



# Improving Gatekeeping Functions of Child Protection Systems

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## Improving Gatekeeping Functions of Child Protection Systems

### Introduction

Current thinking not just in CEE/CIS countries, is that child protection should be conceptualised as an inter-connected and integrated system of laws, regulations, policies, procedures, capacities, systems and services that together aim to protect children. The inter-connectedness of those components requires attention to be focussed on reforming each component simultaneously. The mistake in the past has been to concentrate reforms on one or two components without taking account of their connections and dependencies on other components. This background paper draws attention to the reforms to be made to one, admittedly important component, gatekeeping access to services. Where necessary I will draw attention to critical linkages to relevant legal, policy and procedural reforms and the reform of services to support children and families.

Studies of CEE/CIS countries do show a reduction in the number of children resident in institutions, but the overall birth rate in CEE/CIS countries has also declined but faster than the reduction of children in institutions.

*Although the number of children in institutions may have fallen, the child population of the region, like the population overall, has also fallen over the same period, and by a slightly higher rate than the numbers in institutions. This means that the rate of placement of children in institutions rose between 1989 and 2002 from a little under 680 per 100,000 children in the population, to a fraction over 700 – an increase of about 3%. Consequently, the over-use of institutional care has actually increased.<sup>1</sup>*

Observations at country level indicate a continuing increase in rate of placement of children in institutions since 2002, despite the development of alternative and prevention services. In other words, children are continuing to 'leak' past prevention services to be placed in institutions; a failure of systems to gatekeep access to institutions. It also suggests that services are not being targeted at children already resident in institutions to support their return to biological families or substitute families.

### Definitions & components of gatekeeping

Gatekeeping has been defined in at least two ways, neither of which contradicts the other.

*The effective and exclusive targeting of services to specific end users<sup>2</sup>.*

and:

*Policies, procedures and services to restrict the flow of children into institutions and contribute to their onward progression back to families or substitute families<sup>3</sup>.*

It can be seen that the first definition refers to aligning services of any type with users who can make best use of them. The second, more familiar, definition is linked explicitly to restricting access to institutions to children who cannot be cared for in any other way and assisting their return to family care where appropriate.

At the risk of restating a known proposition, there are four components to gatekeeping<sup>4</sup>:

1. An agency responsible for coordinating the assessment of the child's situation.
2. A range of family support services in the community, including foster care and adoption, that are alternatives to care in an institution.
3. Decision-making based on assessment of the child's needs and circumstances.
4. Information systems to monitor and review decisions and their outcomes

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<sup>1</sup> Carter, Richard, *Family matters: a study of institutional childcare in Central and Eastern Europe and the former Soviet Union*: London: EveryChild. 2005

<sup>2</sup> Bilson, A and Judith Harwin. *Gatekeeping Services for Vulnerable Children & Families: a Concept Paper in Changing Minds, Policies and Lives. Improving Protection of Children in Eastern Europe and Central Asia. Gatekeeping Services for Vulnerable Children & Families*. UNICEF - Innocenti Research Centre, Florence. 2003

<sup>3</sup> Tolfree 1995 quoted by Bilson & Harwin *ibid* p20

<sup>4</sup> Bilson & Harwin *ibid* p15

Set out like that, the proposition to establish a gatekeeping system looks disarmingly simple. There are many examples in CEE/CIS countries of pilot projects set up to demonstrate the first component, some more effective than others. Most usually they involve establishing locally-based teams of workers with a social welfare background who have been trained in social work case management skills and techniques. Some social work teams have been highly effective in assessing the needs of children and developing intervention plans to prevent admission to an institution and to support the child at home or in a substitute family.

Governments are under a CRC obligation to support parents to care for their children and to ensure that children are only removed from their parents when it is in the best interests of the child and the decision to remove the child should be subject to review by a court<sup>5</sup>. During the 1990s the UK along with many other countries abolished administrative powers to remove children from the care of their parents and to deprive parents of their rights over their children. These decisions are now wholly the responsibility of family courts. Furthermore, the parents, the child and the local government authority applying for permission to remove the child, are able to have separate legal representation in court. This is an acknowledgement that the interests of parents, child and local authority are not always in harmony.

Rates of removal of parental rights in CEE/CIS countries vary but in general parental rights are removed far too easily. The very high number of families in Ukraine who have had their parental rights removed by administrative order for example, is frankly alarming. In general it is not necessary to remove parental rights in order to protect a child. It only becomes an issue when experience of working with the family over a period of time shows that the child would be in danger if returned to the care of its parents.

Piloted reforms to decision-making about the removal of a child from its family have usually involved creative thinking by managers at raion or municipality level. For example, the system of Commissions of Minors Affairs in Georgia had collapsed by 2000 and was formally abolished in 2004. The UNICEF supported Family Support & Foster Care Project assisted local government authorities to set up informal panels comprised of local representatives of health and education departments, juvenile militia and municipal administration. The panels critically examined the assessment and recommendations of the social worker about the care of a child, to make their own conclusion and passed their conclusion as a recommendation to the statutory authority responsible for placing the child, in this case the Ministry of Education. A similar arrangement was established in the pilot Children and Family Support Departments in Kyrgyzstan under the chairmanship of the Deputy Head of raion administration. Azerbaijan will be piloting a similar arrangement under the chairmanship of the deputy Head of the regional Executive Committee. With the exception of Georgia which is in the process of formalising its local decision-making procedures, I am not aware of any CEE/CIS country that has moved as far forward in codifying local decision-making systems and procedures in national legislation, but I am happy to be corrected.

I do not think any country can be satisfied with the available range and quantity of community-based services that are alternatives to institutions. Social work teams in some countries have been able to refer children and families to locally provided NGO services such as day care, mother & baby units, rehabilitation centres for children with disabilities, after-school clubs, etc. Georgia is unusual in that it provided a legal basis for foster care as long ago as 1999. This provided the impetus for initiatives by the responsible Ministry and local staff to develop a foster care service from an early date. But generally the range and quantity of community-based alternatives is insufficient to meet assessed needs, particularly for children with disabilities.

As long as government funding for child protection remains heavily focussed on funding institutional care, community-based alternatives are likely to remain underdeveloped. Politicians, government officials and institution staff have shied away from redirecting resources from institutions to community-based alternatives fearing unemployment and unrest. It does not have to be like that. A reform and closure programme that is properly planned and executed will not result in large numbers of unemployed institution staff. But reducing expenditure on institutions will enable governments to invest directly in new community-based services or fund their development by NGOs.

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<sup>5</sup> Convention on the Rights of the Child. Articles 9, 18 & 19

I am not aware of any country that has systematically approached the development of the fourth gatekeeping element; management information systems that track the outcomes for children diverted from admission to institutions. Nor am I aware of any country that has tracked admissions to institutions and compared trends and patterns of admissions with trends and patterns of children supported in families. This is a significant management weakness that hinders efficient and effective planning.

### **Simplifying decision making processes**

It is at the point of attempting to scale up these pilot gatekeeping initiatives to national developments that the inter-connectedness of child protection systems becomes more apparent. Pilot initiatives that relied on small-scale training programmes, semi-formal local policies and procedures and limited choice of community-based alternatives are not a model for national strategic reforms to the child protection system. Most obviously it has exposed the need to simplify and bring together decision-making processes about admitting children to institutions into a local body with statutory authority to make decisions about the placement of children. That in turn has exposed the need for reforms to child protection laws, most usually Children and Family Codes, and the consequent need to follow-up implementation with sub-normative acts and training.

In many CEE/CIS countries there are at least five, sometimes more, formal or statutory routes by which children are placed in institutions:

- By a decision of the court
- By a decision of Inspectorate of Minors
- By a decision of a Commission of Minors
- By a decision of a psycho-medical-pedagogical commission
- By transfer to a baby house from a maternity ward or analogous structures.

Admitting a child to a boarding school for 'educational' reasons is sometimes an administrative decision somewhere in a Ministry of Education. Yet often the care experienced by a child in a boarding school is little different to that experienced by a child in an orphanage or children's home.

In some countries the decision to admit is simply made by the head of the institution on application by the parent or parents, or some other person who has care of the child, a policeman perhaps or other person who has found a child apparently without parental care. There are anecdotal stories of Directors of institutions in Romania sending staff out to villages to persuade families to put their children in the institution. Other stories relate how institution directors have advertised on local radio and TV for children to be placed in their institutions<sup>6</sup>.

Uncontrolled placement of children in institutions represents a significant failure of government gatekeeping systems. It has financial consequences for State budgets that fund institutions on a per capita basis. It has consequences for the development of children who are placed in institutions. Ineffective or absent gatekeeping systems to review the care of children already in institutions mean they are likely to remain in institutions until their parents ask for their return or until they graduate as young adults.

If gatekeeping is to be effective on a national scale all the various formal and informal routes into institutions must be channelled through one assessment and case management process and one localised decision-making body.

At least one country has set up a new local decision-making body without abolishing the old bodies, a sure recipe for confusion. Another country has abolished some but not all decision-making bodies, meaning some children have their needs assessed and alternatives examined while other children do not.

Experience of gatekeeping processes in the UK has shown remarkable reductions in the number of children in residential care. Gatekeeping action to divert juvenile offenders from

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<sup>6</sup> Bilson. Personal communication with the author.

criminal proceedings in the 1980s resulted in a reduction of children in State care for reasons of offending from 14,000 in 1980 to less than 1,000 in 1989. Gatekeeping procedures applied by one Scottish local social work department led to an 85% reduction in children in residential care and 52% reduction in children in foster care<sup>7</sup>.

### **Systems to control access to services**

Reform of admission procedures by administrative order or primary legislation is only part of the answer. Equally important are the consequences for human resource planning and the implementation of reforms to decision-making bodies. Local officials need to have the policy change explained to them. Possibly they will have to change their attitudes and values, a process that does not happen overnight, about the paternalistic role of the State to 'rescue' vulnerable children. They need to be trained on new procedures. These are all tasks for national and sub-national managers to implement. Is the management capacity there at national, regional and local levels to lead those reforms?

The name of the decision-making body does not matter; raion Child Protection body, municipal Child Protection Panel, Child Protection Commission, or whatever the consensus is. However, there should be some commonality in membership of the body. It is likely to be headed by a senior official of the local administrative body who has other responsibilities for promoting local social welfare. It should include local officials representing departments that have some responsibility for protecting children such as education, health, police and the department responsible for administering cash benefits. It can also benefit by having representatives of local NGOs that provide child protection services such as rehabilitation for children with disabilities or leisure activities for youth.

Experience of the pilot social work case management teams has shown that an intervention plan can support the majority of children in their families. However there are some situations where the child's best interests may result in a recommendation by the social work case management team that the child be placed in an institution or substitute family such as foster care or an adoptive family. This is the point at which the case is presented by the social work team to the local decision making body for their independent review and consideration; is the recommendation justified to place the child away from its biological family? Have all alternatives been considered? Is it in the best interests of the child?

The remit or mandate of the decision making panel can be as simple or as wide as is felt appropriate for the country at that time. For example, the Ministerial Order that gives authority to the regional decision-making bodies in Georgia states their mandate to be:

*'to ensure that a conclusion on whether an orphan or child deprived of parental care should be placed into a state care institution and, in cases where the conclusion is affirmative, to address the institution about placing the child'.*

Note the Order only refers to decisions about placing a child in a care institution. It does not refer to reviewing plans to speed their exit from the institution. Neither does the Order refer to placing a child in a substitute family such as foster care, nor does it refer to admitting children to residential boarding school or the placement of children with disabilities in institutions under the authority of the Ministry of Health. In other words its remit is quite narrow.

To be truly effective the remit or mandate of the decision making body should cover all requests for admission to any institution of any type except orders for admission made by a court, most likely relating to children found to have committed an offence.

The decision-making body should also consider recommendations of the social work case management team to place a child in foster care to ensure that a scarce resource like foster care is used appropriately and not where there are other alternatives.

A child cared for away from home has a CRC right to have his or her care periodically reviewed<sup>8</sup> to ensure that it still meets his or her needs. The remit of the local decision making body should

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<sup>7</sup> Bilson and Harwin *ibid* p25

<sup>8</sup> Convention on the Rights of the Child. Article 25

also refer to a responsibility to periodically review plans for the return of the child to biological family or placement in a substitute family or the reasons why any of these solutions is considered not appropriate for a particular child. Some residential institutions claim to have internal procedures to review the care of their residents. That is not enough. A full care review should take account of the situation of the child's family, the current care of the child in the institution, plans for the child's future and the child's views and opinions on these matters. The correct body to carry out that review is the local decision making body that authorised the child's placement in the first instance. In practical terms, the decision making body will draw on information and analysis provided by the case managing social worker and the care provider, residential institution or foster carer.

### **Adoption and gatekeeping**

Few CEE/CIS countries have attempted to reform domestic adoption law and procedures. Often those that have still perpetuate the notion that adoption is a service for childless families who are allowed to choose a child to adopt rather as they would choose a car or a packet of cookies. Adoption should be a service for children without families. The local decision-making body should have a role to review the social work case management team's recommendations about the adoptability of a particular child and the suitability of prospective adoptive parents to adopt a child. This would clear the way for the court to concern itself with the core adoption decision, whether to cut all rights and responsibilities of the biological parents and give them to another parent or parents.

The 1993 Hague Convention on Inter-country Adoption, though directed at adoption of children outside their home country, also serves as an excellent checklist of quality and performance standards against which to assess domestic adoption laws, policies and procedures. In particular, the 1993 Convention requires States to establish a Central Authority to oversee inter-country adoptions<sup>9</sup>. Most usually this is a specialist section or department in the social welfare ministry that also has responsibility for domestic adoption. There is not any need to establish a section or department for inter-country adoption and another for domestic adoption. The one Central Authority can fulfil both duties.

More importantly, the 1993 Convention requires the Central Authority to accredit "public or other bodies that demonstrate their competence" to undertake inter-country adoption function assigned by the Central Authority. The Convention requires that accredited bodies be staffed by suitable trained and experienced people<sup>10</sup>. It is clear that the Convention does not see all inter-country adoptions being managed by the one Central Authority. The Convention envisages a devolved process whereby the practical work of adoption is delegated to accredited bodies, i.e., local case management social work teams that would be expected to manage domestic adoption, and local decision making bodies that decide on the suitability of prospective parents and the adoptability of particular children.

These are excellent standards that governments should aspire to for domestic adoption. Social work case management teams should be staffed by experienced workers trained in best adoption practice and holding to the highest ethical standards. Similarly, local decision making bodies should be trained and experienced to apply the country's policies whether for inter-country or domestic adoption. As a side note, countries that reform their adoption processes and promote domestic adoption often find the supply of children going for adoption abroad reduces significantly. In the face of international criticism many countries have banned inter-country adoption. Most likely this has only driven the process under ground. By reforming domestic adoption laws and procedures and eliminating formal and informal costs to prospective domestic adopters, reforming countries have boosted domestic adoption and sharply reduced inter-country adoption. This is a much more productive approach than outright banning.

### **Monitoring gatekeeping**

The fourth gatekeeping component, information systems to monitor and review decisions and their outcomes, is not exclusively about computer systems. It is more about the reporting and

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<sup>9</sup> Convention on the Protection of Children and Co-operation in Respect of Inter-country Adoption. (known as the 1993 Hague Convention on Inter-country Adoption). Article 6

<sup>10</sup> Ibid. Article 9 *et seq*

accountability lines of local decision making bodies to a national body. To whom are they answerable? Who monitors the decisions of decision making body in Locality A and compares them with decision making bodies in Localities B and C? Who is it who draws conclusions about the observed patterns?

There are operational reasons and there are policy reasons for monitoring decision making bodies. A country's position on decentralisation of local government functions will shape operational lines of accountability; perhaps municipality to regional administration to a national ministry. Other countries such as Azerbaijan may have a twin-track structure that requires Heads of Executive Committees to report to the Presidential Apparatus while heads of local departments report to their respective ministries.

The bigger issue is which Ministry should have operational lead responsibility and accountability to implement child protection reforms. It was the drive and vision of key people in the Ministry of Education in Georgia in the 1990s that resulted in that Ministry being the lead Ministry in the early years but now lead responsibility is in the process of being transferred to a reformed Ministry of Labour, Health & Social Affairs. In Ukraine the lead Ministry is the Ministry for Family, Youth and Sport. In at least one country there is unresolved debate between the education and social welfare ministries, the national Commission of Minors and structures with the President's administration about who should have lead responsibility for child protection operations. Overlapping structures at central government level with unclear mandates have been created in another country. This is very unhelpful indeed.

Child protection is not primarily an education issue, though schools have a very important role in protecting children. It is a social protection issue; one that requires the planning and deployment of financial and human resources and the monitoring of outcomes on a national scale. Responsibility and accountability for operational child protection decisions must be with a Ministry, the Ministry of Social Welfare or its equivalent. Core gate keeping data that the Ministry should monitor include trends in admissions to institutions, aggregated data on placements in substitute families and children supported in biological families. Conclusions drawn from the data will feed into the larger strategic reform plan.

Monitoring of decisions by local decision making bodies may reveal a shortfall in community-based alternatives to institutions; that children are being admitted to institutions because of a shortage of appropriate services to support the child in its family, perhaps a rehabilitation service for children with disabilities or support for single mothers. That has operational implications for local, regional and national planners. Monitoring may also point to a need to reconfigure resources to meet increased work loads. Perhaps another social work case management team is required in a particular area, or the workload of a decision making body should be split between two bodies. Management capacity and information systems are required to monitor gatekeeping operations. Policy management capacity is needed to monitor the effects of operational gatekeeping decisions for policy implementation. Are the policies working? If not, why not?

### **Supra-ministerial strategic co-ordination**

Some countries have established a supra-ministerial body to oversee child protection reforms. Among other functions, a supra-ministerial body must resolve issues such as which Ministry should be the lead ministry to implement and be accountable for child protection operations. Countries that have established a supra-ministerial coordinating and planning body are to be congratulated for being on the right track. Georgia has established the Government Commission on Child Welfare and Deinstitutionalisation. Tajikistan has established a National Commission on Children's Rights in the President's office.

The supra-ministerial body should be the highest strategic planning and co-ordination body for child protection reforms. I indicated in the introduction to this paper that child protection should be conceptualised as an inter-connected and integrated system of laws, regulations, policies, procedures, capacities, systems and services that together aim to protect children. The inter-connectedness of those components requires attention to be focussed on reforming each component simultaneously.

The supra-ministerial body needs to hold the strategic vision for reforms, most probably a strategic plan with a three year time horizon, strategic objectives and targets. It is probably chaired by a deputy Prime Minister and has membership drawn from Ministers or deputy Ministers of Education, Health, Social Welfare or its equivalent, Finance, Justice & parliamentary affairs and the Ministry responsible for local government administration. The body will probably meet at least four times a year to review progress on implementation of the strategic plan and decide on executive action to unblock obstacles that are reported to it. The body will be serviced by a small secretariat and a number of relevant technical sub-committees working on particular aspects of the strategic plan will report to the principal body.

It is inevitable that some Ministries will champion child protection reforms while other Ministries will be less than enthusiastic about losing financial, buildings and human resources. Other Ministries may not understand the urgency of major reforms to legislation, policies and systems. There may be competing interests in the President's administration. An important task for the supra-ministerial body is to quickly resolve these high-level differences, over-lapping mandates and clear the way for attention on reform action.

### **Economic justification for restricting access to institutions**

Studies in countries far apart in their development of social welfare services show conclusively that caring a child in an institution is considerably more expensive than supporting the child at home. For example, State financing of a child in an institution in Ukraine is six times more than the cost of supporting the child at home, nine times more expensive than supporting a child at home in Moldova, seven times more expensive in Georgia. The pattern is even more striking in the West where the cost of caring for a child in a residential home in the USA can be more than ten times the cost of supporting the child at home<sup>11</sup>. Studies reviewed by Carter (2005) show that the cost of family support/social service provision is between 8 per cent and 25 per cent of that of institutional care.

Many institutions in CEE/CIS countries provide poor value for money. The buildings are often in a poor state of repair. Kitchen equipment, heating systems, furniture, etc, are often broken or in a bad state. Health provision and nutritional standards are low. Staff are poorly paid and untrained. Outcomes are not good for child graduates of institutions. They are more likely to become homeless, unemployed, involved in crime and commercial sex work, abuse drugs and other substances<sup>12</sup>. I acknowledge the dire state of institutional care is not universal. There are islands of good practice. But we are deceiving ourselves if we think institutional care is a good investment of limited government funds. Financing institutional care in CEE/CIS countries is a drain on government budgets that countries can ill afford.

### **Gatekeeping & decentralisation policies**

There are implications for gatekeeping arising from government policies on de-centralisation, particularly for responses to identified local need for community-based family support services. At present, in most CEE/CIS countries gatekeeping decisions made at the local level by functioning Commissions of Minors or analogous bodies have consequences for central government budgets that fund institutions centrally. The cost consequence of the local decision to place a child in an institution falls on central government, not on the local government administration unit where the decision was made.

De-centralisation of government responsibilities for planning local services, determining local spending priorities and controlling budgets should be reflected in the cost consequences of local gatekeeping decisions. If the cost of placement decisions had a consequence for de-centralised local government units, there would be a financial incentive for local government and the decision-making body to plan and support cheaper alternatives that support children and families. A local government unit, raion or municipality, that placed its children in institutions only as a last resort, would make savings that could be used to fund community

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<sup>11</sup> Carter, R 2005 op cit p64 and Larter, D. *Alleviating poverty by strengthening families: Analysis and comparison of costs of services for children and families*, Everychild and Save the Children Project, Kyrgyzstan, 2008

<sup>12</sup> Gudbrandsson, B. 2004. *Children in Institutions: Prevention & Alternative Care. Final Report*. European Committee for Social Cohesion, Council of Europe, Strasborg



based family support services that serviced many more children than the same cost of a child in an institution.

De-centralisation of government functions has implications for the planning of services for children and families. Data collected from gatekeeping decisions will point to shortfalls in services; the need for rehabilitation services for children with disabilities, child care for working families, adoptive families for children without parental care. De-centralised local government will need to develop planning processes that somehow involve civil society in determining local service priorities. Countries that have developed local annual planning mechanisms also have systems of planning oversight by central government ministries to ensure that government policies and spending priorities are reflected in local service plans.

### **Case management**

As indicated above, the first component of gatekeeping is an agency to coordinate the assessment of vulnerable children and families. Many countries have or are piloting social work case management teams to assess the needs of vulnerable children and families. A number of lessons have emerged from these pilots of what works and what not to do. One country has set up teams comprised of a psychologist, doctor, lawyer, pedagogue and social worker. Rather than pool their collective knowledge and experience, the whole team descend on a family to assess its needs. Each professional assesses within his or her professional silo. The reaction of the family can only be imagined!

A more positive lesson learned from piloted case management teams is the need for a new type of professional social worker; a professional who brings knowledge and understanding of human development and relationships, welfare law and policy, children's rights and technical skills of communicating and working with people to empower them to change their lives.

Social work case management is a method of providing services whereby a professional social worker collaboratively assesses the needs of the client and the client's family and arranges, coordinates, monitors, evaluates, and advocates for a package of multiple services to meet the specific client's complex needs.

Social work case management addresses both the individual client's psycho-social status as well as the location of the client in his or her social system. Case management is both micro and macro in nature; intervention occurs at both the child and family level and social system levels. It requires the social worker to develop and maintain a therapeutic relationship with the child and family that may include linking the child and family with systems that provide them with needed services, resources, and opportunities.

There are very clear stages or steps in child and family social work case management:

1. Receipt by the social work team of information about a child or family thought to be at risk.
2. Establishing contact and a trusting relationship with the child and family.
3. Working with the child and family to help build an assessment of their problems and strengths.
4. Developing an intervention plan with the child and family to resolve their problems or at least reduce their impact.
5. Implement the plan and monitor its affect.
6. Review the plan and amend it in the light of new information or understanding.
7. Close the case when the risk to the child has reduced to an acceptable level.

The assessment at stage 3 requires the social worker to observe and consider the child's development needs for good health, education, social relationships, self-esteem and confidence, self-care skills and behavioural and emotional development. The social worker also assesses the parents' capacity to be good enough parents. Not simply to provide food and shelter but also to love and cherish the child, to provide appropriate guidance and discipline. The assessment will examine the external or environmental supports of the family; employment, income, access to community resources, support from the wider family, etc. The aim is to build up a comprehensive picture of the strengths and needs of the child and family.

The intervention plan at stage 4 is derived from the assessment at stage 3 and would aim to build on the strengths of the family by linking the family with resources in the community if possible. It may involve the social worker arranging access to services provided directly by the social services team. The range of directly provided services varies from country to country. In some countries it is limited to emotional support and encouragement by the social worker but in Bangladesh the Department of Social Services directly provides a bewildering array of services ranging from micro-credit and employment skills training through to employment in its own water bottling business! The experience of Bangladesh however is that a broad array of directly provided welfare services is no guarantee of preventing unnecessary admissions to institutions unless access to services is assessed by properly trained social workers.

International good practice demands that the intervention plan is reviewed at least at six month intervals by the plan stakeholders; the child and family, the social worker and representatives of services that are supporting the family. The purpose of the review is to see in the plan has worked by reducing the vulnerability of the child. If it has not, then the review should consider how the plan should be amended to be more effective.

Similarly, the care of a child resident in an institution should be reviewed at least at six month intervals to determine what needs to be done to return him or her back home or to find a substitute family for the child.

Case management and gatekeeping are not functions that only the State can carry out. NGOs such as United Aid for Azerbaijan (UAFA) and Save the Children Azerbaijan have demonstrated that case management and gatekeeping can be successfully practised by NGOs to support families and prevent admissions to institutions. I am sure there are examples of NGOs using case management processes to support children and families in other countries. Removal of a child from its family however must remain the responsibility of the State. International good practice is that removal of a child from its family should be a decision of a court. The grounds for removal should be very restricted and require the court to consider if the development of the child would be more damaged by remaining or returning home as opposed to damage to development caused by removal.

More probably the services needed to help and support the child and family at home are not directly provided by the social services team. Instead the social worker advocates for services provided by another government agency or an NGO or assists the child and family to access those services. It may be advocating and negotiating admission to a state school or application for registration documents. It may involve directing the family towards NGO provided rehabilitation services for their child with a disability. It is at this point that gatekeeping by case management teams confronts several aspects of the State's responsibility for an effective child protection system.

### **Service standards, licensing & contracting**

Case management social workers will want to know that the service to which they are referring the family is of an acceptable standard. It is the State's responsibility to set minimum service quality standards for key social welfare services such as residential institutions, foster care, rehabilitation services and day care. Associated with the setting of standards is the process of government licensing and accreditation. The service provider that meets or exceeds the minimum quality standard is licensed by government to operate. Services that do not meet minimum standards should be prohibited from operations.

It is particularly important that privately operated residential institutions are regulated by a system of standards and licensing. Private residential institutions should not be permitted to admit children without there first being an assessment of need by a social work case management team. There are implications for licensing of religious boarding schools such as madrassas, either as schools or as children's homes, that have political implications beyond child protection. But the reality is that State signatories to the CRC have committed themselves to ensuring the full and harmonious upbringing of children, a commitment that cuts across social and religious traditions at several points.

Some countries have begun to develop service standards and several examples can be found on the Better Care Network internet site. Licensing and accreditation however often require

new primary legislation, one of many issues that must be managed by a supra-ministerial body. Implementation of accreditation and licensing will require a system of inspection and trained staff to do the inspecting.

As indicated above, few countries have a sufficient range and quantity of community-based services. Case management social workers looking to construct an intervention plan to support a child in its family too often find that the appropriate service does not exist in that locality. Community-based services will never meet demand as long as governments rely on donor agencies and individuals to fund service costs. There are just too many demands on donor agencies. Meanwhile governments are spending very large sums of scarce tax revenue on funding residential institutions that yield poor outcomes for children.

One of the strengths of NGOs is their flexibility and readiness to respond to demand signals in the welfare service sector. If government has service standards, licensing and accreditation in place, it should also consider commissioning and purchasing services from the NGO sector on behalf of children and families in need of support. But this will likely require primary legislation and certainly substantial policy and systems development. All the more need for a supra-ministerial body to hold a vision of the whole child protection system as it requires coordination and joint planning by the Ministry of Finance, the Ministry of Justice or its equivalent, parliamentary affairs and the lead child protection social welfare ministry.

Bilson and Harwin quote Tolfree saying, "Good gatekeeping is more a matter of attitude and philosophy than the availability of resources."<sup>13</sup> Nowhere is that more true than in community support for children with disabilities and children with special education needs. Children with disabilities and special educational needs are over-represented in institutional care in CEE/CIS countries. Even where parents want to care for their disabled child, support from the State or NGOs is next to non-existent. There are beacons of good practice. United Aid for Azerbaijan, a local NGO, has pioneered rehabilitation services for children with disabilities in Azerbaijan. It has negotiated local gatekeeping procedures with the main institutions to intervene when families approach to place their child in the institution to offer advocacy and support to the family as an alternative to placement. There are other similar initiatives in other countries but too few. Inclusive or integrated education for children with special educational needs is particularly limited.

A recent study tour to the UK by senior members and officials of the Government of Azerbaijan heard that over 98% of children with disabilities and children with special educational needs attend their local normal school. This has required a massive change in attitudes on the part of parents, teachers, education and health planners. It has required the re-direction of financial resources away from special residential schools and considerable investment in training of teachers and support staff. But it does demonstrate it can be done. That change in attitudes in CEE/CIS countries must begin with parents. They must demand services to help them care for their child with special needs. Local planners must dismiss old notions of "uneducable children" and plan the development of education and support services that help the family care for the child at home.

### **Human resource planning**

Child protection reforms are being held up because of insufficient workers in the right places with the right skills. The first case management teams were often trained by western social workers. Increasingly training is being delivered by local social work experts such as in Uzbekistan, Kyrgyzstan and Azerbaijan who have acquired knowledge and skills on the job. This small scale approach will never result in sufficient numbers of suitable trained social workers. Gatekeeping by social work case management teams has significant human resource planning implications in terms of training sufficient new social workers and re-training existing welfare staff. New case management teams are required in new locations. Re-trained staff are required for new community-based services.

Some countries are beginning to scale up their re-training programmes. Bangladesh is in the process of training a core team of 28 Department of Social Services master trainers who will then go on to re-train front-line social workers in social work and case management skills. The

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<sup>13</sup> Bilon and Harwin op cit p16

target is to re-train 450 front-line staff before the end of 2009. Other countries are developing re-training courses in conjunction with national universities. This makes a lot of sense as universities are the logical place for undergraduate and post graduate degree courses for new entrants to the social work profession. What is certain is that small-scale, ad hoc training of two or three social work teams is not going to meet demand for effective gatekeeping services on a national scale.

In addition to making plans to re-train existing staff and the supply of new social workers entrants, the State needs to set minimum performance standards for the social work profession. Performance standards or standards of competence are essential for the protection of children and families who use social work services and for the guidance of universities and other training providers to guide them in the assessment of their students. It is probable that the lead child protection social welfare ministry should take the lead on the human resource planning consequences of child protection reform but there are implications too for the Ministry of Finance and possibly other ministries too.

In respect of improving access to services by families in need, sometimes there can be a tension between the wishes of the parents and the protection of children. Certainly one of the essential functions of a social work case manager is to 'sign post' access by vulnerable families to protective services such as cash benefits, legal advice, counselling and support, after school clubs, services for children with disabilities, etc. But some parents want to place their children in residential care for social and economic reasons. Some parents place their child in residential care while they go to work abroad. In other countries the social and economic pressures on widowed or divorced mothers often push them to place their children in orphanages. Families reconstituted by marriage sometimes evolve to exclude the children of the first marriage who end up being placed in an orphanage.

It would be wrong for social workers to promote access to residential care simply because it is demanded by parents. The job of the social worker is to help the parents understand that they have the primary duty to protect children and that children generally grow up best in their families. The duty of the social worker and the State's overall child protection system is to support parents to raise their children.

### **Conclusion**

Child protection reform is not a single ministry or department issue. There are implications for education, health, justice, income transfers, local government administration and not least national finance and budgeting. It requires joint planning and coordination across many ministries. More than any it is the supra-ministerial body that must keep the vision of what a reformed child protection system looks like. Countries that have not established a supra-ministerial body risk ineffective, wasteful, uncoordinated action and stalled reforms. In place of confusion and uncertainty, there is an overwhelming need for a clearly articulated strategic vision for child protection by the highest government authorities.

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*NB. The views expressed in this paper are the author's and should not be construed as representing the views of UNICEF or its partner organisations.*