

EDUCATIONAL REFORM & PREVENTION OF VULNERABILITY

How can the obligations of the ‘State Programme on Deinstitutionalization and Alternative Community-Based Services’ be better met through education reform?

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Abstract

The Government of Azerbaijan has entered into a number of international commitments such as the UN Convention on the Rights of the Child and the UN Convention on the Rights of People with Disabilities, as well as defined a number of State Programmes related to Inclusive Education, DeInstitutionalization and Economic Development. These commitments urgently need a coordinated and strategic vision in order to succeed. Prior to the State Programme on DeInstitutionalisation and Alternative Care Services being signed by the President in 2006, there were more than 18,000 children statistically in residential care. This figure has now dropped to 8336 in 2012, according to Ministry of Education statistics. However, various reviews suggest that, though the statistics indicate that reforms having a positive effect, in practice there are many gaps which challenge this observation. In this paper, I will address the key challenges and explore the role of education in social policy and its interplay with economic policy; underline the links needed between deinstitutionalization, inclusive education and alternative services; and examine how child protection, for which the Ministry of Education is the responsible State body, can be understood in the context of inter-Ministerial responsibilities and coordination.

Key words: deinstitutionalization inclusion coordination

Introduction

Children from deprived family backgrounds, isolated due to poverty, location and disability, are the typical residents of the State’s residential institutions, the majority of which come under the responsibility of the Ministry of Education. There is contradictory evidence about the scale of this problem but empirical evidence suggests that limited progress has been made to address the legislative and implementing reforms that are needed to support the educational and developmental needs of children in their own or an alternative family environment.

Whilst much of the political attention has been given to the development of some alternative services such as community-based rehabilitation, fostering and small group homes, the issue of educational reform to support prevention has been neglected, most likely due to lack of understanding of the complexity of inter-related problems facing vulnerable populations. Sociologically, this is likely to be a post-Soviet legacy, from an era in which planning was centralized and the localized nature of problems was not taken into account. This neglect of preventative mechanisms only serves to increase likelihood of inequality and segregation for children from socially disadvantaged groups. I shall be exploring the question of how the obligations of the State Programme on De-Institutionalization and Alternative Care Services can be better met through education reforms.

I will draw extensively on a previous piece of research recently completed by Centre for Social Policy Development (CSPD), which I mentored and edited. This research explores the links between perception of social problems and those that lead to institutionalization. I have also reviewed a number of other papers which refer to the De-Institutionalization process in Azerbaijan. I take an epistemological position because I believe that the challenges faced in implementation of the State Programme relate to the knowledge and understanding of the problems and their solutions, faced by vulnerable children and their families, both within the responsible State bodies and in wider society.

‘It is argued that social problems cannot exist in a private domain but only in public. Moreover, the nature of social problems is very subjective and a question arises about the links

between people’s perception of social problems and whether a policy solution works.’ (CSPD, p1) This important point first raises the question about perspectives, and whose perspective counts when defining and evaluating a policy. All the papers that have been reviewed for this paper have been written by experts and Ministry representatives who are exploring the issue from their perspective, which are both shaped by experience of working in the State systems of the Soviet Union and in Western societies. That is, contradicting perspectives. Academically, it is important to consider society’s perspective too, if we are going to be in a position to design reforms that work, which are accepted at community level and which support the development of an effective child protection system.

‘The reason why we need to study perceptions rests in that these perceptions are heavily influenced by judgments about the desired quality of life which is considered to be under threat. Simply put, if people think that the quality of life desired by them is under threat or they do not have the desired quality of life, then it means there is a social problem. No less significantly, *the ways in which a problem is perceived and judged strongly affect the kind of solution suggested* (Manning, 2008: p. 31). To paraphrase, if it is not known what quality of life is desired by people – what people want, then the solutions suggested cannot meet their problems. Thus, it is reasonable to argue that the solutions suggested by policy-makers must take into consideration studies of people’s perceptions of social problems and expert’s views on the conditions which are incompatible with the desired quality of life and analysis of the causes of those conditions.’ (CSPD, p2-3)

We must consider whose quality of life has been taking precedence so far – that of the children in residential care or that of the staff in institutions and the related administrations. It can be argued that one of the main challenges faced by many NGOs working in this field is that the needs of the staff and administration have been put first, as an argument against reform.

Main reasons for child institutionalization	Cases in which child institutionalization is found to be reasonable	Cases in which child institutionalization is found to be not reasonable
Poor financial conditions/Poverty	Poor financial conditions/Poverty	If parents are not poor
Unwise action of because of the life style of parents	Death of parents	If both or one of the parents are/is alive
Death of parents	Disabled or ill parent	If parents are not disabled or ill
Divorce/Divorce related/ family problems	Divorce/Family problem	If the child has disability
Disability	Child disability	
Child birth out of wedlock	Housing problem	
Unemployment		

Both the Hilfswerk Needs Assessment for the Khazar region (2010), and the UNICEF Mid-Term Review of the State Program (2012) echo UAFA's Situation Analysis from 2000 which indicates how little progress there has been in understand the needs of vulnerable children and how to meet them. Without a detailed understanding of these needs, policy responses will always be inadequate and challenging to implement. The Hilfswerk report found that despite significant intervention in the Khazar region over many years, the level of knowledge of local State representatives was very low and did not reflect the change in policy from institutional care to alternative community-based options which was made 4 years previously.

The CSPD research was conducted in two regions, Tovuz and Khachmaz, to explore their understanding of institutionalization of children.

‘As a result, eight social problems were identified which are perceived to be the main reasons leading to child institutionalization. These are poverty/poor financial conditions, divorce/divorce related and family problems, unwise action or because of the life style of parents, death or absence of parents, unemployment, disability, birth out of wedlock and housing problems. Poor financial conditions/poverty are perceived to be the main reason for child institutionalization’. (CSPD, p.16)

‘Two of the reasons provided above – unemployment and divorce are closely related with this factor. If to consider that poverty is regarded by many experts to be one of the main factors leading to divorce, then the impact of *poverty and poor financial conditions* on the institutionalization of children can be higher than the findings suggest. Moreover, unemployment – one of the reasons showed by the respondents - is the main reason which leads to poverty. Disability is not always the single reason leading to child institutionalization. When it is combined with poverty, the possibility of the institutionalization of children is very high.’ (CSPD, p.17)

When considering all the evidence of various studies, it must be concluded that the de-institutionalisation activities that have been piloted by the Ministry of Education – reintegrating children to their biological families from two institutions, transforming institutions according to the Master Plan of Transformation, and establishing alternatives for children who have been abandoned or removed from their families – are simply not sufficient to take into account the many complex situations that lead to children being at risk. These actions also do not take into account the children that fall outside of the mandate of the Ministry of Education – those under the age of 3 years and children with disabilities. Their needs may be considered to be the responsibility of the Ministry of Health and the Ministry of Labour & Social Protection but, as the responsible State body for coordinating the State Program, strong mechanisms must be created to consider their need for care, protection and education too and followed consistently by all State bodies according to a strategic vision that encompasses all points of entry to the system.

Social inclusion implies that people have the same opportunities to develop skills and knowledge that enable them to find work and avoid poverty. The social policies of Azerbaijan, which were designed for a different era, need a coordinated vision with regards to the inclusion of children in need of protection, to avoid them being placed in institutions, living on the streets or being isolated at home. To this end, it is essential that education policy is viewed within the prism of social and economic policies. ‘Social exclusion reflects a failure to tackle the risks that face people in complex societies and it creates new risks, particularly if the excluded become alienated from the wider society.’ (Baldock, p.16)

As the table above demonstrates, these complexities range from unemployment, ill health, lack of housing and divorce and are most usually combined – necessitating a combination of strategies at the community level that are implemented by local departments for health, education and social protection and coordinated at the national level, for effective monitoring and evaluation. Therefore, it is essential that educational reforms which aim to deinstitutionalize residential care, are focused on prevention activities as the first resort. It is often quoted that institutionalization should be seen as the last resort; therefore, actions need to start from the beginning, to put in place a system which reduces

the flow of children to institutions. Economically, therefore, it is important to allocate resources effectively which can manage this system and so enable the re-allocation of institution funding thereafter. In the UNICEF Mid-Term Review, the authors state that ‘because of the inadequate number of staff and their insufficient training as well as unavailable alternative services, the Child Protection Department (CPD) struggles to continue the good practice further. In order to overcome these limitations in two pilot rayons, Surahani and Khazar, especially trained social workers are involved in the work of Commissions.’ (p.33) However, it is not clear why the CPD is reviewing all the cases that are put forward for institutionalization. As the quote above states, the number of staff and their limited training means that they struggle. Unclear case management responsibilities and inadequate follow-up with families means that statistics for prevention and reintegration become meaningless, despite the best intentions of the Ministry of Education 2012 Progress Report to show statistical outputs of their work. Without a clearly defined child protection system in place, managed by one authority but implemented by a range of different providers, the CPD will continue to struggle.

At the time of writing the MTR, NGO service providers were not yet recognized but now, through the Law on Specialized Social Services and the new State Contracting initiative which utilizes the capacity of NGOs, services for vulnerable children have started to expand all over the country, with funding through the Ministry of Social Protection. This Ministry is also starting to address gate-keeping through NGO piloting, leading to the conclusion that resources in the CPD might be better employed in coordination of policies and mechanisms which tackle prevention at the level of the family.

Statistical information can be confusing – numbers of children officially in an institution, numbers of children actually resident, numbers with diagnosed disabilities, numbers with living families- however, all the statistical research from the various studies referred to show consistency in terms of scale, and emphasise the need for educational choices to be widened in order to support children in their families, primarily. Statistics do not compute the numbers for whom family care is not an option because of rejection, abuse or lack of family. It is reasonable to conclude, however, that the numbers who would benefit from educational choices are the majority.

There are several recommendations that the Ministry of Education needs to consider, in order to effectively plan and manage a child protection system which is based on the needs of children and their families – I refer to the language of ‘child protection’ as a euphemistic term for ensuring that a child’s needs and rights are met in the context of wider social reform.

‘A child protection system that effectively promotes better care for children will ensure that government departments with prime responsibility for children’s care and protection are strongly linked to those working in other fields which impact on children’s care including: health, education, social protection and justice’ (Family for EveryChild). The following list (which is not exhaustive but realistic in terms of current capacity) makes a series of recommendations that the CPD would be better promoting through collaboration with State bodies to support a transition to an inclusive child welfare system:

Health

- Training to prevent abandonment
- Strategies to prevent parental death
- Health care provided close to home
- Early intervention to limit developmental delays and address disabilities
- Alignment with WHO standards in diagnostic practice in disability, to shift from medical to functional assessment of needs

Education

- Education close to home – e.g. addressing the costs of clothing, books and transportation which can lead to institutionalization

- Use as a tool to educate about separation – e.g. adapting the psychologist services present in schools to support families at risk
- Mainstream for children in alternative care – so that the institution is not the place where a child lives and is educated, therefore isolated from local community
- Inclusion of children with disabilities, e.g. by addressing access and child-centred learning methods
- Introduction of Occupational Therapy to support inclusion to kindergartens and schools

Justice

- Decrease reliance on detention
- Bring perpetrators to justice – in cases of child abuse and violation of rights
- Protect children outside of care who are in conflict with the law

Social protection systems

- Address poverty causing separation – housing, unemployment which lead to institutionalization, exploring options for day-care as a benefit
- Ensure it does not create perverse incentives and increase separation
- Community-based rehabilitation programmes, day-care
- Shelters for street children

Finally, it is essential that disability is streamlined throughout all policies related to care and not treated as a separate issue, especially because responsibility for disability issues is divided between the three social Ministries with no mechanisms at present for coordinating their approach.

Disability in the family leads to poverty; it leads to parental incapacity to care; behavioural problems that are misdiagnosed can lead to exclusion from school or conflict with the law; stigma in the community can lead to isolation; educational segregation can impact upon a child's long-term employment prospects and social inclusion. Only when policies and mechanisms are designed to take disability issues into account can full inclusion be a positive outcome. Inclusion is too often misunderstood simplistically to mean that all children with disabilities must be taught at mainstream school, which leads to fears amongst parents and the educational community, and subsequent rejection by policy-makers and implementers. Inclusion needs to be understood as ensuring that policy planning considers the actual needs of all children as they grow up, to enable each child to reach his or her potential as a functioning member of society.

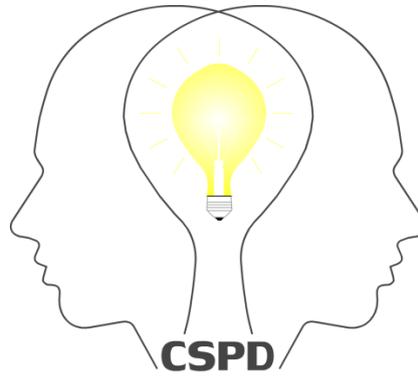
Returning to the original premise of what constitutes a social problem, the theory behind social change explains that three components need to be in place to accommodate real change:

1. Authorizing environment (e.g. State policy and support)
2. Capacity (of the people who are going to manage/implement a new system)
3. Public value

Actions to date have focused on the first two components and, if the recommendations in this paper and other reviews are taken into account, the system will develop with time. The third component refers to whether the public understand the need for change or if it is irrelevant to them? Does the public define institutionalization as a social problem or one that does not affect them directly? In the CSPD paper, when asked if society should stigmatize the parents who send their children to state boarding institutions, the majority answered yes or depending on the reason. This implies that the parents are at fault, yet many of the publicly perceived reasons given for institutionalization, and supported by UAFA's and other surveys, are mostly due to economic circumstances and their implications for educational choice. A society which places the fault of institutionalization upon the parents when there are inadequate social safety nets and inclusive education systems in place is a society which needs increased awareness about the role that Ministries are playing in addressing these problems, and why these are problems which affect everyone in society, regardless of wealth or social position.

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