and private businesses are encouraged to provide 'sponsorship', or patronage for institutions to provide them with additional resources. This informal flow of resources to institutions is reported to be quite substantial.

At the same time the government is now promoting and funding family-type children's homes (21 homes with over 200 children in them in 2007) and villages (six villages based on SOS Kinderdorf model with 332 children) and youth houses for adolescents who have graduated from orphanages (24 houses with 1,240 young people), as well as 'Hope' groups in baby homes (allowing mothers experiencing hardship to maintain links with their babies). The non-governmental services include seven children's homes, three villages and one youth house (both SOS KDI), and one shelter. Law on Family-Type Children's Villages and Youth Houses has been adopted in 2000.

Administrative and financial models of transformation of institutions into centres of community-based services have not been sufficiently developed yet. Prospects for professionals currently employed in institutions, retraining programmes for institutions' staff, and the authority and incentives for local government bodies to redistribute resources from institutional to alternative form of care are not clear.

### **Family support services**

So far the community-based family support services are being implemented mainly on a pilot basis; with the adoption of the Law on Specialised Social Services in December 2008, the sustainability of these services will become possible if the detailed implementation and monitoring mechanisms, regular administrative system and funding arrangements are in place. These include public and private day care centres for children with disabilities, family support centres and school-based groups. Two day-care centres for children with disabilities operate in Astana and Almaty; this is a first step in de-institutionalization of this category of vulnerable children. Currently NGOs play important role in delivery of such services. Local departments of social protection also have a mandate and some funding to offer services at home for children with disabilities; delivery of these services has improved significantly since the adoption of the Law on Social Protection of People with Disabilities. The draft Law on Social Services puts big emphasis on family support services.

Law on Government Benefits for Families with Children (2005) and Law on Government Targeted Social Assistance (2001) have been adopted. Several benefit schemes for families are in place (not all of them

are targeted): one-time benefit on the occasion of child birth for all families, monthly benefit on child care until achieving 1 year for all families, monthly benefit for children below 18 years old for poor families, special benefits for families with children with disabilities.

Social work is established as a profession; there are standards for teaching social work at universities. There is Association of Social Workers, which contributes to professional development of people in the sector.

### **Family based care**

Guardianship with a relative of the child is the most common placement where parents are absent or unable to look after the child. Of the total number of 51,300 orphans or abandoned children, some 28,113 are under guardianship.

Another form of family placement is foster care; there were 2,005 children in foster care in 2008. There is a considerable number of people willing to become foster parents. Kazakhstan is the only country in the region where foster care has graduated from a pilot activity to a regular form of child care financed by the government on a routine basis. Regulation on Foster Care (2004) has been adopted; allocation of financing for foster care has been available since 2004 (these resources are managed on local level). However, the regulations on fostering are as yet ambiguous and incomplete, and this has meant that at least in some places the form of foster care that has emerged is not in line with conventional international definitions. There is no regular system for recruitment, training and retaining of foster parents. Monitoring of foster care practices on local level by the central government has not been systematic yet. In general, the practical implementation of foster care remains problematic. The main practical difference between fostering and guardianship is that foster carers receive regular child support allowance (by-law of 2004) while guardians are not. However, a new Family and Marriage Code is being prepared, which provides for payments to not only foster parents, but also to guardians. Apart from the child support allowance, foster parents are eligible for remuneration for their work.

Another important form of family placement is adoption. Between 2000 and 2007, 33,419 children were adopted by citizens of Kazakhstan and foreigners. The number of adoptions has been slightly increasing since 2003; however the rate is quite low (3822 in 2007 – 5% of children in institutions); 26% are international adoptions. The international adoption rate is considered as high by the government and has now become a political issue, and the new Family Code will introduce stricter rules for international adoption. The Hague Convention on Intercountry Adoption has not been ratified yet, but is planned to be.

### **Monitoring**

From the point of view of the accessibility and availability of data, the situation in the child care system of Kazakhstan is the best in Central Asia. The government has been developing a data collection system that covers all key segments of child care, including both public and private institutions, disaggregated by geographical location and by cause of institutionalisation, foster care, domestic and international adoptions. While the government takes care of the collection of quantitative data on the system, qualitative monitoring and evaluation of implemented reforms still needs to be developed. There is information system on benefits for families and children. Models for a child rights monitoring mechanism in four regions of the country are being tried out and documented, including development of referral mechanisms if child's rights are violated.

### **Attitudes**

Different groups of domestic stakeholders seem to have different attitudes towards child care reforms: while central government demonstrate general understanding and positive approach to the de-institutionalization agenda and introduction of alternative forms of child care; local governments are generally supportive of the reform, although being less informed and interested in the change implementation; institutions' staff fearing of jobs loss have much more cautious and protective attitude towards de-institutionalization; and the general public demonstrates so far little understanding of the de-institutionalization agenda.

## **Activities of development partners and NGOs**

Financial resources of international organisations are not significant in resource-rich Kazakhstan, so they have no significant political leverage that leaves a mostly advisory role for them. UNICEF is the main player among donors in the area of child care and the only donor operating on policy development level. Among international NGOs operating in Kazakhstan in the area of child protection, the Soros Foundation, Eurasia Foundation and SOS-Kinderdorf seem to be the most active. Eurasia Foundation promotes de-institutionalization by establishing family support services at the community level; SOS-Kinderdorf has established three children's villages, which are seen as an alternative to traditional institutions.

There are several active local NGOs in the area of child care, which offer different types of socio-psychological consultation and family counselling services. These NGOs partner with government agencies and international organisations in implementing different pilot projects and running awareness-raising and advocacy campaigns. Government has legal procedures and allocates some resources to outsource social services to NGOs.

## **Conclusions on the status of child care system reform**

The scale of the de-institutionalization problem is bigger in Kazakhstan than in any other country owing to both the population size and the rate of institutionalisation. Nonetheless, the situation regarding child care reform is characterised by a set of positive circumstances and opportunities. On the positive side, some basic legislation is in place and the recent adoption of the 'Children of Kazakhstan' programme may generate some momentum for the continued development of child care policy and the promotion of de-institutionalization. The availability of financial resources at the central government level improves the chances that policies can be costed and funded (although, many of the financial issues need to be resolved through local government mechanisms where the willingness and capacity to develop alternative services may be less strong). The establishment of the CCRP offers the prospect of enhanced coordination of child care at the central level—provided it is supported to clarify its mandate and its relationship with other key actors in the reform process—and its expansion to the regions of Kazakhstan may permit it to strengthen its capacity. The presence of social workers is good for supporting the development of community-based services and improving understanding of de-institutionalization in the long run.

There is still progress to be made in terms of encouraging widespread public acceptance of the de-institutionalization agenda as well as ensuring that child protection is a priority of the government. Consideration of the interests of the management and staff of residential institutions remains one of the most considerable challenges for reform. There is also not yet full understanding among policy makers and practitioners of the nature and purpose of the type of family based alternative care system. There is some progress in beginning to develop a monitoring system but both the demand for, and supply of, data are at a rather early stage.

## KYRGYZSTAN

### Achievements and gaps in child care system reform

#### Policy and legal framework

The government has started to align its objectives and policies with those of the UN CRC. Developments in the government's legislative and administrative framework (though not yet its financial framework) indicate a shift in favour of alternative forms of family care. Children's Code (2006) sets the broad framework for a decentralised system of child support services. Although it is recognised by the government for the Children's Code to be implemented successfully it is necessary to make further progress in developing secondary legislation and in resolving the contradictions with existing legislation that has created ambiguity. A new framework Law on guaranteed state minimum social standards has been adopted in April of 2009.

The move from centrally provided residential care towards community-based services entails a redistribution of funds from the centre to the local level. However, there is widespread resistance to this move on the grounds that local authority funding is less reliable and that local governments may have less capacity to disburse resources effectively. There is no practical mechanism for earmarking transfers from republican to local level for child protection expenditures.

De-institutionalization and the transformation of the residential institutions into day care centres, and the development of alternative services are proposed in the State Programme "New Generation till 2010" and the Country Development Strategy 2007–10. However, the former does not have budget support and is considered to be out of date. Inter-ministerial working group is developing minimum standards for social services provided by the state.

#### Governance structures

The Children's Code stipulates that three specialised bodies are responsible for the protection of child interests and rights: the State Agency for Physical Culture, Sports, Youth Policy and Child Protection; the Commission on Children's Affairs (CCA); and Family and Children Support Units (FCSU).

The focal point of the new structure that is emerging to support child care reform is the Department for Child Protection under the State Agency for Physical Culture, Sports, Youth Policy and Child Protection, which was set up in 2007 and which has been given responsibility for raising awareness on child rights issues, ensuring adherence to international standards and the overseeing of national standards in child care, as well as accreditation and inspection of child care services. The department has been allocated financial and human resources but has not yet established a full coordination with the line ministries. The main constraints are duplicated functions of the State Agency and the line ministries (e.g. in policy implementation and standards development); insufficient capacity of the State Agency (e.g. in accreditation of services for children); lack of explicit competency for child protection policy development.

The 56 FCSUs are established at the local level supported by the EU budget support programme. New provisions of the Family Code, further developed by the Rulebook on Family and Child Support Units and Commissions on Children Affairs with local administrations (2008) have incurred the FCSUs with responsibilities of the guardianship bodies (including ones for identifying children in need of protection or at risk, making an individual assessment of their needs and providing appropriate services including preventive as well as rehabilitation services; they also select and monitor guardians, foster and adoptive families, and they look after the interests of children in residential institutions). However, a mechanism of coordination between the local and national levels remains unclear: FCSUs are legally subordinated to the local administration, but not to the State Agency. Also due to limited staff and a lack of transport the FCSUs are not able to carry out duties vested upon them by the legislation. Another constraint at the district level is duplication of some functions between FCSUs and Social Protection Departments.

Commissions on Children's Affairs are formed as cross-sectoral bodies at the local level and work on a temporary basis but under a permanent secretariat (each rayon administration nominated one person as a secretary, usually vice-akim on social issues, who performs these additional duties ex officio), monitoring

the activities of the FCSUs and approving the FCSU's most important decisions such as on institutionalisation and placement into foster care.

Social protection specialists responsible for social issues and family support services, rested upon them by Rayon Social Protection Department and FCSU, have been appointed at the local community level (ayil okmotu) since 2001. At present, one cannot effectively carry out all functions given the number of population and territory in the area of responsibility. A law of 2008 authorised engagement of NGOs as social services providers.

### **Residential institutions**

Oversight for residential institutions for children is divided among three ministries: the Ministry of Health (MoH) looks after the infant homes for children up to and including the age of three; the Ministry of Labour and Social Development (MoLSD) manages the homes for children over the age of three who are classified as having mental disabilities, and the Ministry of Education (MoE) is responsible for all other residential institutions for children, which include detskie doma for children aged four to seven, and internaty for children over the age of seven. In addition to state-financed institutions (from the republican budget) there are many private orphanages which are not monitored. MoLSD has developed standards for institutions under its subordination (approved by the Government in 2007). The data show that the majority of institutions and children are under the MoE. Since 2000 the number of children in residential institutions has increased for 40%, and stood at 21,117 in 2007. The number of institutions has also increased. 80% of all children in public care live in institutions. Total cost of institutional placement per child is around 1750 USD per month. Majority of institutions are situated far from towns and are of semi-closed character.

The work of residential institutions is based on by-laws "On boarding schools" (1995) and "On family type children homes" (1998), stipulating norms such as the limit on the number of children, conditions, and staffing requirements. In 2007 there were 8 family type children homes with about 200 children living in them. Draft regulations on minimum standards for institutions looking after children without parental care have been developed but not yet approved.

The principle of placing children to institutions as a last resort is stipulated both in Family and Children's Codes.

Considering de-institutionalization from the micro-level, this process has only happened in the places of pilot activities of international organisations improving the gatekeeping mechanism through the establishment of FCSUs, working with 4 institutions, providing training and technical support. Presently there is no action plan on de-institutionalization. It is necessary to mention also that in some cases improving conditions at institutions has even increased demand for institutions. In general, there is still a "pro-institution" attitude among some officials, institutions' staff and general public. The presidential decree of 2007 on 'Protection and support of children' mandates an increase in the salaries of staff in residential institutions, which risks a change in this attitude. Funds for foster care and guardianship, in contrast, have not been approved.

### **Family support services**

The main bodies responsible for providing and coordinating the family support services that were envisaged in the 'New Generation' programme and other strategic documents are the FCSUs. There are pilot institutions transformed into agencies providing family support services, e.g. Belovodsky children's home, now being financed through the budget. Presently there is a need to consider how to replicate the successes of pilot projects (day care centres, adaptation centres for children from families in crisis, rehabilitation centres, family and child support centres, crisis centres for neglected and working children). Medico-Psychological-Pedagogical commissions provide services to children with disabilities, although they have not been reformed yet. There are family resource centres assisting in gatekeeping and family reintegration, funded by the MoH. Regarding the development of alternative services there is a little budget support through the grants provided by the MoLSD. Curriculum for social work students was introduced at Bishkek State University, although the profession has not been officially recognised yet.

Social protection specialists are in charge of developing “social passports of poor families”, which are supposed to be the basis for targeted assistance and case management. The MoLSD forms a database of social passports and conducts monitoring of families at risk. According to the Law on state allowances, there are 2 main types of cash benefits: 1) uniform monthly allowance for poor families (depends on income) and 2) monthly social allowance (notwithstanding the income) – for children with disabilities or HIV/AIDS, for loss of breadwinner and orphans. However, amount of social benefits is very small and their impact on improving living standard is insignificant. Currently the MoLSD is working on improving targeting of cash benefits.

### **Family based care**

Family substitute services are mainly represented by guardianship care. According to the National Statistical Committee, there were 5,274 children living with guardians in 2007 (20% of all children in public care). There has been a 12,5% decline since 2000. Monthly child support allowance for children living with guardians is envisaged by the Family Code (in practice it is paid only if a child receives no income). Guardians do not receive any payment from the state. Guardianship is traditionally carried out by grandparents and other close family members (80%). Secondly, there is adoption with stable dynamic and over 900 cases in 2007, which amounts to 3% of children in public care and to 48% of all children placed in families in 2007. Very recently (2009) strict rules were introduced on intercountry adoption (currently 9% of all adoptions), which can happen only if there is a bilateral agreement with the country of a prospective adoptive parent. Fostering is the most underdeveloped form of care so far and only practised as a pilot service without paying remuneration to foster parents. Draft regulation on foster placement and standards on foster care exist, but has not been approved yet.

### **Monitoring**

A well functioning system of monitoring in child care is not yet established. Data on residential care and other key statistics are collected by ministries and by the National Statistical Committee, including via UNICEF's TransMONEE project associated with the Innocenti Research Centre. Database on children is being developed by the State Agency for Physical Culture, Sports, Youth Policy and Child Protection. There is no systematic monitoring of budget resources spent on child care, as well as output or outcome indicators in this field so far.

### **Activities of development partners and NGOs**

International intervention in child care reform issues is relatively limited outside UNICEF. The EU programme of budget support in the social sector is linked to child protection and is conditional on the ongoing development and implementation of a social protection strategy for children as well as the phased establishment of FCSUs mentioned above.

The World Bank focuses on the topic of cash benefits. DFID supports poverty reduction work in Osh of a multidisciplinary nature which includes outreach social work to poor families. The International Labour Organization which works on child labour issues, and the International Organization for Migration is supporting the government in the development of migration policy.

Significant support from NGOs is provided by Save the Children (UK and Denmark), EveryChild and *Moya sem'ya*. Save the Children (UK) and EveryChild are piloting community-based services in *raions* in Chui, Jalalabad and Osh *oblasts* which includes components on restructuring residential institutions towards family support. NGO *Moya sem'ya* now has the capacity to train foster parents and social workers, transform residential institutions and develop the local child protection system and services with FCSUs of Batken oblast.

### **Conclusions on the status of child care system reform**

The distinguishing feature of the child care system is that, while some reform activities are having a positive effect at a micro level, the number of children entering residential care appears to be continuing to expand. Residential institutions and institutionalisation remain the main form of protecting children without

parental care and ones from low income families. The reform of child care policy alone may not be sufficient to turn around this trend: successful outcomes are affected by broader issues which may include employment and migration policy. In part the delayed progress is also an inevitable consequence of the turnover of staff and restructuring of government departments arising from frequent political changes. Moreover, public expenditure on residential institutions increased enormously.

Nonetheless, the government has already started to align some of its policies to the UN CRC. Measures can be - and have already begun to be - taken to support the reform of child care in favour of family-based environments. A significant step forward was the adoption of the Children's Code. But detailed consideration of how the activities in the Code will be funded in order to become financially viable has not yet occurred. The unresolved debate between the Ministry of Finance and parliament about the best model for decentralisation is an impediment to the implementation of a decentralised and fully funded child care system. As in other countries of the region, the pace and sustainability of reform is also affected by the degree of acceptance of the de-institutionalization process by the general public as well as by policymakers. Child protection system is still fragmented, including several government agencies at the central and local levels. The establishment of the Department of Child Protection may reduce the fragmentation of child care policy at the central government level if it is able to develop a position as the lead organisation for these issues.

## TAJKISTAN

### Achievements and gaps in child care system reform

#### Policy and legal framework

The government's National Development Strategy (NDS) 2006-2015 and the 2d Poverty Reduction Strategy Paper (PRSP 2) 2007-2009 both consider the reform of the social protection sector and an improvement in social welfare, to be a priority. There is also National Plan of Action for the interests of the child for 2003-2010 (NPA) containing preventive and responsive measures for family and child support, although without financial implications (it declined in importance with the introduction of the NDS and PRSP2). Strategy for a Modern Social Services System 2006–2010 focuses on the review of institutional, functional and financial arrangements of residential institutions and strategies for their reorganisation and development of other types of services.

As in some other CIS countries the policy for the child care in Tajikistan is fragmental and laid for cross sectoral implementation. The Decree of the Government of 2008 should enhance the governance structure of the child care system at all levels identifying a context based policy of child protection. In 2008, the Government published a comprehensive situational analysis of the child protection system.

The Government undertakes the persistent steps to establish a clear strategic direction in respect of the reform and development of decentralised services for children and families; however, there is still a lack of a co-ordinated integrated policy, strategy for its implementation and operational plan for its delivery.

Legislation contains references to the financial support of children without parental care provided by the state, but at the same time it does not outline the content and minimal norms of such support, neither methodology of calculation, cost and quantitative indicators per child.

#### Governance structures

The Commission on Child Rights (CCR) is established within the government under the leadership of a Deputy Prime-Minister, with permanent secretariat. Members of the CCR include deputy ministers and departments dealing with children's issues, as well as some local NGO leaders. It is formally responsible for the implementation of the CRC, a role which includes ensuring that national legislation complies with international norms and conducting analysis on child rights issues.

Another important stakeholder at the central level is the Department for Rendering Social Services and Family and Children Issues (DRSPFC) under the Ministry of Labour and Social Protection. The purpose of this body is to unify the systems of social protection for children. The Regulation of 2007 makes the DSPFC responsible for developing and implementing family policy, as well as for coordinating social protection of children. It is not yet clear how its functions in this area will be distinguished from those under the CCR. In addition it will have a role of developing an 'optimal network' of residential institutions across all ministries and elaborating alternative forms of social support. The means of funding by which it will achieve this are not specified. Currently the MoLSP is working on development of guidelines and standards for social services, as well as a database on beneficiaries.

The guardianship authority (education departments) and the Commission on Minors have been the bodies traditionally responsible for the protection of children at local level, financed through the *Khukumats* and functioned in line with regulations and the Family Code. However, due to financial constraints and lack of capacity these bodies have ceased to function in some regions or have been working just on institutional placement. In any case, the component on the substitute family services is much more emphasised to the detriment of prevention and family support. Creation of a new Child Rights Department (CRD) in 9 pilot *raions*, which is intended to combine the functions of the two existing bodies and fulfil additional duties in alternative support services, is an important step in the reform process. Local budgets cover salaries of their employees. The CRDs are expected to be established country-wide within 3 years. A Rulebook on the CCR (2008) vests CRDs with guardianship responsibilities and envisages their integration into the system as executive local bodies of the CCR. The same by-law envisages establishment of CRDs also at sub-national (oblast) level. Additionally, the successful work of CRDs depends very much on the

availability and capacity of social workers which again raises the issue of the sustainability of financial and human resources.

Apart from these, there are Social Assistance at Home Units subordinated both to local administrations and the MoLSP. According to the revised Rulebook they are responsible for providing social, psychological, counseling, procurement, family planning, family reintegration and referral services, ensuring legal and medical aid also for vulnerable families and children, as well as for reporting cases of abuse.

### **Residential institutions**

In recent years the attitude among policy-makers towards institutionalisation has shifted considerably. Family Code says that children should be referred to institutions as the last resort, although in practice sometimes it is still being chosen as the easiest solution. PRSP 2007-09 envisages rehabilitation and further development of the system of social institutions for people with disabilities, as well as development of standards for social care institutions. Standards for protection of children in closed institutions, with focus on protection of abuse and neglect, were approved in 2008.

The rate of children in institutions is not high (333 per 100,000 of child population, 10,395 children in total in 2007), also with majority of these children being in boarding schools. Rates for infants (23 per 100,000 of child population 0-3) and children living with disabilities are relatively low and stable. The total number of children in public care is slightly declining (by 14% since 2004). Residential institutions are under the supervision of different line ministries at the central level, while others operate under local authorities. Most institutions, including for children without parental care, some general boarding schools and some special schools for children with disabilities, and closed-type schools for children with risky behaviour are located under the Ministry of Education (95% of children). The Ministry of Health runs infant homes for children under 3; some of these children are eventually taken back by their families (38%) and many are adopted. The Ministry of Labour and Social protection is in charge of children with learning disabilities. There are different regulations for different type of institutions; the one for boarding schools envisages obligatory licensing and accreditation of such schools. 72% of institutions are funded from local budgets on per capita basis. The largest concentration of institutions is in the poorest Gorno-Badakhshan Autonomous Region – 18 (90% of them are boarding schools and built for the purpose of school attendance of children from high mountainous areas). There is evidence that the ratio of staff to children is quite high in some residential institutions. Nearly all children in institutions have at least one parent. There are no accurate figures on the number of children at institutions, although a high number of these staff is often involved in technical work and the maintenance of facilities rather than in providing professional services for children. CRDs also keep records of children at institutions.

The drive for de-institutionalization gained considerable momentum and, in spite of the fact that there is no clear national strategy for the development or transformation of residential institutions, active work on de-institutionalization was conducted in pilot areas.

A de-institutionalization programme has been realised by the Commission on Child Rights in 5 pilot institutions with support of UNICEF, 3 of which were transformed into regular schools with day care where vocational education is integrated in daily schedules. More than 1500 children were deinstitutionalised in the four years of the programme (however, monitoring of children reintegrated into the families is questionable, and savings from reduction of numbers in residential care have not been necessarily ploughed into alternative services). The major achievements in the de-institutionalization process are a) an understanding that the child needs to grow up in a family environment wherever possible and that institutionalization should be a remedy of last resort; b) the introduction of current notions of good social work practices, including investigation, assessment and care planning; c) gate-keeping which has prevented children who are not in need of child protection services from entering the institutions; and d) training staff in social work skills at a local level, both in the institutions and the CRDs, contributing significantly to the capacity of the child protection bodies.

### **Family support services**

Progress has been made in recent years in establishing both a body with oversight over family support services (the CRDs), and the actual services themselves. There are successful initiatives in alternative

sentencing and diversion which have demonstrated ways to prevent the unnecessary institutionalisation of children in closed institutions. Medical-psychological commissions are being transformed by the MoH and MoE (based on a Regulation) into the Psychological-medico-pedagogical Consultations (PMPC) for parents under the authority of the local departments of education and health, responsible for diagnosing, treatment and rehabilitation of children with disabilities, prevention of institutionalisation, promoting parenting skills. It is the only bodies competent for making a decision on their institutional placement. As a result of their work the number of children with disabilities entering public care reduced by 30%. The PMPC in Dushanbe has a parents' association which has input into its development. Currently 4 PMPCs are functioning (partially funded by local authorities). A Parents Education Centre for promotion of inclusive education was established in cooperation with PMPC in a kindergarten in Dushanbe, under the management and with partial funding of local authorities and with support of local NGOs. Social Work Resource Centre is functioning in MoLSP, and 14 graduates of Masters Programme in social work of Stockholm University are supposed to be manager and supervisors in the field of child protection. The establishment of a degree course in social work at the National State University is a valuable next step towards the long-term resolution of the problem of professional capacity (envisaged by the CCR Action Plan) provided that students can be encouraged to remain in the profession once they have completed the course. Respite Centres for Minors for street children, victims of abuse and others at risk under the Ministry of Interior are supposed to provide some support services according to its new regulation, but no budget to implement them has been allocated yet (e.g. for home visits). A Centre for support of girls at risk and victims of abuse is planned to be opened under the Governmental Committee on Women and Family Affairs with support of the European Commission.

Traditional family support services are cash benefits. In 2007 19,000 children with disabilities were receiving a pension; 2,000 children - pension for orphans; 100,000 persons – pension for losing a breadwinner. Cash compensation for the poor is granted to the poorest 25 per cent of school children (out of whom 4.4% are orphans, 4.2% have disabled parents, 21% live in large families, 16.3% have unemployed parents). Families also receive a lump sum on child birth, and utilities allowance. However, cash benefits turn out not to be quite effective and do not solve problems related to poverty due to the lack of criteria for identifying the low-income families and the low sums. Single mothers are not eligible for cash assistance. The MoLSP, within the EU programme for sector policy support for 2007-2009, within the implementation of the Matrix of reform action in the social protection sector, is developing a new model of social allowances.

However, the shortfall is that the main implementers of the services—social workers—and all the costs of the pilot projects depend fully on external financing which is not yet sustainable. The social work training has not been institutionalised yet being provided by international organisations, although the government acknowledges the importance of official recognition of the social work profession. Another problem is that these successful pilots are organised in relatively well-off regions in urban areas where the local capacity is the highest, while poor rural areas with acute need for such services do not receive them. Some families do not receive appropriate services because they are afraid to reveal they have a child with a disability. Lack of efficient system of family support remains a serious problem and is one of main reasons for social orphanage of disabled children and their placement in closed-type institutions.

An initiative to provide microcredit facilities and vocational training to families with children in residential care aiming at reintegration had very limited effect on improving child welfare, since the families not only were unwilling to take on loans that they felt they might be unable to repay, but also often had motivations other than purely economic ones for committing their children to residential care which were not resolved by the microcredit and training programme.

### **Family based care**

Traditional values encourage families to take responsibility for children left without parental care and not put children into institutions, but economic hardship and widespread poverty have a strong opposite effect. However, according to available data, the proportion of children placed in alternative family based care amounts to 4% and remains stable. Guardianship is a traditional form of alternative care in Tajikistan, emphasised by the statutory services. Since the number of children under the guardianship seems to be quite low (459), it could be assumed that there are many unregistered cases of kinship care, taking into

consideration the traditions of extended families in the country. Guardianship authorities at local level are responsible for related activities including identifying guardians, keeping records and monitoring. Adoption is also widespread as a form of providing a substitute family, and it is considered by Family Code as a priority form of placement for children without parental care. However, adoption rate is low - 5% of the number children living in institutions, but trend is increasing. A recent amendment to the Family Code bans the international adoption. In contrast to guardianship and adoption, foster care is not part of the traditional system of substitute family services, and remains in a rudimentary state of development. It has neither a legislative nor a financial basis, and it is widely considered by child protection professionals in the country that the economic burden is too great and the social rewards not lasting enough for fostering to become widely attractive in the near future.

### **Monitoring**

An effective mechanism for monitoring child care has not been established so far. Reported data are not always accurate, neither disaggregated. State Committee on Statistics relies on figures from line ministries (submitted once a year). Key ministries have their own systems of administrative statistics for output and outcome data based on different criteria (number of institutions and staff, number of beneficiaries, etc), but figures are not collated. Data are not being used for analysis.

### **Activities of development partners and NGOs**

UNICEF has been implementing a comprehensive programme on de-institutionalisation. UNICEF programme remains relevant for supporting legislative and administrative reform, as well as introducing new practices at community level.

Relatively few major development partners are operating in the area of child protection in Tajikistan other than UNICEF. The European Union has a large programme of budget support to the social sector, including institutionalisation of social work training. SIDA has been a significant partner in the area of child protection.

The most active NGO in the area of child protection was ORA International (focus on children with disabilities, de-institutionalization process and technical assistance to the establishment of CRDs, social work training). After it closed down activities in Tajikistan, the developed practices are taken over by the recently established local NGO Association of Social Workers. Children's Legal Centre from UK has a long history of involvement in the development of legislation and regulations on family and child issues in Tajikistan.

Unfortunately, there is a lack of an integrated response from the international donor community and frequently there are examples of various 'projects' and initiatives that could be far more effectively dovetailed in order to give them a greater potential for sustainability.

### **Conclusions on the status of child care system reform**

The Government has made considerable progress in improving the prospects for children to live in a family environment during the recent years, and that some de-institutionalization is an achievable prospect. De-institutionalization has been comparatively fast, and several institutions have been closed down or reformed, which shows willingness on the part of the government and to meet its obligations under the UN CRC, but this speed has meant that in some cases there has been a risk that the best interests of the child are not able to be satisfied.

The process of de-institutionalization has come about with the aid of widespread in-service training in social work skills for staff of residential institutions and other social care professionals working at the CRDs. Another key component of the reform has been the establishment of the governance structures such as the CCR and CRDs which offer the prospect for improved coordination once the duplication of their functions with other national and local structures has been resolved, and once their financial sustainability is assured.

Three major constraints at the moment are the lack of national or local government funding and the limited human resource capacity to put into practice the changes foreseen by the new legal framework. The

economic environment, the shortage of job opportunities and the trend of high external migration for work still have major consequences for child welfare. Public opinion is not unfavourable to the use of residential institutions, and people with disabilities are often considered to be a cause of stigma to their families.

## **TURKMENISTAN**

### **Achievements and gaps in child care system reform**

#### **Policy and legal framework**

The children and youth are recognized as priority of the policy at the highest level of the Government. Although the child care is not specified as a separate issue in the government plans for now, the Strategy of Socioeconomic Development for the Period Up to 2010 lists social protection among four priority areas. At the same time the Government is currently working on the new Youth Policy, and the child protection is among the issues to be addressed. The recently adopted new Marriage and Family Code and the Child Labor Law can be mentioned among the main legislative changes. The system of child protection consists mainly of government benefits and residential care. The governance system in the country is strictly vertical with all important decisions made only at the very top of the government.

#### **Governance structures**

The child care system in Turkmenistan (as in other countries of the region) is spread across several agencies. The Ministry of Education supervises orphanages and institutions for children with disabilities, the Ministry of Health is responsible for baby homes and the facility for children with severe disabilities, the Ministry of Social Welfare is responsible for the policy development in the area of social protection of motherhood and childhood, the Ministry of Interior is responsible for inspections on minors dealing with children in conflict with the law, and local government bodies (*khyakimliks*) have guardianship departments in their structure. Coordination between different government bodies is not strongly established.

#### **Residential institutions**

Institutionalisation of children is not viewed as a pressing issue in Turkmenistan. Rates of children in residential care are relatively low and stagnant. Several factors influence this situation, such as strong family traditions and expanded family ties, the attitude of the government, and the apparent low rate of extreme poverty. Nevertheless, institutions do exist and the problems of the children in them (especially disabled children and social orphans) should not be ignored.

Residential institutions include baby homes, two large and one family-type children's homes, a facility for children with severe mental disabilities, eight pre-school institutions and 14 boarding schools for children with disabilities. In 1999, boarding schools for children deprived of parental care were closed by the order of the president and children from them were returned to their relatives. The number of children in institutions, however, is not reported to have changed (678 in 2006). There is Internal regulation in the Ministry of Education on the placement of children into institutions. Institutions are well funded and also receive considerable support from private sponsors, though they do not operate at full capacity. For this reason they sometimes underspend and return back government funding. The ratio of staff to children in residential institutions is high. Every Ministry regularly collects reports on situation in institutions and makes site visits.

#### **Family support services**

Traditionally, cash benefits are the only form of family support services. The new legislation on cash payments are in force since 2008, additional benefits are to be introduced as of 1 June 2009. Children with disabilities, families with children below the age of three, families with many children and families who have lost their breadwinners count among the recipients of cash benefits. Although amounts of benefits have been increased, the child care allowance amounts to approximately USD 25. Social work as a profession has not yet been established in the country. Alternative services are not yet developed outside the pilot family support centres at the existing facilities for additional (out-of-school) education for regular schoolchildren. The centres are under the management of the Women's Union and local departments of education. The local governments provided premises, but have not committed to support these centres financially yet.

### **Family based care**

Two traditional forms of family substitute care prevail: adoption and guardianship. Virtually all healthy children in baby homes are adopted; the adoption rate exceeds 50%. There have been very few international adoptions during the past 10 years. Majority (95%) of children left without parents live with their relatives under guardianship arrangements. Guardians do not receive financial support. Foster care is not yet established.

### **Activities of development partners and NGOs**

There are no other international actors in the sector apart from UNICEF. As for NGOs, there are a few government-funded structures, which are formally outside the government (National Union of Women, National Youth Organisation), which are best placed to maintain contacts with the authorities. Otherwise, the NGO sector is weak.

### **Conclusions on the status of child care system reform**

Interventions in child care reform in Turkmenistan have been rather limited, but with the political changes a window of opportunity is opening. In any case the rate of institutionalisation in the country seems quite low relative to other Central Asian states. The opening of some family support centres is an indication of a step forward and it is to be hoped that this may lead eventually to the possibility of developing a wider social work system and extending the range of family substitute services.

## **UZBEKISTAN**

### **Achievements and gaps in child care system reform**

#### **Policy and legal framework**

The importance of reforms necessary to secure a better future for children, and therefore also of reforms to the child care system, is underlined in Uzbekistan by the high proportion of children in the population: some 44% of its population of 27 million consists of children aged 14 years or under. The government recognises that any neglect of the best interests of children would be a loss to society, and that consideration of child welfare is therefore an entry point to achieving wider progress.

A positive development in the reform of child care is the approval of the National Plan of Actions on Securing Child Welfare which plans comprehensive reforms on the legal protection of children, family support, health of mothers and children, education and support of children in special circumstances. Although it does not specify a vision for child protection it states the intention to integrate children with their biological parents, develop alternative services, rehabilitate and integrate children with disabilities, improve conditions at institutions, and enhance capacity of the staff. The sources of funding have not been made explicit. Law on the Guarantees of the Rights of the Child (2008) envisages guarantees of the right to grow up in a family environment (among other).

#### **Governance structures**

The main governance structures involved in child protection issues at the central level are the Cabinet of Ministers and subordinated to it Republican Centre for Social Adaptation of Children (RCSAC), as well as line Ministries, such as Ministry of Public Education, Ministry of Health, Ministry of Labour and Social Protection, Prosecutor General Office. The main interventions of the Cabinet of Ministers take place in the area of policy development, and also in awareness-raising. It issues decrees and decides on legislation to be submitted to the parliament. The RCSAC is a coordinating body on policy and intervention on behalf of children in need and those with disabilities. It has established a coordinating council with high level representatives from each ministry and relevant department, as well as working groups, including one on de-institutionalization. The RCSAC is viewed as a catalyst for change, already working at several stages of the policy cycle. At the 'problem identification' stage, for instance, it has published a widely referred-to 'Analysis of the System of Social Protection and of the Situation of Children with Disability'; its position within the Cabinet of Ministers adds strength at the policy development stage; and in policy implementation it is working with the social work trainers in the Tashkent Institute of Culture, and coordinates and manages the recently established Family and Child Support Services (FCSS) pilots (6 in 5 regions).

These pilot FCSSs with multi-disciplinary teams trained in professional social work started functioning in 2007, and work at local government level in close link with the two bodies which have traditionally held most responsibility for the protection of children and for juvenile justice issues, namely the guardianship departments and Commissions on Minors (all teams have guardianship departments staff in their board). Public education departments are responsible for guardianship and other family substitute services (social protection departments are responsible for children with disabilities), and gate-keeping functions. Only they are authorised to identify and place children to institutions. This local body functions on the basis of the Family Code (1998) and secondary legislation on guardianship and trusteeship authorities (1999), and it is financed through the local budget of Khokimiyats. The 218 Commissions on Minors across the country have locally delegated rights to decide on placement of children without parents or deemed to be at risk and in need of protection. The head of the commission, the chief of local administration - khokim, is the final arbiter on gatekeeping issues. The commissions are under the supervision of the Prosecutor General's office which is a particularly significant actor in child care reform in Uzbekistan. The body functions on a free basis, except for the executive secretary whose work is financed through the local budget. Since the FCSSs are new, the way in which their functions will be separated from, or replace, the existing structures is yet to be determined. Other future challenges for reform include the development of a system to prioritise who should benefit from the new pilot services, and the identification of the legislative and financial basis to sustain the FCSSs.

Gatekeeping for children with disabilities is based on the work of Medico-Psychological-Pedagogical Commission (MPPC) under the public education bodies at the local level. These commissions have not been reformed and function on the basis of the legislation enacted in 1995. Analysis conducted by the RCSAC (2006) identified issues to be addressed regarding the gatekeeping functions of the MPPCs.

The Mahallas are the traditional form of organisation in neighbourhoods, of no more than a few thousand people in urban areas and often considerably less in rural parts. The main goal of mahallas is to serve as a local body to target government social assistance in local communities. There is currently a direction in government policy to encourage mahalla commissions to take more decisions and strengthen their roles.

### **Residential institutions**

The proportion of children in residential care is not reported to be high for the region, although the absolute figure is quite substantial. As in other countries of the region, state responsibility for residential institutions is divided mainly among three ministries. By far the largest share of responsibility falls to the Ministry of Public Education (MoPE), which supervises some 86% of institutions and 91% of children in the state's residential child care system. It oversees the 28 'Mehribonlik' orphanages (regulation of 1995, amended 2008), serving over 2,686 children, and 82 residential schools that cater for approximately 19,000 children classified as having limited abilities. Since 2004, six orphanages have been closed, and the number of children in orphanages aged 0-16 decreased by 25%. The Ministry of Health (MoH) supervises 13 infant homes. The Ministry of Labour and Social Protection (MoLSP) supervises children with severe mental disabilities in five 'Muruvvat' children's homes (regulation of 1993) accommodating nearly 1,400 children. The practice of keeping a disabled child at home without socialisation, and in other cases of consigning him/her to residential care is still prevalent, and there is a strong stigma attached to disability. Children with motor disabilities after 7 years of age are usually transferred to Muruvvats where children with mental disabilities are placed. Other types of residential institution include special schools for children from low-income families and sanatoria. There remains a strong belief in the benefits of state care for children and a strong emphasis on improvement of the conditions in state institutions. The ratio of children to the staff at institutions is high. Institutions are financed on a per capita basis. There is strong support of institutions from the private sector.

Some new forms of residential institution have now begun to be put in place, including family-type homes and SOS children's villages. The MoLSP has secured a building for a centre for children who reach 18 years and would otherwise be faced with adult residential care, so that they may be given skills for a more independent life.

### **Family support services**

Mahallas have considerable potential for advocating family and community support for children in difficulty. They are able to supplement family finances where they consider there is need. In the pilot districts for family and child support they are proving a key existing mechanism for the incorporation of new ways of working, and are potential allies in de-institutionalization. The decentralisation of some social care responsibilities to mahallas and the khokim is a good example of utilisation of a traditional mechanism for a reform process which is in keeping with the values of family life within a neighbourhood.

The introduction of social work as a discipline in academic (3 universities) and operational forms (4 months re-training programme for childcare professionals, after completion of which practitioners become certified social workers) in the last three to four years has been a vital catalyst to reform and practical support to child rights; and it has been officially recognised as a profession in the MoLSP norms.

Family support services are being developed, both through externally funded pilots and through the government budget. The MoLSP runs 12 centres that provide rehabilitation and professional orientation for disabled people, funded through the budget. They have not been reformed since their creation and there is a need to address the shortage of social and other specialist services for their beneficiaries. The successful experience and example of the Angren Sunday School for disabled children, now run by local authorities, has been documented and disseminated, though not yet replicated throughout the country. Some families do not receive appropriate services because they are afraid to reveal they have a child with a disability.

Family Resource Centres set up by the Uzbek Children's Fund in 12 localities, a government backed public association, aimed to help enhance community-based facilities and help for children and families in difficulties as well as street children. These can serve as a measure to reduce the institutionalisation of children where economic hardship is the source of difficulty. The facilities also provide temporary residential care. The staff are trained to provide psychological and social support.

The pilot FCSSs are operating with the support of khokimiyats and prove to be successful in maintaining families at risk and in rehabilitation. The involvement of staff from different departments of local government may prove critical in gaining wider acceptance.

The Information and Counselling Service has been opened under the auspice of the RCSAC. It provides psychological, social, pedagogic, educational and legal assistance, along with speech therapy for vulnerable children and families, as well as practitioners.

There has been a significant shift in attitudes of government officials to child care reform so that they see the benefit of greater attention and investment being put into family support and into maximizing children's rights.

Targeted cash benefits could be a valuable alternative type of family support service (a new law on social protection of the population has been drafted). Presently, benefits for disabled children are paid to children up to the age of 16, along with benefits to families with children below 2 years, benefits due to loss of breadwinner and to families in difficult financial situation (assessment by mahalla). Also low income families are provided with winter cloths for children and school books.

### **Family based care**

Cultural traditions in Uzbekistan encourage the upbringing of children in a family environment: relatives generally take care of orphans, while a high number of other children left without parental care are either placed with guardians or adopted (86% of children who entered the public care system during 2006<sup>3</sup>). The MoPE has promoted alternative forms of child care, including family type homes (Rulebook of 2007) and foster care (regulations for adoption and foster care of 1999 with further amendments in 2007). This assumes that the successful introduction of the newer form of family substitute service, foster care, may be feasible from the point of view of public acceptability. According to the data of the MoPE, there were 78 children living in foster families in 2008. It was introduced through pilot activity and is now recognised by law and provided with funding. In 2007 a standard contract between the local authority and the foster family was approved. Foster parents have the right to receive benefits in cash and in kind. Domestic adoption rates are relatively high, while inter-country adoptions are very low.

### **Monitoring**

While the RCSAC publishes material on child protection with baseline data there is not yet a comprehensive monitoring system in place for all aspects of child care. A database on children without parental care living in institutions is under development.

### **Activities of development partners and NGOs**

UNICEF is the only donor with substantial interventions in child protection. Some NGOs are operating at the level of policy implementation. SOS Kinderdorf is working in partnership with government on children's villages in Tashkent and Samarkand. World Vision has a project on family reunification. National NGOs such as SABR in Samarkand, 'You Are Not Alone', the Kamolot youth movement and public associations such as Womens Committees are mobilised to undertake much of the alternative support to residential care which is available for children at risk. There is NGO Coalition on Children's Issues.

### **Conclusions on the status of child care system reform**

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<sup>3</sup> The latest data available.

The RCSAC, which is responsible for policy coordination and interventions on child protection, represents a model for developing analytical and research capacity in the field and is considered a catalyst for change. Traditional structure of child protection bodies at local level – education departments as guardianship bodies and Commissions on Minors - is still in place. Integration of the pilot FCSSs into the statutory system will be based on results of their work. Strengthening the role of mahallas in family support is a good example of utilisation of community solidarity model for the reform.

Although family based services, such as adoption and guardianship, are far more common than residential care, the number of children living in institutions is still substantial. Foster care is in a developing stage, but being recognised by law and provided with funding, it has a good prospective. Greater attention and investment is being put by the authorities into prevention and family support. A comprehensive monitoring system and a uniform database are still to be developed.

## TURKEY

### Achievements and gaps in child care system reform

#### Policy and legal framework

The increase in the number of children in need of protection arising in parallel to the process of change in the social, economic and cultural structure of the Turkish society (the imbalances in the distribution of wealth, increased unemployment, rural-to-urban migration and the consequent increase in social and economic problems) has made it necessary to restructure the institutional care services, which constitute the most widely used service model for children in need of protection in the country; hence new models were sought and different service models were introduced together with new planning efforts.

The Convention on the Rights of the Child was ratified and transformed into a domestic Law no.4058 1995. Other framework legal documents are the Law on Directorate General of the Social Services and Child Protection Agency (SHÇEK) no. 2828 (1983) and the Child Protection Law no 5395 of 2005. The Turkish Grand National Assembly (TGNA) formed a Child Rights Monitoring Committee in order to strengthen the work on harmonising child related legislation with international standards and implementation of the CRC.

#### Governance structures

With regard to fulfilment of the obligations related to the Convention on the Rights of the Child, the Directorate General of the Social Services and Child Protection Agency under the Ministry for Women and Family was appointed as the Coordination Agency, with the Child Rights Monitoring and Coordination Division under the Child Services Department. In order to improve cooperation and coordination in the field of child protection, ensure a more effective protection for the child, and draw up a national strategy in this field, the Improving Interagency Coordination and Cooperation within the Child Protection System Project was carried out. Izmir and Kocaeli were selected as the pilot provinces for the Project, and the Project was coordinated by the Child Services Department on behalf of the SHÇEK. At the central level, the Deputy Undersecretaries of the Ministries of Interior, Justice, National Education, Health, and Labour and Social Security participated in the Project activities, and in the pilot provinces the participating of representatives from the relevant public agencies and organizations, NGOs and universities under the chair of deputy governors was ensured. The Department of Care Services for People with Disabilities of SHÇEK carries out activities related to drafting, developing and implementing social service programs oriented to care and rehabilitation, enjoyment of rights, and participation in social life for disabled people. SHÇEK has also been working on improving the standards of care provided in institutions in the recent years: minimum standards of care and protection were developed in 2007 and currently an implementation programme for the standards is being developed.

The SHÇEK has its territorial units, Social Services Directorates, at the provincial and district level. SHÇEK units are in charge of children for whom a court order has been issued within the scope of the Child Protection Law and children placed under protection and care under the scope of the SHÇEK Law. When a family applies for protection for their children due to economic deprivation, the District or Provincial Social Services Directorates identify if the child can be cared for while living with his or her family or relatives through in-cash or in-kind assistance and other protective, preventive, supportive and developmental social services (foster parents, adoption, diversion to boarding schools etc) without issuing a protection order.

In every province Provincial Child Committees and Provincial Adult Committees on the Rights of the Child have been established in 2000 to provide training on the rights of the child based on peer-to-peer training techniques, including Trainings of Trainers (TOT). Work has been started to open new units which will aim at providing temporary care services for children and young people detected as having turned to crime in the society and for whom a protective and supportive court order has been issued. The Directive on SHÇEK Child and Youth Centre Protection Care and Rehabilitation Units, put into effect in 2006, aims at laying down the working principles and procedures and service standards and rules regarding coordination between relevant individuals and organizations. The Care Services Assessment Board composed of members from 3 professional groups under the Provincial Directorates is appointed by the law to review and assess the situation of people in need of care.

The courts are the public guardianship agencies. A court issues the protection order for children who are deprived of appropriate care by their parents or care givers. Children under these circumstances may be placed in institutional care or foster care by the courts. When children are placed in SHÇEK institutions, the court appoints a personnel member from the institution as the child's guardian. This is a plan to change this model and to establish a separate agency for public guardianship in order to protect the best interest of the children.

### **Residential institutions**

Priority is given to procedures that will allow strengthening the families of children taken under institutional care through social aid and services and thereby ensure that they can retrieve their children from the institutional care as soon as possible. In 2005, as a result of an analysis of the children in institutional care (which indicated that out of 20,000 children in institutions, 12,000 were in institutions because of economic reasons), SHÇEK initiated a reform process on de-institutionalization. Within the scope of the Return to Family Project launched in 2005, 5,514 out of 21,000 children living under institutional care have been returned to their families or relatives. It is seen that the foremost reason for placement under institutional care is the economic incapacities of the families.

Number of children aged 13-18 registered at orphanages, Affection Homes, 6 Protection Care and Rehabilitation Centres for children dragged into crime, 11 Care and Social Rehabilitation Centres for child victims of crime and Children's Homes that provide residential institutional care under the supervision of the Youth Services Department was 10,951 in 2007. There are 90 Nursery Homes for children up to 12 years with the total number of children in these homes of 5,467.

The Law no. 5378 on the Disabled People has authorized private legal entities to open Nursery Homes. In line with this law, the SHÇEK is working on the Private Nursery Homes Regulation.

The SHÇEK has a strategic plan on the reform, envisaging transformation of 10% of residential institutions into home-type units every year, and returning 1000 children to their families every year. Since 2003, 22 orphanages have been closed down, and almost all of other institutions have been transformed into home-type units. In 2008 there were 9 Affection Homes with maximum 10-12 children staying in detached duplex or triplex houses (79 in total), providing care for 632 children. A new service model of Children's Homes (with maximum 5-8 children in the 0-18 age group living in detached houses or apartments, acquired through donations, in close proximity to schools and hospitals in every province, preferable in the provincial centre) has been developed. In 2008 there were 64 children's homes serving 364 children in the 0-12 age group.

### **Family support services**

The SHÇEK has started implementing service models aiming at ensuring that the child remains under the care of his or her biological family or relatives without having to leave his or her environment, through counseling services and social aid support provided to the family, avoiding placement under institutional care within the framework of the Agency's strategic plan. The SHÇEK Law no. 2828 provides for "supporting the family through education, counselling and social assistance to ensure that the child is nurtured and supported in the family" as one of the responsibilities of the Agency.

"Free Care Service" has been developed by the SHÇEK as a protective and preventive service model, under which the children of families suffering from economic hardship are provided with free of charge services at private crèches (kindergartens) and day care centres, with 5% quota allocated to such children in accordance with the Regulation on the Establishment and Working Principles of Private Crèches and Day-care Centres and Private Child Clubs, prepared on the basis of the SHÇEK Law. These care services are available for children from poor families, children being cared for by relatives following the death of their parents, children whose one parent died and the surviving parent is employed, children of divorced parents who have to work, children of women staying at SHÇEK women's guesthouses, and children of female inmates in prison. Currently, 966 children benefit from these services.

In-cash and in-kind assistance, executed by the SHÇEK, is being provided to those in the risk group who are in poverty. In-kind assistance includes food, clothing, fuel/wood/coal for heating, stationery, medical and rehabilitation supplies. Priority groups are: children for whom a protection order has been issued due to the economic situation of their families; those abandoned at institutions; and children who are in queue for admission into institutions waiting for a free slot. According to the In-Cash Aid Regulation (2005), the amount of the aid paid was increased to 40% of the highest civil servant salary. With this 100% increase, the net monthly in-cash aid per person was increased to 128 USD in January 2009 (which is the highest among the 7 participating countries). In this scope, in 2008, 5,727 children with protection orders have been cared for by their families or relatives with in-cash aid support. Within the same year, 18,081 children were receiving in-cash support while living with their families or relatives without a protection order. Thus, 0,1 % of all children were receiving cash benefits in 2008.

### **Family based care**

The main forms of family based care are adoption and foster care. While the number of foster care placements is increasing, the adoption number fluctuates between 450-600 per year. The number of international adoptions is insignificant.

The adoption is regulated by the Civil Code (2002) and the by-law on Execution of Intermediary Activities in the Adoption of Minors (2009), which constitutes the legal basis within the context of the procedures for domestic and inter-country adoption and the best interests of the child. The Hague Convention on Inter-country Adoption was put into effect in 2004.

The remaining challenge is an urgent need to codify public guardianship.

### **Conclusions on the status of child care system reform**

The child care system is mostly under the responsibility of one body at the central level – the SHÇEK – and its subdivisions on lower levels of the governance. The SHÇEK has a strategy on transformation of residential institutions into family-type homes, strengthening family support services and development of family based care. Cash benefits of relatively high amount are the most widely applied family support service. Family based care is being developed, currently in the forms of foster care and adoption. Extended families continue to play a key role in rearing children.