UNICEF: ASSESSMENT OF THE CHILD WELFARE REFORM PROCESS IN GEORGIA

Final report

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All opinions expressed in this report, and any omissions and errors, remain the responsibility of the authors and should not be attributed to other parties.

A note on the evaluation team (including UNICEF contact)

This evaluation was carried out by Oxford Policy Management (OPM), a UK-based consultancy firm, for the UNICEF country office, Georgia. The team consisted of Clare O'Brien (project manager) and Tata Chanturidze (national expert).

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Executive summary

Purpose of the report

This report assesses progress in the reform of child welfare services in Georgia between 1999 and 2009. The year 1999 is generally recognised as being when the reforms began, because a Deinstitutionalisation Working Group was set up and pilot projects in deinstitutionalisation started. The reforms were formally taken up by the government with state funding in 2004. The report shows how the reform is related to wider social protection policies, identifies lessons learned from past practice and highlights where future efforts may be directed. It focuses mainly on government activities because these are most widely known, and also refers to activities of NGOs where information is available.

This analysis aims to increase understanding of the progress and shortcomings of the reform process in Georgia; and to provide policy analysis to serve as an input for further support for the reform. It is intended for use by the Government of Georgia in its own planning; for UNICEF, as it prepares for a subregional consultation on child protection together with other country offices in the region; for the European Union, as it considers the next steps after the end of its current budget support programme; and for other stakeholders in child welfare. The report is divided into three parts. Part A (sections 1–3) describes the nature of the assessment and the context. Part B (sections 4–7) outlines the findings. Part C (sections 8–9) concludes and offers recommendations.

Conceptual framework

The assessment requires an understanding of both the features of a child welfare system and the stages of a reform process. The conceptual framework covers each of these aspects. The first part describes five components of a child welfare system. Many of these components are found in a wide range of sectors, not just child welfare. These are:

1. **Organisational structures** that provide statutory and non-statutory services, including central and local government, NGOs, international development partners and private firms.
2. **Resources** provided by the structures. These are financial resources which in turn purchase human resources and other resources such as technology.
3. **Processes** for turning resources into services. These include the elaboration of rules, such as for procurement, licensing and accreditation (regulation); participation of stakeholders in decision-making; and communication between participants and to the general public.
4. The **set of services** which are targeted to recipients in need and controlled by referral and gatekeeping mechanisms.
5. An **impact** on the child as a result of service provision. The ultimate objective is that this should be a positive impact which provides lasting benefit.

The second part of the framework describes the process of policy reform, which can be characterised by a traditional policy cycle. Here the cycle is represented as a four-stage process.

1. The **identification and articulation of the problem** to be addressed by the reform.
2. The **development of policies** to address the problem, which may be expressed in a strategy paper or policy document, or in laws and regulations. It is important that the policies are also reflected in budgets, because these have the greatest influence on implementation.

3. **Implementation**. The success of the reform can be put at risk if what is implemented is not what was intended. Conversely, during implementation service providers may find innovative ways to resolve difficulties that have not been picked up at the design stage.
4. **Monitoring and review**. All component of the system are monitored, from the successful functioning of the organisational structures to financial management procedures and human resource capacities and the impact on the child. So this is not simply an inspection of the quality of services delivered.

Methodology

The assessment comprises three phases. First the team carried out a desk review of documentation and elaborated the major questions to be explored. Second, the team spent two weeks in Georgia in March 2009 conducting interviews to assess the status of the reform. This included site visits in Tbilisi and in Kakheti region. The third phase is the reporting phase, during which the consultants have reviewed the results and comments and synthesised the findings.

Two information gaps are identified. First, data on children at risk (rather than those already known to the social service system) are almost absent; second, there is a lack of documentation on non-state services, including facilities run by faith-based organisations.

The assessment was due to be carried out in September 2008 but was postponed because of the conflict between Georgia and Russia. The new timing of the study, in March 2009, has meant that the team has been able to take into account two major developments in the response to child welfare issues. The first is the effect of the conflict itself which has brought an influx of international organisations, bringing with them a variety of new practices in support for children and families. The second is the shift in responsibilities for the child care system from the Ministry of Education and Science to the Ministry of Labour, Health and Social Affairs which took place in January 2009.

Context of the reform

Demographic and economic changes

Georgia is undergoing a profound demographic transformation. Since 1990 the population has shrunk by about 19%, to 4.4 million people, and it is estimated to shrink by a further 0.8 million by 2025. The share of children in this declining total is also reducing, from 25% in 1990 to 19% in 2008. There are now fewer than 1 million children in Georgia. Meanwhile the proportion of people aged 65 and over has increased from 9% in 1990 to 14% in 2006, and is continuing to rise. So whereas, at independence less than 20 years ago, there were almost three times as many children as elderly people, now the numbers are broadly comparable and in a few years the number of elderly will exceed the number of children. There is significant out-migration of the working age population who seek employment abroad. So services for the elderly, including pensions, will necessarily become an increasing focus of social policy over time.

The economy has also undergone great change. From 1990 to 1994 the country experienced economic collapse, with GDP falling by 68%. Since 1994 the situation has improved rapidly, if not always smoothly. The economy grew at an annual rate of 6% or more between 2004 and 2007. In 2008 economic growth fell to 4%, after the armed conflict with Russia. Inflation has remained stable. But growth has not benefited all sectors of the population. Unemployment is a big social issue. An assessment of child poverty in Georgia conducted in 2007-08 shows that children are among those most at risk of poverty, while at the same time being most vulnerable to its impact. In 2007 some 24% of the population, but 28% of children under 16, were living below the poverty line.

Social welfare and child welfare reform

Spending on social welfare—including pensions, child benefits, disability benefits and targeted social assistance—represents an enormous (and growing) share of the state budget and is a huge priority for the government. It has historically been amongst the largest expenditures by the state budget. Government spending on social welfare stood at GEL 101 million in 2003 (11% of total expenditure); by 2008 this had increased 10 times to GEL 1.1 billion, or 20% of total expenditure. The budget for 2009 is the most socially orientated of all, with planned expenditure on social welfare of 25%. A factor in the increase of the social welfare budget, apart from increases in pensions, has been the introduction of a means-tested targeted social assistance programme in 2005. By January 2009 over 140,000 households (395,000 people) were receiving cash social assistance. Since children are found among the poorer households it might be expected that this assistance will bring particular benefits to children.

The government has developed child welfare reforms separately from other social welfare reforms. In 1994 it signed the UN Convention on the Rights of the Child (CRC). Since then the reform has taken place in three phases. First, in 1999, came pilot projects on deinstitutionalisation in Tbilisi, Telavi and Rustavi. The first social workers were recruited, and some cash was provided to families at risk of placing children into institutions. A State Programme for Prevention of Abandonment and Deinstitutionalisation was passed in 2001; a National Plan of Action for child welfare for 2003–07 was developed in 2002–03 but was never enacted and was later abolished.

The second phase started in 2004, after the Rose Revolution, when the government undertook an extensive restructuring of the bodies responsible for child welfare. It removed the Commission for Minors and medical-psycho-pedagogical commissions, and introduced regional gatekeeping councils. In April 2005 the interministerial Government Commission for Child Protection and Deinstitutionalisation was established. Responsibilities for guardianship and care and adoption were deconcentrated from the Ministry of Education and Science to its regional structures, the Education Resource Centres.

The reform entered its third phase in January 2009 with the complete shift in responsibilities for child welfare from the MOES to MOLHSA, and at local level from the Education Resource Centres to the Social Service Agency (SSA), a subordinate agency of the MOLHSA. A Children's Action Plan 2008–11 was approved in December 2008. Some residential institutions are expected to be converted to day-care facilities and the government intends to expand the number of social workers.

Child welfare as a policy issue

The choice of how to define child welfare is crucial because the way a problem is defined determines the way that policies are developed to resolve it. If a problem is defined very narrowly it is not surprising that responses to the problem, and resources, are focused specifically on the area covered by the definition. Issues that are not recognised as being part of the problem are unlikely to receive government attention or funding. In Georgia, until very recently, the problem of child welfare has been articulated largely as being the need to reduce the number of children in state-run institutions. This is because the promotion of child welfare issues emerged from the founding of the Deinstitutionalisation Working Group. Deinstitutionalisation of children in state-run institutions is a vital aspect of child protection which contributes to the fulfilment of the CRC, and is welcomed as an entry point for a deeper consideration of child welfare issues. But if this is the definition of the policy problem in child welfare, three major groups of children and young people remain unattended to:

1. **Children at risk** who may be living in their own families or are not known to the state. In Georgia more emphasis is placed on the later stages of gatekeeping, alternative care and reintegration than on prevention or active early intervention. There is a risk of policy bias against families who are trying to cope by themselves, such as by inadvertently setting different financial incentives for substitute families to raise a child compared with biological families.

2. **Children in non-state care** e.g. in NGO- or church-run institutions. Without knowing about these children it is impossible even to say whether the total number of children in residential care in the country is going up or down, let alone to be able to assess their welfare.

3. **Teenagers who are approaching the age of 18**. Any good progress made in supporting the development of children up to the age of 18 may be under threat if they are then required to fend for themselves suddenly and without support.

It will also be important that any process of deinstitutionalisation is nuanced so that it does not only focus on the children who can very easily be returned, such as those who have the full and regular support of their families (e.g. children in schools with a special educational focus or those who live in remote areas) at the expense of those who are genuinely without parental care or who may need more substantial support to be reintegrated.

The Children's Action Plan (CAP) 2008–11 has expanded the definition of the overall goal of child welfare (Government of Georgia, 2008). It strives to improve the well-being of all children in Georgia, including through the prevention of abuse. It at least opens the route towards the allocation of budget resources to aspects of child welfare other than deinstitutionalisation. However, the government is reluctant to expand the definition of child welfare because it considers it will be held responsible for addressing all problems that might be identified, which will overstretch its limited resources.

Until now, child welfare issues have not formed part of the general discourse on social protection in Georgia. Yet the well-being of the child is inseparable from that of the household, and a policy that provides social assistance to a parent is likely to bring benefits to the child. Children are the targets for many of the state health care and education programmes which have attracted additional allocations in the state budget in recent years. The child welfare budget has also increased, from GEL 6.7 million in 2004 to GEL 17.6 million in 2009. However, this total is small compared with allocations to other social welfare issues, health and education. So, a big relative increase in allocations to child welfare could potentially be achieved with only a fractional increase in the total budget in absolute terms, or with a small shift in the distribution of resources between sectors.

Three major features of the policy environment have altered the course of child welfare reform:

- the rapidly changing political landscape. Frequent changes in ministerial postholders can make it difficult to enact long-term reforms, but also can provide a fresh impetus to the reforms;

- the recent conflict with Russia. This has increased demands on the budget from many sectors. On the other hand it may have boosted calls for development of a comprehensive social protection system because it highlighted that none was in place; and

- the global financial crisis, which may have a heavy impact on remittances from abroad. But social protection may be brought higher on the government's agenda to counteract the most severe effects of the crisis. This is already seen in the 'social' allocation of the state budget.

Development partner support for child welfare issues, such as through UNICEF and the European Union's Food Security Programme, is quite favourable. Public opinion, according to interviewees, is less conducive to reform. The general public often considers that institutions offer a good solution for families in difficulty. The limited information about alternatives may reinforce the preference for residential care.

Policy development in child welfare reform

Different aspects of child welfare are regulated by different laws and normative acts. Some laws need revision, while in other cases there is a gap in the legislative framework. The CAP proposed the development of a child protection policy, in the narrow sense, which should have been drafted in 2008. But it has been pushed back to 2010 in the 2009-11 plan and has therefore not yet been put in place. There are no plans yet for a broader policy on child care or child welfare.

Governance structures

Regulations on the configuration of **government structures for planning and decision-making** have changed regularly in the last 10 years. The latest arrangement, which moves most child protection responsibilities from the MOES to the MOLHSA, indicates an appreciation of child welfare as an issue of poverty aligned with other social protection issues, rather than as a purely educational issue.

Delivery of child care services, excluding services in residential institutions, is administered by the Social Services Agency (SSA). This provides an opportunity for coordination with other services e.g. cash assistance, pensions, and insurance. But there are potential ideological differences between the services of the social workers and the anti-fraud operations conducted by the social agents, who are now housed within the one agency.

Statutory functions at local level have also been reorganised. During the pilot projects the process of entry into institutions was separate from that of deinstitutionalisation and finding alternatives to residential care. Guardianship and care panels have now been formed to combine these services and to assign guardians and foster carers to children on the basis of information provided by social workers. This is a way of localising responses to issues of guardianship and trusteeship compared with earlier structures where local bodies were limited to advising the Minister of Education and Science on individual cases. In the medium term the government intends to establish similar panels at district level but this may require considerable capacity development.

External partners, including NGOs, have a significant role in child welfare, both by developing pilots and by providing financial support. Examples include the European Union, UNICEF, USAID, SIDA and the OSCE. Their initiatives are broadly in line with the government's deinstitutionalisation policy. A difficulty is the absence of a coordinated funding mechanism which results in uneven distribution of support throughout Georgia.

Resources

Although there has been a steady increase in state funding for child welfare, the total amount of financial resources allocated to the child welfare system by government and NGOs is unknown. There is neither a unified system for allocating resources to child welfare, nor an estimate of total desired costs. Local governments have almost no sources for child welfare. The majority of state funding (60% of the budget) is directed into child care institutions. This is the case even though an analysis of unit costs by the EU Support to Child Welfare Reform project indicates that family support and family substitute services have a lower unit cost than residential care. The CAP 2008-11 is not fully funded by the state.

Material assistance for children and families is made directly available in several different regulations. These have several anomalies. There is a big discrepancy in payments between those to support children in biological families and those in substitute families. For instance, a foster family receives more than twice as much financial support to look after a deinstitutionalised child than the child's own biological family would. A family that has not tried to institutionalise their child

receives a monthly grant of GEL 22 to support the additional costs of caring for a child with disabilities, but a family that receives back a child with a disability from residential care, or who is at risk of institutionalising the child, receives GEL 40 to compensate for the additional expenses.

With regard to **personnel** issues (human resources), the profession of social worker is recognised by government regulation. Their interventions tend to be centred on the children, not on social support to other family members or to families without children. This may restrict the social workers from intervening at a much earlier stage to carry out preventive work before a child gets into difficulty. There is evidence that their interventions do provide support to the whole family. State funding has been made available to set up university degrees in social work. The in-service training programme for social workers is not yet standardised, but this gap is acknowledged by the MOLHSA. There are no policies in place to plan the comprehensive retraining or redeployment of staff in residential institutions, which will be an impediment to their closure.

Processes for gatekeeping at national level

The tendency to reduce regulation has had a major impact on the child welfare system because it has resulted in a reluctance to regulate any non-state providers of services. This means that there is no legal basis for being able to demand minimum standards for non-state child care facilities, or to monitor their operation. No law specifies fully which child welfare services must be licensed and regulated. But the thinking on regulation has changed considerably for the better in the last year. Discussions on the need for revising existing regulations have been able to take place. The need for licensing and regulating non-state entities, including those of the church, must be emphasised.

The setting of standards has been one of the items highest on the policy agenda of many stakeholders in recent years. The most recent document resulting from the negotiations has proved controversial and has not been approved by the government, though it has been piloted in two phases with 45 service providers. A few respondents expressed concern about the feasibility of achieving the targets but in general the standards represent a consensus from a large part of the child welfare sector and are a consolidated list of the standards that providers consider to be most important. Social workers are omitted from the standards because the working group intended that the list should be relevant for all types of services. The role of social workers would therefore be expected to be elaborated in separate regulations.

The state purchase of health and social services for children has traditionally used a lengthy and cumbersome tender process. A proposed new voucher scheme classifies the cost of attendance at a social service facility as a subsidy rather than a service, so the facility is not bound by the state procurement regulations. Households which receive a voucher are eligible to choose their service provider. It creates the possibility for the state subsidy to 'follow the recipient' even if he or she were to leave the service-providing institution. This has the potential to be enormously flexible, although the details of the scheme have not yet been fully elaborated and it would need to be accompanied with support to enable families to make informed decisions, and to ensure that newly created services are not stifled through lack of consistent funding.

Services and recipients

A long list of categories of children are defined as being the **target groups of the reform effort**. The CAP contains the broadest range of categories. This will allow the government to address a wide group of children in need in future but at the moment it is not an integral part of the action plan. There is no prioritisation between the groups, and few activities explicitly targeted to support each group. A few potential groups are not considered separately, such as the needs of adolescents as they approach the age of 18, nor of children who are victims of armed conflicts or natural disasters. However, all of these groups are in principle covered by the general target

groups listed; and in any case, the increased emphasis on individual assessment militates against the narrow categorisation of children in need.

Public child care facilities are mainly child care institutions, boarding schools, institutions for children with disabilities; also some day care centres and shelters. Most alternative services are provided by unregulated NGOs or private entities. The highly deregulated environment should favour the introduction of innovative approaches in child protection. Regulations on **family support services** permit cash assistance and also psychological and social support from social workers. The law also allows the establishment of alternative support services but does not yet provide extensive resources to do so. For children with disabilities, support remains very much on a medical model of disability which often refers to disease and ill health.

The main areas of policy development in **family substitute services** have related to fulfilling the rights of the child by promoting the maintenance of links with the family and culture of origin, and increasing awareness of alternatives to institutional care. Foster care has been a concept in policy for a long time though has been slow to take off. Regulations on adoption and guardianship have been in place for many years. Georgia is party to the Hague Convention on Intercountry Adoption. Regulations on adoption were amended in 2003, when direct arrangements between parents and overseas adopters were prevented, and a new Law on Adoption was passed in 2008 which, in part, aims to ease the removal of parental rights in cases where a child is clearly abandoned in order to enable the child to be placed for adoption.

For residential institutions, the strategic aims are to work towards their **closure or transformation** into alternative support services, and to improve standards. The government's Action Plan on Deinstitutionalisation of 2005 aimed to achieve the former through the expansion of the regional gatekeeping panels. The need to improve levels of care in institutions was cited by the UN Committee on the Rights of the Child in 2003 as being an urgent priority. Standards for institutions were approved in 2007 but there has not been a strong commitment to implementation because of practical obstacles such as the difficulty in setting a ceiling on the number of children in institutions when there are not enough alternatives. The assessment team was unable to find evidence of a strategy to support the retraining of staff in residential institutions to provide alternative care.

Many stakeholders have been involved in developing action plans and programmes. Child welfare policies have been strengthened by their use in the conditionality for the EU's Food Security Programme. The development of the CAP 2008-11 was participatory. Working groups continue to function, e.g. for the training of social workers. The SSA brings counterparts together in monthly meetings. One major gap is the lack of involvement of the church. It is disappointing that the church, which is reported to run many facilities, many of which are said to be in good condition, is not in a position to bring its collective experience to the benefit of other actors in the sector.

Implementation of the reform

This section reviews the same components of the system described above but from the perspective of how the strategies, laws and normative acts are actually implemented. The UN Committee on the Rights of the Child expressed concern in 2003 about the large gap between the scattered laws on child welfare and their implementation in practice. Reasons for a failure to implement the regulations range from lack of awareness of the regulation, to lack of resources or will to implement it. In implementation the assessment team identified the following issues.

Structures

It is too early to assess the effect of the transfer of responsibilities from the MOES to the MOLHSA. The transfer, though long expected and agreed by law, was debated at such length that a final

decision was made just six weeks before it came into effect. This rather disappointing failing in the governance arrangements has resulted in a lack of preparation to familiarise staff with the new area of work. It has caused delays in payments to services providers. There are reports that state-funded institutions have not had enough financial reserves to pay for food for children and have sought external support to bridge the gap. At the same time the guardianship and care panels were suspended, leaving children unable to take up placements. The recently weakened position of the Government Commission on Child Protection and Deinstitutionalisation means that it has not been able to assist the smooth transition of responsibilities from one ministry to the other. However, now that the new structure is set in place there is a good opportunity to bed down the system and strengthen it without further structural changes.

The guardianship and care panels have brought about considerable progress in developing a system that permits case management, including the individual assessment of a child. This is one of the major improvements of the last 10 years. It is unfortunate that the panels have not yet been able to provide full coverage for case management and gatekeeping across the country, especially outside the major towns; nor do they cover entry into institutions run by authorities other than the MOLHSA.

Resources

The execution rate of the government budget for child welfare has improved enormously in the last 10 years. However, the sector is reported to have been particularly hard hit by budget cuts and is not thought to be a priority for the Ministry of Finance. The global financial crisis may increase the demand for all social assistance services at the same time as reducing the government's incomes. Public financial management procedures are an impediment to the smooth flow of resources, because the competitive tender process for service delivery takes place in the first quarter of the year. A shortage of government resources can therefore be expected in January to March.

Funds spent by facilities are not monitored. Some line items are fixed (e.g. staff salaries) but others are fungible. In most cases flexibility in use of funds by the service provider is a desirable feature of the funding system. Occasionally, though, funds are found not to be spent on children to the extent planned and in extreme cases this has resulted in discipline of the management.

As for human resources, the number of social workers has increased from 18 in the year 2000 to about 160 now. The number of people who are qualified to provide alternative services is inevitably limited given that these services are at an early stage of development. There has been a big expansion in the number of foster carers but there are still not enough. In state residential institutions the number of staff is thought to have declined, though not at the same rate as the decline in the number of children. A positive aspect of the human resource structure in Georgia is the apparently clear understanding of the distinction of responsibilities between professionals working in different roles, such as between directors of residential institutions, social workers and regional gatekeeping panels.

The establishment of degree courses in social work has been a success story. There is also a certificate for social workers who were previously qualified in a different discipline, which has now been obtained by some 110 social workers. An advantage of the courses is that they do not relate exclusively to children and families. A challenge is the small number of expected graduates compared with the demand. A further difficulty is that the MOLHSA has removed from its regulations the requirement for social workers to have any higher education.

Processes

The absence of procedures for licensing, setting standards, accreditation and inspection have resulted in an unsystematic development of facilities of variable quality throughout Georgia. A lack of clarity about how an inspection process should operate has resulted in no regular inspection taking place. This is an absolutely critical gap which places the well-being of children at risk. The disagreements about what counts as an acceptable standard are hindering the adoption of a common set of good practices.

Services

The set of services that has emerged is one where the state continues to offer more traditional services such as residential care, and also supports the development of the social work profession, while non-state organisations provide the greater share of alternative facilities. A set of services which have been delivered unexpectedly, without going through systematic policy development by the central government, has been the 84 'child-friendly spaces' in collective centres, settlements and villages created by international organisations in the wake of the conflict in 2008.

In family substitute services, progress has been mixed. There has been a noticeable shift in favour of national rather than international adoptions. The number of foster parents has increased but some social workers remain concerned about the motivation of some foster families, the distrust by parents of their child being fostered, and the insufficient understanding of the role of foster care. There are also difficulties that a child cannot be placed in foster care without the agreement of the parent, and that very few emergency foster care places are available. On the other hand there are also many positive experiences of foster care. The assessment team was not able to find substantial evidence of attention paid to guardianship during the reform period though the number of formally recognised guardians doubled between 2005 and 2007.

For residential services, some facilities have been or are being closed or transformed and the manner in which this closure has taken place (in terms of taking time to find alternative placements for the residents) is reported to have improved over time. Many professionals report improvements in the quality of care in institutions since the reforms, and in the inclusion of children in regular schools. There is still a risk of stigmatisation, and challenges regarding performance at school.

A major issue that remains unresolved is the difficulty of removing parental rights from people who are deemed to have abandoned their child. The legal process is a challenge, social workers may be reluctant to initiate the process and courts may not be appropriately trained to deal with the cases. This makes it hard for children in residential institutions to be adopted even if they are never visited by their families, or for staff to obtain identity cards for the children in residential care.

The impact on the use of services by children

The rate of entry of children into state care, especially residential care, has historically been lower than in other countries in the region. Recently the total number in care has been about 5,000–6,000. The number of children living in state-run residential institutions is reported to have reduced from 5,200 to 3,500, and is said to have dropped further in 2008 to 2,600. There is a risk that the low numbers in institutions conceal either large numbers of children in the non-state facilities or other children in difficulty, including those with disabilities, who may remain hidden at home. The needs of people with disabilities are thought to represent a big gap in service provision, especially of adolescents who reach the age of 18 who have a shortage of appropriate places to live. Some state-run facilities are drawing up plans to introduce hostels or apartments for young adults and to include vocational training opportunities to improve their prospects for employment. Children who are picked up by the child welfare system are generally those whose families volunteer themselves

for attention by the authorities by requesting institutionalisation. This results in errors of exclusion, where children who would be eligible for services do not receive them, and therefore in an inefficient allocation of resources. There is a considerable administrative cost attached to the active identification and targeting of the children most in need.

Monitoring and evaluation (M&E)

The scarcity of data on child welfare, and its unsystematic use, is well known. No unified system for monitoring child welfare is in place, but the government has included funds for monitoring in the state budget for 2009. For *family support services*, monitoring consists mostly of occasional informal reviews by social workers. The state does not regularly monitor the impact of cash assistance including reintegration support. For *family substitute services* the visits by social workers to foster families were the main form of monitoring reported to the assessment team. Very little information is available on guardianship and adoption. For *state-run residential facilities* several studies exist but they are inconsistent in their range of reported figures, even for the same year. The absence of information on the number of children in residential institutions run by the church and other private organisations, and on their living conditions, is a serious constraint.

No agreement has been reached as to whether a database on child welfare issues is required. Nor have systematic reporting processes been developed. It is important to understand why a monitoring system has not been established. The lack of resources or expertise in monitoring are two factors. Also important is the negative perception of monitoring as an instrument for criticism and control rather than a constructive way of understanding how services can be improved.

The CAP 2008–11 contains a set of indicators for each of its three goals. Some, but not all, have quantified targets for 2008 and a few have quantified targets for 2009–11. Some key indicators, such as the number of cases of child abuse identified, have no target and there is no indication of whether the desired number of cases should increase or decrease. The debate about whether targets should be aspirational or realistically achievable has hindered the introduction of child welfare standards. Indicators are generally at the level of outputs and outcomes, not inputs or impacts. There is a risk that measuring success simply by counting the reduction in the number of children in state-run institutions creates incentives to remove children from institutional care at haste, without providing alternative support.

Conclusion

The focus of child welfare reforms on reducing the reliance on state-run residential care has resulted in many positive outcomes such as the creation of the social work profession, the establishment of gatekeeping commissions, the closure of some residential facilities and the emergence of foster care. In many of these areas the government demonstrates good practice. At the same time the rather narrow focus has brought about a risk that people who do not fall within the defined boundaries will be overlooked in the reform process. The concentration on delivery of social services only to children in difficulty limits the possibility of intervening to support the needs of a parent early enough to prevent the child from being exposed to risk of neglect or abuse. The willingness of a wide range of stakeholders to participate in discussions on child care reform, and the willingness of the government to encourage such participation, is a great asset which should support Georgia to fulfil its obligations under the UN Convention on the Rights of the Child.

Recommendations

On the definition of child welfare, the team's recommendations include the following:

- define what is meant by child welfare;
- ensure that a child welfare policy and rationale has been clearly defined and that public opinion is aligned with it, to reduce the destabilising effect of changes of political personnel;
- support the government in securing agreement on two concepts: the identification of the broad policy issues that can serve as a guide for a longer timeframe, and the identification of shorter-term objectives which require more immediate allocation of resources;
- place child protection in its broader social welfare context. This will help to place it higher on the policy agenda since the value of social safety nets is firmly acknowledged by the government. The linking of social protection and child welfare should enable policymakers to address broader socioeconomic and family-related issues, such as the consequences of unemployment and migration, which are often at the origin of the child's welfare needs; and
- continue public awareness campaigns on the CRC and promote alternative services.

On policy development, the team recommends:

- revive the commission on gatekeeping and deinstitutionalisation or identify an alternative;
- ensure that entry to municipal-run institutions is governed by the guardianship and care panels, as happens already for entry to central government-run institutions;
- ensure that financing for the CAP is incorporated into the MTEF;
- review budget allocations to remove historical anomalies;
- review and rationalise the cash assistance grants to eliminate anomalies and ensure that the funds provide the right incentives for family-based care, especially in the biological family;
- support the development of a comprehensive in-service training plan for social workers;
- complete the revision and agreement of standards in child care, perhaps as part of a general package of social service standards including for adults; and
- support the development of regulations on licensing and inspection.

Regarding implementation, the team recommends:

- support the development and strengthening of the guardianship and care panels;
- continue to articulate the economic arguments in favour of support to child welfare in other ministries, especially the Ministry of Finance;
- promote a more even distribution of attention and resources among regions and facilities;
- explore the possibility for external funders to concentrate their resource allocation on the first quarter of the financial year (January to March) when government resources may be delayed;
- put procedures in place to permit auditing and monitoring of the use of funds by institutions, though without demanding a more prescriptive allocation of those resources;
- continue support for the implementation of degree courses and certification courses in social work, including to set in place sustained government funding;
- assess the resources required to enable social workers to support all vulnerable people, not just those with children in difficulty, so children might not have to wait until already suffering the adverse effects of a difficult family situation before coming to the attention of the authorities;
- analyse the cost of fostering to respond to concerns about the difficulty of poor families in taking on an additional child; and
- promote a resolution of the constraints brought about by the difficulty in removing parental rights from parents who have abandoned their child.

Regarding monitoring, the recommendations are:

- encourage an improved understanding of the economic and social benefits of monitoring;
- support the development of indicators that measure the full range of inputs, outputs, outcomes and impact; and
- promote the use of data, including as an aid to advocating for resources in the budget process.

Next steps

Following discussions with the MOLHSA and many of the main stakeholders in child welfare reform at a meeting in June, it was agreed that the MOLHSA would select about three priority areas from among the recommendations of the report and would work with its partners to develop and implement a specific and detailed plan for achieving them. At the meeting it was suggested that these three priority areas might be:

- a decision on the most effective way to improve coordination;
- a review of the balance between cash and in-kind social services, and their ability to reach the children most in need; and
- improvements in standards and regulation.

This is to be confirmed at the earliest opportunity between the government and other stakeholders.

Contents

List of tables and figures

Abbreviations

CAP	Children's Action Plan
CHCA	Charity Humanitarian Centre Abkhazeti
CRC	Convention on the Rights of the Child
ERC	Education Resource Centre
EU	European Union
GEL	Georgian lari
IDP	internally displaced person
IRC	International Rescue Committee
kcal	kilocalories
MARA	Medical Activities Regulatory Agency
MOES	Ministry of Education and Science
MOLHSA	Ministry of Labour, Health and Social Affairs
NGO	non-governmental organisation
OPM	Oxford Policy Management
OSCE	Organisation for Security and Cooperation in Europe
PIAD	Prevention of Infant Abandonment and Deinstitutionalisation
SIDA	Swedish International Development Agency
SSA	Social Service Agency
TACIS	Technical Assistance to the Commonwealth of Independent States
TSA	targeted social assistance
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

PART A: BACKGROUND

1   Introduction to the assessment

1.1   Scope

Child welfare reform is generally recognised to have been underway in Georgia since 1999, when pilot projects in deinstitutionalisation were started, and to have been formally taken up by the government with state funding in 2004. During the reform a number of residential institutions have closed down or been transformed, international adoptions have been drastically reduced, professional social workers have been introduced nationwide and many families have become foster parents. This assessment systematically reviews the progress made during that 10-year period. It relates the reform of child welfare to the wider social protection policy, identifies lessons learned from past practice and highlights gaps where future efforts may be directed. The assessment focuses mainly on government activities but also makes reference to activities of international and national non-government organisations (NGOs) where relevant.

A particular concern in delimiting the scope of the assessment has been the definition of 'child welfare'. In fact there is not a consensus on the use of this term in Georgia. This debate is covered in more detail in section 4 of the report. By agreement with UNICEF the team did not explore any issues relating to juvenile justice since this is covered by other studies.

The terms of reference propose two mapping exercises to create visual representations of decision-making and accountability for child welfare and of the types of services available in the country. Since these exercises are already being undertaken as part of other studies—the accountability map by UNICEF and the service mapping by the EU TACIS Support to Child Welfare Reform project—it was agreed that these would not be repeated here.

1.2   Purpose

The purposes of the assessment, as identified in the terms of reference, are to:

- increase understanding of the progress and shortcomings of the reform process in Georgia from the view of different stakeholders at country and regional level; and
- provide policy analysis to serve as an input for further support for the reform.

This analysis is intended for use by the Government of Georgia in its own planning, which is expected to be particularly timely in the light of the recent transfer of responsibilities for child welfare from the Ministry of Education and Science (MOES) to the Ministry of Labour, Health and Social Affairs (MOLHSA) (see section 2.3 for a further discussion of the timing). It is also intended for UNICEF, as it prepares for a subregional consultation on child protection together with other country offices in the region; for the European Union, as it considers the next steps after the end of its current budget support programme; and for other stakeholders in child welfare[1].

1.3   Objectives

The specific tasks identified in the terms of reference are to:

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[1] The UNICEF subregional consultation, due to take place in November 2009, will bring together the Georgia country office with that of Moldova, Ukraine, Belarus and Armenia to discuss regional progress in child protection issues.

- assess and analyse the progress in the reform of the child care system in Georgia, using OPM's diagnostic framework for understanding reform, alongside a child welfare reform assessment tool developed by the UNICEF regional office, to determine a baseline for further monitoring of the reform process;
- identify opportunities to accelerate the reform of the child care system; and
- enable a review of the system which will guide UNICEF in determining its inputs for further support.

1.4 Outline of this report

This report is divided into three parts. Part A (sections 1–3) describes the nature of the assessment and the background to the reform. Part B (sections 4–7) outlines the findings. Part C (sections 8–9) concludes and offers recommendations.

2   Methodology

2.1   Conceptual framework

A comprehensive assessment of the status of child welfare reform requires an understanding of both the features of a child welfare system and the stages of a reform process. The conceptual framework in this study contains two parts which cover each of these aspects. Together they help the policy-maker to understand where policy can be improved to better realise the outcomes for the child.

2.1.1   The features of a child welfare system

The first part of the framework describes what makes up a child welfare system, i.e. the means by which organisations deliver welfare services in the interests of the child. This is unpacked in Figure 2.1. It shows a five-stage sequence. Many of these components are found in a wide range of sectors, not just child welfare.

Figure 2.1   Components of the child welfare system
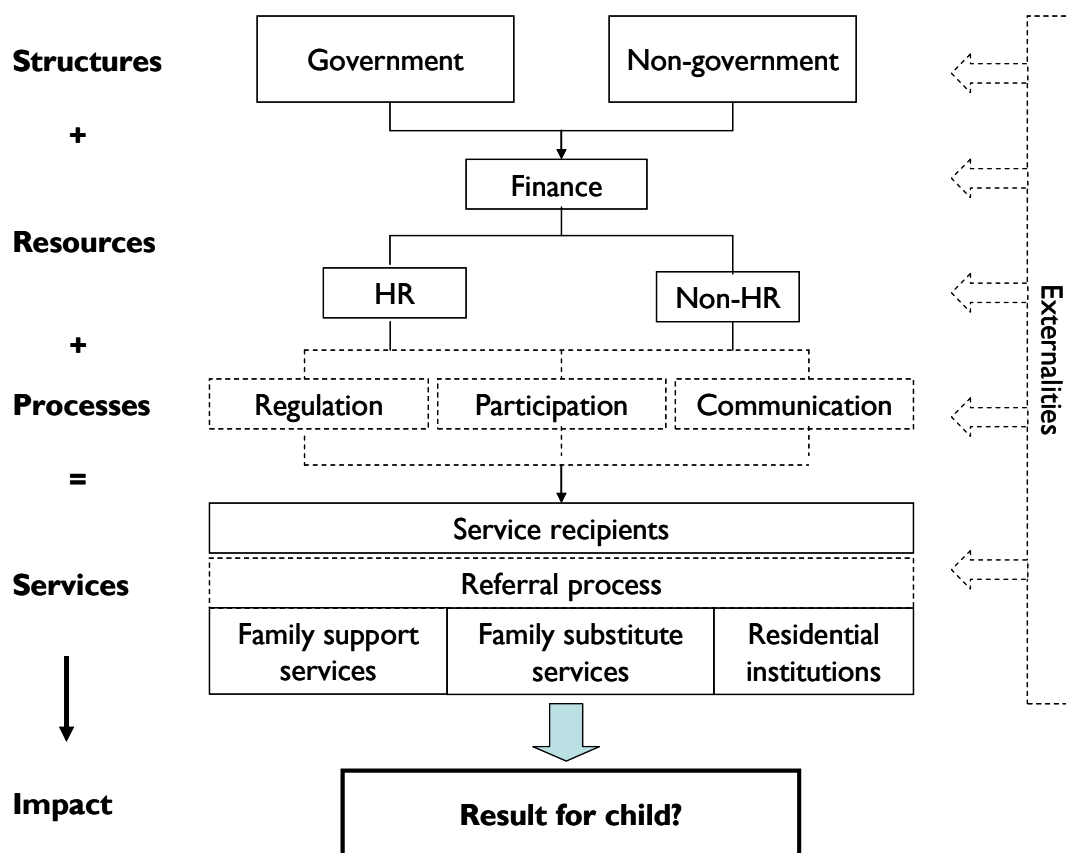
Source: OPM.

- First, organisational **structures** (in central and local government, and also structures outside the state government including NGOs, international development partners and private firms) decide to act in the area of child welfare.

- They provide **resources** in the form of funding for services. These purchase human resources (staff) and other resources e.g. technology.

- The resources are converted into services with the aid of a number of **processes** including the elaboration of the rules, such as for procurement, licensing and accreditation (regulation); participation of decision-makers from both the structures providing the resources and also other stakeholders e.g. staff, prospective beneficiaries and local communities; and communication of information between participants and to the general public.

- The result is a set of **services** which are targeted to recipients in need. A referral mechanism governs the distribution of recipients among family support services, family substitute services and residential institutions.

- The provision of these services has an **impact** on the child. The ultimate objective is that this should be a positive impact which provides lasting benefit.

To achieve a positive impact the policy-maker diagnoses what action must be taken to develop each of these components, and then elaborates and implements an appropriate policy. In a reform the elements of the system are not static because the aim is to move from one set of components to a new, improved set of components. External factors including political and economic developments may affect the system, positively or negatively, at any point in the sequence.

2.1.2 The policy reform process

The second part of the framework describes the process of policy reform, which can be characterised by a traditional policy cycle. Here the cycle is represented as a four-stage process. Figure 2.2 imposes the policy cycle on a compressed version of the components of the child welfare system, emphasising that success and challenges can be diagnosed for every component of the system, including each type of service, at any stage in the reform process.

Figure 2.2   The policy cycle in child care reform
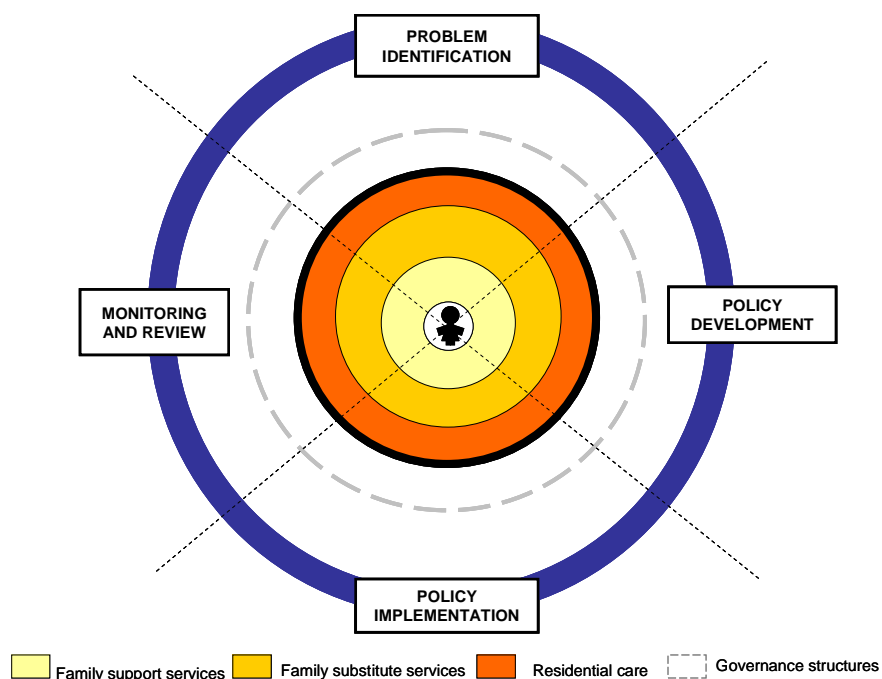
Source: OPM.

1. The cycle begins with the **identification and articulation of the problem** to be addressed by the reform.

2. This leads to the **development of policies** to address the problem, which may be expressed in a strategy paper or policy document, or in laws and regulations. The policy should set out a route to achieving the overall objective. The success of the reform can be impeded at this stage if the policies that are developed are not designed to respond fully to the identified problem, e.g. because there are gaps, because they target the wrong population or because no budget is identified to deliver the services.

3. The reform is **implemented**. In an efficient reform process the implementation will match the well designed policy. At this stage the success of the reform can be put at risk if what is implemented is not what was intended according to the policy. This can happen if, for example, people do not have the right incentives or the right capacities to deliver the expected services; because there is conflicting legislation; or because the policies have not been communicated. Conversely, during implementation service providers may find innovative ways to resolve difficulties that have not been picked up at the design stage.

4. The results undergo **monitoring and review**. All component of the system are monitored, from the successful functioning of the organisational structures to financial management procedures and human resource capacities, so this is not simply an inspection of the quality of services delivered. The impact on the child should also be measured to ensure that even a well designed and well implemented system is having the intended effect. Findings from the monitoring process feed into a new understanding of the nature of the problem, revisions to the policy and/or improvements in policy implementation.

2.1.3 The overall framework

Box 2.1   Using the overall framework: an example

Putting the two aspects together one can assess not just where a problem lies, but also how the difficulty occurred. It is also possible to pinpoint successful aspects of the child welfare system. Here is a hypothetical example:

It is observed in a country that not enough day care places are available to accommodate the demand for such a service.

The solution, clearly, is not simply to say, 'More day care services must be provided'. From the point of view of the policy cycle, the questions can be: Is the demand for day care services not recognised? If the need is recognised, does the legislation and budget permit the creation of such services? If the services are permitted, what is preventing them from being implemented? Perhaps the services do exist but they are not known about?

From the point of view of the components of the child welfare system, the related questions at each stage can be: do organisations exist which can exercise the authority to provide day care services? Are funds being spent on the service as intended? Are appropriately qualified staff available in sufficient numbers to provide the service? Are the existing day care places being filled by beneficiaries who were not the intended target?

The ways in which the four stages of the policy cycle have been played out in the reform of child welfare in Georgia are discussed in turn in sections 4–7, and are used to structure the matrix of evaluation questions (Annex B).

The framework outlined here fully responds to the issues identified by UNICEF in its regional assessment tool. The regional tool provides a thorough set of questions concerning the development and implementation of policy in child welfare, and the questions are addressed throughout this report. However, in this instance the regional tool has not been used as the structure for the report since this report considers progress in the full policy cycle, including also the way the problem of child welfare has been understood in Georgia and the way that the government and other partners monitor how well the reform is working. Annex C summarises where the questions from each section of the regional assessment tool are answered in this report.

The assessment takes into account also the criteria of the Organisation for Economic Cooperation and Development's Development Assistance Committee (OECD-DAC) for evaluations: it discusses the relevance, effectiveness, efficiency, impact and sustainability of interventions where appropriate. It also considers whether the reforms are in keeping with a rights-based approach and an emphasis on managing for results.

2.2   Approach to the assessment

The assessment comprises three phases:

1. **Preparation and desk review.** In the first phase the team carried out a wide-ranging desk review of documentation. They developed the matrix of evaluation questions which combines the policy cycle and system components with the types of services to be provided (Annex B). The team also liaised with the country office to set up a programme for the fieldwork.
2. **Fieldwork.** In the second phase the team spent two weeks in Georgia in March 2009 conducting interviews and site visits to assess the status of the reform. Qualitative research methods were used to obtain primary data from project beneficiaries and other stakeholders. At the same time further secondary data was collected and analysed as necessary. A description of the secondary and primary data sources, collection methods and any limitations are provided in the subsections below.
3. **Analysis and reporting.** The third phase is the reporting phase, during which the consultants have reviewed the results and comments and synthesised the findings. This report is the outcome of that process.

2.2.1 Documentation

A very broad range of documentation on child welfare exists already in Georgia. The terms of reference for this assessment noted the risk of 'research fatigue' on the part of stakeholders because so many studies have been undertaken, though these have often been specific to particular aspects of child welfare such as cash assistance rather than the system as a whole.

The team collected and analysed information including government materials (legislation, strategies and action plans, budget documents including the State Programme); UN and UNICEF documents including exchanges between the Government of Georgia and the UN Committee on the Rights of the Child; reports from multilateral and bilateral development partners and NGOs; and statistical publications where available (see bibliography in Annex D). Two particular gaps are identified. First, data on children at risk (rather than those already known to the social service system) are almost absent; and second, there is a shortage of documentation on non-state services. This limited interaction with the sphere of child protection outside those children already supported by the state, and the implications for full monitoring of the system, is discussed further throughout the report.

2.2.2 Primary data collection

Primary data collection took the form of key informant interviews, site visits and a preliminary feedback session[2]. The team held semi-structured interviews with members of the MOLHSA and its agencies, social workers at regional level, staff of residential facilities, international development partners and project implementers, and international and local NGOs. A total of 23 meetings were held during the fieldwork period. Access was granted to most of the main actors in child welfare reform though it was not possible to meet current staff of the MOES owing to a restructuring at the time of the visit. (A former senior member of the MOES, however, was interviewed.) It was also not possible to identify a contact in a residential facility run by a faith-based organisation. The team talked informally with children during site visits, but since the emphasis of the study is on the way child care policy has been developed and implemented the team talked mainly with policymakers and implementers, to better understand the rationale for policy decisions that have been made.

The site visits were undertaken in Kakheti region and Tbilisi. Kakheti region was selected because it has a long history of involvement in Georgia's child welfare initiatives, having had a pool of social workers since 2000 and being one of the two main sites of intervention for the EU TACIS Support to Child Welfare Reform project. Tbilisi was selected because of its diverse range of services including facilities that have already received a great amount of external support and others that are not the focus of support but are committed to the deinstitutionalisation process. For the Kakheti meetings the team was accompanied by a representative from the MOLHSA. In Telavi residential institution, Kakheti, and in Satnoeba, Tbilisi, team members were shown around the premises by the directors of the facilities. The team was able to have informal conversations with staff and children, and to observe the conditions and activities that were taking place. The selection of sites that have been involved in the reform process was intentional in order that the team might be able to identify and share knowledge of good practices. However, this inevitably carries the limitation that it does not focus on identifying the state of service provision in remote areas that receive little or no support, have few or no social workers and have not embarked on any reform process.

2.3 A note on timing

This assessment was originally scheduled to be carried out in September 2008, to feed into UNICEF's mid-term review of its five-year programme of cooperation with the Government of Georgia (2006–2010). However, it was postponed because of the conflict between Georgia and Russia during that period. The new timing of the study, in March 2009, has meant that the team has been able to take into account two major developments in the response to child welfare issues.

First, the conflict itself has generated a big change in the living conditions of many families, especially those from the Shida Kartli region; this has had an effect on the physical and psychological well-being of many people, including children. In response to this there has been a huge influx of international organisations entering Georgia to support the internally displaced persons (IDPs) and others affected by the crisis, and bringing with them a variety of new practices. The report makes reference to the way in which this may affect the longer term development needs of the child welfare system, though the subject is dealt with more comprehensively in a separate study being commissioned by UNICEF so is not explored in detail here.

Second, the shift in responsibilities for the child care system from the MOES to the MOLHSA took place in January 2009 and the assessment team has paid close attention to the rationale and expected effects of this move.

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[2] See schedule in Annex A.

3   Context of child welfare reform

3.1   The changing sociodemographic context

Georgia has undergone a profound demographic transformation since independence in 1991 (Table 3.1). According to World Bank estimates the population has been declining since that date, and the overall population shrank by 19% between 1990 and 2006 to about 4.4 million people. It has been estimated that by 2025 the population of Georgia will shrink by a further 0.8 million (Chawli *et al.*, 2008).

Table 3.1   Population / demographic indicators, selected years 1990–2008

	1990	1995	2000	2005	2006	2007	2008
Total population (millions)[1]	5.4	5.0	4.7	4.5	4.4	4.4	4.4
Share of total population, by age (%)							
Aged 0-14	25	24	22	19	18	20	19
Aged 15-64	66	65	65	67	68	64	65
Aged 65+	9	11	13	14	14	16	17
Population growth							
Annual growth rate, %	-0.2	-1.8	-1.1	-1.0	-0.9	….	….
Fertility rate, total (births per woman)	2.1	1.7	1.5	1.4	1.4	1.5	…
Birth rate, crude (per 1,000 people)	15.9	13.0	11.4	10.9	10.9	11.2	…
Death rate, crude (per 1,000 people)	9.3	10.0	10.7	11.5	11.7	9.3	…
Population distribution							
Density (people per sq km)	79	72	68	64	64	64	63
Urban population (% total population)	55	54	53	52	52	53	-
Literacy rate (% in population aged 15+)[2]	99	99	100	100	…	…	…

Source: Literacy rate—WHO Regional Office for Europe, 2008. All other indicators for 1990–2006—Chawli et al., 2008. All indicators for 2007 and 2008 are from the Statistical Yearbook of Georgia, 2008, therefore may not represent a consistent time series with the earlier data. Notes: (1) The size of the Georgian population is disputed. Official statistics estimate that the population is 4.4 million people (State Department of Statistics, 2007). However, UNFPA has estimated the *de jure* population to be 4.3 million and the *de facto* population to be 3.9 million (Turdziladze et al. 2003). (2) Figures for literacy rate in 2000 and 2005 are from reports in 1999 and 2003 respectively.

The age profile of the population has shifted dramatically with the proportion of children declining from 25% in 1990 to about 19% in 2008. The total number of children in Georgia is currently estimated at 979,500 children, of whom some 189,700 are aged 0–3 years (State Department of Statistics, Georgia, 2009). The proportion of the population aged 65 years and over has increased from 9% in 1990 to 17% in 2008. By 2050 it is estimated that 24.2% of Georgia's population will be over 65 years old (Turdziladze *et al.* 2003). This pattern has been reinforced by significant out-migration of the working age population which is reflected in the significance of remittances in the economy, which account for an estimated 5-10% of GDP (Chawli et al, 2008). The implication of this is that services for the elderly, including pensions, will necessarily become an increasing focus of social policy over time.

As the average population density is reduced the country is also becoming slightly less urbanised. This has a doubly negative effect on the ability of the government to concentrate social service provision in built-up areas, which is where social workers are typically based.

Two administrative territorial units (Abkhazia and South Ossetia / Tskhinvali region) are beyond the jurisdiction of the Georgian authorities, and are currently under the control of a peacekeeping force consisting of Russian troops. As a result of conflicts in Abkhazia and South Ossetia there were already 240,000 internally displaced persons (IDPs) before the conflicts escalated once more in August 2008, creating an estimated 128,000 more IDPs in Georgia (CIA, 2009; Redmond & Sunjic, 2008).

3.2 Economic context

Before independence Georgia enjoyed one of the highest standards of living in the Soviet Union. The economy was traditionally based on Black Sea tourism, viticulture, agriculture and some mining. The decoupling of the economy from the Soviet system, combined with the rapid introduction of a market economy and civil war, left the country in a state of economic collapse which severely reduced resources for social sectors (Gamkrelidze, Atun et al. 2002). From 1990 to 1994 GDP fell by 68% and in 1993 inflation was over 1500% (World Bank, 2008). However, after 1994, the economic situation improved rapidly even though the Georgian economy has suffered from external shocks such as the collapse of the rouble in 1998 and a more recent Russian ban on key Georgian exports. In the last five years growth has been particularly strong, at an annual rate of 6% or more between 2004 and 2007, and reached 9% in 2006 and 12% in 2007 (Figure 3.1). In 2008 the economic growth fell to 4%, much lower than expected, after the armed conflict with Russia in August of that year. Inflation has remained stable.

Figure 3.1   Annual real GDP growth rate, Georgia, 2004–08
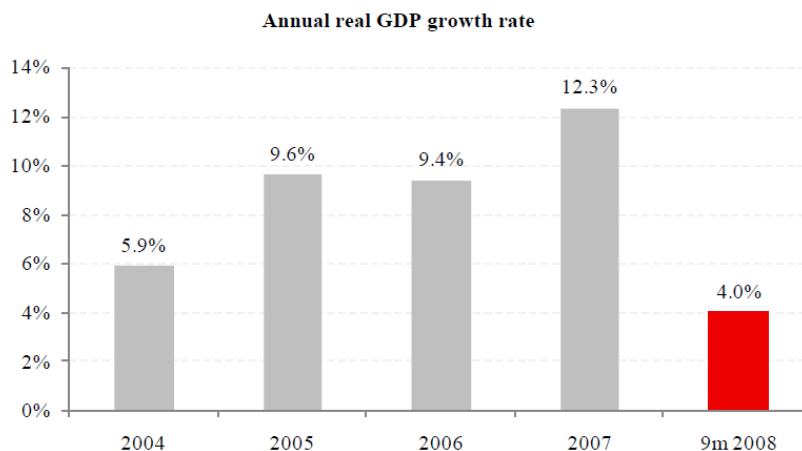
Source: State Department of Statistics, Press Release, 9th of January, 2009

Economic growth has not benefited all sectors of the population, as shown in the country's rising Gini coefficient of income inequality, which reached 0.41 in 2005 (Table 3.2). Part of the challenge is the rate of unemployment which remains a big social issue in Georgia. Official statistics have unemployment fluctuating around 11–15% over the last 10 years. However, the number of people who classify themselves as 'unemployed' is usually closer to 30% (International Republican Institute, 2007).

Poverty has been a pervasive problem for Georgia and its reduction has been a key target for both national governments and international partners. There is little evidence of any positive influence the implemented economic reforms may have had on reducing poverty (Gzirishvili, 2007).

Table 3.2   Macroeconomic indicators, 1998–2006

	1998	1999	2000	2001	2002	2003	2004	2005	2006
GDP									
Current US$, millions	3,614	2,800	3,057	3,219	3,396	3,991	5,126	6,412	7,744
Per capita (constant 2000 US$)	604	628	648	687	733	823	880	974	1,075
Per capita, PPP (current US$)	1,869	1,973	2,077	2,254	2,447	2,807	3,087	3,520	4,010
GDP growth (annual %)	3.1	2.9	1.8	4.8	5.5	11.1	5.8	9.6	9.4
Short-term debt outstanding (current US$, millions)	28	70	44	78	33	38	106	52	111
Employment									
Labour force (total, millions)	2.5	2.5	2.4	2.4	2.3	2.4	2.3	2.3	2.2
Unemployment (% labour force)	15	14	11	11	13	12	13	14	n/a
Poverty									
Real interest rate (%)	37	22	27	21	25	28	21	13	10
Gini coefficient (income or wealth inequality	0.37	0.38	0.39	0.37	0.40	0.40	n/a	0.41	n/a
Poverty headcount ratio at national poverty line (% population)	n/a	n/a	n/a	n/a	52.1	54.5	n/a	n/a	n/a

Source: World Bank, 2008. Note: n/a = not available.

From 2000-2004 the State Department of Statistics and all other sources indicated that the poverty level varied between 51-54.5%. A comparable figure has not been released since 2005 (UNDP, 2008). In 2006 the Department of Statistics under the Ministry of Economic Development with support from the World Bank revised the process of calculating the official poverty line (or subsistence minimum) and corresponding poverty indicators based on the cost of an Official Minimal Food Basket[3]. The Department of Statistics recalculated the poverty level for 2004 and 2005 vis-à-vis the adjusted subsistence minimum, which reduced it to less than half the previous figure. According to official figures, the incidence of poverty at 60% of median consumption has now fallen from 24.6% in 2004 to 21.3% in 2007 (Statistical Yearbook of Georgia, 2008). The large percentage of the population living below the poverty line remains the major economic challenge. Since 2006 it has been addressed by the introduction of the means-tested poverty benefit to households, which is discussed more in section 5 below.

Poverty does not affect all groups of a population equally. As assessment of child poverty in Georgia conducted in 2007-2008 shows that children are among those most at risk of poverty, while at the same time being most vulnerable to its impact (UNICEF, 2008b). Table 3.3 presents consumption-based child poverty rates at different thresholds, the lowest threshold being equivalent to a necessary minimum expenditure on food, and the highest allowing for an equal amount of food and non-food expenses. At all thresholds children have a higher incidence of poverty than the national average, and households with children are less well off than those without.

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[3] The basket is based on the actual food consumption patterns and the minimum calorie intake level of 2,300 kcal/day per equivalent adult.

Table 3.3   Poverty rates at different thresholds, 2007

Poverty line	Threshold (GEL/month)[1]	Poverty rate (%)			
		Total rate	Child rate	Households with children under 16	Households without children
Food poverty line	47.1	9	12	11	7
Total poverty line	71.6	24	28	26	18
2x food poverty line	94.2	40	44	42	33

Source: UNICEF and World Bank estimates using 2007 living standards monitoring survey data. Note: (1)The analysis uses the poverty thresholds defined by the World Bank specifically for Georgia's poverty assessment: a 'food poverty line' of GEL 47.1 per month, based on the consumption of 2,260 calories per day, and a 'total poverty line' of GEL 71.6 per month, based on the food poverty line plus an allowance for basic non-food expenditures.

3.3   Reforms in social welfare, 2004–08

Spending on social welfare represents an enormous share of the state budget and is a huge priority for the government (Table 3.4). It has historically been amongst the largest expenditures by the state budget, except on occasions when there has been a spike in military spending. The line item includes pensions, child benefits, disability benefits and, more recently, targeted social assistance (and, from 2009 onwards, child welfare).

Table 3.4   State budget of Georgia (revenues and expenditures), 2005–09

State budget, GEL mln	2009F	Growth y-o-y	2008E	Growth y-o-y	2007A	Growth y-o-y	2006A	Growth y-o-y	2005A
Revenues	5,510.2	0.9%	5,463.6	22.25%	4,469.1	42.4%	3,139.2	20.4%	2,607.9
Tax revenues	4,760.0	5.3%	4,522.0	50.2%	3,010.5	41.3%	2,130.3	51.4%	1,407.3
Social taxes	0.0	nmf	0.0	-100.0%	722.0	43.6%	502.8	17.3%	428.8
Grants	445.0	-25.0%	592.9	184.1%	208.7	24.5%	167.6	60.4%	104.5
Other revenues	305.2	-12.5%	348.7	-33.9%	527.8	55.9%	338.5	-49.3%	667.3
Expenditures, GEL mln	5,252.0	-5.2%	5,537.4	43.2%	3,866.2	37.6%	2,809.4	16.2%	2,418.6
Welfare	1,330.9	20.5%	1,104.6	41.9%	778.2	25.0%	622.7	17.7%	529.1
Military	944.2	-39.0%	1,547.4	3.5%	1,495.1	119.7%	680.6	74.8%	389.3
Transport and communications	518.5	75.2%	295.9	7.0%	276.5	46.8%	188.3	49.6%	125.9
Education	502.9	18.3%	425.2	12.1%	379.3	14.0%	332.6	328.1%	77.7
Healthcare	344.4	20.7%	285.3	21.1%	235.6	18.3%	199.2	20.5%	165.3
Other	1,611.0	-14.3%	1,879.0	167.8%	701.7	-10.7%	786.1	-30.5%	1,131.3

Source: Ministry of finance of Georgia

The social reforms in 2004–08 have focused on policies that provide pensions, social assistance and other income redistribution. Government spending on social welfare stood at GEL 101 million in 2003 (11% of total expenditure); by 2008 this amount had increased 10 times to GEL 1.1 billion, or 20% of total expenditure. This considerable share of total spending was reached by 2005 when the government's focus was on paying arrears and increasing the minimum pension level, which it succeeded in doing, raising the monthly pension from GEL 14 in 2003 to GEL 70 in 2008 (UNDP, 2008). The share of the budget has remained consistent at 20–22% in subsequent years. The budget for the current financial year 2009 is the most socially orientated of all, with planned expenditure on social welfare of 25%.

The introduction of the means-tested targeted social assistance (TSA) programme in 2005 has been another factor in the increase of the social welfare budget. Whereas previously social welfare programmes targeted certain categories of the population e.g. pensioners, veterans, people with disabilities and orphans, and did not distinguish between poor and non-poor beneficiaries, the new TSA system applies means-testing to households. Since children are found among the poorer households it might be expected that this assistance will bring particular benefits to children.

The number of individuals and households who receive some sort of cash benefit from the state is high. By January 2009 the TSA database included over 500,000 applicant households (1.65 million people), of which over 140,000 households (395,000 people) were receiving cash social assistance (a subsistence minimum subsidy amounting to a maximum of GEL 30 for the first household member and GEL 12 for each subsequent member)[4]. In addition, a larger group from the database—some 257,000 households (751,000 people)—receive vouchers providing them with medical insurance for a package of health care services. The TSA database registers 119,000 households with disabled members, including a total of 137,000 people with disabilities. Of these households some 81,000 are eligible for the health insurance package and 45,200 are recipients of the TSA[5]. The Social Service Agency (SSA), which maintains the TSA database, also keeps records of people who receive a state pension of any sort, including for old age, disability, households who have lost the head, and political figures. As of 2009 the total number of recipients amounted to 844,000, of which 660,000 were old-age pensioners. The implications of this high spending for the likelihood of obtaining additional resources specifically to fund child welfare programmes is discussed further in section 4 below.

As a result of the social protection reforms, the pattern of the capture of social assistance expenditure by consumption deciles has reversed between 2004 and 2009. Prior to 2004, the largest proportions of the state social subsidies were targeted to the wealthiest deciles of the population. From 2006 the majority of the state subsidies were directed to the poorest population of Georgia (see Figure 3.2).

Figure 3.2   Trend in targeting social transfers, by consumption decile, 2004-07

	1	2	3	4	5	6	7	8	9	10
2007	12,9%	13,9%	11,3%	10,6%	10,3%	9,1%	9,1%	7,7%	7,2%	7,4%
2006	13,1%	12,8%	11,3%	10,4%	9,5%	9,2%	8,6%	8,6%	7,6%	8,9%
2005	4,6%	10,8%	12,3%	10,0%	10,4%	10,8%	11,2%	8,8%	8,8%	12,3%
2004	5,0%	10,7%	10,1%	10,7%	10,7%	10,1%	10,1%	9,4%	10,7%	13,2%
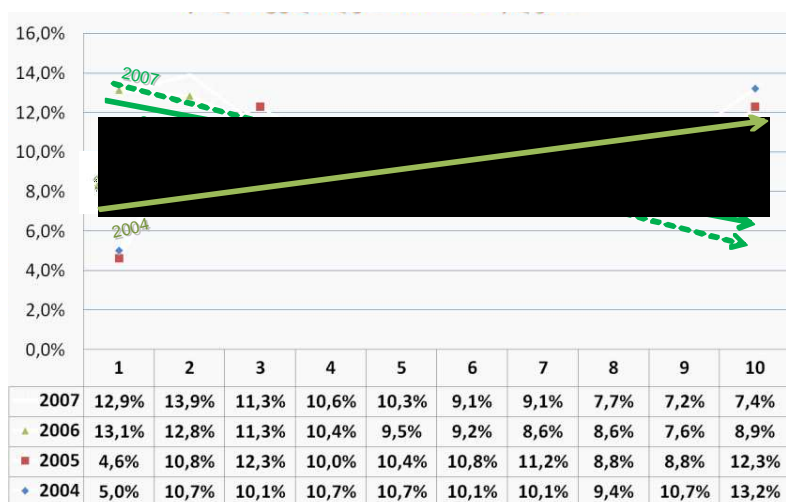
Source: SSA, 2009. Note: The x-axis shows the deciles of consumption. The y-axis shows the percentage share of state social subsidies.

3.4   Child welfare reform

The government has considered and developed child welfare reforms separately from the complex social welfare reforms described above. Child welfare reforms were earlier in origin

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[4] Social services agency, < www.ssa.org.ge> checked in March, 2009

[5] The usefulness of the TSA database for understanding the needs of families with children is discussed further in section 7

than the TSA reforms, having begun in 1999-2000. The division of line ministry responsibilities for child welfare and social welfare between the MOES and the MOLHSA respectively has reinforced the separation between the two components of social protection. The need to bring child welfare into the mainstream social protection discourse, now that the divide no longer exists, is discussed in section 4. The present subsection provides a brief overview of the process of child welfare reform.

Historically, Georgia has long maintained a strong cultural tradition of family support through extended family networks, with several generations of a family often living together in one household. These cultural ties remain today. At the same time a state-run system has been in place for occasions when children in difficulty are not deemed to be able to be supported through these traditional routes. The country inherited from the Soviet Union a system of state support which comprised a network of residential institutions alongside a programme of guardianship and adoption for children who were easily able to be placed in a family. Soon after independence, in 1994, Georgia signed the United Nations (UN) Convention on the Rights of the Child (CRC) which committed it to working towards improving the opportunities for all children in difficulty to be placed in a family rather than in residential care (see Annex F for a detailed timeline of events in child welfare reform in Georgia).

The reform may be considered to have proceeded in three phases following these preliminary activities. The first step towards fulfilling the goal of enabling children to live in a family was achieved in 1999 with the first pilot projects on deinstitutionalisation, supported by UNICEF and EveryChild and operating in Tbilisi, Telavi and Rustavi. This date is considered by UNICEF to mark the start of the reform process in child welfare. The first social workers were recruited to provide support to children and families in their own homes; and some cash assistance was made available to families who were at risk of placing children into institutions for poverty reasons. These initial activities were funded by the projects rather then being supported by the government. A State Programme for Prevention of Abandonment and Deinstitutionalisation was passed in 2001, so from 2002 the MOES took responsibility for child welfare reform and the implementation of a national programme. The first pilot social work teams were now taken on by the government budget and a second wave of pilot teams was set up in Kutaisi and Batumi. A National Plan of Action for child welfare for 2003–07 was developed in 2002–03 but was never enacted, and was later abolished by the new government in 2005.

The process moved into a second phase around 2004, after the Rose Revolution, when the new government formally recognised that the changes in approach to child welfare constituted a reform. Over the following couple of years the government undertook an extensive restructuring of the bodies responsible for child welfare, removing the Commission for Minors and medical-psycho-pedagogical commissions. The regional deinstitutionalisation panels were introduced, with the aim of supporting reintegration of children from institutions and foster care based on the conclusion (recommendation) of a social worker. In April 2005 the interministerial Government Commission for Child Protection and Deinstitutionalisation was established, together with a secretariat, to work on child protection issues. The responsibilities for guardianship and care and adoption were passed from the MOES in Tbilisi to the ministry's deconcentrated structures in the 72 raions and municipalities, the Education Resource Centres, to enable a more localised response to individual cases. There was an expansion in the number of social workers across the country. Residential institutions were consolidated under the authority of the MOES, but plans were developed eventually to transfer responsibility for all institutions to the MOLHSA in January 2008.

In mid-2008 the focus of attention shifted towards emergency relief for children and families in the aftermath of the conflict in South Ossetia and Abkhazia, which brought many new organisations into the child welfare arena in Georgia. But plans for longer-term development of the system continued to be developed.

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In January 2009 the reform entered its third phase with the implementation of the complete shift in responsibilities for child welfare from the MOES to MOLHSA, and at local level from the Education Resource Centres to the Social Service Agency (SSA), a subordinate agency of the MOLHSA. The sector is now undergoing a period of transition as existing policies are reviewed and revised and functions are transferred between the relevant agencies. A Children's Action Plan 2008–11 was approved in December 2008. The first year of activities was approved under the MOES and the activities for 2009–11 were approved in July 2009. During this period some residential institutions are expected to be rationalised and converted to provide a greater emphasis on day-care facilities. In parallel, the government intends to expand the number of social workers in order to provide greater support for children in their own families or living with substitute parental care.

The state-run services are complemented by a number of facilities and support services run by international and national NGOs such as EveryChild, SOS Kinderdorf, The First Step, Children of Georgia and also by church organisations. These are not formally regulated by the government. Attempts have been made to include data on the number of children benefiting from these services in mapping exercises of social care facilities, but the total number—especially of those in facilities run by the church—is not known. A fuller discussion of the services that now exist is provided in section 6.4, while the monitoring of service provision is discussed in section 7.

PART B: FINDINGS

4 The identification of child welfare as a policy issue

KEY FINDINGS

- The definition of 'child welfare' in Georgia has been heavily concentrated on child care and deinstitutionalisation.

- The emphasis on reducing the number of children in state-run institutions is a laudable objective but risks omitting attention to children at risk and those in non-state care, and young adults. It may create confusion because it does not distinguish between children in institutions who have no parental care and those who have the full support of their families.

- The government has elaborated the Children's Action Plan (CAP) 2008-2011 in cooperation with stakeholders, which has a wider agenda, though a full child welfare policy is not in place.

- Child protection reforms have until now been discussed in isolation from social welfare reforms. But they may have the opportunity to be combined and this may be beneficial given that social protection reforms are very high on the government's policy agenda.

- The political, military and economic environment has had a direct impact on the ability of the government to devote increased attention to child welfare issues.

- Donor commitment to child welfare reform is quite strong, but public opinion is less familiar with the arguments in favour of alternatives to institutionalisation.

4.1 What is child welfare?

The terms 'child welfare', 'child protection', and 'child care' have no fixed global definition. In UNICEF, for instance, the term 'child protection' has a broad scope which encompasses 'creating a protective environment, where girls and boys are free from violence, exploitation, and unnecessary separation from family; and where laws, services, behaviours and practices minimize children's vulnerability, address known risk factors, and strengthen children's own resilience' (UNICEF, 2008b). It entails creating a strong system that would be able to address the multiple needs of children, taking into account not just social welfare policies but also education, health, security and justice. 'Child care' often refers to support for children who live in families in difficulty or in substitute families, or who are deprived of parental care and may live in residential facilities. For Save the Children child protection issues include abuse, child labour, children fighting in armed conflict, and children separated from their families in emergencies in addition to those without family care[6].

The choice of how to define child welfare is crucial because the way a problem is defined determines the way that policies are developed to resolve it. If a problem is defined very narrowly it is not surprising that responses to the problem, and resources, are focused specifically on the area covered by the definition. Issues that are not recognised as being part of the problem are unlikely to receive government attention or funding.

In Georgia, until very recently, the problem of child welfare has been articulated largely as being the need to reduce the number of children in state-run institutions. The notion of child

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[6] The term 'child welfare policy' is used in this report mainly from the perspective of social protection, including the analysis of child care policies and cash assistance to reduce poverty. It places less emphasis on the aspects of child welfare that fall under other sectors such as education, health and justice.

welfare has been on the policy agenda, without a specific definition, but the policies promoted in the country have related to fulfilling certain articles of the UN CRC that address parental care, protection from abuse, the entitlement to cash benefits and material support to families[7]. For example, the government's action plan on child protection and deinstitutionalisation, 2005-07, defines a relatively narrow primary objective, being to, 'reduce the number of children deprived of parental care in Georgia by strengthening social welfare structures and management capacity at local and national levels of government'. There has been less emphasis on the needs of refugees, child labour, trafficking, and juvenile justice.

This conceptualisation has arisen because the promotion of child welfare issues emerged from the founding of a Deinstitutionalisation Working Group in 1999 which aimed to address precisely this issue, and which subsequently evolved into the Government Commission for Child Protection and Deinstitutionalisation. At the time the institutionalisation of children was identified as a major issue—perhaps the most prominent in child protection in Georgia. Certainly deinstitutionalisation is a vital aspect of child protection which contributes to the fulfilment of the CRC, and is to be welcomed as an entry point for a deeper consideration of child welfare issues. The Deinstitutionalisation Working Group itself used the issue as a springboard for tackling other related aspects of child welfare reform. Georgia's clear recognition of the need for deinstitutionalisation contrasts favourably with the more limited attention paid to this aspect of child protection in some other countries that are signatories to the CRC.

Three major groups, though, remain unaddressed by this definition of the child welfare policy problem:

1. **Children at risk.** The definition concentrates mainly on children already under the protection of the state, not those at risk who may be living in their own families or may not be known to the public authorities. A definition that refers only to those known already leads naturally to policy development on deinstitutionalisation, whereas the need for identification of children who are 'missing' from the state system might lead to a different policy solution. These children form part of the 'errors of exclusion' from the catchment defined by the circles of services in Figure 2.2 above. Analysis of child protection interventions in Georgia confirms that most emphasis is placed on interventions at the later stages of gatekeeping (prevention of placement in institutions), alternative care and reintegration more than on active early intervention to prevent families reaching the stage of even considering institutionalisation in the first place[8]. A related challenge is that it is important to be careful that a concentration on those children in social services already does not lead to a policy bias against families who are trying to cope by themselves, such as through the inadvertent setting of different financial incentives for substitute families to raise a child compared with biological families. Anomalous incentives are discussed in section 5.2.1.

2. **Children in non-state care.** Articulating the policy problem as relating only to children in the state system results in a large part of the full picture being lost. While it is good to commit to improving conditions in state-run institutions, policy development cannot then improve conditions for children in NGO- or church-run institutions. If the policy problem could be defined as referring also to non-state care then this would provide a more comprehensive understanding not only of challenges but also of good practices in those facilities which may not be known. Without basic information on these other service providers it is impossible to say whether the total number of children in residential care in the country is going up or down.

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[7] See e.g. articles 3, 5, 18–23 and 26–27 of the CRC.

[8] To use the terminology in use in some circles, the emphasis is more on 'tertiary prevention'—preventing further harm once some harm has already occurred rather than 'primary prevention' (stopping the harm before it occurs). See e.g. Gudbrandsson (2004) for this usage.

3. **What happens as the child approaches the age of 18?** The narrow articulation of the problem as being the welfare of children risks leading to neglect of what happens to the child the moment he or she turns 18. Any good progress made in supporting the development of children up to the age of 18 may be under threat if they are then required to fend for themselves suddenly and without support.

It will also be important that any process of deinstitutionalisation is nuanced so that it does not only focus on the children who can very easily be returned, such as those who have the full and regular support of their families (e.g. children in schools with a special educational focus or those who live in remote areas) at the expense of those who are genuinely without parental care or who may need more substantial support to be reintegrated.

There is now an opportunity to expand the concept of child welfare to cover other issues. The Children's Action Plan (CAP) 2008–11 has expanded the definition of the overall goal of child welfare. Its aim is that, 'All children in Georgia have the possibility for positive and individual psycho-social development'. It examines three major problems to be addressed, of which the first two are additional to the previous definition: these are poverty as a hampering factor for child care and development; abuse; and the practice of placing children in large-scale childcare institutions. Respectively, it defines three main goals:

> '1. Social services that ensure positive, individual and harmonious development of the child are available to all children in need of support in Georgia.
>
> 2. Every child in Georgia is protected by the state from all types of abuse, exploitation and neglect.
>
> 3. The state, through different sectors, ensures emotional, psycho-social and individual development of children deprived of care, in the family or in an environment resembling family care.' (Government of Georgia, 2008, p.2)

While these broadened objectives do not cover every aspect of child welfare and child protection they do at least mark a considerable step forward in widening the scope of child welfare issues in Georgia and they may open the route towards the allocation of budget resources to aspects of child welfare other than deinstitutionalisation.

The reluctance to expand the definition of child welfare problems can be understood from the perspective of the government. The discussions with the government around these issues demonstrated that the reluctance is because it considers that it will be held responsible to address simultaneously all problems that might be identified under the extended understanding of child welfare, or that these issues might be used as a benchmark against which its performance is monitored. This might require it to stretch its limited resources over interventions in multiple sectors, resulting in much weaker successes. These considerations have a certain logicality. To address this it would be advisable to strengthen the understanding of the difference between two concepts:

- the identification of broad policy issues that can guide the government and stakeholders to the objectives that should be reached in a longer timeframe, and support consistency and coherence in action; and
- the identification of shorter-term strategic and operational objectives which require more immediate allocation of resources.

The acknowledgement of the broader policy agenda might even attract additional resources into the system since the scale of the child welfare problem would be more clearly defined.

4.2 Child welfare and social protection

It is clear that, until now, child welfare issues have not formed part of the general discourse on social protection in Georgia. Yet the well-being of the child is inseparable from the well-being of the household, and a policy that provides social assistance to a parent is likely to bring benefits to the child. The integration of child care responsibilities into the remit of the MOLHSA is the right time to ask whether this discourse should be amended. Is it best for child welfare to continue to be considered in isolation from the broader social welfare issues? How much could child welfare benefit if it becomes an integral part of social welfare policy?

Section 3.3 outlined the extent to which social welfare spending dominates the budget for the social sector. Figure 4.1 below compares the state programme for child welfare with the budget for three other key sectors, welfare, education and health. It shows that the budgets for all areas have doubled and sometimes tripled during the last four years.

Figure 4.1   State allocations to child welfare and other sectors, 2005-09 (GEL million)
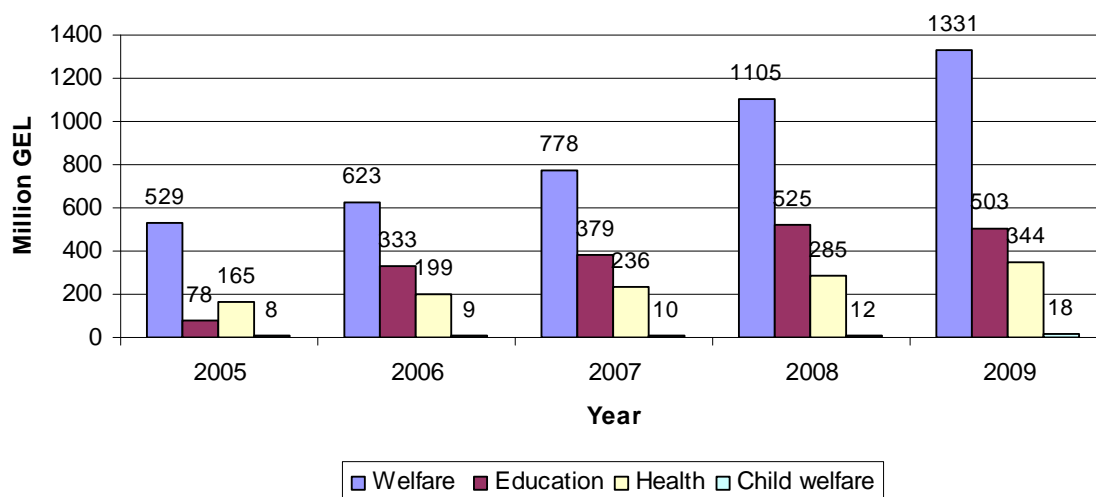
Source: OPM, from analysis of state budget. Note: In 2005–08 the child welfare budget was a component of the education budget. In 2009 it is a component of the welfare budget. The figures shown for child welfare relate to the State Programme on Child Care; other funds supporting children (such as the monthly payments for orphans) are included under different budget lines.

Children are the targets for many of the state health care and education programmes which have attracted additional allocations in the state budget. This positive trend in state allocations relates to the child welfare budget as well: it has more than doubled in size, in nominal terms, since 2005, with much of that increase coming during this financial year (Table 4.1).

Table 4.1   Allocation of state resources for the programme on child care in 2004-09, GEL million

Year	GEL million
2004	6.70
2005	7.46
2006	8.64
2007	10.18
2008	11.58
2009	17.58

Source: EveryChild, 2009, from State Budget.

However, the actual allocations to child welfare compared with other aspects of social protection and pensions, health and education are extremely small. This suggests that a big relative increase in allocations to child welfare could potentially be achieved with only a fractional increase in the total budget in absolute terms, or with a small shift in the distribution of resources between sectors. The case for this reallocation might reasonably be made on the grounds of the long-term interest of promoting child welfare in order to reduce the burden of social assistance and health care costs in subsequent years.

The assessment team suggests that placing child welfare in its broader social welfare context will help to place it higher on the policy agenda since the value of social safety nets is firmly acknowledged by the government. This will make the issue more relevant to the government's priorities. There is no suggestion that the figures for child protection expenditure should approach those of the other sectors given the size of the target groups and the required size of any subsidy: it has already been made evident in section 3.1 that the number of children in Georgia does not greatly exceed the number of pensioners. *Per capita* allocations for children are not lower than *per capita* allocations for other social groups. But the linking of social protection and child welfare should enable policy objectives to address broader socioeconomic and family-related issues which are often at the origin of the child's welfare needs. The need for an integrated approach to social assistance is logical given the evidence that payments such as pensions have a knock-on beneficial effect on children even where another family member is a recipient.

4.3   Environment for reform

The overall policy environment, including the competing demands of other policy issues and the degree of public support for the reform, determines in part the extent to which proponents of child welfare (and social protection) reform are able to advocate for increased attention. Three major features of the policy environment have altered, or are likely to alter, the course of child welfare development during the period of reforms.

First, the rapidly changing political landscape has had an impact on child welfare reform just as it has with all sectors. Many major new initiatives were undertaken with the change of government following the revolution of 2003. Since then frequent changes in the holders of key ministerial positions have been the cause of changes in policy direction. This high turnover can make it difficult to enact long-term reforms and emphasises the dependence of the system on the political will of individuals. The advantage is that new entrants can provide a fresh impetus to the reforms as they make their mark on the sector. To reduce the destabilising effect of the change of political personnel it is even more important to ensure that a child welfare policy and rationale has been clearly articulated and that public opinion is aligned with the desired policy direction, as discussed further below.

Second is the recent conflict with Russia. It coincided with a temporary big increase in military spending, though this has already declined in 2009. On the one hand this will have diverted attention from peacetime issues including long-term development of the social welfare sector. It has simultaneously increased demands from many other sectors, including others that have a major impact on children such as health, education and water and sanitation, for a more systematic and intensified response. On the other hand the conflict has revealed that there was no social protection system in place to immediately address the needs of children so it may have boosted calls for development of a comprehensive social protection system. It has brought many new players into the sector, several of whom may decide to stay long term. It has also brought about innovations: since August 2008 number of new types of service have emerged in the regions that have been most affected by the conflict, including the child friendly spaces (see section 6.4).

Third, the effect of the global financial crisis will soon become visible in Georgia, not least because of its traditional reliance on remittances from abroad which may decline. It is likely to bring particularly adverse effects to households that already live in social and economic hardship, perhaps close to the poverty line. But since the current policy of the government is 'to put meaningful fiscal stimulus in welfare, education' and to be inclined towards a more 'social' allocation of state resources, it could be assumed that social protection will be brought higher on government agenda to compensate the most severe effects of the crisis[9]. The challenge is to ensure the flexibility in state budgeting to address the various needs of the vulnerable as they emerge, especially considering the huge numbers of those in need.

The external (development partner) support for child welfare issues is quite favourable. It is evident that the donors have an interest in supporting child welfare reforms. UNICEF and the European Union have been leading in this area since about 1999-2000. The European Union's Food Security Programme conditionality offers a favourable environment for prompting support to child protection and has exerted a significant influence in moving the child welfare agenda forward. There are a number of other aid partners supporting the children and their families, including international and national NGOs such as EveryChild (see section 5).

Public opinion on child welfare issues is less conducive to reform. Without addressing public attitudes towards deinstitutionalisation it will be difficult to advocate for alternative services to feature prominently on the political agenda. At the moment it is widely considered that the general public views residential institutions quite positively, considering that they offer a solution for families in severe poverty or who are absent and unable to take care of their child. The potential long-term economic, social and psychological effects are less well-known to the public, and the limited information about alternatives may reinforce the preference for residential care. This implies a need for both public awareness campaigns on the CRC and also the development of visible alternative services which can help people get a real understanding of some of the possible alternative solutions. The incentive of being seen to consider public opinion is a powerful one for any government, so a change in public attitudes could have a substantial effect on the progress of the reform.

Some awareness-raising has already been undertaken, such as to introduce the notion of foster care. The beneficial effects of that public awareness campaign on the supply side, in terms of a noticeable rise in applications for families to become foster parents, indicates that a continued effort to promote positive examples of alternative family support services might encourage their provision. On the demand side there remains a perceived resistance to foster care from parents in difficulty who fear that it will be harder for them to take their child back from a foster family than from an institution. Further work on awareness-raising is required in this area.

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[9] Government of Georgia, Press release, Tbilisi, 12 January, 2009.

5   Policy development in child welfare reform

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KEY FINDINGS

The most significant achievements in policy development have been:

- The consolidation of central government responsibilities for child care under a single ministry, the MOLHSA;
- The concentration of gatekeeping responsibilities (reducing the inflow of children into residential care) and responsibilities for finding alternative family-based services in one 'guardianship and care' panel in each region;
- The elaboration of a Children's Action Plan which intends to create a child protection policy;
- The absorption of successful pilot programmes into the state programme;
- The tripling of the budget for the state programme on child care in the last five years;
- The naming of alternatives to residential care in the state programme;
- The proposal of a voucher scheme to fund child care services, which links the state's resources directly to the child;
- The planned consolidation of in-service training programmes for social workers;
- The effectiveness of the conditionality matrix of the EU Food Security Programme as a tool for encouraging reform; and
- The highly participatory nature of much of the policy elaboration, including the CAP.

The challenges that remain are:

- The absence of a single overall policy for child care reform;
- The weakened status of the interministerial body responsible for coordinating child welfare issues across the government, and consequent lack of formalised cooperation with other ministries;
- The difficulty in extending the reach of community and family-based child care and support services beyond the main town in each region;
- The continued heavy emphasis in the state programme on funding residential care rather than community and family-based services;
- The weak legal basis for establishing and strengthening prevention services;
- The disparity in the value of cash incentives for supporting child welfare across different programmes;
- The lack of interest in regulating non-state providers of services; and
- The need to finalise the child care standards, on which so much effort has already been made.

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This section reviews what policies have been developed in terms of the components of a child welfare system. It discusses how relevant these policies are for addressing the problems that were defined in the previous section. Policy documents may be produced separately from laws and regulations, but in the absence of any separate strategies the laws and regulations can be considered to demonstrate the intended policy direction of the government. National regulations

and normative acts share common features which generally include definitions of the groups of beneficiaries; the type and size of the benefit; the administrative organs responsible for the application of activities determined under the law; and their function. However, what they are unable to do comprehensively is to prioritise between different demands on the system. Of course, strategies and regulations are not always fully delivered as intended; implementation issues are discussed in section 6.

Child welfare regulation in Georgia is not systematised. Different aspects of child welfare are regulated by different laws and normative acts. The CAP 2008-11 proposes the development of a child protection policy, in a narrow sense, but this has been postponed until 2010 and so has not yet been put in place. In this section regulations are grouped and discussed in accordance with components of the conceptual framework provided in Figure 2.1, i.e.:

- **Structures.** Policies / laws defining the functions and responsibilities of administrative organs;
- **Resources.** Policies / laws regulating the financing of the state's social obligations;
- **Regulatory processes.** Laws and regulations on licensing, accreditation and standards;
- **Services (family support).** Regulations supporting the welfare of the household or individual (social assistance and pensions); those supporting families with disabled children; those preventing the separation of the child from the family (including prevention grants); and support for reintegration;
- **Services (family substitute).** Regulations supporting the integration of child in a family type environment (including foster care and adoption);
- **Services (residential).** Regulations ensuring the service provision and quality of services in child care institutions; and
- Communication and participatory policy development.

Possible shortcomings in child protection regulations may be grouped as follows. First, in some cases regulations exist but are outdated or irrelevant and require revision. Second, some regulations are not in place and must be elaborated. Third, regulations may exist and may be appropriate but are not enforced. These issues are covered in the text where relevant.

5.1   Development of governance structures

5.1.1 Government agencies and structures

Ministry responsibilities

The configuration of the structures that oversee the child welfare system has altered quite significantly in the last 10 years, with the influence of the three waves of critical changes described in section 3.4 above. In the first phase, from 1999 onwards, service planning and provision was still very fragmented among different ministries. This was causing inefficiency in service provision: resources were not being spent on the cases most in need or on the most cost-effective solutions to child welfare problems, because the budgets for residential care, education in residential institutions and alternatives to institutionalisation were scattered between the MOES and the MOLHSA. For this reason in the second phase, in 2004, the structures were reorganised. Financing and supervision of all child care institutions were brought together under the MOES, which involved bringing in five institutions that had previously been under the MOLHSA. This may indicate that at that time child care was seen as an issue more closely related to education and upbringing than to welfare considerations, though there were also pragmatic considerations that the management of the deinstitutionalisation process was already established in the MOES. Most recently, in the third phase of reform, the shift was reversed with the move of most child protection responsibilities from the MOES back to the MOLHSA in January 2009, including for those

institutions that had always been part of the MOES. This move suggests that the policy problem has been refined so child care issues are now perceived to be more related to poverty than to educational needs.

Now, at central level, the MOLHSA is responsible for policy-making, regulation and supervision of the social protection system, which includes child welfare. It prepares the state social welfare and health care budget, which are the instruments for funding child care services, in close consultation with the Ministry of Finance and government. The budget is submitted for approval to the parliament annually in the budget law. The MOES retains responsibility for providing education to children with special educational needs, including those in residential institutions.

The regrouping of all institutions run by central government into one ministry does not mean that the entire system is now unified. Municipal residential institutions, though funded by the central government, remain largely outside the reform process and are not connected into the same gatekeeping and monitoring functions. However, now that the new structure is set in place there is a good opportunity to bed down the system and strengthen it without further structural changes. This will ensure that at least the central government responsibilities are not fragmented.

Box 5.1   Regulations determining governance structures

Some of the main regulations that determine the structure of the governance arrangements include:

- Governmental order N 249 on the approval of the charter of the MOLHSA
    - The order adds the responsibility for child welfare to the responsibilities of the MOLHSA, specifically (1) Elaboration of child care standards (2) Elaboration of State policy on child care (3) Supervision of policy implementation.
    - It defines the objectives and competences of Social Protection Department: *(25.10.2007 N239)*
    - Support to the policy implementation of adoption and fostering; *(25.12.2008 N 250)*
    - Coordination and control of placement of children in child care institutions; *(25.12.2008 N 250)*
    - The order lists the child care institutions, institutions for children with disabilities, and day centres that have been transferred to the MOLHSA from the MOES, and puts MOLHSA in charge of control of these facilities.
- Governmental order N 37 of the approval of the charter of the MOES
    - The order describes the competences related to the child welfare that have been extracted from the MOES charter, with the exception of inclusive education.
- Governmental order N 225/N of the assignment and release of targeted social assistance
    - The Act regulates assignment and release of targeted social assistance;
- The order of the MOLHSA N 198/N on approval of the charter of the Health and Social programme Agency
    - The function of the HeSPA is to procure health and services defined in the State heath and social welfare programmes. This relates to services for children, including children with disabilities and without parental care.
- The order of the MOLHSA N 190/N on approval of the charter of the Social service agency
    - The order defines the functions of SSA in relation to the child welfare, namely (1)   Coordination and management of processes around adoption, fostering, guardianship and careship (trusteeship); (2) Administration of information bank on children who could be adopted and potential adoptive parents; (3) Assurance of functions of the central and local organs for guardianship and careship nationwide; (4) Assurance of functions of central organ for international adoption.

Delivery of most state-run child care services, excluding services in residential institutions, is administered by the SSA affiliated to the MOLHSA. The SSA has regional branches throughout the country. It contracts social workers who deal with child deinstitutionalisation, prevention of child abandonment, adoption, guardianship and foster care. A separate important function of the SSA is that it administers all types of social subsidies in Georgia, including targeted cash assistance and pensions. For this reason it has broad national coverage, and has a staff of 1,300 workers, including the social workers. Bringing child protection administration under the SSA generates good opportunities for coordination with other social services including cash assistance, pensions, and insurance. It is expected that this will be very valuable although there are potential ideological differences between the supportive services of the social workers and the anti-fraud operations conducted by the social agents, who are now housed within the one agency. Delineation of definitions and functions for these two groups will help to mitigate the risk that social workers become viewed by the public as colluding in what may be perceived to be the negative activities of the social agents.

State funded health care services are purchased by the Health and Social Programmes Agency (HeSPA), also affiliated to the MOLHSA. Currently, HeSPA purchases health insurance from the private insurance companies for the beneficiaries of various state health programmes, including certain type of services for children below 15 years old, and very limited health services for children below 18 years old. The implications of the regulations on health insurance for creating incentives to maintain children in institutional care are discussed further below.

The structures as they now function are well placed to allow the absorption of child care issues into the social welfare debate, and also to address services for children alongside those for adults. This is very welcome because it may help to resolve two of the problems identified in the last chapter, namely the need to pay attention to the transition of care from childhood to adulthood, and the need to work more preventatively with entire families, helping households to overcome difficulties before they reach a crisis point where a child is already severely affected and on the verge of being abandoned.

Statutory bodies (gatekeeping function)

The organisation of bodies with statutory responsibility for determining which services should be provided to a child has also been radically transformed in the last 10 years. Four main structures at local level have been involved: these are the Commissions for Minors, the deinstitutionalisation panels (now called 'guardianship and care panels'), the Education Resource Centres and the social workers.

Before the arrival of the new government and the formal start of child welfare reform in 2004, the statutory body with responsibility for child welfare in each region was the **Commission for Minors**. But this commission mainly authorised the entry of children *into* institutions rather than finding alternatives to institutional care. Its members, who were local professionals such as lawyers, had neither the time nor the statutory responsibility to carry out an assessment of overall demand for services locally, or to assess the needs of individual children who were presented to them. Cases were taken up when a family requested institutionalisation of a child, and the commission would generally provide a letter of recommendation to an institution, rarely putting forward alternative options. There were some known cases of corruption where families paid the institution or the commission to take the child into institutional care.

At this time the only organisations that were promoting deinstitutionalisation and family support, and carrying out individual case assessments, were the **social workers** and **deinstitutionalisation panels** which operated in five pilot regions[10]. Where these pilot schemes

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[10] These are Batumi, Kutaisi, Rustavi, Tbilisi and Telavi.

were not present the family support services were not available. The deinstitutionalisation panels, similarly to the Commissions for Minors, consisted of professionals such as police officers and lawyers who met on a monthly basis to discuss cases, providing support to social workers. They did not deal with cases of entry into institutions, in order to avoid overlap with the Commissions for Minors; instead they dealt with cases of reintegration of children *from* institutions into their own families or into foster care. They were not responsible for decisions on guardianship or adoption. A key challenge for the social workers and deinstitutionalisation panels was that of covering the full geographic area; social workers were located in different *raions,* but each overall region had a single panel in the main town and it was difficult for social workers in more remote areas to bring their cases to the attention of the panel.

In 2004 the new government swiftly abolished the Commissions for Minors, and for about a year their functions became the direct responsibility of the MOES centrally. Although the MOES had taken over the running of the social work units from the pilot projects, so it had a few dozen staff at local level, it still remained a challenge for the ministry to assess the case of every individual child owing to a shortage of human resources, expertise and budget for expenses such as transport. The minister was obliged to make a decision on the case with minimal knowledge of its history.

In 2005 the MOES established the **Education Resource Centres** in each raion. These deconcentrated structures of the ministry, which were created to support education reform, were given the responsibility for the MOES's child welfare functions the following year. As well as authorising entry into institutions (on the basis of the assessments and information provided by the social workers) they were in charge of guardianship and adoption decisions and the promotion of child rights. One person from the Education Resource Centre—often the head, and generally a professional such as a lawyer or teacher with some additional training in child protection—became head of the deinstitutionalisation panel in regions where these existed, in order to coordinate the processes of institutionalisation and deinstitutionalisation. The advantage of using the Education Resource Centres was that they existed at the local level, but there remained the challenge of their ability to interact with social workers in remote rural areas. On the whole the system was considered to be an improvement on previous arrangements, and operated for about two years.

With the transfer of responsibilities from the MOES to the MOLHSA the Education Resource Centres have stopped being responsible for child welfare locally, though one member of the centre continues to serve on the deinstitutionalisation panel as an expert. A major change in 2009 has been that the functions of the centre have now been transferred to the deinstitutionalisation panels, which now exist in all regions and have been renamed 'guardianship and care panels'. This harmonisation of the two bodies, towards which the MOES had been working, has the great benefit of placing most final decisions on family substitute and residential care run by the central government in a single organisation, which improves the possibility for experts to consider a greater range of options available to a child in difficulty[11]. In the medium term the government intends to establish similar panels at district level but this may require considerable capacity development initiatives.

Of course, the panels face the challenge of a considerably increased workload. For some members, such as the representative of the Education Resource Centre, attendance on the panel is considered part of their regular job but for others, such as doctors and psychologists, it is a separate duty, and these latter people are authorised to receive a monthly payment for their attendance. The panels still only deal with cases where children may end up in care supported by the MOLHSA. They have no involvement in decisions on entry into municipal, NGO- or church-funded residential or substitute care. In light of the fact that municipal-run institutions are state

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[11] Some decisions are necessarily made by the courts, such as those on adoption and on the removal or restriction of parental rights.

funded it would be logical and desirable that entry into those institutions should be guided by the same guardianship and care panels that cover entry into central government institutions.

One aspect of service provision which remains insufficiently addressed by the reorganised structure is attention to preventive services rather than to those which respond to cases where a child already needs to be placed in an alternative family environment.

The reorganisation of statutory bodies at local level has been accompanied by a gradual systematisation of case management. Social workers increasingly carry out individual needs assessments of children in difficulty. Standard forms have been created by the government and social workers—with substantial support from EveryChild and UNICEF—for the initial assessment and the secondary, comprehensive assessment. There are separate sections for information on the child and on the family. The MOLHSA has introduced some changes relating to eligibility of the household for cash assistance and it is hoped that this will improve the ability of the ministry to identify cases where households are at risk of institutionalising their child for reasons of poverty.

Under the Law on Local Self Governance, enacted in December 2005, local governments acquired very limited responsibilities for social welfare with correspondingly limited resources. The law defines three types of responsibility of self-governing units with regard to various aspects including social protection. These are exclusive, delegated and contracted responsibilities. The exclusive rights / responsibilities are funded out of the local budget, not by centre. Central transfers follow only delegated or contracted responsibilities. In actual terms local governments have almost no sources to support child welfare for the year 2009.
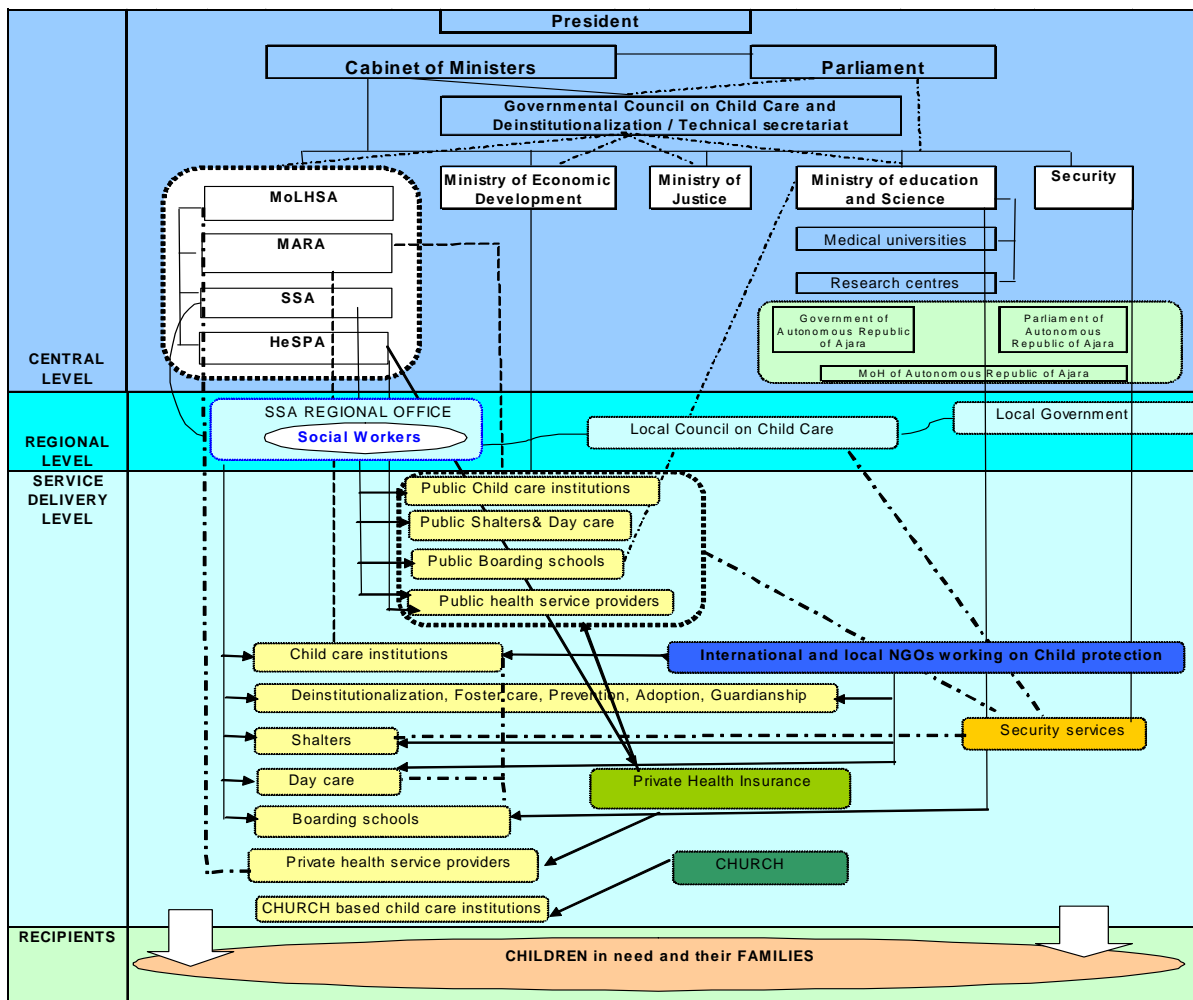
State-level coordination

The Government Commission on Child Protection and Deinstitutionalisation and its technical secretariat previously had influence over child care reform at the highest level, when child care functions were previously part of the MOES, because of their link with the prime minister's office. The commission was in charge of coordinating child protection nationwide among different line ministries, aid partners, NGOs and private service providers, and coordinating the implementation of the Strategy on Child Welfare Reform. Its supraministerial position gave strength to its ability to work across government and ensure a common position at the highest levels of authority, whilst the technical secretariat was effective in fulfilling day-to-day functions. The establishment and operation of this commission, when it was in place, can be considered to be an achievement.

However, there remains a challenge to sustain the momentum of the commission. Since child care responsibilities were passed to the MOLHSA the commission has stopped functioning, and the remaining body—the technical secretariat—has lost the links with the prime minister's office. It has been less easy to sustain progress with the Commission under the more recent high turnover of ministry staff, and the change of the child welfare structure has itself been an impediment to its functioning. It is not yet clear whether the MOLHSA will adopt the overall coordination function now that most of the responsibility for child protection is united within its remit. The risk is that it will be harder for the MOLHSA to be able to exert leverage over other ministries, where required, to deliver cross-cutting objectives on child welfare such as for juvenile justice. It may be valuable to explore reviving the commission or identifying an alternative supraministerial body, such as one relating to delivery of the PRSP, that can support the MOLHSA in this respect. This may require the definition of new tasks and responsibilities, and a change in the composition—and perhaps the name—of the commission, in the light of the restructuring of the sector.

Figure 5.1 summarises the organisational arrangements for child welfare. It demonstrates the complexity of the environment with its multi-sectoral nature and variety of functional relationships and accountability.

Figure 5.1   Governance and service provision structures for child protection

Source: OPM.

5.1.2 External partners

Bilateral and multilateral partners and NGOs, both international and local, have a significant role in the childcare and child protection sector in all countries. In Georgia, examples include contributions from the EU, UNICEF, the United States Agency for International Development (USAID), the Swedish International Development Agency (SIDA), the Organisation for Security and Cooperation in Europe (OSCE), Netherlands National committee for UNICEF, and German National committee for UNICEF. A full mapping of child care services, their funders and management is being

undertaken by the EU TACIS Support to Child Welfare Reform project at the moment, so is not repeated here. But some of the major interventions during the period of reform have included:

- In 2001 the MOES set up the project, 'Family Support and Foster Care', implemented by EveryChild and co-funded by EveryChild and UNICEF. This project recruited and trained the first cohort of social workers, marking the beginning of the development of gatekeeping services and cash assistance to families with children at risk of institutionalisation. It aimed to respond to the needs of children aged 4–18. The total project budget was just over $350,000. In May 2004 the responsibility for the funding and operation of the project was transferred to the MOES. (DRN and IPS, 2006).

- From October 2002 to September 2006 the project, 'Prevention of Infant Abandonment and Deinstitutionalisation' (PIAD) was operated by World Vision Georgia together with the MOES and MOLHSA, UNICEF, EveryChild and World Vision Hong Kong. This focused on interventions for children below the age of four, including the establishment of mother and baby homes and support to fostering, adoption and family reintegration. It developed gatekeeping mechanisms and prevention systems, and set up an employment service centre to support family members to gain professional skills and find employment. The project budget was $633,400 (DRN and IPS, 2006).

- The EU Food Security Programme has been operating in Georgia for most of the reform period. As part of the conditions for receiving funding from this programme the Government of Georgia has been required to fulfil policy obligations relating to child welfare. This is a very powerful instrument for supporting the progress of the reform because the value of the resources that are dependent on fulfilment of the conditions is high. Until 2004 the conditions focused almost exclusively on improving the welfare of children in institutional care and working towards deinstitutionalisation. This matches the discourse that was prevalent during that first phase of the reform. Since 2005 the emphasis on deinstitutionalisation has continued but some of the other conditions have broadened their scope to include reforms to government structures, the development of new legislation, the integration of child welfare considerations into a broader social protection policy including cash assistance. In 2007 and 2008 there has been a greater focus on the development of alternative services.

- The EU Support to Child Welfare Reform Project has been providing technical assistance to the government since August 2006. It is considered by the MOLHSA to be one of the main implementing partners in the reform. It has assisted in transferring the responsibility for implementation of the child welfare reform from the MOES to the MOLHSA. It is supporting the development and implementation of the CAP 2008-11, and piloting referral procedures in the project pilot sites. The project is also charged with carrying out capacity-building activities for senior managers and social workers and with conducting public awareness campaigns such as on foster care.

- The EU TACIS TEMPUS project, 'Establishment of a social work programme in Georgia', was set up to develop three accredited qualifications in social work: a Bachelors programme, a Masters programme and a certificate for social workers who were previously qualified in a different discipline. The project ran from 2005 to 2008 and has now been replaced by a new TEMPUS project from 2009 to 2011, during which period Georgia also aims to set up a PhD programme (see section 6.2.2 below for a more detailed discussion).

- USAID funds several NGOs and INGOs working with socially disadvantaged children. It provides funding and assistance to Save the Children in its work including on street children, the development of alternative services and referral procedures. USAID also supports activities for preventing trafficking and providing assistance to the victims.

- A UNICEF/SIDA project supports the Governmental Commission for Child Protection and Deinstitutionalization, and child welfare system reform in general. Other SIDA projects support development at regional levels.

- A UNICEF/Dutch National Committee project supports the capacity building of statutory, family support and family substitute service providers in the regions of Georgia. It also aims to raise awareness among the population about the risks of human trafficking, including the knowledge of child service providers.

- The UNICEF/Irish Government project supports the development of family and community-based alternatives to institutional care in the regions of Georgia, mostly targeting Kvemo Kartli.

- The UNICEF/German project supports capacity and facility development in Senaki institution for children with disabilities.

- The OSCE funds activities on economic rehabilitation and anti-trafficking which are indirectly benefiting children and youth

- In many cases NGOs are developing projects and programmes using their own funds, too.

These initiatives may be considered to be broadly in line with the government's deinstitutionalisation policy and the promotion of alternative facilities. A difficulty is the absence of a coordinated funding mechanism as mentioned earlier. One risk with this lack of coordination, and with the use of many international organisations for delivery of alternative services, is that services may get concentrated around Tbilisi or in relatively accessible areas, including in towns, rather than systematically throughout all areas in need.

5.2 Resource allocation

5.2.1 Financial resources

The total amount of financial resources allocated to the child welfare system by the structures described in section 5.1, and by non-state organisations, is unknown. Nor is there a policy on what the desired level of resources should be in order to close the financing gap and enable the Government of Georgia to fulfil its obligations under the CRC. There is not a unified system for allocating resources to child welfare, such as a sector-wide approach or pooled fund, that would bring together the state support and donor commitments. The annual state programme for child care (described further in Figure 5.2 below) has been approved in the Law on State Budget for 2009 but this represents only a part of all the resources devoted to child welfare in Georgia.

Box 5.2   Key regulations on state financing for child welfare

- The key document regulating resource allocation to child welfare is the **Law on State Budget** issued on an annual basis. It is discussed in this section.

- **The Tax Code** defines tax exemptions for charitable activities for children and income tax exemptions for certain categories of individual. Specifically, the law releases individuals and organizations from the obligation to pay profit tax on charitable activities directed at children. The same law releases certain categories of individuals from income tax (such as individuals with category I and II disabilities, foster parents, adoptive parents and individuals with disabilities from childhood) if income is in the range of GEL 1,500- 3,000 per year (varies according to categories).

- The law on **Public Procurement** defines general rules for procuring goods and services from the state budget. The main observation here is that procurement must happen through competitive tendering.

The CAP gives an outline of areas that have to be supported both by government and by aid partners. However, the action plan costs only the services that are funded by the government. Costed action plans are to be approved by the MOLHSA on an annual basis. The activity plan for 2008 was approved together with the whole CAP for 2008–11 in December 2008, and the activity plan for 2009–11 was approved only in July 2009, which will cause delay in its application for the year (see section 6.2 for a detailed discussion of how the implementation of financial management mechanisms adversely affects outputs for the child).

State funding for child protection

Section 4.2 noted the steady increase in state funding for child welfare since it appeared in the state budgets of the MOES and the MOLHSA These allocations are approved in the Law on State Budget of the particular year.

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- The law on **Public Procurement** defines general rules for procuring goods and services from the state budget. The main observation here is that procurement must happen through competitive tendering.

An analysis of the Law on the State Budget reveals whether these financial resources are being prescribed in a way that is likely to respond to the priorities for child welfare. For 2009, the Law has approved the State Programme on Child Care, the aim of which is, 'to support social protection and the creation of a family type environment for children lacking care and socially unprotected, victims of violence, children with disabilities, and children who require special education and / or have complex behaviour'[12]. It therefore defines six broad target groups who are expected to benefit from support. The definition may be considered to permit the devotion of resources to children at risk, not just those already being looked after by the state, because these may fall under the term of children 'lacking care' or 'socially unprotected'. So there is no impediment in the budget to providing services for such children, besides the constraint of the budget itself. The team also considers it good that the aim of the programme is seen to be to support social protection since this implies the more coherent approach to family support, and to poverty reduction goals, that is expected to bring longer-term benefits.

Analysis of the State programme shows that there is a growing number of alternative forms of child care funded by the state, including the shelter for mothers and infants, day care centres, small group homes, foster care, prevention and deinstitutionalization, and prevention of violence (see Figure 5.2 for a summary of the activities funded by this year's programme within its total

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[12]The Order of the Minister of MOLHSA on approving the State programme on Child Care, 2009;

budget of GEL 17.58 million). This is a very welcome indication of the commitment to expand alternative sources of care.

Figure 5.2   State Programme on Child Care, 2009

#	State Programme 'Child care'	Budget (Gel)	Share (%)
	Total	**17 579 800**	**100**
1	Sub programme for prevention of child abandonment, and financial support for implementation of functions defined by Law on deinstitutionalisation, guardianship and careship (trusteeship)	5 573 700	31.7
2	Sub Programme for prevention of child violence	55 980	0.3
3	Sub programme 'Our home'	420 000	2.4
4	Sub programme 'Day Centres'	400 000	2.3
5	Sub programme for supporting shelters	190 800	1.1
6	Sub programme for taking children to resorts	54 000	0.3
7	Sub programme for rehabilitation of children with bone diseases	88 200	0.5
8	Sup programme for diagnostics and prevention of and early childhood disabilities	72 000	0.4
9	Sub programme for supporting social institutions for children with special education needs	2 423 000	13.8
10	Sub programme for assessing the health conditions of children to be adopted internationally	20 000	0.1
11	Sub Programme for supporting Child Care institutions	8 222 120	46.8
12	Monitoring of the State programme Implementation	60 000	0.3

Source: MOLHSA, Paragraph 5, The Order of the Minister of MOLHSA on approving the State programme on Child Care, 2009.

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[13]The Order of the Minister of MOLHSA on approving the State programme on Child Care, 2009;

budget of GEL 17.58 million). This is a very welcome indication of the commitment to expand alternative sources of care.

However, a review of the figures budgeted for the particular forms of child protection reveal that the majority of the state funding is directed into two priority areas, where the number one priority is still support to child care institutions, followed by the support to prevention and deinstitutionalization. Residential institutions for child care and for children with special educational needs consume more than 60% of the proposed budget to support child welfare (lines 9 and 11 of the programme). Discussions with the government suggest that the MOLHSA does want to see alternative services promoted, and they will target resources to these directions in the long run. However, because of limited state allocations, and the donor support available for the alternative care, the ministry considers it necessary to maintain the current budget structure for the medium term, while showing the trend towards diversified financing. The assessment team considers that the MOLHSA might have the financial capacity to take on a greater responsibility for alternative services with a well functioning gatekeeping system which strictly limits new entrants into residential care.

It would be possible for the MOLHSA to reconsider whether the budget lines are distributed in the most appropriate way. Some components of the state programme have developed historically and have been incorporated into the 2009 funding with approximately the same budgets as was the case in previous years; this reflects a tendency for budgeting based on inputs rather than results. For example, it is difficult to justify the volume and budgets for the subprogrammes for taking children to resorts, rehabilitation of children with bone diseases, diagnostics and prevention of early childhood disabilities, and the prevention of child violence. These small subprogramme components vary from GEL 55,000 to GEL 88,000. Does this coincide with the needs of preventing child violence, or providing the rehabilitation (including treatment) of children with certain disorders? The selection raises questions as to why 250 children are taken to the resorts on an annual basis and how they are selected; and why children with specific disorders (i.e. bone diseases) are priorities for rehabilitation, and how are they different from children with many other disorders (i.e. mental and / or physical disabilities) who also would benefit from rehabilitation, treatment and care.

These considerations lead to the conclusion, that there is a critical need for the MOLHSA to define the set of objective criteria according to which the state child welfare programmes would be developed. These criteria would be based on a needs assessment of child welfare, taking into account the need to consider equitably the treatment of every child in need, and considering the severity of the conditions that require addressing. It is not realistic to think that all of the identified needs would be addressed within the short run, because of budget and administrative constraints, but the approach taken by the state in planning its budgets would be seen to be fair and in line with a human-rights-based approach.

While analysing resource allocations, it is also important to look at the unit costs of different types of child care services, which have been identified by the EU Support to Child Welfare Reform project (Table 5.1). If the cost distributions are accepted as accurate, then the table gives enough evidence to the government to be interested in promotion of family support services in preference to residential care from the point of view of allocative efficiency as well as child rights. But it is important to recognise that services should not be considered solely on the grounds of cost. Small group homes and shelters are considered good models of residential care for further development although they may appear more expensive than regular children's homes. However, the immediate slightly increased unit costs of these services do not reflect the likely savings on government expenditure in the long run that are generated by supporting children in a family-type environment.

Table 5.1   Unit costs of different types of child welfare services (GEL)

Type of service	Average daily unit-cost
Residential care	
Regular Children's Homes	8.3
Disabled Children's Home	27.3
Regular Boarding Schools	12.9
Disabled Boarding Schools	12.4
Shelters	15.9
Small Group Home	13.8
Infant House	11.0
Family substitute care	
Foster for Disabled	12.6
Regular Foster	9.5
Family support services	
Regular Full Day Services	4.1
Full Day Services for Disabled	10.2
Regular Seasonal Day Care	1.9
Seasonal Day Care for Disabled	3.6
Outreach Mobile Service	1.3
Social Worker	6.8

Source: Gugushvili and Arganashvili (2008). Note: The assessment team was not able to ascertain whether the costs are derived from actual or estimated costs. It is understood that these are an average of actual reported figures but the authors express caution about their accuracy.

Four further state programmes provide budgetary resources for child welfare. These are:

- State programme on social assistance;
- State programme on social rehabilitation support to individuals with disabilities, elderly and children with parental care, 2009;
- State programme on child health care; and
- State programme on pregnancy, delivery and child care, and support for adoption.

The state programme on social assistance provides financial support for categories of children and also adults with disabilities (Table 5.2). This is not totally consistent with the state programme on child care in terms of its prioritisation of the named target groups, because, for example, it is not automatically the case that a child with no parents or in a large family will be lacking in care or 'socially unprotected'. However, it does recognise the additional financial needs that are often incurred by people with disabilities. In this instance, unlike with other aspects of child welfare, people with disabilities do not cease to receive funding when they reach 18; on the contrary, they receive a substantial increase.

Table 5.2   State programme on social assistance, 2009

Category	Monthly support (GEL)
Child under 18 without either parent	22
Child under 18 with disability	22
Family with more than 7 children under 18	35
Individual with severe disabilities	75
Individual with disabilities (not severe)	65

Source: State budget. Note: From 1 November 2009 the payment for individuals with severe and non-severe disabilities will increase to GEL 80 and GEL 70 per month respectively.

The state programme on social rehabilitation support to individuals with disabilities, the elderly and children without parental care does not provide funding directly to the target groups themselves, but funds the service providers on behalf of individuals with disabilities, including children, and children without parental care.

The state programme on child health care completely covers hospital health services for children without parental care under 15 years old and provides an anti-rabies service for children under 18 years old. It also covers all types of medical services for children under 3 years old, and some types of health services for children from 3-15 years old. The total budget of the programme is GEL 13.3 million. The programme leaves out hospital services for children from 15 to 18 years old. Also it does not cover outpatient services for all children without parental care over the age of three. Although the reasons for these inconsistencies are not apparent the assessment team notes that, in any case, concerns have been expressed by some child welfare practitioners that the provision of free health services to children in residential care may be an additional incentive for institutionalisation.

The State programme on pregnancy, delivery and child care, and support for adoption establishes the number of days' leave and reimbursement fees for a parent adopting a child. Specifically, the individual who adopts the child is given the right to take 365 days' leave, out of which 70 days are reimbursed. The total budget for the programme is GEL 3 million in 2009. There may be a case for moving the budget line on support for adoption to the State programme on child care to emphasise that this is a family-based form of care and not simply a service for newborn babies.

A noticeable absentee from the list of programmes fully funded by the state is the CAP 2008-11. Because of the transfer of responsibilities to the MOLHSA, when the CAP was approved it was accompanied by an activity plan for 2008 only. As mentioned above the activity plan for 2009–11 was not agreed until July 2009. To make implementation of the CAP realistic, it is essential that it is incorporated into the annual budgeting of the health and social programmes. It will be necessary for the MOLHSA to ensure that the CAP is incorporated in the medium-term expenditure framework (MTEF). This will allow MOLHSA to have a three-year overview of strategies and activities for child protection, as well as the resources necessary for implementation. This requires first of all that the cost of the CAP be calculated.

Allocation of resources to households

Cash assistance is made directly available to support families in several different regulations, notably the governmental order no. 145 on social assistance which defines the value of the subsistence minimum, the family assistance allowance and reintegration grants. The current value of these grants is shown in Table 5.3. Note that this government order defines the statutory minimum payments which are taken into account when the state programme on social assistance

is drawn up, so the figures in Table 5.2 above are derived from the requirements regarding family assistance payments shown below.

Table 5.3   Value of grants to households with children

Type of grant	Eligible member	Value per month
Subsistence minimum	Households	GEL 30 for first member; GEL 24 for additional members
Family assistance	Single pensioner	GEL 22
	Household with more than one pensioner	GEL 35
	Orphan	GEL 22
	Blind person (category I)	GEL 22
	Child with disabilities	GEL 22
	Family with 7 or more children	GEL 35 per person
Reintegration grant	Child being reintegrated	GEL 90
	Child with disability being reintegrated	GEL 130
Foster care	Child being fostered	GEL 200
	Child with disability being fostered	GEL 300
State pension	Child having lost one parent	GEL 28
	Orphan	GEL 35

Source: Governmental order no. 145 on social assistance. Note: (1) Subsistence minimum is given to families registered in the integrated database of socially disadvantaged people who pass the eligibility criteria. (2) Family assistance grant is given to categories of families who are considered to be in extreme poverty. (3) Reintegration grant is given to families who have presented themselves to the authorities with a request to place a child in an institution, but who are being supported to maintain the child at home instead, and also to those who take their child back from residential care.

Three anomalies are immediately evident. First, it is striking that there is such a discrepancy in payments between those to support children in biological families and those in substitute families. A biological family who takes back a child who has previously been in an institution receives less than half the support that would be received by a foster family for looking after the child. This reflects, of course, the fact that foster parenting is considered to be a salaried job requiring additional incentives. It is not intended to suggest that the payment to foster parents is too high: even these rates are said to be insufficient to attract many families in urban areas (see section 6.4.4 below). It is the responsibility of the social worker, when assessing families, to determine that even if financial payment is a motivating factor in the application the family is still able to provide good care for the child. The additional payment to foster families, even if it is used directly for the benefit of the child, may cause some biological parents to be reluctant to allow their child to be placed in foster rather than residential care since they may feel that the material advantages given to the child in foster care could not be matched in their own home environment[14].

A second anomaly is in relation to the additional cost of supporting a child with disabilities. A family that has not tried to institutionalise their child receives a monthly grant of GEL 22 under the family assistance scheme to support the additional costs of caring for the child. But a family that receives back a child with a disability from residential care, or who is at risk of institutionalising the child, receives GEL 40 on top of the reintegration grant to compensate for additional expenses.

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[14] The fact that a parent is allowed the choice of whether the child goes into foster or residential care is a separate concern, which suggests that decisions are not always made in the best interests of the child.

Third, the state pension and the family assistance grant provide different levels of support to children who have lost one or both parents. The reason for the discrepancy is unclear. The assessment team recommends a review and rationalisation of all these grants to ensure that the funds are targeted appropriately to those most in need.

Non-state funding

Many of the successful pilots that were run by non-state organisations in the earliest phase of the reform have now been institutionalised by the government into the state programmes. This is an excellent example of good practice in sustainability and is illustrated by the inclusion of day-care centres, shelters and foster care in the budget, which will form a basis for the further development of the alternative services. This indicates that there are signs of a move towards a system that is better able to fulfil the UN CRC by supporting children in family-type environments. However, the process of absorption of services into the state budget is slower than aid partners and NGOs might have hoped, so many still provide financial resources to support the reform. The assessment team was not able to obtain a unified record of the total of these resources.

5.2.2 Human resources

Human resources are the major component of any child welfare system. If human resource policies are being developed in a way that responds to the main concerns of child welfare one would expect to find the creation of new professional posts relating to the creation of alternative care services, and the development of policies to redeploy and retrain staff from residential institutions if suitable. One would also expect to see the development of a system for in-service training and accreditation to improve the quality of personnel.

The concept of a professional social worker is recognised by government regulation, which is essential so that budgetary resources may be allocated to their salaries. The government intends to increase the number of social workers in the near future. However, there remains a need to more clearly define the concept of a 'social worker' and 'social work'. Currently there is a limited understanding of these issues: the understanding captures mainly the child care and child protection aspects of the role and does not incorporate the idea of social support to families and individual members. This may restrict the social workers from moving towards the more preventive role of family support, which would be preferable so that they do not have to wait until a child is already in crisis before responding. It also limits the possibility of being able to continue to support to a young person after the age of 18, or to support a wider range of beneficiaries in the community, including elderly people.

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

Staff in residential institutions remain a large part of the workforce in child welfare. Policies to redeploy them or retrain them to provide alternative care have not been developed. Many staff members working in the residential care system are not social workers but provide administrative or support services. A typical facility employs the following types of personnel:

- the management / administration team. This may consist of a director, deputy director, accountant and an administrative assistant;
- care givers, whose responsibility may include education activities. There is a chief care giver / education specialist. The number of care givers / education specialists depends on the number of children in the institution;
- heads of recreational clubs for children (e.g. art, music or sports clubs);

- a medical team with a physician and nurse, a psychiatrist and a physiologist; and
- ancillary staff such as cleaners and night guards.

Many of these jobs do not require the professional to work only in a residential care institution. It is notable that many of the people working in the institutions are not qualified in social work. The development of a policy on providing alternative employment or retraining opportunities will therefore be crucial in permitting the transformation of institutions. New ideas and models for community services will continue to develop, and posts to operate these services will not always require social work qualifications (foster caring is one such example), so alternative opportunities are possible.

State and external funding has been made available to set up university degrees in social work at Bachelors and Masters level. The idea of professionalising the social worker's role had been discussed for several years and became a reality in 2005 with the start of the EU TACIS TEMPUS project, 'Establishment of a social work programme in Georgia', for 2005–08. This aimed to provide three qualifications: a Bachelors programme, a Masters programme and a certificate for social workers who were previously qualified in a different discipline.

But no formal arrangements yet exist to standardise the in-service training programme for social workers, which, at the moment, consists of a wide selection of unconnected courses run by several organisations. However, this gap is acknowledged by the MOLHSA, which intends to formalise training for social workers. The SSA and MOLHSA have requested the EU Support to Child Welfare Reform project to coordinate the registration of training courses proposed by aid partners and NGOs and collect the curricula that will be taught. It would be desirable for the government to develop the comprehensive training plan for the specialists involved in childcare and child protection. This will enhance consistency in needs based allocation of training resources, and support filling the gaps in capacity building initiatives. The government has not yet outlined how it will support provision of extensive training for a large number of social workers, without adversely affecting the quality of the process.

5.3   Processes supporting child welfare

A series of procedures are in place that enable government and non-government structures to turn their resources into services for the benefit of the child. These regulatory systems govern the procurement of services, setting standards, licensing and accreditation—ensuring that service providers meet a minimum requirement when starting operations—and inspection to ensure the maintenance of quality and support improvements in service delivery.

Since 2004 general regulatory power has been concentrated within the government and its cabinet, as a means to reduce regulatory burden on the economy and coordinate legislative initiatives from line ministries. Sectoral ministries are responsible for developing regulations but they are reviewed by the cabinet and, when accepted, a government resolution is issued. After that, the laws are approved by parliament. The nationwide tendency to reduce regulation has had a major impact on the child welfare system because it has resulted in a reluctance to regulate any non-state providers of services. This means that there is no legal basis for being able to demand minimum standards for non-state child care facilities, or to monitor their operation.

5.3.1   Procurement of services

The purchasing of services under the state social and health care programmes for children has traditionally put an obligation on the purchaser to act through a tender process. This process has been regulated by the Law on State Budget for the current year, and by the

overarching law on state purchasing. The tenders must be renewed annually. The tendering process is known to be cumbersome and causes delay. So the assessment team is very encouraged that a proposal has recently been developed that radically alters the way financial resources are allocated to child welfare, enabling services to be delivered without the service provider falling under the constraints of the state procurement law. This is to be achieved by the introduction of a voucher scheme.

Under the proposed new voucher scheme the cost of a person's attendance at a social service facility is classified as a subsidy rather than a service, so the facility is not bound by the state procurement regulations. The voucher connects the state subsidy with the individual who is targeted as the recipient of the service, which is very different from service purchasing under the tendering process, where the money from the state is transferred directly to the service provider. Households which receive a voucher are eligible to choose their service provider, instead of being placed in a service providing institution without their own decision. It creates the possibility for the state subsidy to 'follow the recipient' even if he or she were to leave the service-providing institution. If widely explored, this has the potential to be an enormously flexible option, permitting arrangements that allow a child to be reached and supported in individual families, whether he or she is fostered, adopted, or under guardianship. The details of the scheme have not yet been fully elaborated so it is not yet clear how it might work in relation to services that are needed by the child but not necessarily wanted by the family, such as care for protection reasons; nor is it certain whether and how there would be a guarantee of a sufficient flow of funding to new and innovative services to ensure that they would be able to survive and flourish even when parents were not yet fully informed about the benefits of the service.

A household's eligibility for the voucher scheme is determined by the social worker. One limitation necessitated by the availability of resources is that the voucher scheme will be means-tested and its value will depend on the degree to which a household falls below the poverty line, so there may be inequitable access to services for those who are just above the threshold.

5.3.2 Setting standards

The setting of standards has been one of the items highest on the policy agenda of many stakeholders in recent years, and the subject of several rounds of participatory negotiations. One set of standards for child care were defined by the joint order of the MOES and the MOLHSA N 42-16/N in 2007, but these were annulled in 2009 by the MOLHSA since it considered them outdated and they had not been enforced. The MOLHSA stresses the need for the elaboration of new standards. The most recent document resulting from the negotiations, the 'Child Care Standards', has proved controversial, and it has never reached the stage of being approved by the government. It was elaborated through a participatory process including two pilots with 45 service providers and with the contribution of key stakeholders, but some revisions still need to be made. The ministry is leading the process of finalisation of the standards and expects to have approved these as final regulations by the end of 2009.

The draft standards go some way towards addressing the policy gaps identified in the last chapter. First, they aim to reach out more to children who are at risk but not yet known to social workers by promoting access of information on available services to the general public. This may be helpful in cases where households seek support but do not know where to go. The way in which this outreach may be delivered will be specified in detailed guidelines that are expected to be elaborated once the standards are approved. For the second gap, the lack of attention to non-state institutions, these standards are designed to be applicable to all services, including those in non-state facilities, if they become law; the greater question is how this will be enforced given the weak enforcement of state regulatory power over non-state providers, which relates more to implementation issues that are discussed in the next chapter. The third gap—the insufficient

attention paid to the welfare of young adults after the age of 18—is not addressed at all in these standards since they are designed to cover child care only. However, it would seem that many of the standards would be equally relevant to adult care and in the opinion of the assessment team it would be valuable to consider whether there is a possibility of integrating these standards as a component of a general package of standards, as part of a move towards aligning child welfare more closely with other welfare issues. Finally, the emphasis on the individual approach to service delivery should support the distinction between the needs of children who are in institutional care because it is most appropriate for educational reasons and those who are without parental care or are otherwise inappropriately placed.

Some other controversial aspects of the draft standards relate to the feasibility of achieving the targets and the perceived relative unimportance of some standards compared with others, in the opinion of some respondents (the need for one service provider to hold information about other service providers was cited as one example of a rather ambitious plan that was not of the first priority). But in general the standards represent a consensus from a large part of the child welfare sector and are a consolidated list of the standards that providers consider to be most important. Social workers are omitted from the standards because the working group intended that the list should be relevant for all types of services. The role of social workers would therefore be expected to be elaborated in separate regulations.

Many of the standards do not have measurable indicators (see section 7.1), and they are not able to include details on how to work towards achieving a range of measures of quality. The standards do, however, provide a different set of criteria for consideration in comparison to current regulations which are often limited to mechanical calculations such as the number of square metres of living space. The MOLHSA recognises the need to finalise the standards and intends to complete this in 2009.

5.3.3 Licensing, accreditation and inspection

There is no law in Georgia that specifies fully which child welfare services must be licensed and regulated. In line with the country's strong deregulation policy, the government has put forward three major arguments for its reluctance to develop strict regulations. First, it considered that less regulation would allow the market to strengthen itself; second, it argued that other regulations would have to be revised first to comply with the draft standards; and third, it expressed reservations that resources were not available to bring facilities up to the desired standard, so both the setting of standards and the attempt at licensing or inspection would be futile. The drawback is that without the standards the commitment to finding the funding to support facilities in reaching the desired level and being accredited is reduced.

The thinking towards regulation has changed considerably for the better in the last year. It is a benefit that pragmatic discussions on the need for revising existing regulations have been able to take place. The MOLHSA recognises that the licensing requirements have to be revised in the short run as they hinder the enforcement of the regulation function in the child protection sector. The next stage in the process is for the MOLHSA to come up with the modified legislative package and submit it to the parliament for approval. The MOLHSA will need technical support in this endeavour, which could come from international partners and local experts working in the field.

The issue of licensing and regulating child welfare services other than public entities must again be highlighted. The only services that are actually licensed at all are the residential institutions for child care, and of these only one private organisation (The First Step) has a licence. None of the child care facilities run by the church are licensed, though this does not necessarily mean that they would not receive a licence if they were assessed: anecdotal reports indicate that some have better conditions for children than the state-run child care institutions. The charter of

the MOLHSA puts the government in charge of regulation of child protection nationwide, and it does not distinguish whether the services are provided by public, private or NGO sectors. The ministry must therefore find a way of setting up regulation and enforcement mechanisms that reach all providers, including private ones.

5.4   Services

5.4.1   Target beneficiaries of services

A comparison of the target groups of the CAP, the state programme and other laws and regulations shows a long list of categories of children in need of support, including many groups that are common to more than one list (Table 5.4). The CAP defines the broadest categories of children for targeting, including street children, victims of trafficking, abuse and neglect, and children without documentation. The only category which is not included in the CAP target group is children with special educational needs. The CAP classification provides a space for the government to address a wider group of children in need in future but at the moment it remains more of a list at the start of the document than an integrated part of the action plan. There is no prioritisation between the groups, and few activities explicitly targeted to support each group.

Table 5.4   Target groups for child welfare reform

	CAP 2008-11	State programme 2009	Other laws and regulations
Orphans and children deprived of parental care	✓	✓	✓
Children at risk of separation from the family		✓	✓
Children reintegrated into the society and children in need of integration	✓		
Street children	✓		
Children with disabilities	✓[1]	✓	✓
Child victims of violence, abuse and neglect	✓	✓	
Child victims of trafficking and exploitation	✓		
Children in conflict with law and children with antisocial behavior	✓		
Children with complex behaviour		✓	
Children in families below the poverty line	✓	✓	✓
Children in large families (more than 7 children)			✓
Children without documentation	✓		
Children living in remote geographic areas			✓
All children who are at risk of falling into one of the above-named categories	✓		
Special educational needs		✓	

Source: OPM. Note: (1) Described as ' those in need of psycho-social services'.

A few potential groups are not considered separately, such as the needs of adolescents as they approach the age of 18, nor of children who are victims of armed conflicts or natural disasters. The events in Shida Kartli of August 2008 have shown the lack of formal child protection available to children in the conflict zone. However, all of these groups are in principle covered by the general target groups listed; and in any case, the increased emphasis on individual assessment militates against the narrow categorisation of children in need. Strong arguments have been raised in the

international community against the 'categorisation' of children, particularly when this removes the focus on individual opportunities and outcomes and emphasises factors which may in some instances be irrelevant for a child's welfare such as whether they live in remote areas or in large families.

5.4.2 Service providers

In the absence of any regulation to the contrary, service providers for child welfare are permitted to include both public providers and others that are independent from the state (private and NGOs). Public child care facilities are mainly child care institutions, boarding schools, institutions for children with disabilities; also some day care centres and shelters. The great majority of alternative care services are provided by NGOs or private entities. To some extent it can be considered that non-state providers are not so much encouraged to enter service delivery, but rather are not prevented from doing so, because of the lack of regulation: any type of service may proliferate. This highly deregulated environment should favour the introduction of alternative service and innovative approaches in child protection. Day care services, shelters for children with or without disabilities could be opened without any restriction simply by following the registration and establishment procedures for private organizations or non governmental bodies. It is possible that the government will introduce regulation of these services in the future—and, indeed, this would be desirable—but it does mean that there is a good amount of flexibility in terms of the types of service that are authorised.

Family support services

According to the Civil Code of Georgia, parents have a duty to provide material support to their children, including those with disabilities. However, it is recognised that not all families are sufficiently able to provide for themselves. As has been described earlier in this section the law provides for the allocation of cash assistance to families in difficulty, with additional help for those that have requested institutionalisation of the child or who have taken the child back from residential care. It also permits psychological and social support from social workers, and allows the establishment of alternative support services but does not yet provide extensive state resources to do so.

Children with disabilities are granted rights and entitlements under a number of laws which classify their disability, identify its cause and regulate the education of the child. The emphasis remains very much on a medical model of disability which often refers to disease and ill health.

The role of the social worker is defined mainly in the Law on Social Assistance, which notes that they should respond to cases of violence and trafficking as well as to providing support to decisions regarding deinstitutionalisation and family substitute services. Social workers are also used in cases regarding juvenile justice. There is an expectation that their role may expand to cover cases other than those of children, but at the moment both their training and their experience has been concentrated on child welfare issues. This reduces the likelihood that social workers will easily be able to transfer to delivering preventive services that aim to provide support to the whole family before a child gets into difficulty, unless they receive additional training (which some are already undertaking). The workload of social workers is also a constraint: any preventive work with families may come at the expense of addressing the needs of children already in difficulty, though the needs of those children are not yet fully covered.

Box 5.3   Regulations supporting children with disabilities

The following laws govern assistance to children in special needs, and especially children with disabilities, on the basis of which the MOLHSA finances state programmes for the health and social assistance of children with disabilities:

- **Law of Georgia on medical-social expertise.** This law defines the status of a child with a disability. The status of "disability from childhood" is given to a person whose abilities are deemed to have been restricted before the age of 18. A separate order from the MOLHSA give the right to a child to be assigned a particular "pension recipient category" when reaching the age of 18.

- **Law of Georgia on social protection of people with disabilities.** This defines the rights of people (including children) with disabilities, and state responsibilities to support the realisation of these rights. Responsibilities in relation to children include 'assuring the education and professional development of individuals with disabilities; and pre-school education of children with disabilities' (para. 17). It states that, 'Education bodies, together with the health and social welfare organs, are obliged to assure pre-school and non-school education and care, through provision of rehabilitation suport; also to assure mid-specialised and high education for invalids according to the individual programme of rehabilitation.'

- **Order of the MOLHSA N1/N on approving the instructions for identification of status of individuals according to the level of disability.** The aim of this act is to define the fact of disability, which classifies a disability as being caused by disease, trauma, physical or mental deficit, and resulting in ill health, and functional disorders, restricting the activity and normal functioning of individual.

Family substitute services

The main areas of policy development in family substitute services over the last 10 years have related to obligations to fulfil the rights of the child by promoting the maintenance of links with the family and culture of origin, and increasing awareness of alternatives to institutional care. This subsection describes the main areas of reform in adoption and in other family substitute services[15].

Adoption. Regulations governing adoption have been in place for many years, and the Hague Convention on International Adoption was signed in 1999, at the start of the reform process, to improve adoption policy and practice, including limiting the tendency for children to be adopted abroad if a family could be found in Georgia. In the early years of the reform the adoption process was considered to be untransparent and lacking in coordination since there was no single repository of information on children who were deprived of parental care and available for adoption. Until 2003 a single mother was permitted to make direct arrangements to have her child adopted abroad, often through intervention of an intermediary. In 2003 the law was amended to restrict this possibility.

In 2008 the revised Law on Adoption was passed. This has eased the conditions for removing parental rights and permitting children to be adopted in cases where their identity has not been established for more than six weeks, in the case of street children, or where parents have not contacted guardianship authorities for more than six weeks after making an initial statement on their decision to give a child for adoption, and where social workers have established that the parent is not in contact with the child.

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[15] A full and separate report analysing the legislative changes in foster care and adoption is forthcoming from the EU TACIS Support to Child Welfare Reform project. The present subsection summarises some key changes in the laws.

Another significant change in policy to date that allows for adoption to be an integrated part of child welfare has been the structural reorganisation of statutory bodies (see section 5.1.1 above) so that recommendations on adoption will be offered by the same panel that is also authorised to look at family support services, reintegration and prevention of institutionalisation (though the final decision on adoption is still made by the court).

In general the interests of the child are said to be given high priority in making decisions about adoption, and social workers undertake matching of children with potential families e.g. to preserve cultural links. The new law has improved attention to the rights of the child by ending the tradition of secret adoptions, authorising the provision of information on a person's family background to the young adult at the age of 18. Children are only permitted to be put up for adoption abroad if no suitable parent can be found within Georgia.

The new law has improved coordination by unifying the database of prospective adoptive parents nationwide. Parents cannot be approved as prospective adoptive parents if they have been deprived of their parental rights or have previously had an adopted child removed because of a failure to fulfil the duties of an adoptive parent. It is not permitted to make payment for a child, though payments are required for the submission of documentation. But some challenges remain. Since there is a very long waiting list for adoption, an adoptive family that rejects a proposed child risks losing their place in the list. A child cannot be adopted internationally until they have been on the national register for 18 months. International adopters are required to provide information about the health of an adopted child until the child is 18 years old, which is a greater reporting burden than in other countries and which risks intruding on family life. Also, it remains difficult to remove parental rights from parents who have abandoned their child in long-term care in residential institutions, particularly when the whereabouts of the parents are unknown.

Other family substitute services. Foster care has been elaborated as a concept in policy for a long time, and guardianship has been practised since the Soviet period. The joint order of the MOES and MOLHSA on child care standards of 2007 (recently annulled) defined a number of standards in relation to **foster care** and **family type homes**, including in relation to the maximum number of children that can be cared for in a single facility. The standards also encouraged the maintenance of contact between the child and his or her biological family, required support for the intellectual, psychological and emotional development of the child, and promoted the concept of care according to individual needs.

Progress in policy development relating to foster care is seen mainly in the adoption of the Law on Foster Care which has amended the institutional structure of the body overseeing foster care, as outlined above, sets out the role of the guardianship and care panel and improves the arrangements for case management such as by elaborating procedures for a fuller assessment of children who are placed in alternative care. However, the law does not resolve the uncertain status of guardians who might be able to be classified as foster parents and receive a payment for the upbringing of a child.

Box 5.4   Regulations governing family substitute services

- **Law of Georgia on Adoption.** The law aims to support the functioning of the child adoption system and protect the rights of all individuals involved in the process. It gives rights and obligations to administrative organs to effectively implement adoption in the territory of Georgia, define cases for international adoption and assure transparency of the process. It defines the eligibility of a person to adopt as being 'any individual adult without restricted productivity', and defines the individual to be adopted as being 'any individual under 18 years old, who was assigned the status "adoptive child", and is registered, in a unified register'. The Court has final responsibility for making a decision on adoption.

  The law cites a number of duties of social workers that must be carried out in relation to adoption, including (1) Assessing potential adoptive parents (2) Defining the motivation for child adoption and their relevance to the reasons for the child to be adopted; (3) Assessing the child who is to be adopted; (4) Elaborating an action plan; and (5) Consulting on the adoption. The law permits the MOLHSA and its affiliated organisations to monitor progress after adoption.

- **Law of Georgia on foster care.** The law aims to support the placement of child in a family type environment. Similarly to the Law on Adoption it defines the participants of the fostering process: the foster parents, the children who may be fostered and the administrative organisation responsible for overseeing the process (the MOLHSA). The state funds the service of the foster family according to the law on social assistance (Paragraph 14: financial support to foster parents). According to the Governmental order n145, the current fees for foster care are GEL 200 per month for each healthy child, and GEL 300 per month for each child with disabilities.

Residential services

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

The government's Action Plan on Deinstitutionalisation of 2005 aimed to achieve the former by working with the Government Commission on Child Protection and Deinstitutionalisation and the regional gatekeeping panels in order to place institutionalised children into alternative care and also to reduce the inflow of newly placed children into the facilities.

As for the latter, the need to improve levels of care in institutions was cited by the UN Committee on the Rights of the Child in 2003 as being an urgent priority. Action was taken in the form of the development of the child care standards approved by the joint order of the MOES and MOLHSA in 2007, though there has not been a strong commitment to implementation of this order. Again, one of the difficulties is the practicality of implementation. For instance, residential homes are required to have a maximum of 70 children in a facility, yet there is no assistance to reach this goal and it is unclear how it is to be implemented. This is a particular problem in relation to the infant homes, of which there are only two in the country. The implication—that very young children should be in families rather than in residential care—is entirely in keeping with the UN CRC and other legislation but in practical terms it will be difficult to achieve without the availability of alternatives.

It might have been expected for a strategy to have been developed to support the retraining of staff in residential institutions to provide alternative care, or in some other way to make provisions for what would happen to staff at those institutions as a result of the deinstitutionalisation process.

One of the biggest obstacles to a deinstitutionalisation process is often the reluctance of a country's government to cut jobs significantly in these institutions which are often labour-intensive when a comparison is made between the number of staff and the number of children they care for. The assessment team was unable to find evidence that such a strategy has been set in place. Some respondents expressed concern that retraining existing staff in institutions to provide alternative forms of care would be an inefficient use of resources in comparison to selecting new recruits. But without this prospect of alternative employment the need to be clear about what is to happen to existing staff becomes even more urgent.

5.5   Participation and communication in policy development

A key feature of a successfully functioning process of developing policies and regulations is the participation of a wide range of experts and the ability for those experts to influence outcomes. Although, as discussed in previous chapters, there is no overall child welfare policy elaborated in Georgia, many relevant stakeholders have been involved in developing the various action plans and programmes. Working groups continue to function in a number of areas, such as for the training of social workers. In this respect it can be considered that Georgia has quite an open approach to participation.

The process for development of the CAP for 2008-2011 was highly participatory. The Governmental Commission on Child Protection and Deinstitutionalization was assigned to lead the development (and later implementation) of the proposed Action Plan. The MOES and all key stakeholders, including international and local NGOs participated in the process. The draft plans were discussed with the MOES. At the agency level, an example of participatory policy planning is shown by the SSA, which brings key counterparts together in monthly meetings to eliminate overlap and find the ways to cover gaps in child care. This initiative is at the early stage of development, but it could bring significant outputs, if it becomes systematic and results-oriented.

The child welfare policies that have been developed have been strengthened by their use as part of the conditionality for the EU's Food Security Programme. These mechanisms can further support promotion of innovative ideas and incentivise the government to address the needs of children more widely.

One of the major gaps in terms of partnerships for policy development is the lack of involvement of the church. This separation between church and state is a much larger issue than simply the one of child welfare. However, it is disappointing that the church, which is reported to run many facilities, several of which are said to be in very good condition, is not in a position to bring its collective experience to the benefit of other actors in the sector. Some occasional links have begun to be made between church institutions and at least one NGO, but mainly on the basis of personal contacts rather than a formalised approach. A draft memorandum of understanding between the government and the church has recently been produced. If approved, it would commit the church to providing information on the children in its care and to allow social workers to act in accordance with the legislation regarding placement of children in church-run residential institutions. In return the children under the care of the church would become eligible for admission to summer activity programmes run by the MOLHSA. This is a very welcome step forward.

6   Implementation of the reform

KEY FINDINGS

The most significant achievements in policy implementation have been:

- Improved execution rate of the budget;
- Increase in the number of professional social workers;
- Increased professionalisation of social work through the establishment of degree and certification courses; and
- The creation of alternative services for family support and family substitute care.

The challenges are:

- Delays in payments owing to public financial management processes;
- No procedure for identifying the use of funds at facility level;
- An inspection system is not yet in place; and
- The unresolved challenge of removing parental rights from parents who have abandoned their child.

The previous section analysed the way the child welfare system is designed to work, drawing on a review of regulations and policies to understand what challenges in reform arise at the stage of the development of the policy. The present section looks at how the policy is actually implemented and the implications for the well-being of the child. In 2003, in its Concluding Observations to Georgia's second submission on implementation of the CRC, the UN Committee on the Rights of the Child observed,

> The Committee welcomes the many legislative changes [...] introduced with a view to improving the protection of children's rights, but is concerned at the rather scattered nature of these legislative activities and at the sometimes large gap between the laws and their implementation in practice. (UN CRC 2003b, p.2)

Reasons for a failure to implement the proposed regulations range from lack of awareness of the regulation, to lack of resources or will to implement it. The difference between policy and implementation is not always negative: sometimes innovative responses are found in practice that compensate for a lack of regulation.

6.1   Structures

The transfer of responsibilities from the MOES to the MOLHSA has meant that the central government structures that deliver the child welfare system are in a period of transition at the moment, and it is too early to assess what effect these changes will have on the implementation of policy. The shift from the MOES to the MOLHSA should streamline many of the relations between social services and other types of social assistance, especially cash benefits. But it is not yet clear how the two ministries will coordinate responsibilities in areas which were previously more connected with education, such as the fact that the MOES retains responsibility for

the education functions in schools for children with special educational needs while the MOLHSA looks after the care functions.

The MOES was previously responsible for both policy development and implementation via its deconcentrated structures, whereas the MOLHSA is focusing on policy development and has divested policy implementation for services other than residential institutions to its subsidiary agency, the SSA. This should result in closer collaboration between social workers and social agents, and ensure that implementation is not delayed while the ministry focuses on any revisions to policy.

The transition between the two ministries was eventually implemented very quickly, in a little over a month, although the decision to make the transfer had been taken a long time in advance and the debate had been ongoing for many years: an instruction was issued in late November 2008 and the transfer took place on 1 January 2009. It is understood that the ministries were rather taken by surprise that the transfer was actually carried out, in the light of negotiations that had been in process in the several months leading up to that time. For this reason there has been a lack of preparation in terms of familiarising staff with the new area of work and obtaining the appropriate resources. This short time-period for the transfer has resulted in some delays in the first two months of 2009, especially in payments to service providers for whom bank account details had to be transferred (see also section 6.2 below). It has had a serious impact on service provision: there are reports that state-funded institutions have not had enough financial reserves to pay for food for the children they look after, and have been seeking external material support to bridge the gap while waiting for funds. At the same time the foster care panel was suspended, so children who were expecting to go into foster care were unable to take up placements.

If the Government Commission on Child Protection and Deinstitutionalisation had been in a stronger position at the time of the transfer it might have been able to assist the smooth transition of responsibilities from one ministry to the other. However, its position at the time was uncertain, as discussed in section 5.1 above.

At regional level the creation of the deinstitutionalisation panels during the pilot phase of the reform, and the use of Education Resource Centres to provide gatekeeping functions at a local level, can be judged to have been a success. They have brought about considerable progress in the development of a structure that is responsible for the full individual assessment of a child, and for the identification of appropriate services to respond to identified need. This represents one of the major changes of the last 10 years. When the first pilot deinstitutionalisation projects were starting in 1999 and the Commissions for Minors were charged with overseeing the entry of children into institutions there tended not to be a detailed review of the individual needs of the child. Directors of institutions had much greater involvement in securing places for children in their facility, so the incentives for encouraging the entry of children into facilities to obtain additional funding were stronger. Since the abolition of the Commission for Minors in 2004 and the emergence of the deinstitutionalisation panels, the emphasis has shifted in favour of responding to the individual situations and finding alternatives to residential care. In practical terms, however, the implementation of this decision has been somewhat slower than might have been expected. By 2007 there were panels in seven regions (Anon, 2008a). The effect of this has been an uneven development of experience in finding alternatives to institutional care. The new guardianship and care panels are expected to operate across the whole country but, as was noted above, one of the greatest challenges in implementation is the ability to pay attention to the cases of children who live far from the main town in the region owing to difficulties in finding out about the needs of children in remote areas and also because of transport costs.

Because local government budgets do not have a component earmarked for social service spending, and because the norm for expenditure on social assistance when determining the size of

the overall general transfer to the local authority is very small, the result is that, in practice, very little service delivery takes place via the local government though there are a few municipal institutions. Few take up the option of discretionary spending in this area, except where they have been donated the funds by NGOs or other organisations. The situation is unlikely to change while the general focus in government is on more centralised service delivery. Although this risks limiting the opportunity for local needs to be taken into account in delivering support to child welfare the existence of raion-level structures of the SSA, which has 68 local and 10 regional agencies, improves the possibility for services to be tailored to local requirements.

6.2   Resource use

6.2.1 Financial resources

The ability of the government to use the resources it has budgeted for child welfare has improved enormously in the last 10 years. This is true across many sectors of the government budget. The report of the UN Committee on the Rights of the Child, responding to the second submission of the Government of Georgia, observed in 2003 that budget execution regularly fell considerably short of what was planned owing to insufficient resources in the budget. For instance, in 1999 spending on children's homes and residential schools reportedly amounted to only about 60% of the planned budget while in 2000 it was even worse, at about 40%. This challenging macroeconomic environment has huge implications for a sector which relies on a consistent flow of funds to pay for food and other essential items for children, and where resource allocations are not sufficient in any year to allow for facilities to build up savings in case of a shortage of funds in another year.

The child care sector is reported to have been particularly hard hit by budget cuts. One respondent observed that every year when the MOES presented its budget to the Ministry of Finance, and was required to make savings, the Ministry of Finance always proposed reducing the budget for the child protection department as among its first priorities. Even in 2008, at a time when the government was declaring social protection to be extremely high on its agenda, there were proposals to reduce the budget for child care services. This reinforces the urgent need to promote child protection as being an essential component of a package of social protection services, and for the economic arguments in favour of support to child welfare to be clearly articulated to the decision-makers in other ministries. As a general rule the budget execution rate across government has improved considerably since 2004 so there should be much less risk of an unexpected reduction in resources for the sector.

For the immediate future the task of economic forecasting will be made more challenging by the global financial crisis which may increase the demand for all social assistance services at the same time as reducing the government's and households' incomes. In the meantime some state-run facilities have been successful in finding additional resources to support their activities in order to reduce reliance on government funds. This takes the form of funding from international development partners or NGOs, partnerships with local schools or the encouragement of volunteers. It would be valuable to ensure that these entrepreneurial partnerships are not confined to a few well resources institutions but that all facilities across the country, including those in remote areas, are assisted in finding supplementary financing to improve living conditions for children.

Public financial management procedures are another impediment to the smooth flow of resources. Every year the state budget is approved on 30 December. Procurement of services cannot begin until the budget has been announced, and the competitive tender process may take up to three months to result in agreement of a contract. For this reason there is often a delay in service delivery in the first quarter of the year. A transitional budget during this time permits the

continuation of payments under programmes that existed in the previous year, but new services are not allowed to begin. When the child care services were transferred to the MOLHSA these were not in its previous year's budget which is why they were not able to make the necessary payments. Some institutions expressed concern that they were left without sufficient funds for food. This is an issue of financial management that is much broader than the child welfare sector. It has lessons for external funders in that the shortage of resources can be expected to be most acute in January to March, so provisions could be made to ensure a continuation of support during this period. The introduction of the voucher as a mechanism for service provision and purchasing will solve the problem of delays at the beginning of the year, in addition to their benefit of increasing the choice of service for beneficiaries.

The expenditure of funds by facilities is not tracked (see the discussion on monitoring in the next chapter), so it is a challenge for the state to ascertain how funds are spent in an institution, even in those that are directly supported by the state itself. Resources are allocated according to certain norms such as for food or medicines. Some of these line items are fixed (for example, it is not permitted to reduce spending on salaries) but others are fungible. In most cases flexibility in use of funds by the service provider is a desirable feature of the funding system, since the provider is most likely to recognise the local need. Occasionally, though, funds are found not to be spent on children to the extent planned—such as through insufficient expenditure on nutrition—and in extreme cases this has resulted in discipline of the management. The assessment team recommends that procedures are put in place to permit audits and periodic monitoring of funds, but supports the flexible use of those funds. It is not advocating a more prescriptive allocation of resources.

6.2.2 Human resources

Staff numbers and remuneration

In the course of implementing the deinstitutionalisation programme and embarking on the development of alternative services the make-up of the human resources in the child welfare system has altered considerably. The number of social workers, which started with an initial cohort of 18 in the year 2000, is reported to have reached about 160 and the government is said to be committed to increasing that number to 450 by 2011. The recent mapping exercise by the EU TACIS project of all known social services operating in Georgia, including those run by NGOs, indicates that the total number of all types of staff working in the child welfare system is at least 3,100 (EU TACIS, 2008). Many more institutions may exist for which data are unavailable, such as for staff in church-run institutions.

In state-run residential institutions run by the MOLHSA, where the numbers of children have begun to be reduced, there has been a reduction also in the number of staff. At the start of 2009 there were 5% fewer staff in residential institutions for children than there were a year earlier (Table 6.1).

Table 6.1   Staff in child care institutions run by the MOLHSA, 2008 and 2009

Institution	2008	2009
Saguramo child care institution	22	26
Tsalenjikhi Child care institution	47.5	33
Village Tashiskari child care institution	36.5	34
Matrvili child care institution	37	30
Tbilisi child care institution	35	34
Aspindza child care institution	34	35
Batumi children's home	40	39
Etseri child day care centre	17	17
Akhalgory children's home	44	44
Surami children's home	31.5	31
Rustavi children's home	25.5	27
Telavi institution	57.5	48
Zugdidi institution	40	35
Kojori institution	52	46
Dusheti institution	23	25
Mestia institution	23.5	25
Lagodekhi institution	34	33
Future house	31	29
Satnoeba	22.5	25
Lampioni	23.5	26
Tskneti children's home	59.5	52
Kojori institution for children with disabilities	28	32
Akjmeta child day care centre	17	18
Total	**781.5**	**744**

Source: Social policy department, MOLHSA.

An example of good practice in making the best use of a reduction in total staff numbers is reported at Tbilisi Infant Home where essential reductions are said to have taken into consideration the qualifications and motivation of the staff to act in the best interests of the child. The assessment team was informed that the staff that remained brought about an improvement in the quality of care because all staff were now better motivated.

A positive aspect of the human resource structure in Georgia is the apparently clear understanding of the distinction of responsibilities between professionals working in different roles. For instance, directors of residential institutions were clear that they were not in a position to make a final decision about the placement of a child in their facility; social workers, meanwhile, understood the relationship between their own position and that of the regional panels and the ministry. In Kakheti, where the office of the social workers is located inside a residential facility, there appeared to be good partnerships between the different professionals. It is likely that there will be a period of adjustment at regional level, just as there is at central level, while staff become used to new working structures and to the move from the Education Resource Centres to the SSA.

The number of people who are qualified to provide alternative services, and for whom funds are available to do so, is inevitably limited given that these services are at a relatively early stage of development. There has been a large expansion in the number of foster carers but there are still not enough staff working in these family support and family substitute services to sustain the necessary rate of reduction in residential care facilities.

Training

The establishment of a degree course in social work at Tbilisi State University has been one of the success stories of Georgia in terms of beginning to promote improvements in the quality of human resources. The first 22 students began the Bachelors programme in 2006. Some 110 social workers have passed the 30-week certification course, funded by UNICEF as well as the EU, so the majority of existing social workers have been reached by the programme. It is now proposed to extend the certificate programme to Batumi University to facilitate access for social workers in western Georgia. Meanwhile the university-level programmes are expected to continue in 2009–11 with the second round of the TEMPUS project, which aims to design a PhD programme and establish a joint Masters course together with a British university, Sheffield Hallam University.

It is uncertain how the transfer of responsibilities from the MOES to the MOLHSA will affect the previously favourable attitude of the government towards promoting the social work programme, particularly since one of the first activities of the MOLHSA was to remove from the regulations the requirement for social workers to have higher education. Social workers who are already employed view this negatively, considering that it reduces the status of their profession even though it greatly increases the pool of potential social workers. However, it is to be hoped that since the MOLHSA (and the SSA) will now become the largest employer of social workers it will have an interest in supporting the professional development of its staff.

An advantage of all three courses run by Tbilisi State University—the Bachelors degree, the Masters degree and the certification course—is that they are designed to provide skills in all areas of social work, not just those aspects related to children and families. So the education programme is not an obstacle to the ability of social workers to deal with a wider range of issues than just those of children and families. A challenge is the inevitably small number of graduates that will emerge from the programme—about 20 per year are expected for the Bachelors degree and about 10 per year eventually from the Masters degree—compared with the recruitment of an additional 300 that is required over the next three years. A related challenge, which to some extent constrains the size of the entry into the course, is the shortage of trained teachers. To date one assistant professorship has been created but the proposal is for five staff to be employed.

Training provided by a university is more prestigious than other courses, but NGOs and others continue to provide a number of different courses. The EU Support to Child Welfare Reform project offers a 30-day training course, building on a programme developed by EveryChild, and covering many of the same topics as the certification course but in less detail. Previously social workers had to complete at least this course before being permitted to take on their own cases but from 2009 the social workers will start working as they do the training. As was noted earlier, the SSA is now retrospectively systematising the training programmes, drawing up a register of available social work training and pilot schemes. It intends to reduce duplication of training courses and ensure that training is in line with the regulation. This is a positive step and will be aided by the monthly meetings that are planned for representatives of health and social service organisations working with children. It will be important for longer-term sustainability that funding is set in place so that the training, especially the cost of training the trainers, can continue even after international development partners or NGOs withdraw.

6.3   Processes

The absence of procedures for licensing, setting standards, accreditation and inspection have resulted in an unsystematic development of facilities of variable quality throughout Georgia. In some cases this has allowed innovations to occur. One such example has been the development of small group homes by NGOs, independently of any state programme, which have subsequently been contracted by the state to provide publicly funded services. This experience in contracting out service delivery to NGOs will be of interest to other countries in the region which are considering a model of contracting private organisations to deliver state-funded services.

Whilst the vacuum in licensing of specific services has been filled by the entry of NGOs and others into service delivery, the same is not true of inspection. A lack of clarity about how the process should operate has resulted in no regular inspection taking place. This is an absolutely critical gap which places the well-being of children at risk. This in no way suggests that every uninspected facility is neglecting the child. Many are very well resourced and demonstrate excellent practice, and would have examples of good experience to share with counterparts in other facilities. The problem is simply that the occasional instance where facilities are not acting in the best interest of the child may go unrecognised. The disagreements about what counts as an acceptable standard are hindering the adoption of a common set of good practices. The assessment team reiterates the urgency, well known already to practitioners and other social work professionals in Georgia, of resolving the obstacles with these processes of standards and accreditation.

6.4   Services provided

In the largely unregulated environment in which services are able to develop, the picture that has emerged is one where the state continues to offer more traditional services such as residential care, and also supports the development of the social work profession, while non-state organisations provide the greater share of alternative facilities. How does the implementation of services compare with what was defined earlier as the main needs of the child welfare system?

The MOLHSA acknowledges that service provision varies substantially between regions, in respect of both social workers and other types of facility. This was even more acute in previous years when regions without deinstitutionalisation panels or social workers had to pass decisions on some cases to Tbilisi, or else had no means of assessing a child at all. The expansion of the number of services will be beneficial for reducing the disparity between regions. The MOLHSA is considering carrying out needs assessments at local levels: there is a requirement in the CAP to carry out such an assessment in at least one regional centre in 2009. Both UNICEF and the EU Support to Child Welfare Reform project have been promoting this approach.

**Box 6.1   Parental rights: a challenge for service providers**

One of the most often cited challenges caused by the regulatory framework is that of removing parental rights from people who are deemed to have abandoned their child. This is contrary to the experiences of other countries in which the emphasis is on supporting parents to retain their rights over the child. Where, for example, staff of a residential institution are unable to be appointed the guardian of a child they cannot obtain identity cards for the children or support them to obtain a certificate of their disability status. The problem manifests itself also in a difficulty to authorise adoptions of children in residential institutions who are never visited by their families. However, modification of the legislation is not straightforward. It needs to be done in a carefully measured way, so that it does not go to the other extreme of taking parenthood rights away from a parent who does care about a child but is temporarily not in a position to do so owing to social, economic or health-related circumstances.

Part of the latter challenge is the shortage of legal advisers to bring cases to court and to obtain a decision, with the resultant delay in hearings and decision-making. There is a reluctance on the part of social workers to initiate proceedings and the courts themselves may not be trained to deal with such cases. This is a source of great frustration to many child care professionals in Georgia.

6.4.1 Service recipients

In the light of the reform, the important question is what difference the changes have made to the availability and use of services by children and their families in Georgia. Figure 6.1 provides an estimate of the number of child care facilities that exist, while Table 6.2 summarises the estimated number of children using family substitute and residential care (figures for family support services are not available).

Figure 6.1   Child care facilities in Georgia, October 2006 and November 2008
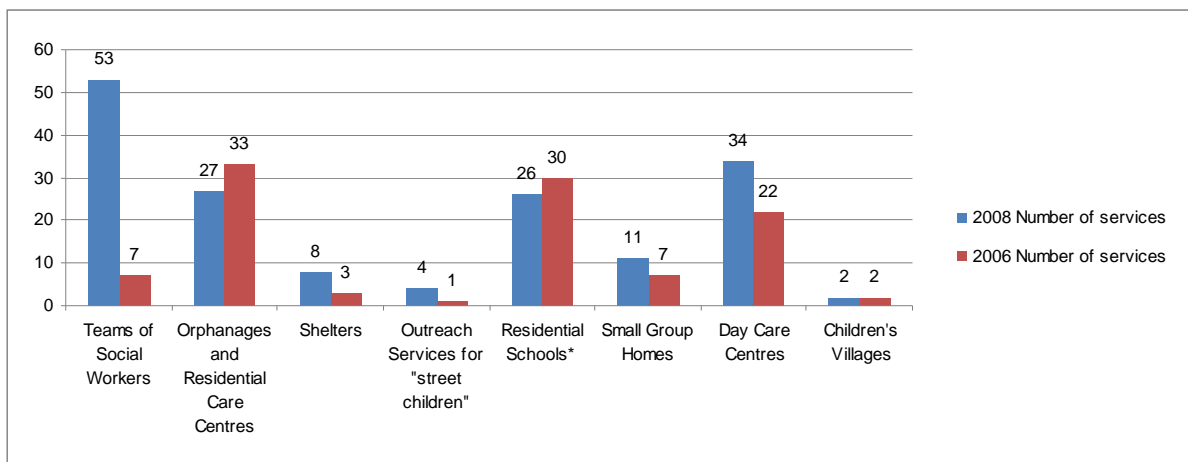
Source: EU TACIS (2008).

Table 6.2   Children in family substitute or state residential care, by service type, 2002–07

Number of children	2002	2003	2004	2005	2006	2007
Family substitute care						
Guardianship	n/a	n/a	n/a	1,042	1,602	2,329
Foster care	60	89	88	129	193	255
Domestic adoption[1]	35	45	25	205	186	175
International adoption	122	150	39	17	9	5
Residential care (state-run)	**n/a**	**n/a**	**5,200**	**4,100**	**3,800**	**3,500**

Source: UNICEF, using data supplied by MOES. Note: (1) It is thought that the numbers of children adopted within Georgia in 2003 and 2004 are incomplete owing to interruptions in monitoring the procedure during the change of government (United Nations Committee on the Rights of the Child, 2007). (2) n/a = not available.(3) Data on the number of children receiving family support services are not known.

The rate of entry of children into state care, especially residential care, has historically been much lower than in other countries in the region, even those with a similar total population. In recent years the total number has been about 5,000–6,000 (Table 6.2).

Since 2002 there has been a marked shift in the balance of services provided to children requiring substitute family or residential care. The number of formally recognised guardians doubled between 2005 and 2007 alone; the foster care service expanded considerably and there has been a noticeable reduction in international adoptions and a corresponding increase in domestic adoptions. At the same time the number of children living in state-run residential institutions is reported to have reduced from 5,200 to 3,500, and is said to have dropped further in 2008 to 2,600. However, statistics on the number of children in institutions do not take into account those in private or church-run facilities, nor do they explain what has happened to the children who have left the institution, so they cannot be considered evidence of a wholly positive change in child welfare[16]. This is not to suggest that care of children in church-run institutions is necessarily bad: in fact, it was suggested by one respondent that conditions in those institutions may be much better than those run by the state. The problem lies in the fact that this cannot easily be corroborated.

Often the relatively low number of children in formal family substitute or residential care is viewed positively and is ascribed to the existence of strong ties with the extended family which are common in Georgia. Care should be taken that the numbers do not conceal either large numbers of children in the non-state facilities or other children in difficulty, including those with disabilities, who may remain hidden at home.

There remains a concern within the government that the difficult socioeconomic situation in the country restricts the possibility for children to be fostered in families, and that the emphasis should therefore be more on making institutions more comfortable places for children. Certainly it is important that standards in residential institutions continue to be improved, as many have been in recent years. At the same time it would be valuable to explore further, and promote existing analysis of, the cost to the household of fostering a child to respond to this very legitimate concern. This offers a potential contradiction to the argument that foster carers are overpaid and that the money is sufficient to attract people into fostering.

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[16] See section 7 for a fuller discussion.

6.4.2 Access and exclusion

Although policies allow for services to be provided to all children at risk, in practice there is a widespread consensus that the children who are picked up by the child welfare system are those whose families volunteer themselves for attention by the authorities, such as by requesting institutionalisation of their child. This self-targeting means that there is a high risk of large errors of exclusion, where many children who are eligible for services do not receive them. It results in an inefficient allocation of resources in which children who do receive support services may not be in greatest need. To some extent this may also result in a gender bias if, as is anecdotally reported, boys are more likely to be placed in residential institutions than girls, which may mean that girls in difficulty remain at home unseen.

Public authorities express three concerns in this regard. First, if they were to actively seek out all families in difficulty they fear there would be too many for social workers to deal with. New services might even attract clients who otherwise would have been able to cope without them, creating errors of inclusion. Second, the resources available to respond to the additional needs would be spread too thinly to make a significant difference. Third, there is a considerable administrative cost attached to the active identification and targeting of the children most in need. At the moment the most local point of contact, the social worker, is not always allotted a specific geographical area in which to identify local needs. Any organisation wishing to identify children at risk will have to recognise and respond to the real resource constraints because the challenge is the very practical one of how to implement the policy, not an ideological constraint or lack of political will. A possible way forward might include an analysis of the opportunity cost of not reaching the children most in need in terms of reduced economic potential and social unrest.

The needs of people with disabilities are thought to represent a big gap in service provision. Disability continues to be perceived mainly from a medical rather than social perspective. Few alternatives to residential care currently exist, though one NGO is training foster carers to support children with disabilities. The situation is even more difficult for young people with disabilities once they reach adulthood because of a shortage of places to live. Many adults continue to live at the state facility for children with disabilities, which may be inappropriate for both the adults and the children.

NGOs are attempting to fill the gap in services for children once they reach 18. First Step, for instance, has an apartment for semi-independent living to support four young adults as they leave children's services. World Vision runs three small-group homes which are intended to be used by teenagers coming out of institutions, and two more are planned for when the voucher system is introduced (though at the moment these homes serve children from the age of six upwards as requested by the MOES). Demand for such facilities far exceeds supply. Some state-run facilities are drawing up plans to introduce hostels or apartments for young adults and to include vocational training opportunities to improve their prospects for employment.

6.4.3 Provision of family support services

In terms of family support services, the policy priority was defined as the need to begin to find alternatives to residential institutions. The establishment of an alternative system has been achieved with the introduction of the social workers. The next step—to get these recognised as state-funded services—has also been reached, which is a good achievement.

The priority issues now are to scale up the system nationwide, increase the number of personnel and make it easier for social workers to support all vulnerable people, not just those with children who are already in difficulty. It has been noted before that children should not only be coming to the attention of the authorities at the point at which they are already suffering the adverse effects of

a difficult family situation. Children are affected by a much wider range of policies than those that are exclusively focused on themselves. If social workers were able to take on adults as clients, such as to provide counselling or to assist in directing a parent to support for finding employment, the family circumstances might be much less severe and the child might never reach the point of being at risk of abandonment or neglect. In practice many social workers recognise this gap and have already been undertaking such work. Another potential gap is that there is a risk that social workers may find it easier to take on cases where straightforward financial support will make a difference rather than those requiring sustained social work support.

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

The provision of support to parents to find employment was a component of the PIAD project which reported successes in assisting mothers to find work. The evaluation of the PIAD project emphasised the importance of working with employment agencies as a strategy to prevent child abandonment (DRN and IPS, 2006). The team for the present assessment endorses this recommendation.

A set of services which have been delivered unexpectedly, without going through systematic policy development by the central government, has been the 84 'child-friendly spaces' in collective centres, settlements and villages created by international organisations in the wake of the conflict in 2008. Even if these spaces, which often offer creative activities and recreation for children alongside psychological support, are not eventually replicated in non-conflict areas, the experiences they have gained will be valuable for dissemination nationwide. The lessons that can be learnt from them are relevant for all vulnerable children, not just those who have experienced the trauma of conflict. They are similar to the diversion schemes for young offenders that have been set up in Tajikistan and other countries in the region.

A positive feature of the way many of the spaces have been implemented has been their placement in existing buildings, such as schools, that provide a familiar and secure environment for children and do not require substantial additional resources. The staff who run the spaces often work alongside teachers who are able to apply the new learning techniques in the classroom. This model could work well for other social services, particularly those that aim to prevent neglect of children outside school hours while their parents are still at work. Such services might limit the incidence of institutionalisation of children owing to the absence of parents. It would be necessary for the MOLHSA to coordinate with the MOES to define whether these services should be classified as after-school clubs (and therefore within the remit of the MOES), or day-care services (and therefore under the MOLHSA).

The organisations running the child-friendly spaces might usefully be able to give training to social workers in how to operate similar spaces, which may be considered family support services. But this training should be done not independently but rather through the training coordination mechanism that has been set up by the SSA to ensure consistent training in the government's priority areas.

6.4.4 Provision of family substitute services

In family substitute services, progress has been ambiguous. A very noticeable change has been made with respect to the decline in the number of international adoptions and the corresponding increase in national adoptions (see Table 6.2 above). The change takes place from 2003, the year in which the civil code was amended to prevent families from authorising targeted

families abroad to adopt their child. However, it continues to be the case that it is more difficult for older children and those with disabilities to be adopted than for younger children. The children with disabilities tend to be those that are eventually adopted abroad.

Six small-group homes were financed under the PIAD project, each in a different raion of Georgia. These are considered to be an improvement on large-scale institutions though still an intermediate stage compared with a family environment, and also a good option for sibling groups where fostering / adoption may be more difficult.

The number of foster parents has increased but there remain concerns among some social workers and parents about the motivation of foster families and the low rate of assistance paid to biological families compared with foster families. Social workers reported that some parents distrusted foster carers because they were concerned that the child might prefer the alternative family. They also reported a general insufficient understanding of the role of foster care which may be understandable given that the public has not yet had the opportunity to become familiar with the service. This is especially because in many cases foster parents have gone on to adopt the child so fostering is perceived by some people as a temporary stage on the way to adoption. There are also difficulties that a child cannot be placed in foster care without the agreement of the parent, and that very few emergency foster care places are available. There is, however, positive feedback that foster carers can be found, mostly in villages, who are energetic and have raised children of their own and are not just doing the job for the money. The funds are said to be enough to support children in villages though perhaps not sufficient for households in urban areas. Publicity campaigns have been undertaken to promote the role of the foster parent.

The assessment team was not able to find substantial evidence of attention paid to guardianship during the reform period though in some countries this can be a contentious area if people feel that they are being discriminated against, in terms of eligibility for social and financial support, by being a distant relative caring for a child rather than being unrelated.

6.4.5 Provision of residential services

For residential services, the period of reform has seen the closure or transformation of some residential facilities, and the manner in which this closure has taken place (in terms of taking time to find alternative placements for the residents) is reported to have improved over time. Other institutions are in the process of closure. Many professionals working in the field report substantial improvements in the quality of care in institutions since the reforms. There is reported to be a big improvement in the number of children in residential institutions who now go to regular schools and kindergartens. Staff are aware that there is still a risk of stigmatisation and conflict between children from the institutions and their peers and teachers but the situation is said to be gradually improving. Challenges are also reported in terms of performance at school among children from residential facilities, and still not every child receives an education. Concerns have also been expressed about nutrition, lack of review of the cases of children in institutional care and the need to improve complaint mechanisms (Working Group of National and International NGOs in Georgia, 2007; International Social Service, 2008).

7   Monitoring and evaluation (M&E)

A crucial part of ensuring success of a reform is monitoring progress of all aspects, and making informed adjustments to the direction of reform in the light of the evidence. Monitoring also makes it easier to communicate the rationale for plans and decisions to the general public and people in positions of influence, and to demonstrate accountability for utilisation of resources. It helps to identify gaps in the reform which can then be filled.

7.1   Status of M&E for child welfare

7.1.1 Monitoring

The scarcity of data on child welfare issues in Georgia, and the unsystematic use of the data that are available, is well known. This is a challenge that is confined neither to Georgia, nor to the child welfare sector. Until now no unified system for monitoring child welfare has been in place. Information has been collected on a number of different aspects of the system but in an *ad hoc* manner, with no coordinated strategy on the way it is expected to be used, and often to serve specific interest groups. The driver of information-gathering exercises has generally been international development partners and NGOs who are accountable to their home countries or funders for the efficient expenditure of their funds. In 2003 the UN Committee on the Rights of the Child noted, 'the difficulties [...] in introducing a comprehensive data collection system' and urged the establishment of an appropriate system (UN Committee on the Rights of the Child, 2003b). In 2008 it repeated its recommendation to increase efforts in this area, specifying in particular the need for disaggregated data to identify the welfare status of particular groups such as the different treatment of girls compared with boys.

The transition of child care responsibilities from MOES to MOLHSA presents a good opportunity to consider improvements to the monitoring of the child welfare system. Despite the lack of consistency and uniformity to date in the data collection process, many studies have been undertaken on different aspects of the reform which can serve as a baseline for monitoring of future progress and can be brought together as part of a unified M&E strategy. These studies include, for example, the mapping of child care services and of referrals to residential care by EveryChild under the EU TACIS project (for which the second edition is now being prepared); the UNICEF-funded study on the influence of cash assistance to children and families; and the EU Support to Child Welfare Reform study on the unit costs of child care services in Georgia.

The government has introduced some methods for monitoring service provision, and has included funds for monitoring in the state budget for 2009. With regard to the availability and functioning of *family support services*, monitoring has been confined mostly to occasional informal reviews by social workers of the progress of children who have been returned to their families. Social workers are aware of the need for monitoring but they report that, with the limited time available, they tend to devote more attention to monitoring progress of children in foster care than those who have been returned to their biological families. During the period in which the family receives the reintegration grant there is a possibility of receiving some social work support but this lasts for only a few months. The findings from social workers who carry out these activities are not systematically analysed at either the regional or the national level. A wider appraisal of whether the services are dealing with the children most in need—in other words, an exploration of the welfare of the children who are not receiving support services—has not been a feature of the monitoring process. Nor does the state regularly monitor the flow of cash assistance, including reintegration support, to households and the effectiveness and impact of the assistance.

For *family substitute services* **the visits by social workers to foster families were the main form of monitoring reported to the assessment team.** Very little information is available on other forms of service such as guardianship and adoption. The Concluding Observations of the UN Committee on the Rights of the Child to Georgia's second report on implementation of the CRC, in 2003, expressed concern that, 'adequate monitoring procedures have not been introduced, both with respect to domestic and intercountry adoptions'. In the Concluding Observations to the subsequent report, in 2008, the UN Committee refines its concerns, specifying a list of areas where information is lacking (such as the number of accredited adoption agencies and the number of children awaiting adoption). The Committee suggests in 2003 that the lack of monitoring is a question of insufficient human and other resources, but there is a case to be made that the lack of monitoring is in itself an impediment to the increase in resources because it is not possible for policy-makers to provide evidence to support an increased budget. One might expect, for instance, that the regular collection of information on the length of time taken for a foster placement or adoption to be approved might provide evidence to support the demand for increasing the number of legal professionals working on child protection cases.

For *residential facilities* there are several studies on the number of children in state-run care, and on their reasons for entry. One difficulty here is the inconsistency in the range of different reported figures, even for the same year, which makes it challenging to identify trends and impacts of the reform programme. For example, estimates of the number of children in institutional care in 2002 vary from 3,400 to 7,600 (Table 7.1); moreover, for one publication the figure represents a substantial increase on the previous five years while for another it is seen to be a decrease.

Table 7.1   Estimates of children in state-run residential care, 1995–2005, by source (thousands)

Source	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Innocenti Social Monitor (2006)	2.5	2.5	2.8	3.1	3.2	3.4	3.4	3.4	3.5	3.1	-
TransMONEE 2007 Features	8.7	8.7	9	8.4	8	7.9	7.9	7.6	8	-	-
UNICEF Situation Analysis of Children (2003)	-	-	-	-	-	-	-	4.7	-	-	-
MOES	-	-	-	-	-	-	-	-	-	5.2	4.1

Source: as above.

The absence of information on the number of children in residential institutions run by the church and other private organisations, and on their living conditions, is a serious constraint on the ability of the government to understand what progress is being made nationally on improving the welfare of the child. The knowledge that the number of children in state-run institutions is declining—if, indeed, that is the case—is of little use if it is not known whether at the same time the number in other institutions is rising. The MOLHSA is aware of this information gap and is attempting to collect data on activities in private institutions.

The proposed standards on child care services include a number of detailed indicators relating to its six clusters, including on the provision of information, the user-centred approach, non-discrimination, protection from abuse, and physical surroundings as well as on the administration of services. These serve a slightly different purpose to a regular monitoring system because most of the indicators have no quantifiable targets against which progress can be

measured, other than norms for staff:child ratios and for the maximum size of a group: they are intended to list what should be in place in all facilities.

The CAP 2008–11 demonstrates progress in the development of a monitoring system since it lists a set of indicators for each of the three goals of the plan (such as the number of children in families receiving cash benefit support, the numbers of children referred to the child protection system and the percentage of children deprived of parental care). It is not always clear in which direction a change in the indicator value is considered to be a sign of progress, because no targets are attached to them. For example, is the intention to increase the number of recorded cases of child abuse (indicating better detection of child abuse cases) or to reduce the number (indicating less abuse)? Is it desirable to increase the number of children living in households who receive cash benefits (greater access to resources), or to reduce it (fewer children living in poor households)? Indicators are generally at the level of outputs and outcomes, not impacts, i.e. they do not explain how the overall goal will be measured; and they have a strong focus on the provision of services. Some of the indicators listed in the overall plan have no annual quantified target so it is not clear how they are to be used. Some targets, especially in the activity plan for 2008, aim for a percentage reduction on a previous figure (e.g. 'The rate of enrolment into family substitute services is reduced by 50%') but the baseline is not specified[17]. This is improved in the activity plan for 2009–11 which in some instances uses 2007 data as the baseline.

Monitoring should not be confined to a review of services delivered. By the time a service is provided it is already too late to amend the inputs that have contributed to it. If a monitoring system is able to capture all aspects of child welfare, covering the range of aspects that have been discussed in this report (such as the amount and regularity of financial resources, the difference between budget and execution, or the qualifications of personnel) then it may be possible to identify anomalies or gaps in time to make an improvement to the eventual outcome and impact.

7.1.2 Databases

There has been considerable debate in Georgia as to the necessity of a database on child welfare issues and the nature of such a database, should it be required. The SSA already has a very extensive database with details of families who have applied for cash assistance, which includes many families with children. It is not yet linked in with data on families with children in need of support, and there is no consensus as to whether such a joint database might be desirable. It will not always be the case that a child who is in need of social service support is also included in a household that has applied for cash assistance, although this in itself should not be counted as a reason not to have the two modules on one database. The greater challenge is to ensure that the collection of data is not seen as an end in itself but is used as an input for review and planning. The SSA is working on user requirements for development of an information system.

7.1.3 Reporting

The lack of systematic reporting goes hand in hand with the lack of monitoring. Again, this is not confined to the child welfare system. In the MOLHSA more generally a strong tradition of reporting has not been developed, including in health and social policy. There is no annual report on progress in social issues, even to account for large items such as pensions. Accountability for disbursement of funds to residential institutions stops at the point where the funds have been disbursed to the institutions: there is no regular requirement for the institutions to report back on

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[17] It is understood that 'family substitute services' in this context is intended to mean residential care services.

how the funds have been spent, though the ministry stated its intention to introduce a system of quarterly reporting.

7.1.4 Promoting M&E

It is important to understand the reasons why a monitoring system has not been established. The insufficiency of resources and of expertise in monitoring are contributory factors but could be overcome through external support if they were the sole reasons for the gap. Even when more resources were available, such as when the State Department of Statistics was able to collect routine information on social policy, which is no longer the case, the system was not in place. Of equal importance is the negative perception of monitoring as being an instrument for criticism and control rather than a constructive way of understanding how services can be improved. For service providers there is a fear that if data do not reveal the 'right' trends they will be used as a reason for imposing sanctions instead of a way of identifying where support is necessary; for policy makers the concern is that it will become necessary to act immediately on every problem identified in the data, which will be an excessive constraint on resources. The arguments in favour of M&E are easily identifiable and the economic and social benefits are apparent, given the advantages of being able to improve resource allocation in the light of information about how resources are spent and their impact.

7.2 Setting up an M&E system for child welfare

To begin to put in place an effective and systematic monitoring system one would expect to consider five questions, as shown in Box 8.1.

Box 7.1   Key questions for an M&E system in child welfare

1. How will we measure the success of child welfare reform? What criteria are considered to be the signs of a good child welfare system?
2. What target are we aiming to reach?
3. How will the data be collected?
4. What external factors may prevent the goals from being reached, and what can be done to mitigate them?
5. How will the data be used?

The first four of these reflect the four columns of a standard logical framework (logframe), i.e. the narrative summary; the verifiable indicators; the means of verification; and the assumptions.

7.2.1 Measuring success

The criteria for how the success of reform is measured is influenced by the way the problem in child welfare is articulated at the outset. In Georgia, because child welfare has been defined mainly as being about reducing the number of children in state-run institutions, it is inevitable that the marker of success is often seen to be precisely that reduction in numbers of children or of institutions. There is a grave risk that this creates incentives to remove children from institutional care at haste, without setting up alternative systems to support their well-being. Some respondents, in discussion with the assessment team, were aware of cases where this had happened and where children had been left homeless because they were removed inappropriately from residential care. This is clearly not a desirable scenario.

The solution is to be sure that success is measured against the full range of inputs, outputs, outcomes and impacts in the reform process. This would mean that an outcome such as a reduction in the number of children in care would be seen as one measure of progress but not the ultimate goal of the reform. Success would be defined also in terms of the eventual impact such as an improvement in the welfare of the child. If a means of measuring this were to be developed then cases where children had come to harm as a result of a deinstitutionalisation process would be recognised and action could be taken to improve the situation.

7.2.2 Defining the target

This stage responds to the challenge described in section 7.1.1 above where it is not clear whether an increase in the value of an indicator is intended to be seen as a good sign or a bad sign. It is possible that different stakeholders will have different views in relation to the same aspect. Another issue is whether the target set should be aspirational and ambitious or more realistically achievable. Again, consensus should be reached on this. The difficulty of setting targets is seen in Georgia in the process of elaborating the child care standards, where one of the reasons cited for not formally introducing the standards was that they were too high for any facility to reach and that they were therefore discouraging.

7.2.3 Collecting the data

Data can be collected routinely as well as through occasional surveys. Although the child welfare system in Georgia is relatively centralised it is not necessary that all data collected reaches the central ministry and its agencies in disaggregated form; a certain level of detail may be useful at the regional level for planning without also being submitted to Tbilisi. It is likely that the SSA and its staff will become a key source of information on services provided and on data gaps relating to service provision. The MOLHSA, meanwhile, might be expected to collect and analyse information on the flow of financial resources as well as on regional and other disparities. External development partners are likely to continue to fund occasional surveys that cross-check the routinely collected information.

7.2.4 Identifying risks

Where policies do not achieve their intended objectives this can be due to external factors rather than due to poor planning or implementation. If these risks are identified at an early stage it may be possible to find ways to counteract them.

7.2.5 Using the data

The most important aspect of collecting data is that the information is able to feed into a process of review so that activities can be amended and resources directed into the most effective channels. This could be of particular use in the budget process, to advocate for increased resources to certain budget lines that are proven to have a positive impact.

PART C: CONCLUSION AND RECOMMENDATIONS

8   Conclusion

This report has shown the sequence of the reform of the child welfare system in Georgia, and illustrated how good practices or challenges at any stage in a reform process can have a knock-on effect throughout the process, resulting in a positive or negative impact on the child.

The way that the debate on child welfare has been centred on the valuable and necessary objective of reducing the reliance on state-run residential care for children in difficulty has influenced the whole response to the reform. It has been a useful starting point which has resulted in many positive outcomes such as the creation of the social work profession, the establishment of deinstitutionalisation panels, the closure of some residential facilities and the rollout of a programme of foster care. The government has absorbed the experiences of successful pilot projects in deinstitutionalisation, introduced the notion of alternative services into the state programme on child care and given non-governmental organisations the freedom to establish other forms of child care as they choose. It has considered the introduction of an innovative financing scheme using vouchers to circumvent the delays in state procurement and has tripled the government budget for child care in the last five years. In many of these areas it can be considered to demonstrate good practice to others in the region.

At the same time there is no holistic view on what child welfare is, nor a definitive understanding of what the reform is trying to encompass. The variety of activities outlined above, and undertaken by the government and many different non-government partners, do not together add up to a complete system of child welfare. The rather narrow focus of the debate on child welfare until now has brought about a risk that people who do not fall within the defined boundaries will be overlooked in the reform process. The lack of knowledge of what is happening in facilities not operated by the state, in terms of basic numbers, types of service delivered and quality, is of concern since the wellbeing of the children in their care is not known. There is both a lack of drive to regulate such facilities and an obstacle in the capacity of state organisations to collect and analyse data on them. The same gap in monitoring is found even in state-run facilities. Children who are not already in the care system are unlikely to reach the attention of the authorities until their families are on the verge of requesting placement in an institution, which is often too late to take preventative, supportive action on behalf of the family. Young people at the age of 18 often find themselves without support, leaving a gap that can reverse the gains made while being supported during childhood. Paradoxically, the concentration on delivery of social support services only to children in difficulty is causing potential harm by limiting the possibility of intervening to support the economic, social or psychological needs of a parent soon enough to prevent the child from being exposed to risk of neglect, abandonment or abuse. At the moment the social work profession has limited resources to cope yet with a much greater expansion of the social work service. However, some planning in this regard will be necessary to allow eventually for such an expansion to occur. The incorporation of child care issues into the ministry that also deals with health, labour and social welfare is an ideal opportunity to consider how to integrate consideration of the interests of the child with those of the other members of the household.

The willingness of a wide range of stakeholders to participate in discussions on child care reform, and the willingness of the government to encourage such participation, is a great asset which should support the ability of Georgia to improve its fulfilment of its obligations under the UN CRC. There is ample evidence of open dialogue between government and non-governmental organisations, and sharing of ideas between them. It is important that this variety of voices is not the cause of a hiatus in decision-making, such as in the elaboration of standards. The elaboration of a commonly agreed child care policy, preferably set within the context of a full social protection strategy, may serve as a useful focus for the definition and achievement of shared objectives.

9   Recommendations

On the definition of child welfare, the team recommends the following:

- agree the scope of what is covered by the term 'child welfare', and therefore what is to be addressed in the reform;
- ensure that a child welfare policy and rationale has been clearly defined and that public opinion is aligned with it, to reduce the destabilising effect of changes of political personnel;
- as part of this, support the government in securing agreement on two concepts: the identification of the broad policy issues that can serve as a guide for a longer timeframe, and the identification of shorter-term objectives which require more immediate allocation of resources. The acknowledgement of the broader policy agenda might attract additional resources into the system since the scope of the problem would be more clearly defined;
- place child protection in its broader social welfare context. This will help to place it higher on the policy agenda since the value of social safety nets is firmly acknowledged by the government. The linking of social protection and child welfare should enable policymakers to address broader socioeconomic and family-related issues, such as the consequences of unemployment and migration, which are often at the origin of the child's welfare needs; and
- continue to conduct public awareness campaigns on the CRC, child development and what can hinder or damage it, and also the development of visible alternative services, to help the general public get a real understanding of some of possible alternatives to institutions.

On policy development, the team recommends:

- explore reviving the commission on gatekeeping and deinstitutionalisation or identifying an alternative supraministerial body, such as one relating to delivery of the PRSP, that can support the MOLHSA in coordinating the overall child welfare sector. This may require the definition of new tasks and responsibilities, and a change in the composition of the commission, in the light of the restructuring of the sector. It would also benefit from the identification of the individual 'champion' who will drive the activities of the commission;
- ensure that entry to municipal-run institutions is governed by the guardianship and care panels, as happens already for entry to central government-run institutions;
- ensure that financing for the CAP is incorporated into the MTEF. This requires first of all that the cost of the CAP be calculated;
- review the components of the State Programme for Child Care to ensure that allocations are based on an assessment of need rather than on a historical legacy of allocating funding to support limited categories of children;
- review and rationalise the cash assistance grants to eliminate anomalies and ensure that the funds provide the right incentives for family-based care, especially in the biological family;
- support the development of a comprehensive in-service training plan for social workers, and a strategy for retraining staff in residential institutions;
- complete the revision and agreement of standards in child care, perhaps as part of a general package of social service standards including for adults; and
- support the development of regulations on licensing and inspection.

Regarding implementation, the team recommends:

- support the development and strengthening of the regional guardianship and care panels. This may include their further decentralisation to district levels or else the strengthening of a mechanism to ensure that cases outside the main town in each region are able to be brought to the attention of the regional panel more easily;

- continue to articulate the economic arguments in favour of support to child welfare in other ministries, especially the Ministry of Finance and local government;

- promote a more even distribution of attention and resources among regions and facilities;

- explore the possibility for external funders to concentrate their resource allocation on the first quarter of the financial year (January to March) when government resources may be delayed;

- put procedures in place to permit auditing and monitoring of the use of funds by institutions, though without demanding a more prescriptive allocation of those resources;

- continue support for the implementation of degree courses and certification courses in social work, including to set in place sustained government funding;

- assess the resources required to enable social workers to support all vulnerable people, not just those with children in difficulty, so children might not have to wait until already suffering the adverse effects of a difficult family situation before coming to the attention of the authorities;

- analyse the cost of fostering to respond to concerns about the difficulty of poor families in taking on an additional child; and

- promote a resolution of the constraints brought about by the difficulty in removing parental rights from parents who have abandoned their child.

Regarding monitoring, the recommendations are:

- encourage an improved understanding of the economic and social benefits of monitoring;

- support the development of indicators that measure the full range of inputs, outputs, outcomes and impact; and

- promote the use of data, including as an aid to advocating for resources in the budget process.

Next steps

During discussions with the MOLHSA and many of the main stakeholders in child welfare reform at a meeting in June, it was agreed that the MOLHSA would select about three priority areas from among the recommendations of the report and would work with its partners to develop and implement a specific and detailed plan for achieving them. At the meeting it was suggested that these three priority areas might be:

- a decision on the most effective way to improve coordination;

- a review of the balance between cash and in-kind social services, and their ability to reach the children most in need; and

- improvements in standards and regulation.

This is to be confirmed at the earliest opportunity between the government and other stakeholders.

Annex A   List of meetings

Time	Name	Position	Organisation
Tues 17 March			
13.30	Nino Kupatadze	Coordinator	Tech Secretariat for Child Welfare
	Tamta Golubiani	Consultant (formerly Head of Child Welfare, MOES)	UNICEF
17.00	Kendra Gregson	Head of Child Protection	UNICEF
	Natia Partskhaladze	Project officer, Child Protection	
Weds 18 March			
12.00	David Lomidze	Deputy Minister	MOLHSA
	George Kakachia	Child welfare specialist	
	David Pavliashvili	Head of Social Department	
14.00	Jo Baskott	Team leader	EU TACIS Support to Child Welfare Reform Project (implemented by EveryChild consortium)
	Nino Shatberashvili	Project director, Child care expert	
Thurs 19 March			
9.30	Giovanna Barberis	Representative	UNICEF
	Natia Partskhaladze	Project officer, Child Protection	
	Kendra Gregson	Head of Child Protection	
11.00	Lado Kebuladze	Deputy director	State Health (& Social) Service Regulation Agency
14.00	Sandro Urushadze	Director	Social Service Agency (SSA)
Fri 20 March			
9:30	Jaba Nachkebia	Director	Children of Georgia
	Keti Melikadze	Director	The First Step Foundation
13:00	Audrey Bollier	Psychosocial itinerant delegate	Terre des Hommes
	Natia Gorgadze	Programme officer	IRC
	Thea Kacharava	Project director, 'Emergency Relief for IDPs'	CHCA
15.00	Dito Gugushvili	Project officer, Social Policy	UNICEF
16:00	Michel Jambou	Project Manager, Food Security Programme	EC Delegation to Georgia
	Nino Kochishvili	Project manager	
Mon 23 March (Site visit, Telavi, Kakheti region)			
11.00	Besarion Aivazashvili	Director	Telavi residential institution, Kakheti
1.00	Tinatin Gogiashvili	Senior social worker ; and 12 social workers	SSA, Kakheti
Tues 24 March (Site visit, Tbilisi)			
10.00	Irina Bekulidze	Director	Tbilisi Infant House (under 6)
12.00	Tinatin Decanoidze	Director	Satnoeba Rehabilitation

Time	Name	Position	Organisation
			Centre for Vulnerable Children
Weds 25 March			
9.30	Kendra Gregson	Head of Child Protection	UNICEF
	Natia Partskhaladze	Project officer, Child Protection	
14.30	Andro Dadiani	Project Director	Every Child
16.00	Debriefing to stakeholders		
19.00	Kimberley Davis	Freelance consultant	Working for UNICEF on child-friendly spaces
Thurs 26 March			
10.00	Barbara Schiller	Director, Emergency Education	Elisabeth Gast Foundation
14.00	Katarzyna Wargan	Child protection sector point person	Save the Children
17.00	Giovanna Barberis	Representative	UNICEF
	Ben Perks	Deputy representative	
	Kendra Gregson	Head of Child Protection	
	Natia Partskhaladze	Project officer, Child Protection	
Fri 27 March			
11.00	Iago Kachkachishvili	Head, Department of Sociology and Social Work	Tbilisi State University

Annex B   Evaluation questions

	Family support services	Family substitute services	Residential care	Other statutory services / governance arrangements
Problem identification				
Policy environment	Is social protection high on the government agenda? Is child welfare identified as a priority policy problem in comparison to other areas of social protection? Are development partners interested in contributing to child welfare issues? What is the strength of public opinion on child welfare as an important issue? Has this policy environment changed with recent developments in political circumstances?			
Policy objectives	How is the problem of child welfare articulated (e.g. is the problem one of poverty, or too many children without parental care, or too much reliance on residential care)? Has this articulation changed over time?			
Administration				What central government agencies / ministries were overseeing child protection prior to the start of the reform? Were there any challenges to this arrangement?
				What statutory bodies were in existence prior to the start of the reform? What were considered to be the main challenges in using them?
Policy development				
Policy environment	What forums exist for stakeholders to contribute to the elaboration of policy? (e.g. Working groups, NGO forums, government consultation processes)			
Service planning	What are the characteristics of the policy on deinstitutionalisation? What type of institutions are being transformed? What alternatives are proposed? What policies are in place regarding the professionalisation of the social work service?	To what extent are guardianship, foster care and adoption viewed as an essential part of the continuum of child welfare services?	What policies have been developed to change the nature of residential care, e.g. from large-scale institutions to small homes? Have quality standards and inspection services been developed to	

	Family support services	**Family substitute services**	**Residential care**	**Other statutory services / governance arrangements**
			improve residential facilities?	
Administration				Has there been any change in the structure of the central government bodies overseeing child protection? What new statutory bodies performing child protection functions have been created? What are their roles / responsibilities?
Costing, finances and budgeting	What resources are available to implement the shift from residential to family-based care? Have mechanisms been designed to achieve the shift from centrally funded to locally funded services, if appropriate?	Is there a clearly defined policy on funding for guardianship and foster care, including the identification of payments for carers, if relevant?	What are the trends in the budget for residential care in contrast to other forms of care [if budget figures are available]?	Who holds the budget for the different types of service?
Target groups	Who are each type of service aimed at, according to policy documentation and legislation? Is there an emphasis on targeting particular groups (e.g. children with disabilities, abandoned children, infants)?			
Policy implementation				
Provision of service continuum	What are the main components of the child welfare service in practice? How has the recent conflict affected the provision of child welfare services? What are the prospects for future provision of services? What examples are there of good practice in service provision? Do children receive cash as well as in-kind benefits? What are the relative advantages? What is known about the provision of services by non-state providers?			
Administration	Are staff in family-based and residential services appropriately qualified? Do they receive training and supervision? What is the extent of the network of support workers for family-based services? What are the main achievements and challenges in terms of staffing?			Have proposed changes to structures been implemented? How has decentralisation affected the delivery of child welfare services?

	Family support services	**Family substitute services**	**Residential care**	**Other statutory services / governance arrangements**
				How relevant and effective have the statutory bodies been in delivering the child welfare services?
				Are the organisations sufficiently staffed with appropriately qualified personnel? Are they provided with training and supervision?
Costing, finances and budgeting	What proportion of the budget is actually spent on the different types of services? How does this compare with the budget for other aspects of social protection, e.g. pensions / cash benefits? Are there any challenges concerning the regularity of funding for child welfare services? What audit procedures are in place?			
Target groups	What evidence is there that the services are reaching the intended target children?			Do people stay in the child welfare system after they turn 18? If not, to whom are they referred?
M&E				
	How is the welfare of children monitored when they remain in their family? What indicators are used to measure progress towards deinstitutionalisation (number of children in care, number out of care, number of institutions)?	What monitoring processes are in place for children in substitute family care?	Are there regular review processes for children in residential care? What form do these take?	Who is responsible for monitoring the family-based and residential services? How is information shared between local and national levels, and between different stakeholders?
	What incentives exist for accurate collection and reporting of data? What incentives exist for misreporting (e.g. the availability of per-capita funding)?			
	What routine administrative systems exist for monitoring progress in child welfare reform? What periodic surveys are undertaken? How is this information used in decision-making?			
Progress	What do the data show about progress in deinstitutionalisation and the improvement of child welfare, and about children at risk? What examples of best practice can be identified?			

Annex C   Examples of best practice

Title/description of the good initiative:	**CONSOLIDATION OF RESPONSIBILITIES FOR CHILD WELFARE UNDER THE MANDATE OF A SINGLE MINISTRY (THE MOLHSA)**
Agency/Service/NGO responsible:	Government of Georgia
Contact person:	David Lomidze
Title/Function:	Deputy Minister of MOLHSA
E-mail address:	dlomidze@moh.gov.ge
Implementation level	**X** National ❑ Regional (county) ❑ Local (city, municipality, district) Name:……………………………………….
Type of reform effort	❑ Consultative process **X** Legislative reform ❑ Development of by-laws (standards, new job descriptions etc.) ❑ Reform planning and financing **X** Re-organization/creation of services ❑ Analytical work (studies, data collection) ❑ Partnership ❑ Coordination mechanism
Area of application	❑ Cash benefits ❑ Statutory services (gatekeeping) ❑ Social work ❑ Family substitute services (foster care etc.) ❑ Family and child support services ❑ Outreach work ❑ De-institutionalization ❑ Targeting of- and forecasting for new services **X** Costing of services and reordering financial flows **X** Other: Mandating of the MOLHSA with the unified responsibility on the child welfare reform
X Internet link where further information can be found: www.moh.gov.ge X Relevant document (i.e. any documentation of the practice, evaluation etc.): _____ The Charter of the MOLHSA_____ _____ Amendments in the Charter of MOES_____	
Elaboration: **Who initiated this practice?** The inter-ministerial Government Commission for Child Protection and Deinstitutionalisation, and with the agreement of the Prime Ministers office;	

When was it initiated? The plan was made in 2006 to be implemented from January 2008; In actual terms it took place on January, 2009.

Why was it initiated?
The allocation of responsibilities under the various line ministries complicated the alignment and coordination for the child welfare reform. The child care institutions were subordinated to and funded through the MOES. The MOLHSA was responsible for the whole social welfare reform. Child welfare can now be considered a part of social welfare. The creation of the database for households receiving social assistance from the government under the MOLHSA speeded up the process. The MOLHSA also has the responsibility for fighting domestic violence and abuse nationwide.

How is it organized? Now the MOLHSA is responsible for child welfare. The core ministry elaborates the policy, and defines state support for child protection issues through the State programmes. The implementing agencies affiliated to the MOLHSA, namely the Social Services Agency (SSA), the Health and Social Service Programme Agency (HeSPA) and the State Agency for Service Regulation (SASR) are responsible for the delivery of services, service purchasing and service regulation respectively.

What are the aims of this programme? The aim of the change was to put the great majority of responsibilities for child welfare under one line ministry. However, there are other ministries, such as the Ministry of Justice, who are still responsible for certain aspects of child welfare, and the MOES retains responsibility for the education of children with special needs.

What were the inputs and outputs/expected results?
The expected result was the smooth transfer of the responsibilities from the MOES to the MOLHSA, and respective activities related to the preparation of relevant regulations and establishment of organizations structures in the MOLHSA, and abolition of old structures at the MOES. The process aimed to improve capacity in human resources in the newly created structures, based on the human resources transferred from the MOES, including through capacity building initiatives.

What is the budget for this programme? None

What are the main advantages? Unification of the majority of responsibilities for child welfare under one umbrella. The unification within the ministry with responsibility for labour and for social protection should make it easier for child welfare issues to be addressed at an earlier stage, i.e. preventively, by means of supporting parents to find employment or to receive cash payments (for those in poverty), which will tackle some of the main causes of child institutionalisation.

What are the restraints and shortcomings?
During the transfer process there was not full agreement and understanding regarding the nature of the services to be transferred and the timeframe, so the eventual transfer took place without the parties being fully prepared. This resulted in a delay in payments to institutions and foster parents during the transfer.
The MOLHSA has to finalize the establishment of relevant structures within the subordinated agencies (i.e. SSA); it has to strengthen regulations related to the Child welfare and ensure reinforcement.
In addition, broader coordination mechanisms have to be strengthened to assure that the MOLHSA coordinates its activities with other line ministries, such as the Ministry of Justice and Ministry of Finance, and with other governmental institutions e.g. the police; as well as non governmental and private sectors and international society supporting the child welfare reforms in Georgia.

Title/description of the good initiative:	**Increasing state allocations to child welfare**
Agency/Service/NGO responsible:	MOLHSA
Contact person:	David Lomidze
Title/Function:	Deputy Minister of MOLHSA
E-mail address:	dlomidze@moh.gov.ge
Implementation level	**X** National ❑ Regional (county) ❑ Local (city, municipality, district) Name:………………………………………….
Type of reform effort	❑ Consultative process ❑ Legislative reform ❑ Development of by-laws (standards, new job descriptions etc.) **X** Reform planning and financing ❑ Re-organization/creation of services ❑ Analytical work (studies, data collection) ❑ Partnership ❑ Coordination mechanism
Area of application	❑ Cash benefits ❑ Statutory services (gatekeeping) ❑ Social work ❑ Family substitute services (foster care etc.) ❑ Family and child support services ❑ Outreach work ❑ De-institutionalization ❑ Targeting of- and forecasting for new services **X** Costing of services and reordering financial flows **X** Other:…Increasing state funding for various types of child welfare services ………
X Internet link where further information can be found:… <www.moh.gov.ge>…… X Relevant document (i.e. any documentation of the practice, evaluation etc.): _The Law on the State budget for 2009, December 2008, Georgia_____ _The Order of the Minister of LHSA on approving the State programme on Child Care, 2009;	

Elaboration:

Who initiated this practice?
The Ministry of Labour, Health and Social Affairs (MOLHSA), Georgia

When was it initiated?
Initiated in autumn 2008. Enacted from January 2009;

Why was it initiated?

The Government of Georgia recognised that the state funding for child welfare was not sufficient for addressing the needs of children.

How is it organized?
The MOLHSA has prepared the draft budget for health and social sectors, where the budget for the child protection programme has been planned at GEL 17.6 million, a GEL 6 million increase on the budget for 2008 (GEL 11.6 million). In addition to this programme there are three more State programmes supporting the social and health care needs of children.

What are the aims of this programme?
The programme aims "'to support social protection and the creation of a family type environment for children lacking care and socially unprotected, victims of violence, children with disabilities, and children who require special education and / or have complex behaviour'

What are the objectives of this programme?
- prevention of child abandonment, and financial support for implementation of functions defined by Law on deinstitutionalisation, guardianship and careship
- prevention of child violence
- supporting small family type institutions;
- supporting shelters;
- supporting Day Centres;
- supporting Child Care institutions
- supporting social institutions for children with special education needs;
- assessing the health conditions of children to be adopted internationally;

What were the inputs and outputs/expected results? The budget is intended to increase the emphasis placed on alternative family-based environments for children in difficulty.

What is the budget for this programme?
GEL 17.5 Million

What are the main advantages?
The programme funds some alternative services (day are, shelter, small type institutions) along with child care institutions. It supports keeping children in a family or family type environment through deinstitutionalization, fostering and adoption. On a pilot basis it tries to introduce innovative approaches in the child protection in Georgia.

What are the restraints and shortcomings?
The budget does not allow standardization of alternative services at a national scale. Most of these activities are piloted in particular regions or cities. The programme does not cover all recognized needs of child protection that are reflected in the National Child welfare Action Plan for 2009-2011. The majority of the budget continues to be devoted to residential institutions.

Title/description of the good initiative:	**SERVICES FOR CHILDREN WITH DISABILITIES DEVELOPED BY THE ORGANISATION 'THE FIRST STEP'**
Agency/Service/NGO responsible:	The First Step Foundation (TFS)
Contact person:	Keti Melikadze
Title/Function:	Director
E-mail address:	keti.melikadze@tfs.ge
Implementation level	**X** National ❑ Regional (county) ❑ Local (city, municipality, district) Name:……………………………………….
Type of reform effort	❑ Consultative process ❑ Legislative reform ❑ Development of by-laws (standards, new job descriptions etc.) ❑ Reform planning and financing **X** Re-organization/creation of services ❑ Analytical work (studies, data collection) ❑ Partnership ❑ Coordination mechanism
Area of application	❑ Cash benefits ❑ Statutory services (gatekeeping) ❑ Social work **X** Family substitute services (foster care etc.) **X** Family and child support services ❑ Outreach work **X** De-institutionalization ❑ Targeting of- and forecasting for new services ❑ Costing of services and reordering financial flows **X** Other: training of professionals and staff of service provider organizations working in the field of disability
❑ Internet link where further information can be found: www.nextstepchildren.org ❑ Attached document (i.e. any documentation of the practice, evaluation etc.): ………………………………………………………………………………………	
Elaboration: **Who initiated this practice?.** The First Step Foundation was established by Ms. Jane Corboy and Ms. Nino Zhvania. **When was it initiated?** It started in the mid-1990s, and registered as an organisation in 1998. **Why was it initiated?** TFS was created in response to the awful conditions in which children with disabilities lived in one specific state-run institution, the Akhalkalaki (Kaspi) state psycho-neurological Institution for disabled children. TFS was founded firstly to rescue children who were dying in this institution and secondly to develop viable alternative services to Kaspi institution. **How is it organized?** Children (and now young people) involved in TFS programmes are located in (1) residential programme (2 small group homes); (2) educational programme (day care centre for children with severe disabilities and integrated class in public school); (3) home based care programme; (4) state institutions' support programme. Children in these programmes are served through: basic care-; bio-psycho-social skill development-; social-; medical-; "empowering parents" programmes. Besides TFS runs awareness-raising campaigns and trains professionals and organisations working in the field of disability. **What are the aims of this programme?** The aim of these programmes are to achieve	

integration of children and young people with special needs into community

What are the objectives of this programme?

- to develop skills of independent functioning of children and young people with special needs
- to create safe and friendly environment for children and young people with special needs
- to raise capacity of organizations working in the field of disability
- to lobby interests of people with special needs

What were the inputs and outputs/expected results?

Expected results:

1. children and young people with special needs acquire skills for independent functioning
2. children and young people are integrated into broader community
3. children and young people are supported within their family environment
4. capacity of the organizations working with disabled in increased
5. parents are empowered to support their children with special needs
6. society has positive attitude towards issues of disabilities

What is the budget for this programme?

2007 annual budget -- **446,685 USD**

2008 annual budget -- **600,588 USD**

2009 planned budget -- **503,652 USD**

What are the main advantages?

The advantages are the attention paid to people who are often at risk of being overlooked when alternative services are being developed, namely children with disabilities and young adults who have reached the age of 18.

What are the restraints and shortcomings?

1. The continued stigmatisation of children with disabilities remains a constraint.
2. Financial shortages (including restricted state financing) are, inevitably, a limitation on development.
3. The variety of different professionals working in the field can make coordination of activities a challenge.

Title/description of the good initiative:	**DELIVERY OF PROFESSIONAL CERTIFICATE PROGRAMME IN SOCIAL WORK**
Agency/Service/NGO responsible:	Tbilisi State University
Contact person:	Iago Kachkachishvili
Title/Function:	Head, Dept of Sociology and Social Work
E-mail address:	
Implementation level	**X** National ❑ Regional (county) ❑ Local (city, municipality, district) Name:…………………………………….
Type of reform effort	❑ Consultative process ❑ Legislative reform ❑ Development of by-laws (standards, new job descriptions etc.) ❑ Reform planning and financing **X** Re-organization/creation of services ❑ Analytical work (studies, data collection) ❑ Partnership ❑ Coordination mechanism
Area of application	❑ Cash benefits ❑ Statutory services (gatekeeping) **X** Social work ❑ Family substitute services (foster care etc.) ❑ Family and child support services ❑ Outreach work ❑ De-institutionalization ❑ Targeting of- and forecasting for new services ❑ Costing of services and reordering financial flows ❑ Other:…………………………………….
❑ Internet link where further information can be found:…………………………….. ❑ Attached document (i.e. any documentation of the practice, evaluation etc.): ………………………………………………………………………………………………	

Elaboration:

Who initiated this practice? Tbilisi State University, in collaboration with the EU TACIS TEMPUS project 'Establishing Social Work Education in Georgia'

When was it initiated? 2005

Why was it initiated? There was a clearly identified need for academic and professional training in social work in Georgia to meet the demands of a welfare service that is based on supporting families at home rather than on residential care. The need was expressed by the MOES since at that time they were the largest employers of social workers.

How is it organized? The university runs three programmes: a Bachelors and a Masters degree in social work, and a certificate programme for professionals who have a different academic background. This note discusses the certificate programme.

What are the aims of this programme? The certificate programme was originally designed to enable professional social workers who have a qualification in a different subject (such as those who were previously teachers, psychologists etc.) to acquire full competence in social work whilst continuing to work. They would have an accredited qualification and would be eligible for State accreditation. This is recognised to be important since the number of students who will pass through the Bachelors and Masters training programmes is not yet sufficient to match the increased demand for social workers. The Bachelors programme started in 2006 so the first students will not graduate until 2010. It subsequently became clear that there was also a need for training in social work skills by professionals who are not employed

as social workers, such as people working in the MOLHSA, probation and justice services.

What are the objectives of this programme? The objectives are the delivery of a 30-week training programme consisting of 10 courses, conducted in three 10-week trimesters. The course is accredited by Tbilisi State University. Classes take place at weekends. Courses cover many aspects of child welfare but are not confined to issues relating to children.

What were the inputs and outputs/expected results? In the first three terms (one per year) 108 participants have graduated successfully from the certificate programme, of which 101 are social workers and seven are managers of social agents. All but six of these are known to be still employed in the social work field as of 2009. Now a new EU TACIS TEMPUS programme, 'Advancing the three cycle system in social work education in six European countries' (ACES) has been established, of which Tbilisi State University is a part. This aims to update the course and provide a fourth term of students (in addition to developing a PhD programme and continuing support to the Bachelors and Masters degrees).

What are the main advantages? The advantages are the professionalisation of the job of social worker, which will support the implementation of reform, improve best practice in social work. It should also encourage staff retention. The benefits of the certificate programme are the formal accreditation of professionals and the attainment of a recognised certificate in a shorter timeframe than a full degree. It is more comprehensive than the short-term specialised courses offered by various NGOs.

What are the restraints and shortcomings? There is a challenge that the course must continually be refreshed to maintain its relevance to the needs and problems of Georgian society, e.g. working with areas such as early childhood development and trafficking. It must also adapt to different target groups of students such as those in the justice system. The number of students will need to expand rapidly if it is to keep pace with the planned expansion of the system of social work throughout Georgia.

Annex D   The conceptual framework and the UNICEF regional assessment tool

The assessment uses the conceptual framework described in section 2.1. But the contents cover the components of UNICEF's regional assessment tool, and also the six reform issues outlined in the terms of reference that form the focus of the assessment. The way the reform issues relate to the diagnostic framework and the sections of the regional assessment tool is shown in Table D.1.

Table D.1   Relation between reform issues, the diagnostic framework and the UNICEF regional assessment tool

Section of regional assessment tool[1]	Reform issue from TORs	Relation to diagnostic framework	Main relevant chapter of this report
Section 1—Background of the reform	Policy environment for reform	Explored by looking at **problem identification** and **policy development**, i.e. how the current situation is perceived, and factors affecting the extent to which stakeholders can advocate for policies to address child welfare issues	section 3, section 4, section 5, section 6
Section 2—Target groups	Access and exclusion	This is a theme that is drawn from the five reform issues mentioned in the TORs. Access to, and exclusion from, services is determined by the policy environment, the planning of a continuum of appropriate services in the right locations, and the allocation and execution of budgets. It therefore touches on **problem identification**, **policy development** and **policy implementation**.	section 5.4.1, section 6.4.1, section 6.4.2
Section 3—Planning and decision-making	Service planning	This is also a question of **problem identification** and **policy development**: the way in which data on needs and resources are used to determine what services should be provided, and the extent to which the legal and administrative framework is designed to deliver those services	section 4, section 5.1, section 7
Section 4—Governance and decentralisation	Service planning	The first set of questions discuss **policy development** for reforming the organisational structures. The second set of questions discuss the planned and actual provision of services.	section 5.1; section 5.4.2, section 6.4
Section 5—Gatekeeping	Service gatekeeping	Section A discusses **Policy development and implementation** for statutory services and for case management. Section B discusses regulatory processes.	section 5.1.1, section 6.1; section 5.3, section 6.3
Section 7—Material assistance	Provision of 'service continuum'	This is part of the context of social welfare and its relation with child welfare policy	section 3.3, section 4.2, section 5.2
Section 8—Family support services	Provision of 'service	These are discussed in the sections referring to **policy development and implementation**	section 5.4, section 6.4

Section of regional assessment tool[1]	Reform issue from TORs	Relation to diagnostic framework	Main relevant chapter of this report
Section 9—Family substitute services Section 10—Deinstitutionalisation	continuum', service gatekeeping	for service provision	
Section 11—Personnel	Service planning	These are discussed in the sections referring to **policy development and implementation** for human resources	section 5.2.2, section 6.2.2
Section 11—Adoption	Service planning	Adoption is discussed as part of family substitute services	section 5.4, section 6.4
[not included in assessment tool]	Costing, finances and budgeting	This is a matter of both **policy development** and **policy implementation**. It is necessary to understand not only what funding is proposed in the government budget and by external donors (policy development), but also what affects the execution of the budget.	section 5.2.1, section 6.2.1

Source: OPM. Note: (1) This table uses the revised regional assessment tool, 'Snapshot of child protection reform'. (2) OPM's diagnostic framework introduces a fourth, important element of the policy cycle not captured in the reform issues or the regional assessment tool, namely an assessment of processes of monitoring and review.

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Annex F   Timeline of events in child welfare reform

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

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

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

Annex G   Terms of reference

[Note that variations to these original terms of reference were discussed and agreed with UNICEF during the submission of the proposal.]

<div align="center">

UNICEF, Georgia

TERMS OF REFERENCE

Technical Support for Assessment of the Child Welfare Reform process in Georgia.

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In late 2008, the Government of Georgia (GoG) and UNICEF will undertake a joint mid term review (MTR) of their five year programme of cooperation (2006-2010). The intensive and rapid reform agenda of the GoG has created new opportunities for collaboration to advance the rights of children. Through ongoing monitoring and evaluation-UNICEF has also sought feedback on the performance and impact of the programme of cooperation thus far. A changing aid environment and new technologies for advancing human rights and development also impact on the direction of GoG/ UNICEF cooperation.   Taking into account these new opportunities, feedback on existing programmes and the changing aid environment-the mid term review will provide GoG and UNICEF with an opportunity to take stock of results achieved thus far and further accelerate our efforts to ensure a protective environment for children

A review of the child welfare reform process in Georgia will be a key component of the mid term review. The child welfare reform process began in 1999 and was most recently documented in the   **Government's five year Inter-ministerial Plan of Action for De-institutionalization (2003-2007)** and the **Child Action Plan (CAP) 2008-2011.** While previous efforts were focused on deinstitutionalization, the CAP 2008-2011 **includes three main problematic areas: poverty, use of large scale residential institutions, and child abuse and neglect**. The CAP will also include a corresponding log frame with the relevant activities based on the results and recommendations of the recent research and assessments.

To inform a review of how UNICEF can continue to add value to the evolving child welfare reform process , we need to gather evidence on the following:

- availability of a **continuum of services** in Georgia , which is able to address diverse vulnerabilities through individual planning, based on an aim of providing quality care for children;
- upgrading of **local capacity for planning and financing** of a continuum of services, since the reform is closely linked to good governance and decentralisation. This issue is also linked to a need for a <u>clarification of responsibilities and mandates</u> (inter-sectoral co-operation);
- A need for careful **budgeting for the transition costs during the reform period** and **costing of the new child welfare services**.
- the situation regarding the **policy environment** in which the reform is taking place,
- the role of the state in the **gatekeeping** at national and sub-national level,
- the extent to which poor access , reach and exclusion are barriers to ensuring a protective environment for children.

The political interest in welfare issues and the welfare of children continues to be rather limited (in comparison, for example, to the economic reforms, nation building or threats to political stability). External interests-most particularly donor relations and the European integration process (European Neighbourhood Policy) have proven to be useful catalysts for highlighting the importance of social protection issues. However, civil servants and government officials at local level continue to stress the need for mobilization of political will and leadership for the reform at the highest level.

As with similar processes in other countries within the region , there is an absence of comprehensive operational reform plans with clear targets, as well as operational and financial mechanisms to manage the period of transition between old and new service systems. There is also a noted need for technical 'know-how' and learning from the experiences of other countries in the region – particularly those with similar historic and social protection system backgrounds.

The project has four **objectives**:

1. To facilitate improve analysis, policy dialogue and programming support to the child welfare reform process in the context of the MTR.
2. To explore synergies between specialized institutions, NGOs, Governmental reform practitioners and financial institutions in their contributions to the reform
3. To provide evidence for advocacy on budget allocations and good governance for child welfare reform in Georgia .
4. The better understand if the scope of the reform is adequate enough to address access, prevention of abuse and institutionalization and ensuring protection for children who are deinstitutionalized.

1. SCOPE AND FOCUS OF THE ASSESSMENT
The overall objectives of the Assessment include:

- an increase in **understanding of the progress and shortcomings of the reform process** in Georgia from the view of different stakeholders on county and regional level
- Provide policy analysis that can serve as an **input for further support for the reform process,** among both local and regional/international actors

The specific objectives of the Assessment include:
1.1. Assess and analyse progress of the child care system reform in the selected countries using the regionally developed Child welfare Reform Assessment tool (see annexe A) in order to determine a baseline for further monitoring of the reform process.
Assessment is to be conducted according to a tool developed for the assessment purposes.
1.2. Identify opportunities to accelerate the reform of the child care system
1.3. Enable a review and input for further UNICEF support for the reform

Format-wise, the **focus** is to be primarily on:
- the lessons learnt from the best practices, as identified by the involved stakeholders,
- relation of the child care reform with the wider social welfare reform efforts, and

C**ontent-wise**, the **focus** will be on 6 reform issues that are to be explored at the Sub-regional Consultations:
1. policy environment for the reform,
2. service planning,
3. provision of a 'service continuum',
4. service gatekeeping at different level (national/regional/local),
5. costing, finances and budgeting,
6. access and exclusion.

These two focus sets shall be explored through:
- the assessment conducted based on the reform assessment tool (content-issue)
- analysis of progress of the reform (format-issue)
- recommendations for next steps (format and content issues).

2. SOURCES OF INFORMATION
Sources of information during the assessment
During the assessment, information is to be provided by the:
2.1. UNICEF country office

2.2. other relevant international actors relevant for the reform efforts working in the country (i.e. WB, EC, other)

2.3. Representatives of relevant governmental institutions – from local/regional/national level and from different sectors

2.4. Representatives of relevant non-governmental institutions – from local/regional/national level

2.5. Other locally identified stakeholders that are identified on the country-level as relevant for the identified assessment objectives.

Information collected from the identified stakeholders will be twofold:

1. relevant documentation (prior assessments, reviews, country/regional/local reform reports, research)
2. new input (if not evidenced in documentation and in regards to steering, i.e. for snowballing the gathering of relevant documentation, other relevant contacts, etc.)

3. ASSESSMENT METHODS

- A comprehensive desk research of prior relevant documents

   In each of the countries, both UNICEF as well as other international, supranational and local organisations generated a number of policy documents, assessments, reviews and studies that informed reform efforts to date. This method, albeit a common part of similar assessments, is crucial in order to:

   o avoid research fatigue among the participants,
   o focus any further data gathering on issues that weren't covered by prior similar exercises.

- Qualitative and participatory individual and group techniques for data gathering

   Due to the time frame and the legitimate wariness about possible 'research fatigue' among the local stakeholders, the assessment shall rely on additional data gathering only based on data lacking after the desk research.

   Use of individual/group interviews or focus groups is proposed for this purpose.

   Their use (in terms of methods, participants and extent) shall be agreed in consultation with the consultant and, primarily, with the local stakeholders that shall steer the process.

- Mapping

   Maps will be used to create visual presentations of governance and the continuum of services in each of the countries.

   The maps will illustrate the administrative division and services available for children, from local to national level (municipalities, regions and/or national level governance).

   The rationale for such maps is to better understand:

   a. type and number of child care services at different levels (1st map)
   b. decision making/accountability/reporting lines and the sources of funding (2nd map)

- Development of a portfolio of good practices

   A portfolio of good practices in the country is to be developed to accompany the assessment report. This is relevant to highlight the successes of the reform and to enable easily accessible information on these processes/programmes/initiatives.

Deliverables:

- A draft report based upon the UNICEF CEE/CIS Regional Office Child Welfare Reform Assessment Tool.
- An annex with an overview of good practice
- Presentation of the main findings to a GoG/UNICEF/Rights Holders MTR workshop.

Time/duration and breakdown:

Total 25 days of consultancy during September/October 2008:

- 2 day off-site consultancy

- 20 day on-site consultancy

- 3 day off-site consultancy to provide ongoing support to the finalisation of the MTR report child

welfare reform component (till the end of September 2008)

Qualifications
- Advanced university degree in social science, social policy or other relevant fields with experience of child welfare reform an asset.
- At least 8 years progressive work experience in developing child protection systems
- Previous experience working for the UN agencies is an asset
- Excellent written and spoken English;
- Excellent report writing and human relation skills

Supervision:
The consultant will work under the direct supervision of the UNICEF Child Protection Specialist and overall supervision of the UNICEF Deputy Representative.

Liaison Requirements
The consultant will work closely with the Ministry of Labour Health and Social Affairs and the Ministry of Education and Science.

Contract arrangements:
The assignment is expected to begin in September 2008. The contract will cover the following costs transfer to the consultant's bank account in US Dollars:
- Consultant's fee paid upon approval of submitted deliverables
- Travel (return economy class air ticket) and terminal expenses
- Daily subsistence allowance according to UNICEF standard paid upon arrival

UNICEF will provide office space and office support throughout the assignment, in-country travel support and translation services. UNICEF will support the consultant in establishing contact with the necessary partners, both government and non-government.

How to apply
Applications should be sent to the UNICEF by e-mail at nzeinklishvilie@unicef.org with Ref.: UNICEF Vacancy Notice GEO/2008/SSA/00006**.** The application must include:
- Cover letter and curriculum vitae
- Completed UN P11 form (see attached)
- Statement/description of the proposed work plan

The Health Statement forms must be submitted to UNICEF prior to signing the contract.

Application deadline – 10 AM (GMT +4), 20 May 2008