# CHANGING MINDS, POLICIES AND LIVES

## IMPROVING PROTECTION OF CHILDREN
## IN EASTERN EUROPE AND CENTRAL ASIA

## GATEKEEPING SERVICES FOR VULNERABLE CHILDREN AND FAMILIES

World Bank Group

unicef

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## ACKNOWLEDGEMENTS

*A girl stops and grins on a street in St. Petersburg, Russia.* UNICEF/C-116/4/Steve Maines

# Foreword

After more than a decade of coping with transition challenges in Eastern Europe and Central Asia, the need for the reform of family and child welfare systems has been widely acknowledged. The mindset is changing, policies are increasingly embracing new directions, reform efforts are underway, but the lives of hundreds of thousands of poor families with children have yet to improve. Every year a large number of children are still at risk of being separated from their families and being placed in institutional care. This problem was first highlighted by the MONEE Project based at the UNICEF Innocenti Research Centre in 1997 in the Report "Children at Risk in Central and Eastern Europe: Perils and Promises". The MONEE Project has been monitoring the well being of children and families in the Region since 1989 and provides fundamental data that supports family policy formulation to safeguard children's rights in transition. However, knowledge, capacities, resources and practices in the countries of the Region are still inadequate to bring about the much-needed system changes.

Through "Changing Minds, Policies and Lives", UNICEF and the World Bank have teamed up in an effort to increase the understanding of the essential challenges of the system changes, and to propose strategies to advance the reform of child and family services. The results of the joint work are the concept papers and corresponding tools that suggest how to change three important system regulators, decision making, standards and financing.

We hope that these three toolkits will be useful instruments for policy makers, practitioners and for child rights advocates wishing to make the difference in the lives of families and children at risk in the region.

| Annette Dixon | Philip D. O'Brien | Marta Santos Pais |
|---|---|---|
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# Introduction

## "CHANGING MINDS, POLICIES AND LIVES"

In response to the challenge of family and child welfare system reform in the transition countries of Central and Eastern Europe and Commonwealth of Independent States, the World Bank and UNICEF teamed up in the project "Changing Minds, Policies and Lives". The purpose of this joint initiative was to develop knowledge and tools for family and child welfare policy makers and practitioners in the region. The products of the joint work are published in this three-volume publication, each containing concept papers and tools addressing essential components of the system reform, namely decision making processes: "gatekeeping", redirecting resources into preventive and family-based services, and standards of care.

## REGIONAL CONTEXT

The countries of Central and Eastern Europe and the Commonwealth of Independent States have undergone extensive economic and social change in the last decade. Family and child welfare has been recognised as one of many areas in need of reform. The public child-care systems in former socialist countries relied extensively on the institutionalization of vulnerable children, including children with disabilities and deprived of parental care at the expense of preventive assistance and support to the families at risk. As a consequence of the economic transition, social transformation and political instability the number of families at risk has increased, thus increasing the demand for public care. Across the region, roughly 1,5 million children are in public care (UNICEF, 2001). Governments in the region spend up to one per cent of their GDP in sustaining the institutional care for vulnerable individuals including children (World Bank). Worldwide experiences indicate that institutionalization is more expensive and less beneficial per client than more inclusive approaches designed to support individuals within the families. Institutional care shortfalls in enabling harmonious development of the child including her/his full inclusion in society.

There is a growing understanding and willingness among child welfare policy makers in the region to establish alternatives to institutionalization and in a number of countries the child welfare systems are undergoing reform. However, these encouraging initiatives are scattered across the region, not framed within coherent policy and characterised by:

- discrepancy between policies to reduce placement in residential care and the existing practice
- lack of coherent reform framework – fragmented coordination, piecemeal and isolated innovative initiatives
- deficient information management systems lacking data on referral patterns, profiles of needs for particular groups, service availability and no contact with local decision making, policy and practice
- absence of a systematic care plan for each child in public care endorsed in law, policy and practice
- public monopoly on financing of services resulting in a supply driven care system in spite of governance and fiscal decentralization
- deficient regulatory framework to enable decentralization of service provision within defined care standards
- little incentive to tailor the response on clients' needs
- budget structure that favours residential care, does not encourage mixed options, offers few choices to clients and limits the range of available care options
- lack of information on true costs of care as full financial costs of public care are not calculated.

The reform challenges have revealed the need to build a knowledge base and tools to assess and analyse the family and child welfare situation from the perspective of the system's outcomes; to inform the design of the reform towards effective family and child centred outcomes and to guide management of the reform.

## PURPOSE

To support and facilitate the ongoing reform processes in the region, UNICEF and the World Bank decided to team up in the 'Changing Minds, Policies and Lives' initiative. As the winner of the World Bank Development Market Place Programme the project was awarded a grant and was officially launched at a Regional Conference on Children Deprived of Parental Care: 'Rights and Realities' in Budapest, Hungary, October 2000.

The project addresses two important strategic concerns of both organisations. For the World Bank it is about the support to child and family welfare system change as one of the cornerstones of social protection strategy in Eastern Europe and Central Asia (ECA). For UNICEF it is about promotion, fulfilment and protection of the human rights of children.

"Changing Minds, Policies and Lives" aims to achieve major policy and practice change by contributing to a permanent shift from extensive reliance on state institutions towards provision of family and community based care for vulnerable individuals, especially children at risk and those deprived of parental care. The initiative focuses on supporting the design of a comprehensive national strategy grounded in concerns for both human rights and cost-effectiveness. This innovative approach:

- promotes the reform of public care systems for children in a way to prevent institutionalization by supporting families and by establishing family-based care alternatives
- provides tools, which in interaction with ongoing reform efforts, help generating knowledge for further support rather than to offer the blue print for reform
- brings together policy makers, families, communities and NGOs in an effort to raise awareness and mobilise the change agents.

The project strategy focused on developing knowledge and tools for the reform of three essential system regulators: *finances*, to redirect resources to community-based services; *standards*, to ensure family-centred outcomes; and *decision-making processes* to reshape the gatekeeping system. The main outputs of the project are three technical instruments, toolkits. Each toolkit contains an analytical framework, templates and checklist for the reform of regulators and examples of good models for reference.

## THE TOOLKITS

### GATEKEEPING

The analytical framework defines the gate-keeping as the system of decision making that guides effective and efficient targeting of services. Such a system is based on the following principles:

- the best interests of the child
- proper safeguards for clients' rights
- fair and clear criteria of entitlement to services in all user groups
- transparent decision making, verification and control mechanisms
- efficient use of scarce resources
- monitoring, evaluation and review of the decision-making process based on the quality of outcome for the client

- fair and consistent service allocation
- individual child service plan based on review of the child and family situation.

The gate-keeping is designed to be operational not only at the point of referral but at all stages of service provision. The conditions for effective gatekeeping include an agency responsible for coordinating the assessment of the child situation, a range of services in the community to provide support to children and their families, and an information system to monitor and review the outcomes and provide feedback on operation of the system as a whole.

The toolkit contains elements relevant for reform at local and national levels. The templates and check lists for multidisciplinary planning; development of local management information systems; individual needs assessment and corresponding decision making for services are examples of instruments to support the local level processes. The set of tools envisaged to support the national level processes include guidance for development of an efficient coordination mechanism, revision of the legal framework, and establishment of national monitoring and information systems including performance indicators.

The gatekeeping toolkit combines and builds upon some interesting regional initiatives, such as the establishment of national coordination agency in Romania and Bulgaria, the community based services in support of children and their families in Russia and on improvement of information systems in Hungary and Latvia.

### REDIRECTING RESOURCES

The objective of this toolkit is to guide redirection of resources to community-based services by changing financing flows towards support to families at risk and family-based care alternatives. The toolkit promotes orientation towards the purchaser-provider model and in this context proposes the following pillars for the reform:

- establishment of a purchaser with clear incentives to serve clients, not the provider
- changes in financing procedures to allow output oriented financing to providers
- development of tools for the agreement between the purchaser and the provider (contracts, rules on pricing, tendering)
- reform of the existing providers.

The proposed framework for the reform of child and family welfare system financing suggests that the purchaser should be guided by client's needs and the most efficient ways to meet them. In this manner the purchaser acts as the gatekeeper and therefore should have the power and resources for decision-making. The new financing system should place all the public funds for social care into the hands of the purchaser

and acknowledge output based reimbursement. All private and public providers should be subject to licensing. Contracts should be developed to specify what should be achieved at what costs and included in tenders. The conditions for the transformation of existing providers include changes in the legal status of existing public institutions, regulation to allow them to participate in a tender, incentives to reduce available residential care and expand community care, and opening of the space to the non-governmental sector.

The toolkit contains templates, checklists and guidance for assessment of current financial flows, planning of changes, including development of purchaser-provider models and budgeting for new structures, and needs assessment to determine future demand.

## STANDARDS

Standards are understood as accepted or approved criteria to measure and monitor the management, provision and quality of services and their outcomes. The aim of the toolkit is to support the assessment of current standards and to guide development of new criteria for service provision and performance outcomes. Appropriately defined standards of care are realistic, reliable, valid, clear and measurable and will ensure the family-centred outcomes.

The proposed framework for setting standards adopts the rights of the child as the guiding principle and promotes the need to minimise the reliance on residential childcare, and points to the importance of a case management approach and support structures for quality outcomes.

The toolkit includes a combination of statements on good practice with concrete and observable sets of indicators which describe what the 'standard good practice' means in terms of outcomes for the child, for care practice, for management action, for structures and inputs.

To date only Hungary and Slovenia have systematically modernised childcare standards. Other efforts in the region that are more in initial stages include changes in legislation and pilot projects on quality care standards in Romania, 'environmental' child care standards in Bulgaria, mechanisms for monitoring of care in Lithuania and Latvia.

The process of standards development will be participatory to ensure that standards are owned by the stakeholders, shared and understood by the staff, and developed with the participation of children and their parents.

## WHAT IS NEXT?

Testing of the toolkits in Bulgaria, Romania and Latvia has helped to ensure that the toolkits systematically address important challenges in the child welfare system reform. However, for the proposed strategies to become useful tools in the hands of regional policy makers, the toolkits need to be used in a real context of reform and adjusted to the country context.

To that end, UNICEF and the World Bank are planning to organise dissemination seminars for the countries that are committed to the child welfare system reform and have expressed interest in using and adjusting the toolkits.

In addition, the concept papers and the toolkits will be posted on the UNICEF and World Bank web sites for the widest possible use.

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*Aleksandra Posarac, World Bank*

# Gatekeeping Services
# for Vulnerable Children and Families

## A Concept Paper[1]

*Andy Bilson and Judith Harwin*

June, 2003

# Contents

# Executive summary

Central and Eastern Europe and the former Soviet Union (referred to as Europe and Central Asia or the ECA region) inherited a child protection system from the socialist period that placed excessive reliance on institutional care as a means of looking after children unable to remain with their birth parents in the long or short-term. Despite the collapse of socialism and the ideology that supported this strategy, the numbers of children living in institutional care are now higher in many parts of the region than in 1989. This rise in the institutionalized child population is a disturbing new trend paralleled by a worrying increase in the numbers of children present in forms of public care over the last ten years. Although key new services have emerged to reduce the level of use of institutional care, the overall pace of reform has been too slow to provide a sufficiently strong safety net to prevent entry into care or to stop the flow of children into institutions. The massive changes undergone in the region in the last ten years have provided a very difficult environment in which to usher in systemic change, but the trends suggest that pro-active strategies are urgently needed to make deinstitutionalization a reality.

The aim of this paper is to provide a framework to help countries adopt pro-active strategies based on gatekeeping[2] which will bring about a shift from institutional care to family-based types of care. The primary objective of the gatekeeping project is to promote strategies to divert children from initial entry into public care through the development of community-based support programmes for children and their parents and by a shift in the dominant decision-making paradigms on how to help children. A second aim is to ensure that children entering institutional or other forms of state care are not left to drift but that their situation is regularly reviewed and action taken to promote their return to family and community.

The problem of targeting services to ensure the best outcomes applies to all countries providing welfare services. The recent rise in demand for social care services in many parts of the West has led to a radical re-examination of patterns of service delivery, their costs and effectiveness. Gatekeeping is a key mechanism which planners have used to try to create a better balance between demand and supply and to ensure a more effective and appropriate targeting of services.

After outlining the main problems in the delivery of childcare service in the ECA, Section I discusses the nature of gatekeeping and its use in a range of health and welfare systems through an examination of the literature. It then outlines the basic elements needed to implement gatekeeping before looking at 'good practice'. Section II goes on to discuss the current use of gatekeeping in Eastern and Central Europe and Central Asia (ECA). Section III addressed some of the issues to maximize its impact. Finally, the Appendix examines the problems in implementing gatekeeping and how they may be overcome.

Recently analysts have described gatekeeping as a key concept of child protection reform in the ECA region with the potential to bring about a reduction in the numbers and rates of institutionalized children.[3] Although a number of new services have emerged to help reduce dependency on institutional care, the overall pace of reform has been too slow to provide a sufficiently strong safety net to prevent entry to care or to stop the flow of minors into institutions (Harwin, 1996; UNICEF, 2001). Our main premise is that active gatekeeping strategies in the ECA are an under-utilized strategy and that their pro-active development will help accelerate deinstitutionalization by preventing inappropriate initial entry into care and ensuring that those placed out-of-home are not separated from their families longer than is strictly necessary.

*What is the background to gatekeeping in the ECA?* UNICEF's (2001) Regional Monitoring Report, *A Decade of Transition*, proposes the need for gatekeeping in the ECA on the basis of its review of trends in the uptake of public care during the last decade. While it found "significant evidence and determination in the region to bring about a shift to family based substitute care and to reduce dependency on institutional provision", it concluded that these goals had met with limited success. The main findings of the report are summarized below:

- more children are entering public care than at the start of the decade
- more children who are not in public care are being

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placed out-of-home in institutions such as boarding schools

- the numbers and rates of children placed in institutions are rising, particularly for infants
- international adoption plays a steadily growing role in public care strategy
- increases in the numbers of children in institutional care are frequently accompanied by increased recourse to foster care and international adoption
- ethnic minorities are over-represented amongst children in care
- persistent difficulties in safeguarding the quality of care for institutionalized children and in some countries this has deteriorated over the past decade.

## Gatekeeping

*What is gatekeeping?* Gatekeeping is essentially a matter of targeting services. We have identified a continuum of models of gatekeeping designed to ensure that services are only provided to those who meet tightly specified eligibility criteria where it is used to ration and make effective use of scarce resources at the one end of the continuum, and, at the other end gatekeeping where the focus is on the needs of the child, concentrating on good assessment and matching services to individual needs.

In practice the approaches used tend to fall between these two poles. Where gatekeeping is more concerned with rationing, the role of the gatekeeper combines professional tasks and decisions on budgetary issues. At the other end of the continuum, the roles are more likely to be separated and professionals are unlikely to perceive themselves as gatekeepers.

What is the experience of gatekeeping? Gatekeeping strategies have been used in a wide range of fields, and in some cases there is evidence of positive outcomes of the type needed in the ECA region. The report examines the following areas which provide examples of gatekeeping and closely related relevant strategies:

- gatekeeping in privatization of child welfare in the United States
- diverting children from youth justice to child welfare
- developmental work to match needs and services
- refocusing services away from narrow child protection to family support
- raising thresholds and strengthening monitoring mechanisms for children in public care
- developing performance indicators to measure compliance with targets, also with rewards or sanctions for non-compliance.

There are a number of outstanding difficulties including the definition of service criteria, its use to cut costs without effective safety nets, and the risk that gatekeeping may mean less access to services for the poor or those from ethnic minorities. Gatekeeping still lacks systematic research evidence, as does much social work practice. However, none of these criticisms undermines the importance of establishing and developing good gatekeeping performed both by individuals and systems. Instead they indicate the limited experience with gatekeeping practices and the lack of a systematic body of knowledge and how, without proper safeguards, gatekeeping is open to abuse.

*What are the basic elements of gatekeeping?* We have identified the following four basic elements common to all approaches to gatekeeping.

- *An agency responsible for coordinating the assessment* of the child's situation. The process of assessment is complex and requires an organizational structure employing staff to carry out assessments, provide or purchase services, keep records and to review plans for children.
- *A range of services in the community* to provide help and support for vulnerable children and their families as a precondition for gatekeeping, together with a set of alternatives to institutional forms of substitute care including foster care and adoption so that good gatekeeping is conditioned by the ability to choose between alternatives.
- *Decision-making based on assessment and a review* of children's needs and family circumstances, covering a range of decisional points throughout the child's 'service career' including decisions on initial referral through to when the child no longer requires services. A particular issue in the ECA region is the 'abandonment' of children where there is frequently little consideration given to alternatives. Where a parent requests that a child be admitted it is important that there is an assessment and other options are considered. Where a child's parents are unknown this should include serious efforts to trace them. Services also need to be under regular review and, where a child is in state care, efforts made to return the child to their family and community.
- *Information systems* to monitor and review decisions and their outcomes and provide feedback on the way in which the system operates. It is important that information is used not only centrally, but at a local level to gather key information and to form part of a strategy to empower managers and practitioners. The information must be meaningful to users, simple to collect and facilitate feedback on services. This sort of monitoring can be achieved without large investments in computerized systems.

*What is best practice in gatekeeping?* Gatekeeping has the potential to help systems change their focus and can generate specific procedures and mechanisms to achieve restructuring in the light of new agency objectives. It does so primarily by altering eligibility to widen or limit the categories entitled to services and by introducing tougher or more lenient filters for ser-

vices. This is not necessarily a question of simply having greater resources; in his study of gatekeeping in Africa, Tolfree concludes that "Good gatekeeping is more a matter of attitude and philosophy than the availability of resources" (Tolfree 1995, p. 53). The following components will ensure that gatekeeping is high quality:

- *Fair and understandable criteria* for entitlement to services derived from primary legislation and adapted to reflect local needs and resources. They need to have a high threshold for entry to public care. The law should also require gatekeeping for voluntary entry to public care by setting clear criteria for admission, requiring that families are offered other services, an assessment of the child's best interests is properly undertaken, or by making the decision to voluntarily receive children into care subject to legal proceedings. The law also needs to provide a broad entitlement to family support for those in need.

- *Transparent decision-making.* This can be achieved in a number of ways including recording the results of assessments and reviews, how the decisions were reached, and the plan of action proposed. Another approach is to ensure that the decision does not rest on the judgement of only one individual but that a supervisor or other professional will review it.

- *A fair and consistent allocation of services.* There needs to be a cadre of well-trained professional staff able to carry out needs assessments and decide on risk, severity of problems and what services are needed in the light of a comprehensive assessment.

- *Decision-making which is monitored, evaluated and reviewed.* The information systems which constitute a basic element of gatekeeping need to be used to identify where differences in practice occur and to include a system of managerial review to identify where changes are necessary.

- *Children's services plans to identify objectives.* A multi-disciplinary planning system is needed to ensure that an appropriate range of services is available; it requires a solid information base starting with who currently uses the services, and its outputs should include explicit statements on the range of services to be provided and the objectives and performance indicators for service delivery.

- *Gatekeeping as a process.* It requires ongoing monitoring of the plan for each child and a system to review and monitor cases at regular intervals and to record the results of any reviews.

- *A 'whole system' focus.* Whilst it operates through controlling decision making, in individual cases a gatekeeping strategy must assess its impact on both the operation of the child protection system and wider connected systems such as 'special education'.

*What is the experience of gatekeeping in the ECA?* Despite positive developments in the region the

change needed requires a whole system focus. Current developments provide the building blocks for implementing gatekeeping but are generally piecemeal and unsystematic in both the single CEC countries and across the region. When the features outlined earlier that characterize best practice in gatekeeping systems are considered, implementation experience is still in its infancy. More specifically, work on classifying needs and thresholds has scarcely begun and is not yet linked in any coherent policy and service delivery response to prioritizing cases. Efforts still need to be made to use "clear-and-tough criteria to warrant child separations from parents" (UNICEF, 2001) as a mechanism for "deliberately narrowing the net whilst using broad-based eligibility criteria to widen entitlement to services for vulnerable families". Active assessment and reviewing systems based on care plans for each child still need to be ratified in law and policy and developed in practice.

*What are the constraints on implementing gatekeeping?* A number of difficulties will need to be tackled in order to achieve the basic elements of gatekeeping:

- *The need for a paradigm shift* in childcare policy and practice. Whilst there is a growing acknowledgement of the limitations and disadvantages of institutional care for children amongst senior policy-makers and practitioners alike, much of the system still operates on models of state paternalism and a deficit model of disability.

- *Shortfalls of suitably trained staff* in community services. Vigorous efforts need to be made to build capacity including setting up social work training programs and, less consistently, retraining institutionally-based staff. Despite this, recruitment has lagged well behind the massive rise in child vulnerability.

- *Divided and overlapping responsibilities* between agencies. The fragmentation of responsibility and structure - including between statutory, voluntary and private sector - produces difficulties for effective gatekeeping. It leads to uncertainty over criteria for referral, fragmented interventions, duplication of effort and confusion for families who are uncertain who to approach when in need.

- *Inadequate legislation.* One of the major areas of government action since the transition has been the widespread reform of family law and child care legislation. However, implementation mechanisms are often weak and key provisions to support active gatekeeping are missing.

- *Resources locked into institutional care.*[4] Four issues constrain the development of effective gatekeeping. First, perverse incentives to institutionalize continue in a number of countries where agencies can reduce

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[4]This issue is covered in greater detail in the Concept Paper on redirecting resources.

their own expenditures by placing children in public care. Second, institutional care accounts for the greatest element of childcare services expenditure and inhibits the development of community based provision. Third, staffing is 'locked into' institutional structures at the expense of community services. Finally, the physical location of institutions is often isolated and distant from the communities they serve, making staff retraining and alternative use of resources such as buildings difficult.

- *Weak management information systems.* Despite improvements, problems persist in the quality, range and utilization of data. The absence of flow data both at central government and local level makes it difficult to obtain a reliable picture of trends in respect of all substitute care options.

- *Lack of experience in applying an integrated gatekeeping strategy.* Many countries or regions have pioneered individual components of gatekeeping, but few have been able to link them together systematically.

Local and national governments or the independent sector will need to address the following challenges:

- Gatekeeping will require major changes not only in the decision-making systems and services but also in the basic attitudes and beliefs about children and the role of parenting. Reforms are unlikely to be effective without a shift from the paradigms of rescue, state paternalism, ethnic discrimination, and the deficit model of disability. Such a change will require staff, managers and policy-makers to reconsider the value they place on children, their rights and the importance of parents and families in the upbringing of children.

- Gatekeeping is a function of the system as a whole. It cannot be achieved by an incremental approach but requires a qualitative change in the whole of the operation of the child protection system requiring new services, new decision-making processes, new roles for staff and managers and changes in the interactions between all these parts of the system.

These challenges require a strong lead from national government and a clear strategic direction where this does not already exist. Such a strategy needs to operate at both the central government and local government level. In particular, experience needs to be gained of a holistic approach to implementing gatekeeping. This does not mean that all aspects of childcare need to be tackled simultaneously, but that key areas should be prioritized and a strategy for change in the whole system related to that area devised. A similar approach is also feasible at the local level where selected targets can be tackled through pilot projects to implement all four basic elements of gatekeeping in the specific target area.

The Changing Minds, Policies and Lives (CMPL) project works with governments in developing toolkits to assess what needs to be done at the local and national government level. These toolkits will be developed and tested in partnership with governments before they are more widely disseminated. Appendix 1 outlines the major problems identified, the aims of reforms and the transition activities required to change policies for each of the four basic elements of gatekeeping. Not all countries will be at the same starting point on these issues and the tables are intended to help identify priority areas on which to concentrate. The Appendix distinguishes between national-level and local-level actions. The templates, checklists and 'best practices' referred to in the Appendix are tools which we consider helpful when assessing the situation and starting to take steps forward.

The gatekeeping strategy proposed here is designed to provide concrete practical support to policy-makers and practitioners wishing to bring about reform. It provides an approach which can be developed both top-down and bottom-up. Gatekeeping has not proved easy to implement even in welfare systems not suffering from the widespread poverty and history of reliance on institutional care seen in the ECA region. This makes gatekeeping a challenging but essential reform.

# Introduction

Central and Eastern Europe and the former Soviet Union (referred to as Europe and Central Asia or the ECA region) inherited a child protection system from the socialist period that placed excessive reliance on institutional care as a means of looking after children unable to remain with their birth parents in the long or short-term. Despite the collapse of socialism and the ideology that supported this strategy, the numbers and rates of children living in institutional care are now higher in many parts of the region than in 1989. This rise in the institutionalized child population is a disturbing new trend paralleled by a worrying increase in the rates of children in all forms of public care over the last ten years. Although many new services have emerged to help reduce dependency on institutional and out-of-home care, the overall pace of reform has been too slow to provide a sufficiently strong safety net to prevent entry to care or to stop the flow to institutions. Children with disabilities and the Roma community are also over-represented in the figures. The massive changes that have taken place in the region in the last ten years have provided a difficult backdrop to systemic change, and trends suggest that pro-active strategies are urgently needed to make de-institutionalization a reality.

The aim of this analysis is to provide a framework to help countries adopt pro-active strategies based on gatekeeping which will bring about a shift away from institutional care to family-based types of care. Gatekeeping is one of the mechanisms which planners have used to try and create a better balance between demand and supply and to ensure that services are targeted appropriately. The primary objective of the gatekeeping project is to promote strategies to divert children from initial entry into public care through the development of community-based support programmes for children and their parents and by improving decision making about how to help children. A second aim is to ensure that where children enter institutional or other forms of state care they are not left to drift but that their situation is regularly reviewed and action taken to promote rehabilitation to their family and community.

After outlining the main problems in child care service delivery in the ECA, Section I presents a discussion of the nature of gatekeeping and its use in a range of health and welfare systems through an examination of the literature. It then outlines the basic elements needed to implement gatekeeping before looking at good practice in this complex area. Section II discusses the current use of gatekeeping in Eastern and Central Europe and Central Asia (ECA) before considering some of the issues that need to be addressed in order to maximize its impact. An Appendix considers the problems in implementing gatekeeping and how they might be overcome.

The paper argues, in line with a number of recent calls,[5] that gatekeeping is 'a key concept of child protection reform' in the ECA region with considerable potential to bring about a reduction in the numbers and rates of institutionalized children. But to date gatekeeping has been an under-utilized strategy in this region.

## Background: the nature of the problem in the ECA

Despite the collapse of the ideology that promoted a heavy public reliance on institutional care, UNICEF's Regional Monitoring Report, *A Decade of Transition*, shows that the numbers of children living in institutional care at the end of decade are higher in many parts of the region than in 1989 (UNICEF, 2001). The overall numbers of children in out-of-home[6] care have risen by slightly under 95,000 in 1989 to 1,552,500 in 1999. This 6 per cent increase in absolute numbers is more significant because of the falling child population. The regional average rate is now 1,441 per 100,000 aged 0-17, a rise of 20 per cent compared to 1,194 in 1989.

Of special concern are the rising rates of infants entering institutional care: in 16 of the 25 countries for which data were available, the rates of infant institutionalization had risen. The increase has been particularly steep in Latvia, Bulgaria and Romania but is also significant in Western CIS, Estonia and Kazakstan. These figures are especially disturbing when seen against the marked decline in the infant population aged 0-3 in the region – on average, a drop of one

[5] See, for example, Bilson (2000); Herczog *et al.* (2000); Rowlands (2000); UNICEF (2001).
[6] Out-of-home care refers to children living in state, NGO, or private establishments, in foster care or with guardians. The figures also include children living in institutions for the disabled and, in several parts of the region, children living in boarding schools.

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third. Moreover, despite the drop in fertility rates, 8 out of the 25 countries – Croatia, FYR Macedonia, FR Yugoslavia, Estonia, Belarus, Ukraine, Armenia and Kazakhstan – report a rise in the absolute number of infants in homes as well as in the rate since 1989. By contrast, only Hungary has reduced its numbers and rates of infant institutionalization as a result of deliberate policy. The pattern of infant institutionalization is not uniform but has a distinctive sub-regional profile with approximately 75 per cent of the 53,500 infants living in institutions in 1999 coming from South East Europe, the Baltics and the Western CIS. These countries, most of which started with high dependency on institutionalized residential care for infants, have either maintained or substantially increased their reliance on this type of placement.

The disturbing rise in the institutionalized child population is paralleled by a worrying increase in the rates of children in all forms of public care over the last ten years. The rates of children placed with foster carers and guardians have also increased since 1989, but more slowly than for those in institutional care (UNICEF 2001). No country in the region has a foster care/residential care ratio that matches the 80 per cent share (or higher) found in Sweden, the USA and some other developed Western countries (Madge, 1994; Tobis, 2000). The regional ratio ranges from 12-69 per cent.

Finally, domestic adoption, the third main arm of domestic substitute care, has also proved an under-utilized alternative to institutional care. Although there has been a rise in adoption rates across the region over the decade, this trend is less encouraging than it appears and has not been accompanied by falling infant institu-tionalization. Adoption has soared in those countries which have also seen a growth in the size of their rates of young institutionalized children. Moreover, whenever adoption rates have shot up, as in Russia, Poland, Romania and the Ukraine, this has been due to the upturn in international, as opposed to domestic, adoptions – the latter have actually decreased in some countries (UNICEF, 2001).

The data provide compelling evidence of a need to find new ways to tackle the needs of vulnerable children. A survey carried out in 1999 by the Child Care Forum in six ECA countries (Hungary, Poland, Lithuania, Moldova, Slovakia and Bulgaria) investigated routes into and out of institutional care (Herczog *et al.*, 2000). It reported that carers lacked basic knowledge of the routes taken by children entering care or what the plans were for leaving. They also lacked information about the child's past, family backgrounds and what happened to them before they entered the institution. With contact rare and reunification even less of a goal, it is unsurprising that in Moldova and Lithuania the expectation was that 40 per cent of the children would remain in care for between 5-10 years. At the same time, staff had a very poor knowledge of children's health needs and whether children suffered from a disability or behavioural problem. These findings demonstrate the lack of any active approach to individualized care planning and highlight the need for active gatekeeping to ensure children do not drift aimlessly within the care system. Moreover, evidence of rising child vulnerability and family dysfunction emphasizes the importance of implementing proactive and effective gatekeeping strategies.

# I What is gatekeeping?

Gatekeeping is the effective and exclusive targeting of services to specific end users. The reasons for gatekeeping may vary and this will in turn affect the strategies used, but it is normally achieved by a combination of methods that include both gatekeeping at the individual/professional level and systemic levels. At the individual level, methods used by gatekeepers include screening, needs assessment, care plan formulation and individualized case reviews. Gatekeepers may provide second opinions to confirm decisions made by primary care professionals together with specially constituted panels. Systemic control involves a mixture of methods including legal obligations for verification, the use of aggregated data to provide feedback on service operation with or without incentives and sanctions for non-compliance with targets, formalized eligibility criteria and, most radically, the abolition of specific types of provision.

The literature shows that the concept of gatekeeping has been used in a number of ways. For example, and perhaps atypically, the literature on urban sociology describes the gatekeeper as an informal leader of a community, group or gang who controls communication between that group and others. In socio-legal studies the police have been referred to as 'gatekeepers' to the penal system (Timms and Timms, 1982) and this use of the term is similar to that used here in that it emphasizes the discretion of the police in allowing access to the penal process.

In the context of Western social welfare and health provision two main approaches to gatekeeping can be identified. In the first, gatekeeping is designed to ensure that services are provided only and exclusively to those who meet tightly specified criteria of eligibility so that gatekeeping is defined as:

> the controlling of access to services so that, out of all those who seek the service, only those who most require it, will receive it. The assumption is that more people will ask for the service than can be provided for. (Thomas and Pierson 1995, p. 157)

This focus on gatekeeping as part of a rationing process is one main strand in the gatekeeping literature. It is associated with analysis of referral patterns, an emphasis on decision-making processes that shape entry into the system and restrict entitlement to priority groups, the use of formal eligibility criteria to determine entitlement and access and a growing interest in

efforts to match needs with services. In this approach gatekeeping is part of a system known as "managed care" and is best developed in countries with an Anglo-Saxon tradition, particularly the USA. Gatekeepers are the social care personnel who assess need and risk and make decisions about entitlement to services, but also include staff such as receptionists who filter access to professional personnel.

The second, and narrower definition of gatekeeping used here focuses on gatekeeping entries into and exits from residential care which Tolfree describes as:

> The process of assessment and planning of children's needs and circumstances which should precede their admission into residential care, and contribute to their onward progression-back to their families, into a form of substitute family care, or … moving to some form of independent living. (Tolfree 1995, p. 50)

This definition differs in emphasis from the first in that it focuses on the professional decision-making aspects involved in gatekeeping, particularly entry to care and decision-making in the care system. It requires practitioners to give specific and explicit consideration to the choice of intervention based on an assessment of need. Furthermore, this definition highlights the fact that these decisions are ongoing and affect not just the entry point but also require active management of throughput and exits. Tolfree's definition therefore makes the point that gatekeeping is a continuous feedback loop, rather than a one-off event. Whilst Tolfree acknowledges that good gatekeeping leads to an optimal use of resources, it is not the primary reason for gatekeeping. The main purpose is welfare based, i.e. to serve the best interests of the child and notions of rationing are subservient to this end.

These two definitions illustrate both ends of a continuum of models of gatekeeping. At one end, rationing of scarce resources is explicit whereas at the other end the needs of the client are primary. Although in practice approaches tend to fall between these two poles, the different focus leads to differences in gatekeeping practice. Where gatekeeping is more concerned with rationing, the role of the gatekeeper combines both the professional tasks and budgetary decisions. At the other end of the continuum, the roles are more likely to be separated and professionals are unlikely to perceive themselves explicitly as gatekeepers and to formalize this role.

Tolfree also raises the issue that good gatekeeping is not necessarily dependent on substantial increases of financial resources. He notes that the examples of good practice found in Mozambique were successful despite high numbers of children in need and very limited services where "Good gatekeeping is more a matter of attitude and philosophy than the availability of resources" (Tolfree 1995). This means that a strategy to implement gatekeeping is not entirely dependent on extra money flowing into the system but must win the hearts and minds of those that apply it.

Whilst the concept of gatekeeping is deceptively simple, putting it into practice is less easy and there is relatively little research on gatekeeping practice in social work with children. Gatekeeping has been more extensively investigated in health care and its use in this context and the related field of community care for the elderly is discussed before outlining its impact on Western child welfare services.

### Gatekeeping in health and community care for the elderly

The growth of interest in gatekeeping strategies in these two fields has occurred due to spiraling costs and high levels of uptake of expensive services, exacerbated by the growing numbers and proportions of elderly people in Western societies. With these demographic trends set to continue, the need to contain costs has become a key priority. Gatekeeping has been developed to provide rationing of health services and plays a key role in what is termed "managed care". This is used to reduce costs and control services, particularly those purchased through private insurance schemes. It is designed to improve the quality of decision making and to guarantee a more effective use of services. This approach has also been used widely worldwide.[7]

In managed care a primary care practitioner gatekeeps access to specialist services (Alteras, 1998). Gatekeeping is undertaken through a number of mechanisms including 'pre-authorization', a cost control procedure that requires a service or medication to be approved in advance by the gatekeeper, e.g. where doctors are used as gatekeepers in this way they may receive payment for lower numbers of referrals. Pre-authorization is one aspect of 'utilization management' which is a case-by-case assessment of the clinical justification for the medical intervention. This can include 'second surgical opinions, pre-authorization and weekend admission control of hospitalization, concurrent review, discharge review, and high-cost case management services'.[8] Increasingly gatekeepers are using tests for eligibility and there is much debate about the effectiveness of such tests compared to clinical judgement.

Another aspect of managed care relevant to its gatekeeping role is 'utilization review'. This is a retrospective mechanism often using management information systems to provide feedback and information to the gatekeeper on the use, outcomes and demand for services. It highlights patterns of decision-making relating to the need, quality and appropriateness of service allocation. It is generally used to identify 'unjustified care', such as excessive procedures or extended length of stay.

Whilst there is some information on issues of gatekeeping in managed care, there is little systematic research on the outcomes of gatekeeping in health care (Laine and Turner, 1999).

### Community care

Reforms in community care for the elderly and disabled adults are a good illustration of the way in which gatekeeping can be used to simultaneously cut costs and enhance welfare. The reforms that took place in England and Wales in the 1990s are a particularly good example of overall goals and gatekeeping mechanisms. The steps taken have particular relevance to de-institutionalization strategies in the ECA even though the client group is different, and indicate how a service was restructured to provide a mix of public and private sector provision, to reduce reliance on institutional care and to stimulate alternatives in the community.

By the early 1990s the cost of, and demand for, residential and nursing care for the elderly in England and Wales had spiraled. Between 1979 and 1991 the amount of money claimed from the government to support the elderly in institutions had rocketed from £10M to £1872 million and the number of claimants had risen from 12,000 to 231,000 (Browne, 1996). Thus, cost reduction was one of the main motives behind the sweeping community care reforms of the 1990s, but it was not the only one. The reforms were also undertaken as part of a wider ideological shift towards the marketization of public services in order to increase consumer choice. It was argued that by diversifying the types of community-based service provision, and suppliers and support provided to families caring for their relatives, fewer elderly people would need to be dependent on institutional care.

The gatekeeping strategies adopted to implement these objectives reflect a mixture of rationing and professional welfare goals. All elderly people would be legally entitled to a 'needs-led' assessment by a public sector social care professional or an inter-disciplinary team, if relevant to the client's situation. Provided that the elderly person met defined eligibility criteria, they would then be entitled to services which would be set out in a care plan agreed with the elderly person. The level of provision was intended to relate directly to the severity and chronicity of need and the eligibility criteria adopted in many authorities were banded so that different thresholds of need would access different lev-

[7]See Dixon *et al.*, 1998; Gérvas, 1994; Meyer and Denz, 2000; Tabenkin and Gross, 2000; Frost, 1997; Himmel *et al.*,. 2000; and Willems, 2001.
[8]From definition in the managed care website http://www.rsna.org/REG/practiceres/managedcare.html

els of services. This was one core component of the rationing process. Another was separating the purchase of services from their provision. This was to enable the purchaser to shop around to find services offering best value which met the client's needs most effectively (see Fox and Gotestam, 2003). In addition to standards for eligibility criteria (SSI, 1999) and improving information systems (Department of Health, 2001), a widespread system of case management was introduced with local case managers operating limited budgets for community and institutional services. Finally, government withdrew its hitherto unlimited support for claiming the costs of residential home and nursing care provision (Browne, 1996).

Blackman (1998, p. 182) sees gatekeeping in England as playing an important role "to safeguard equity without the inflexibility of highly standardized tests of eligibility." He stresses the need to monitor the outcomes of gatekeeping particularly where there is increasing financial pressure leading to a number of *ad hoc* rationing decisions (Blackman and Atkinson, 1997). In a survey of six European countries he compares decision-making regarding entry to institutions and identifies different levels of provision of community services as a key factor in the inequality of treatment between and within countries. However, he goes on to cite the right to an assessment by a gatekeeper in three of the countries studied as an important factor in more equitable allocation of resources (Blackman 2000, p. 189).

### Gatekeeping child protection in countries with Roman law frameworks including Belgium, France, Italy and Spain

The literature on child welfare contains little on gatekeeping in Western European countries with a Roman law tradition such as France, Italy and Spain.[9] We can only speculate on the reasons for this but it may reflect a different conceptualization insofar as regulating entitlement to, and exclusion from, services appears to be a particularly Anglo-Saxon notion. In France and Belgium the emphasis is on preventing the removal of children from their families through early intervention and family support, sometimes backed by legal orders to provide assistance.

In European countries with a Roman law tradition the nearest thing to a formal gatekeeping system is ensuring that services are applied on a voluntary basis and attempt to keep children out of the courts.

One of the most institutionalized systems for achieving this is the Mediation Committee (MC) in the Flemish community in Belgium. This acts as an intermediary between the social work services for children and families (these only work with families on a voluntary basis) and courts in cases of 'problematic upbringing'. The Committee filters all potential referrals to judges by commissioning an independent assessment

before meeting the family and social workers to try to reach agreement on the changes to be made, services to be offered and work to be carried out. If no agreement is reached, the MC either dismisses the case or refers it to the juvenile judge. The aim is to keep intervention within the voluntary sphere where possible rather than to prevent institutional care – although this may follow. Mediation Committees have been criticized for allowing too many cases to end up in court and for delays in resolving issues, but represent an interesting model to gatekeep entry to the legal system (Sprangers, 2000).

Another approach to gatekeeping in many of these countries is to require that all judicial orders be reviewed at least every two years by the judge who made the order so as to ensure that the intervention continues to meet the needs of the child and is not simply provided indefinitely without review.

### Gatekeeping child protection in countries with an Anglo-Saxon tradition including the USA, UK and Australia

Although some of the major problems in services for children and families in many Western countries in recent years differ from those currently facing Central and Eastern Europe valuable lessons can be learnt from the gatekeeping strategies used to bring about reform which can be generalized across systems. The major impacts have been in:

- gatekeeping in privatization of child welfare in the United States
- diverting children from youth justice to child welfare
- developmental work to match needs and services
- refocusing services away from narrowly focused child protection to family support
- raising thresholds and strengthening monitoring mechanisms for children in public care
- developing performance indicators to measure compliance with targets, with the possibility of rewards and sanctions for non-compliance.

First, we will discuss a measure particularly relevant to this paper, the closure of children's homes. The points will be illustrated by reference to research on the impact of closing children's homes in an English county. Although this classic study *Closing Children's Homes* (Cliffe with Berridge, 1991) is only a single case study, it was very carefully evaluated and raises a number of key issues.

### Closing children's homes

Throughout Western Europe, the use of residential care, especially for younger children, has declined steadily over the last fifty years (Madge, 1994). Most traditional large-scale institutions have been replaced by smaller homes and the role of residential care has

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[9]Personal communication with Rachel Hetherington.

changed. In many countries long-term care and containment functions have given way to shorter stays with the aim of family reunification or finding family-based substitute care. Changes in views on children's rights, the higher costs of residential care compared with foster care, public distrust and poor welfare outcomes are the commonest reasons cited for this drop in the use of residential care. Strikingly, the use of gatekeeping very rarely features as a reason for the changes, perhaps because they typically preceded the adoption of active gatekeeping.

This is why the decision in one English county to close all its residential provision is so instructive (Cliffe with Berridge, 1991). On the positive side, most of the children and young people found foster placements – a main objective of the closure. But in over half the placements there was no choice, and in some cases placement was considered unsuitable. Despite this, breakdown rates were no higher than national averages, but the children were moved more frequently. On the key question of whether closure can be achieved without negative impacts on other parts of the system, the results are equivocal. Over the same period as the experiment, there was a rise in referrals to schools for children with emotional and behavioural difficulties run by the education sector. This was interpreted by the latter as a direct consequence of the closure of social service homes although social service personnel did not share this conclusion. Finally, the study found that a minority of children ended up in residential care in neighbouring local authorities. The results suggest that all childcare systems need some level of residential provision and that foster care is not always available in the quantity and quality required to allow effective matching, nor is it always wanted, especially by older children. The study also shows that even in an area which traditionally made low use of residential care, it was possible to reduce uptake further.

Another example of closure of large institutions is in the United States where, starting in Massachusetts in the 1970s and later in a number of other states, large institutions for young offenders were closed in favour of community-based services (Blackmore *et al.*, 1988). This reform emphasized the use of individualized community-based services for children as a replacement for large institutions and involved, particularly in Massachusetts, the rapid closure of institutions before alternatives were developed. Miller argues that the 'common sense' approach of setting up alternatives before closing institutions would have led to a widening of services and little reduction in institutionalization in contrast to the rapid closure and return to the community of children achieved in Massachusetts, and a number of other states. Studies following events in Massachusetts showed no increase in crime and a range of community alternatives were established (Rutherford, 1978). However it may have been easier

to pursue these tactics with institutionalized young offenders who are more likely to have a family than abandoned children.

The evidence of the impact of closing institutions without careful preparation and the development of community alternatives is less encouraging. In England, the failure to develop a strong network of community-based services for the mentally ill as part of the gradual elimination of mental hospitals led to patients living in unsuitable bed-sit accommodation with no access to support services. In Georgia and Moldova, a rise in the numbers of street children has been linked to the sudden drop in available places in children's homes in the mid-1990s (CO-CRC/C/15Add. 124 2000).

### Gatekeeping public care

Research has consistently shown that the state makes a poor substitute parent and that children in public care frequently suffer poor welfare outcomes. Moreover, they are often over-represented in the statistics on poor education, homelessness, crime, prostitution, teenage pregnancies, unemployment and child poverty. They are also likely to suffer from 'drift and delay' in planning. To counter these negative impacts, a variety of gates have been introduced in recent years. The first is the deliberate raising of legal thresholds for entry to public care, as in England and Wales, but also in other countries such as Norway. Secondly, the use of specially constituted panels to evaluate the appropriateness of admission to residential care. One evaluation concluded that the panels conferred a number of benefits (Bunyon and Sinclair, 1987). Instead of admission being a routine, 'easy' procedure usually taken by a single professional and often rubber-stamped by a senior officer, panels introduced a more consistent and rigorous approach with a specific requirement to:

- consider community alternatives and ways to ensure the child was not separated from their family
- to identify specifically what particular benefit would derive from admission
- to plan for the child's return
- to review the admission on a regular basis to avoid drift into long-term care.

One of the major impacts was a drop in the proportions of children being admitted to institutional care. Over a two-year period only 67 per cent of all children examined by the 875 local authority panels, entered residential care. It is probable that the inclusion of an independent figure on the panels, together with personnel responsible for community-based provision, played a part in this outcome. The panels also led to detailed profiling of cases. This helped the authority to plan services more sensitively and to expand the range of alternative provision in the light of identified needs. Parental participation in the panels was also considered important in promoting their

commitment to, and understanding of, any decisions made. Related research indicates the importance of involving parents in the process, and the anger experienced by parents not offered any alternative to residential care.

> If parents are not to feel unheard or neglected, decisions to prevent an admission - especially where that is what the parents actually want - need to be taken up with as much detailed attention as those where an admission is arranged. In other words, preventing admission to care means, or should mean, a great deal more than saying 'No'. (Packman *et al.*, 1986)

Finally, countries such as Canada, the USA, Ireland, the Netherlands, France and the UK have all introduced legal requirements to monitor and review the progress of children in public care through the adoption of formalized care plans and obligations to review cases periodically. As with the panels, the purpose of the care plan is to identify the precise goals of care, the services to be provided and the plans for reunification or alternative permanent placement with timescales for implementation. Care plans provide a benchmark of local authority intentions and thus constitute a measure of accountability. The importance attached to this commitment is borne out by a case heard in the English Court of Appeal in 2001 (Harwin and Owen 2003). Serious failure by social services to implement a care plan which had promised a package of help to a mother to enable the child's return home led to a legal challenge which invoked human rights legislation to have the care order revoked. Recent research by Harwin *et al.* for the government lends support to the importance of care planning as a professional tool and as an accountability mechanism. In a 21-month follow-up study of 100 children newly placed on care orders, children whose care plans were successfully implemented were more likely to have made good welfare progress at the end of the study than those whose plans were not fulfilled (Harwin *et al.*, 2000; Harwin *et al.*, 2001b and 2003).

### Gatekeeping in the privatization of child welfare in the USA

In the USA managed care is being introduced in child welfare systems and involves purchasing services from the private sector sometimes through a fixed payment for a range of services. This provides an incentive to reduce costs through care management (National Child Welfare Resource Center for Organizational Improvement, 1999). According to the Child Welfare League of America (CWLA),[10] gatekeeping is a key element of these reforms and includes pre-authorization of care, utilization review, use of standardized practice guidelines, management information systems and built-in financial risks and incentives for providers. A 1998 CWLA survey reported that 29 out of 49 states responding ran initiatives classified as managed care

although the states themselves did often not use this term.[11] The approach is relatively new and long-term outcomes have not yet been assessed although a recent study criticizes the shift towards the increasing privatization of child welfare care, suggesting that it creates problems of accountability and "makes the already-complex job of public management even more difficult." (Klingner *et al.*, 2001). Thus, in the USA, gatekeeping in child welfare is part of a privatization approach using case managers and contracting services from the private and non-profit sector.

### Gatekeeping the wider system: diverting children from youth justice in the UK

An early reference to gatekeeping in social work is the reform of youth justice systems (Thorpe *et al.*, 1980). This use of gatekeeping played a central part in a successful strategy in England to reduce the use of institutional care and prison for children and young people (Smith, 1995; Cavadino and Dignan, 1992). In the late 1970s policies to divert children from prosecution came under fire from criminologists after research reported that instead of decreasing court appearances and sentences it drew more children into the system more rapidly (Empey, 1976). To combat this 'net-widening' (Cohen, 1985) tendency Thorpe suggested that gatekeeping should take the form of a systemic intervention rather than an individual decision-making oriented approach.

> The scope of 'system management' would extend well beyond the making of care orders. A good case would be made for a general 'gate-keeping' mechanism designed to oversee, as far as possible, the entire network of policy and procedure. (Thorpe *et al.*, 1980, p. 29)

This approach to rigorous gatekeeping is designed to avoid 'sucking in' increasing numbers of 'at risk' children into the court system (Thorpe *et al.*, 1980). Gatekeeping takes a number of forms including decision-making panels as for example, in Nottingham where a panel meets weekly and uses regularly reviewed criteria to identify cases 'at risk' of care or custody (Bilson, 1982).[12] The panel reviews recommendations in social workers' court reports to ensure alternatives have been properly considered and offers access to a range of community-based supervision programmes. The panel also uses an information system to track recommendations and sentences and to continually reassess the success of its own reviewing of social workers' recommendations. This allows it to identify pat-

[10]See the Managed Care Institute's website at http://www.cwla.org/programe/managedcare
[11]The CWLA website (http://www.cwla.org/programs/managedcare/) states "The terms 'managed care' or 'privatization' were not used by all of the respondents to describe their efforts. Instead, some respondents prefer to report they are using new management tools and funding or contracting strategies to make the system more effective, efficient, and accountable for outcomes."
[12]The criteria had to adapt to the changing pattern of use of care and custody which changed rapidly after the introduction of gatekeeping.

terns, for example where recommendations are unsuccessful, and to adjust its recommendations or introduce new services or redesign existing ones. Thus, gatekeeping substantially reduced the use of custody and effectively put an end to the use of institutional care for young offenders.

Gatekeeping became a key aspect of reform in juvenile justice. It was adopted in a large number of local authorities and diverted children from public care and prison using tightly targeted services and computerized monitoring systems to provide easy access to outcome patterns (Smith, 1995, p. 89). The result was a drop in the number of children in public care for offending from around 14,000 in 1980 to less than 1,000 in 1989 when the government removed the care order for offending in the 1989 Children's Act. Over the same period custodial sentences for children also fell significantly.

A similar gatekeeping approach was used in a local authority in Scotland but applied to children entering care for a variety of reasons (Bilson and Ross, 1999). It led to an 85 per cent reduction in the numbers of children in residential institutions in over 3 years whilst foster care fell by 52 per cent. The gatekeeping strategy included the three elements of monitoring the social worker's decision to admit or recommend care to the Children's Hearing System[13] by team leaders; the introduction of new services providing community-based programmes as an alternative to admission to care; and training exercises and review of case outcomes using monitoring systems to track changes in the pattern of services and outcomes. Whilst effective in increasing community-based services and reducing the use of state care, it was controversial as it challenged the right of social workers to make independent decisions.

*Matching needs and services*

One of the problems in implementing gatekeeping is the lack of a sound evidential base for choices between services in terms of their effectiveness and their welfare outcomes. Whilst there is a body of literature reporting that institutional services for very young children tend to be expensive and damaging to welfare development (Bowlby, 1951; Rutter, 1981; Tolfree, 1995), there is less research on the appropriateness of many other services for children or a well-established taxonomy of need in relation to vulnerable children (Arruabarrena *et al.*, 2001). These gaps have led to what has been described by Arruabarrena and colleagues as a "scattergun approach to service delivery" and to a mismatch between needs and services.

One attempt to provide better planning based on information about welfare outcomes of services is being undertaken at Dartington Social Research Unit in England in association with several research centres in Europe and the USA. This method, known as *Matching Needs and Services* (MNS), has now been used in over 50 sites in 12 countries (Dartington Social Research Unit, 1999). Whilst this approach is not specifically about gatekeeping it will help provide gatekeeping with the conceptual underpinning and evidential base that it lacks at present in many aspects of service delivery and enable more accurate targeting and prioritization.

The main aim of MNS is to systematically study the relationship between four key elements of gatekeeping - need, threshold, service and outcome (Little, 2001). To this end the team developed a *Common Language* framework[14] to help social service departments analyze the fit between these four key elements. Secondly, it applies them across international boundaries and in different organizational contexts. Thirdly, it evaluates outcomes, and attempts to include matched control groups. Finally, the work of MNS provides a framework for studying who enters care and what happens to them. Because this is done by managers and staff it can lead to the sort of change in attitude that Tolfree suggests lies at the heart of gatekeeping, but no specific gatekeeping mechanisms are used regarding decision-making.

To date, the major work accomplished has been the completion of assessment of the needs profile generated by referrals in all 12 sites. It has been reported that in some of the test sites there has been a reduction of the number of children in out-of-home care by up to 50 per cent. The agencies cite the use of the *Common Language* framework as the mechanism to achieve this (Little, 2001). Interestingly a weakness cited by Little is that although new services have been introduced, there has been relatively little de-commissioning of ineffective services.

The project also has produced a range of practice tools including:

- clinical assessment tools for all practitioners working with children in need
- qualitative planning tools for policy-makers, researchers, managers, practitioners and service users
- quantitative tools for aggregating data to assist managers collect and analyze information on the four key concepts (needs, thresholds, services and outcomes)
- a series of checklists based on validated research to help practitioners decide when it is appropriate and safe to return a child home and what services should be provided to safeguard the child's welfare on returning home.

The longer-term aim is to compare interventions cross-nationally and to evaluate the outcomes in terms of both services and child well-being using matched control groups (Arruabarrena *et al.*, 2001).

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[13]In Scotland compulsory care orders are made by the Children's Hearing System which is a quasi-judicial process in which a panel of three people make decisions about outcomes for children referred including placement in care.
[14]See the Common Language website at http://www.dartington.org.uk/common_language_site/

There have been other approaches to improve the fit between needs, thresholds, services and outcomes. In the USA and some states in Australia, attempts to raise thresholds have been accompanied by efforts to target interventions better by using risk assessment and case management tools. These risk assessment protocols seek to identify characteristics within individual families, and among parents and children to identify abusive or potentially abusive families. The protocols are not a gatekeeping mechanism *per se* but will help improve gatekeeping in the longer term if they are able to accurately profile risk. However, caution is needed when using risk protocols (Browne *et al.*, 1988). The apparently scientific nature of decision-making can give a false sense of security about the accuracy of the decisions, particularly because even very accurate tests result in false positives (children wrongly classified as 'at risk') and false negatives (children 'at risk' who are not detected by the test). Research has also found that risks change over time, so that profiles need to be constantly updated (Browne *et al.*, 1988). Nevertheless they constitute a useful initial alerting tool.

### Redirecting flows from child protection investigations to family support: the refocusing debate

In recent years many countries have witnessed a rapid and massive escalation in the number of child maltreatment referrals.[15] This has led to a huge increase in forensic investigations to establish whether or not allegations of maltreatment are well founded. Furthermore, cases not defined as maltreatment have received lower priority for entitlement to, and receipt of, services. Many maltreatment allegations were subsequently found to be groundless – a fact that makes the research accounts of the humiliation and stress suffered by families under investigation even more striking (Farmer and Owen, 1995). These findings have triggered a radical reappraisal of the role and functions of child protection and family support agencies and a series of new gatekeeping strategies to help shift the focus of services away from child abuse investigations and child maltreatment and towards an increase in the numbers and range of referrals receiving different types and levels of family support. In England this is referred to as the 'refocusing debate'. One of the main gatekeeping mechanisms that has been used is to raise the threshold that triggers a child protection investigation.

The initial results from two examples in England and Australia appear encouraging. Reform was based on new criteria for assessing whether to investigate along with a gatekeeping strategy (Thorpe and Bilson, 1998; Parton and Mathews, 2001) which stressed the need to emphasize the assessment and professional judgement of qualified and experienced staff rather than prescriptive procedures. In Australia this was combined with the use of a senior officer to gatekeep

decisions on whether or not an individual case should be designated as child maltreatment allegation, and the use of a wider classificatory system to allow greater differentiation in response to referrals. Parton and Matthews claim that the gatekeeping mechanisms achieved a number of very beneficial results. First, the numbers of child abuse investigations overall dropped whilst referrals were more likely to be substantiated. This enabled substantiated cases to be handled more speedily and 'on the available evidence' (Parton and Mathews, 2001, p. 111) the changes have been implemented without increasing the level of risk for children. However, the authors also sound a note of caution and point out that lower priority cases that did not receive any services because they did not fit any specific departmental role, were likely to be re-referred within a year. With a third of all cases classified into this category, the demand on agencies was high. Similar outcomes have been found in work in a local authority in the UK (Thorpe and Bilson, 1998).

In England a related development has been a move to improve the capacity of social care staff to gatekeep effectively by focusing on the quality of assessments. The government has launched a campaign to improve assessment standards with a new framework to assess vulnerable children and their families and to improve their life chances (Department of Health 2000). This government publication has been widely distributed with guidance notes, training videos, a list of relevant studies and scales and questionnaires, recording forms, referral forms and assessment records. Social services are expected to provide training for all relevant staff.

It is too early to judge the outcome of this initiative but it represents a significant policy lever to improve practice and to promote greater awareness of the need to find a better fit between needs and services, that is, the major goal of gatekeeping.

### Using performance indicators to gatekeep the system

One final approach to gatekeeping the overall operation of services for children and families is through the formulation of national objectives for services for vulnerable children and their families which are then monitored through performance indicators in key areas. The results can then be used by governments to develop and publicize league tables comparing performance in different places. Sanctions for failure to reach targets may be introduced whilst authorities which perform best may be rewarded by the conferment of specially designated status.

The value of such indicators depends on a number

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[15]In the USA the numbers of official reports rose from 9563 in the late 1960s to over 2.9 million in 1992 (Parton and Williams, 2001) whilst Canada experienced a 100% increase in seven years from 1982 to 1989. This upward trend was replicated in Australia where the number of cases of child abuse and neglect shot up by 30% from 1992/93 to 1994/95. In England a similar pattern exists (DoH 1995).

of factors. They should only be used if the concepts are definable and meaningful, easy to collect (the information must be reasonably reliability and available). A DHHS report sets out three further criteria (US DHHS, 1997). Indicators should be:

- easy to understand
- objectively based on substantial research
- measured regularly.

These criteria narrow down considerably the potential areas that can be monitored through indicator development in the field of services for vulnerable children and their families (Harwin and Forrester, 1998 and 1999; Forrester and Harwin, 2000). Performance indicators can also create perverse incentives. Achieving a reduction in the numbers of children entering care may reflect better family support, but it may also mean that agencies are failing to respond to real needs and that, without additional qualitative information, the reasons for the figures remain unclear. The use of indicators should not be excessive otherwise agencies may become overburdened and lose commitment. In the worst scenario, there is a risk that the figures may be misrepresented. Despite these caveats, performance indicators to measure key priorities for services with timescales are an important policy lever and send a clear message from government of the importance it attaches to this area. Moreover, in their review for UNICEF on prospects for developing robust global indicators in out-of-home care, Harwin with Forrester concluded that institutionalization rates (incidence and prevalence) met the criteria to become a key indicator (1998). They argued that where rates were particularly low or high, further inquiry could be carried out to monitor whether particular sub-groups were at risk and that these trends could be monitored over time. More generally, it is clear that this kind of mechanism is closely allied to the development of standards and may indeed more properly be regarded as a standard to enforce good gatekeeping.

## Evaluating the experience of gatekeeping in the west

The experiences of gatekeeping strategies described here have pointed to some important and positive outcomes. However, the Western literature also draws attention to a number of difficulties. Stone's (1984) classic study provides a particularly valuable discussion of some of the problems starting with the difficulty of finding social categories which are sufficiently restrictive to be effective. Within the childcare sector, it has been argued that our understanding of the boundaries applying to children in need and our appreciation of thresholds of severity are still not well understood. Without the capacity to make these sensitive discriminations in categorization, it is difficult to match needs to services. A related risk is that categorization may become too restrictive and be used to cut costs and exclude groups inappropriately. Whenever there are increasing financial pressures, this may lead to *ad hoc* rationing systems based on standardized and inflexible tests of eligibility. This theme has been extensively explored in the community care literature and experience has shown that 'needs-led services' are prone to becoming service-driven when funding is limited.

The literature also highlights studies showing how gatekeeping does not necessarily safeguard the equity of the distributive process. Szilagyi's (1998) review noted the risk that gatekeeping in managed care would reduce access for poorer children to specialist services, particularly "the use of necessary services for chronically ill and disabled children" (Szilagyi, 1998, p. 52). In adult health care, there is evidence that ethnic minorities are more likely to be debarred access to services (Lowe *et al.*, 2001).

Another difficulty affecting implementation is the problem of ensuring the reliability of professional judgement. This review has already highlighted the importance of knowledge and skills, but Stone reports that other factors may affect judgement. In particular, professionals may lack sympathy with the goal of gatekeeping where this is to restrict access to either benefit or service entitlement. The goal of gatekeeping is therefore a crucial factor in ensuring implementation. So too is gaining the commitment and understanding of a strategy by staff. These all constitute vital elements of the reform process.

There are also some significant gaps in our information on gatekeeping. One of the most important is the lack of reliable evidence to help match needs with services effectively so as to be able to discriminate effectively between the need for low and higher intensity services. Secondly, the major area of attention is on gatekeeping the initial stages of a case, and this applies both to the decision-making of individuals and the organizational arrangements to manage intake and monitor its effects. There has been far less emphasis on exploring criteria for case closure. This too is an important gatekeeping mechanism. Without it, children are liable to drift and services may become overburdened. Thirdly, there has been insufficient analysis of the relationship between raising thresholds and re-referral either within the system or to other sectors. Fourth, there has been a lack of evaluation of the different models of gatekeeping. At the present time there is not sufficient hard evidence to decide whether it is better for gatekeepers to be responsible for budgets as well as making professional decisions on care needs, or whether these roles conflict with one another. Finally, the relationship between gatekeeping and client choice remains largely unexplored.

None of these criticisms, however, changes the urgent need to develop good gatekeeping by individuals and systems. Instead they indicate that current

experience with gatekeeping is limited and lacks a sufficiently clear and coherent body of knowledge, and that without proper safeguards it is open to abuse. At the same time the review indicates the potential of gatekeeping to bring about new directions in service provision. We can now draw together this evidence in order to identify the minimum elements required to gatekeep and the features of good gatekeeping systems and good practice by gatekeepers.

## The basic elements needed to implement gatekeeping of entry to institutions

The basic elements needed to implement effective gatekeeping at entry are:
- an agency responsible for coordinating assessment of a child's situation
- a range of services in the community providing help and support to children and their families
- a decision-making process based on a systematic approach to the assessment and review of children's needs and family circumstances
- information systems providing feedback on the operation of the system and able to monitor and review decisions and their outcomes.

### An agency responsible for co-ordinating the assessment of the child's situation

The process of assessment is complex and requires an organizational structure employing trained staff to carry out assessments, provide or purchase services, keep records and review plans for children. Those carrying out assessments will need to work with a range of agencies and professional figures who have information about the children and their families. In particular, assessment needs to consider issues including health, education, social assistance, housing and so forth.

Assessment of the best interests of children is not a simple task and requires the application of a wide range of knowledge including child development, child rights, law, research as well as practical skills in areas such as communication and report writing. Thus, the agency will need a highly trained work force of social workers[16] to undertake and keep records of assessments.

In addition, there need to be managers able to review individual decisions, monitor standards and manage the gatekeeping strategy. They will, for example, be responsible for planning services to respond to changing needs, using feedback from monitoring systems to adapt the strategic direction at the local and regional level, and allocating resources.

### A range of services in the community providing help and support to children and their families

A key factor in the excessive use of institutional care in the ECA has been the lack of a range of services pro-

viding specialized support to vulnerable children and families in their homes and communities. The fourth UNICEF Regional Monitoring Report (UNICEF, 1997) highlighted how the focus of state support was split between the diminishing sector of primary help (cash transfers, maternity and parental leave, pre-school education and other family benefits), and the deprivation of parental care through placement primarily in large institutions. It identified the lack of alternative and preventive services as a key factor in maintaining the high use of institutions and argued for the need to establish a continuum of services.

The UNICEF report examined the system of child protection as a whole. Within the continuum of services it is necessary to use some specific services to provide alternatives to placement in institutions. Such services needs to be directly linked to the nature of the problems of the children entering institutions and their families.

For example, the voluntary organization *For Every Child a Family* working in Caras-Severin County in Romania, in partnership with UNICEF has developed a range of services to prevent the abandonment of children particularly by young mothers (UNICEF 2000). The services include a multi-disciplinary team based in the local maternity hospital to provide counseling and support for pregnant mothers and a support centre for young mothers and babies. The hospital team identify mothers at risk of abandoning their children at an earlier stage than through the usual process of referral to the child protection teams thus enabling them to be more effective in offering support to help mothers keep their babies.

It is important to note that the services required will differ across different localities and according to the different problems that lead to child entry to institutions. Services must thus be carefully planned to address the local needs and problems and will require a detailed planning process.

### A decision-making process based on a systematic approach to the assessment and review of children's needs and family circumstances

The decision-making process should cover a range of different decisional points during the child's 'service career'. This includes decisions regarding the initial referral through to the point when the child no longer requires services. In all cases decisions should be based on an assessment of the child's best interests. The amount of information needed for this assessment and the decision-making process may vary depending on the nature of the decision to be made (e.g. initial referral, review etc.).

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[16]Here we use the term 'social worker' to denote social service employees carrying out assessments of children and families. Other terms for this role include social assistants (Romania), care worker etc.

All decisions leading to the removal of children against the wishes of their parents need to be taken by an independent tribunal following a full assessment. This should be a minimum condition of the legal framework.[17] In Norway the 1992 child protection legislation set up new tribunals following criticism that previous arrangements were not sufficiently objective or independent of the child protection administration. The independence of such tribunals is protected by the membership of the tribunal panel which is defined in statute and by procedures for legal representation and cross-examination of all parties (Lurie, 1998).

Tribunals – ranging from administrative to fully judicial – must balance the child's right to be brought up by a parent against evidence that the child's best interests are served by removal. In such a delicate decision the independence of the tribunal from the system providing care is a key issue. In Romania, for example, the tribunals that make this decision often include heads of institutions and this raises the problem of the undue influence of the latter on decisions made (Tobias, 2000).

Many children entering institutions in the ECA do so with the tacit agreement of parents and are not removed against their parents' will. These children are described as being abandoned although the term covers a range of different factors and circumstances.[18] Even where a parent requests that a child be admitted to care it is important that there is an assessment and that other options are considered. Where a child's parents are unknown serious efforts should be made to trace them.

In addition to decisions about entry there needs to be a process of formal and regular review of the services given to a child or family. This should gatekeep the ongoing decisions about continuation of services, as well as seeking to achieve permanency for children through return to their birth families, guardianship or adoption.

The key issue is the need to have criteria and procedures that ensure adequate assessments of the child or family's situation and that allow those making decisions to respond to the child's best interests as for example in the Regional Rehabilitation Centres for disabled children in Russia's Samara Region (Box 3).

### Information systems providing feedback on the operation of the system and able to monitor and review decisions and their outcomes

The review of the literature highlights the need for information on the operation of the system as a whole to be fed back to local-level decision-makers. In managed care this is one aspect of utilization review, and in the reform of juvenile justice the use of information systems to monitor key decisions constituted a key aspect of the strategy. The aim of this element of gatekeeping is to ensure that staff and managers can respond to the patterns of outcomes of decisions taken about services as a learning organization. This is particularly important in the ECA context where the move towards community based services is likely to be a major change.

Before planning the implementation of gatekeeping it is important to have detailed information on the operation of the system. Information on patterns of entry to care and the subsequent service careers of children through the system is necessary to provide a basis for targeting services and deciding whether, and what sort of, new services are needed. The information also helps challenge preconceptions about the current service and its operation. Such information should be analyzed at the local level as the problems that face families and that lead to entry to state care vary, even between similar localities.

Research has shown that ongoing monitoring needs to cover the careers of children through the care system (DoH 1991) and information on key decision points in that career, such as the decision to take the child into care (Bilson and Thorpe, 1988; UNICEF, 1997; Redmond-Pyle, 1983). Box 1 illustrates the information requirements for gatekeeping using the Romanian system as an example. This requires simple but usable information systems collecting data on who requests services, the reasons for the request, key elements of the assessment, the services allocated and the outcomes obtained. These information systems need to collect a limited amount of data and be keyed into the administrative processes to obtain high-quality data. Local front-line managers need to have skills in using this information to guide their practice (Bilson, 1999). For example, the reform of the juvenile justice system in England used an information system based on 12 basic data variables for young people appearing in court. Local teams used these systems effectively to monitor and review their work (Redmond-Pyle, 1983).

Systems monitoring is most effective where it is used, not only centrally, but also locally, to gather key information and where it forms part of a strategy to empower managers and practitioners (Bilson, 1999). This means that the information must be meaningful to users, simple to collect and facilitate feedback on the relevant services. Because of the limited resources available for monitoring in the ECA region it must also be undertaken without the need for major investment in computer hardware and require the minimum staff time to operate it, although staff will still need skills in analysis and use of information in service planning.

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[17] Art. 9 of the CRC states that "a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child."
[18] See Herczog *et al.* (2000) for a survey of reasons for entry to institutions in 6 countries in the region.

## What constitutes 'best practice' in gatekeeping?

Gatekeeping has the potential to help systems change their focus and can generate specific procedures and mechanisms to achieve restructuring in the light of new agency objectives. It does so primarily by altering eligibility to widen or limit those categories entitled to services and by introducing tougher or more lenient filters for services. If the objective is to widen access, the formal hurdles will be kept to a minimum, thereby speeding up the process of delivery.
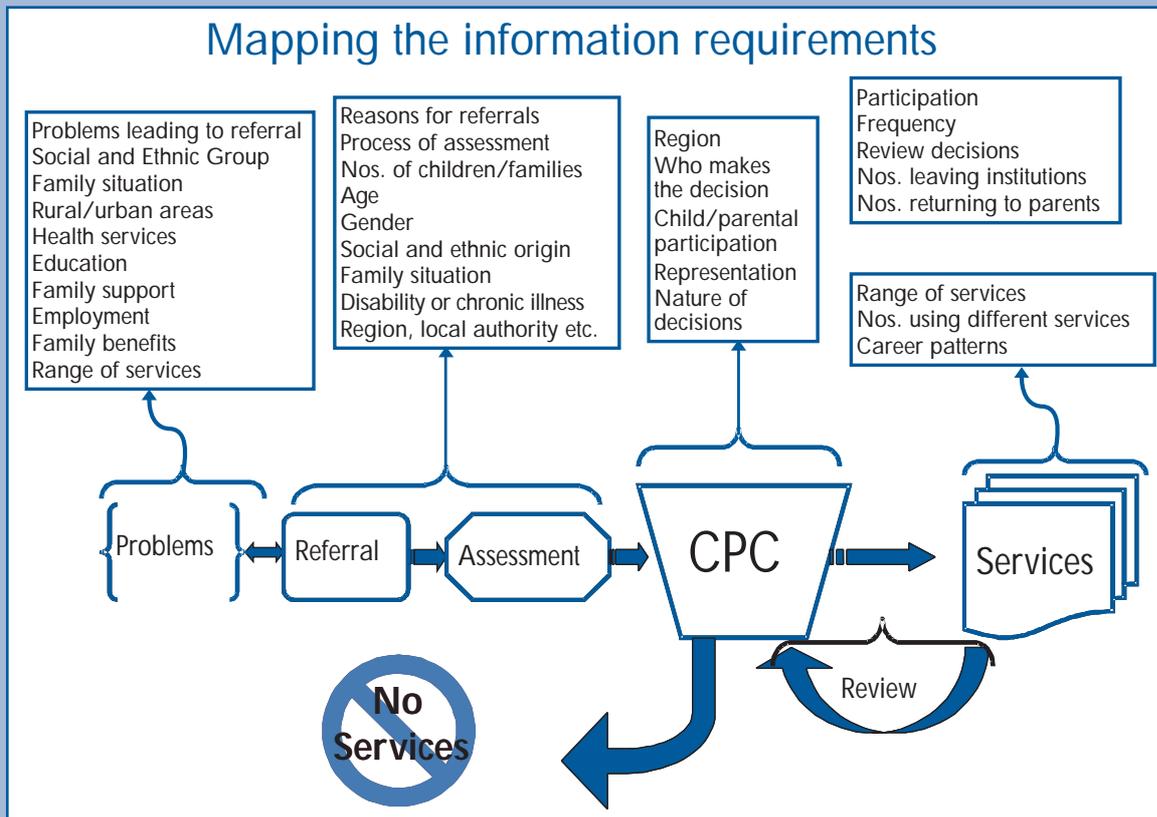
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**Box 1**   Example of an information system to implement and support gatekeeping

Figure 1 maps the child protection system introduced in Romania with the Emergency Ordinance on Children in Need (Emergency Ordinance 26/1997). The ordinance devolved decision-making and provision for children to local authorities, and Child Protection Commissions (CPCs) make decisions on service allocation. Problems referred to a child protection team in Romania are dealt with in the statutory system. Following referral an assessment is made by a child protection team and a report made to the CPC. The CPC can deal with the referral without making an order or offering services (where the CPC finds that there is no need for support), or can make an order requiring services to be provided. Under the emergency ordinance all services are subject to statutory review by the commission at regular intervals.

Figure 1 presents the categories of information necessary for the operation of the system. If correctly structured, this information can provide a range of outputs including patterns of service use (career) by children passing through the system, as well as a range of indicators to help identify the pattern of operation of the system and allow targets to be set and measured (see, in particular, Bilson 1999). A pilot of this model was used in five local authorities and provided a relatively simple means of collecting information with data being collected at two key points - referral to the child protection team, and when the child's case was considered by the CPC (both initially and at each subsequent review). The information system can provide a wide range of performance measures, e.g. where community based services are implemented as an alternative to entry to care the system can provide information on changes in numbers entering by age, gender, ethnicity, type of establishment, county council, district, health status, family situation, disability, reason/circumstances on entry; etc. and similar statistics on the use of the alternatives. This allows a rapid assessment of the effectiveness and targeting of the new services, reducing the risk that they do not provide an effective alternative but provide help to a new group of children in need.

Information systems of this sort were widely used by front-line managers working with young offenders in England.

Figure 1: *Information requirement in Romanian Child Protection System*



### Mapping the information requirements

Problems leading to referral
Social and Ethnic Group
Family situation
Rural/urban areas
Health services
Education
Family support
Employment
Family benefits
Range of services

Reasons for referrals
Process of assessment
Nos. of children/families
Age
Gender
Social and ethnic origin
Family situation
Disability or chronic illness
Region, local authority etc.

Region
Who makes the decision
Child/parental participation
Representation
Nature of decisions

Participation
Frequency
Review decisions
Nos. leaving institutions
Nos. returning to parents

Range of services
Nos. using different services
Career patterns

Problems — Referral — Assessment — CPC — Services

No Services

Review

Having outlined the basic elements needed to implement gatekeeping, we focus on those issues that help ensure that high-quality gatekeeping able to avoid the pitfalls outlined in the review of the literature:

- fair and understandable criteria for entitlement to services
- transparent decision-making
- fair and consistent allocation of services
- children's services plans to identify objectives
- gatekeeping as a process
- a 'whole system' focus.

## Fair and understandable criteria for entitlement to services

A good gatekeeping system has many different components. A first crucial feature is the establishment of fair and understandable criteria about who is entitled to apply for services for user groups. These criteria are derived from primary legislation but will be adapted to reflect local needs and resources. They need to have a high threshold for entry to public care.[19] For example, in English childcare legislation the threshold for the compulsory removal of a child from its parents requires proof of significant harm or its likelihood. The legislation provides a further hurdle. No court order may be made, unless it can be shown that a court order is better than no order at all. To prove its case, the local authority must convince the court that its care plan will safeguard and promote the welfare of the child. A lack of real alternatives to court intervention means that the 'no order principle', as it is known, is sometimes frustrated, but the legislation nevertheless demonstrates a significant and conscious use of gates to restrict public care to those in genuine need. At the same time the law defines very broadly those children who are legally entitled to family support services because they are deemed 'in need'. Here we see how the law uses tough criteria to restrict access for one group of children and broad criteria to widen access for another.

The law should also require gatekeeping for voluntary entry to public care by setting clear criteria for admission, requiring that families are offered other services, that the assessment of the child's best interests is properly undertaken, or by making the decision to voluntarily place children in care subject to judicial or tribunal proceedings. In Bulgaria, for example, the Child Protection Act stipulates that all child care placements must be approved by a court, and in Romania the Child Protection Commission has a similar role (see Box 1).

For children with disabilities there must be effective assessment and review of their disability as in the case of Samara (Box 3). In particular, no child should be classified as uneducable as frequently happens in many parts of the ECA region.

## Transparent decision-making

Transparency is another key feature of a good gatekeeping system. This can be achieved by having suitable forms to record the results of the needs analysis, to document how decisions are reached and what plan of action is proposed, also as a pre-requisite for verification. In addition, one can ensure that the decision does not rest on the judgement of a single individual but that a supervisor or other professional will review it to confirm that all relevant information has been collected and that the conclusions are well founded. Providing applicants with the decision and the reasoning in the light of formal agency criteria is also essential to safeguard client rights and to give them a right of appeal if they are dissatisfied with the decision.

## Fair and consistent allocation of services

Another feature of good gatekeeping is that services be allocated in a consistent manner. This involves the presence of a cadre of well-trained professional staff able to carry out needs assessments and decide on risk, severity of problems and what services are needed in the light of the assessment of the needs of the applicant. All staff must be familiar with the criteria for service delivery as well as competent in their professional knowledge and skills. Both of these points are pre-requisites for ensuring that the assessment of risk and the thresholds for intervention in supporting children and families are clearly and consistently applied.

All mechanisms to ensure community-based services should be considered before entry to state care, including the use of individual independent second opinions, specially constituted panels and arms-length monitoring and reviewing officers.

## Children's services plans to identify objectives

The range of services used in gatekeeping and the way in which they are planned will differ according to the different situations in different places in order to address local needs. This will require a multidisciplinary planning system to ensure that an appropriate range of services is available and because children's services run across boundaries between services provided, e.g. health and education. It should also involve representatives of local communities, service users and other stakeholders.

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[19]Whilst the criteria for entry to public care need to be stringent the law also needs to provide entitlement to family support for those in need with a broad access to supportive services. In England, for example, there is a duty to safeguard and promote the welfare of 'children in need' in the 1989 Children Act. In Norway, the 1992 child protection law initiated "two very different standards for child protection interventions: a more lenient standard for supportive help to the home given in co-operation with the family; and a more stringent standard … to remove the child from the custody of his parents, or other actions taken without the consent of the parents." (Lurie 1998, p. 82). Similarly the Bulgarian Child Protection Act defines a range of services for children who are deemed to be at risk and provides a definition of such children.

Planning requires a sound information basis, starting with details of who currently uses the services and why. A good gatekeeping system will use this information to develop children's services plans. These will in turn provide explicit statements on the objectives of service delivery in their area and establish performance indicators for measuring whether these targets are being reached. The children's service plan and its implementation should also be reviewed and updated regularly.

## Gatekeeping as a process

Good gatekeeping does not operate only at the point of referral but needs to verify that the client continues to need a particular service and to review whether the goals need to be changed and different or additional services provided. The example of the reassessment centres in Samara indicates what can be done and the ongoing review reduces damage that may be done by mis-diagnosis of disability.

In a good gatekeeping system an individual care plan will be drawn up at the entry point, setting out the plan of action based on a needs assessment, identifying the agencies involved, the time period and the services to be provided, and by whom. The plan will focus on key issues such as contact with parents, rehabilitation of permanency. Ongoing monitoring of the care plan requires a system to review and monitor cases at regular intervals and to record the results of the review.

## A 'whole system' focus

Good gatekeeping must focus on the system *as a whole*. Whilst it operates through controlling decision-making in individual cases the strategy has an overview of the operation of the child protection system and connected systems. This means that information about changes in the child protection system, as well as wider connected systems, needs to be monitored. For example, a reduction in the numbers of children entering institutions may lead to a rise in the numbers of street children if the community-based services are not properly focused, or the introduction of an alternative form of substitute care such as fostering may increase the overall use of state care rather than reduce it if the institution continues to offer provision.[20] Good gatekeeping will monitor these trends and make adjustments to services to prevent adverse effects and build on positive ones.

Bilson (2000) has discussed how services need to be strategically targeted on key elements of the decision-making system and provide a range of functions. This targeting should be based on sound information on referral trends, children's service careers and patterns of need. This requires the strategic use of services at key points in the child's service career. In a gatekeeping strategy, take-up rates need to be carefully monitored to ensure that services are properly targeted and achieve their aims which in turn means screening service use and its impact on the wider population.

A systemic gatekeeping strategy must also identify key areas for intervention and ensure that decision-making takes these into account. For example, research reveals that children who do not leave care within a short period are likely to remain in care for a long period. Good gatekeeping introduces reviews for children in care as well as services targeted on key issues such as family tracing, reunification and contact.

After having defined gatekeeping and reviewed the research evidence on a number of approaches to gatekeeping in the West we can now consider how far gatekeeping strategies and mechanisms have been used in the ECA.

# II Experience of gatekeeping in the ECA

The examples of gatekeeping in the ECA are neither exhaustive nor strictly representative given the absence of a more thorough overview of service development across the region. Whilst no country in the region has successfully implemented a comprehensive and full gatekeeping approach, there are many key examples of gatekeeping initiatives which provide a basis for future development. It is unlikely, however, that the countries concerned would classify these developments as gatekeeping strategies since the term is rarely used in the region.

**Box 2** Positive developments in the basic elements needed to implement gatekeeping

*An agency responsible for co-ordinating the assessment of the child's situation*

As part of its strategy to increase responsibility at the local level, Latvia has consolidated family support services at the municipality level in order to build up a range of services to support poor and vulnerable families in their own homes.

Romania has created a National Agency for the Protection of Children's Rights, now re-designated the National Authority for Child Protection and Adoption, with parallel municipal structures and active involvement of NGOs.

Bulgaria, in line with its new child protection legislation will set up a State Agency for Child Protection and has decentralized the employment of social work personnel at the municipality level. Social workers will be responsible for co-ordinating the assessment, purchase or provision of services.

Georgia has introduced local structures to assess vulnerable families (the Department for the Protection of Minors).

*A range of services in the community to provide help and support children and their families*

The development of community-based family support services has been one of the main growth areas in the 1990s. The extent and coverage of services and the range of providers (local government or voluntary) varies greatly across the region but most countries can point to innovations and development in this area. By 2000, under the Federal Program 'Social Services for Children and Families' Russia had developed three kinds of services in 87 regions - centres for children in need of social rehabilitation, centres for the disabled and multi-disciplinary centres for children and families. It had also started to implement a new kind of service, home visiting ('social patronage'). Small-scale mother and baby units have been introduced to prevent young mothers abandoning their babies at birth. The Czech Republic doubled its numbers of such units since the 1990s. In Romania a number of alternatives have been developed over the last three years including mother and baby units, day care centres, family counseling and the development of fostering, adoption and reunification. Through the growth of alternatives, Romania was protecting 30 per cent more children than in 1997 while the budget had halved (Momeu, 2000). Alternatives to institutional care for children with disabilities have been set up in Belarus. Through a partnership of state, NGO and international providers, 4,000 children and their families receive assistance in self-help groups and day care to help rehabilitation. One of the striking features of this project is its involvement of user opinion to help provide feedback on the operation of the service and future directions to its work.

Even some of the poorest countries in the region can point to new initiatives to develop alternatives to institutionalization. For example, Albania has set up a family counseling service in one of its poorest areas run in partnership with Save the Children Fund (SCF) Denmark to provide services to support families and to avoid initial institutionalization as well as developing programs to reunite children in public care with their families. Advice and counseling has been provided to approximately 200 families annually and a small number of young people have been reunited from institutional care while larger numbers have re-established contact with their parents.

Countries in the region have increasingly set up ways of exchanging expertise and experience and evaluating best practice in the light of the convention. In Bulgaria, SCF and the Bulgarian government have set up a database of childcare projects (see http://scukbulgaria.freecom-int.com/).

*continued*

A good example of international co-operation in the field of evaluation is the "Documentation and Self-assessment of Positive Initiatives Exercise" (Grandjean, 2000). Its objectives are to provide 'change agents' with tools and methodology to help evaluate practice against the four key criteria of 'effectiveness, relevance, efficiency and sustainability'. The aim is to help agree key criteria for success in order to refine the assessment criteria. In the longer run these kinds of self-assessments can pave the way for external evaluation. More immediately, they can help inform discussion on the issues that information systems need to collect data on and monitor.

*Information systems to monitor and review decisions and their outcomes and provide feedback on the operation of the system*

When UNICEF first attempted to collect basic data on the numbers of children in public care, the patterns of placement and reasons for entry, it encountered considerable difficulties. It was concluded that "there is scarcely any other field of social statistics in which the public and policy-makers face more serious gaps in data availability, reliability and comparability than that of children in public care". The UNICEF report states that since then 'many countries have made strenuous efforts to improve transparency and data collection' and notes that improvements have come about as a result of increased public concern, efforts to improve inter-ministerial collaboration and concerted efforts by the MONEE project to help improve data collection systems. UNICEF notes that weak administrative and data systems in respect of children in need are also now beginning to be addressed.

In Bulgaria SCF have worked with local authorities and parents' groups to set up a number of client information systems. These cover details of children with disabilities and children being reviewed by the commissions dealing with offenders and children who have been abused. Information is used at the local level for planning and monitoring practice and the databases are to be used as the basis for national monitoring systems (Bilson, 2000).

*A decision-making process based on a systematic approach to the assessment and review of children's needs and family circumstances*

There is evidence of attempts to develop pro-active planning strategies in a number of countries. Hungarian childcare legislation requires workers to develop a care plan and review progress of the child. Legislation in Romania requires regular reviews of all children receiving statutory services. In Bosnia Herzegovina, SCF UK and Tuzla Canton Fostering project have developed care plans for each foster child while in Kyrgystan, another SCF Denmark project with local partners has set up a program to help reintegrate handicapped and abandoned children using individual child action plans. A large number of training programs for social workers, foster care staff, psychologists and directors of children's homes are all helping develop capacity across the region.

As regards gatekeeping, strategies to ensure a fit between needs and services can be seen through legislative and organizational reform. Hungary has raised its threshold for public care by outlawing removal from the family on financial grounds. In Latvia the Council of Ministers has passed a decree on the priorities for different services designed to introduce gatekeeping and legislation is being drafted to formalize responsibilities and set up comprehensive gatekeeping systems. In Bulgaria, the Child Protection Act defines broad categories for a child at risk who is eligible for services and sets high criteria for entry to care which, additionally, should only be carried out following a court hearing. However, children have still been entering care without a court hearing since the Act came into force (January 2001).

With regard to organizational reform, a new approach to responding to children with disabilities has been introduced in Saratov and Samara (Samoilova and Smoliakov, 2000). The old psychological-medical-pedagogic commissions which made a one-off assessment when the child was four in order to decide whether the child was 'educable' or 'uneducable' have been replaced by Regional Rehabilitation Centres. The key difference is that the child's diagnosis is kept under regular review and conducted at no less than 2-3 year intervals. Re-assessment of children diagnosed under the old arrangements has led to the transfer of 1,000 children from establishments for the 'uneducable' to boarding schools providing more educational input.

Finally, accountability mechanisms are being strengthened, e.g. with the introduction of Ombudsmen in Hungary, Poland, Albania, Russia, Bosnia, Georgia and the Ukraine. Sometimes the role has been specifically linked to the gatekeeping process where those functions are laid down in law. For example, in Hungary the remit is linked to the duty in the Children Act to prevent institutionalization and to question therefore the appropriateness of placement in institutional care. This brief includes monitoring whether a child has been placed in care for reasons of poverty.

Box 2 presents an overview of positive developments in the basic elements needed to implement gatekeeping. Box 3 illustrates how the Samara region in Russia was able to reduce the numbers in institutional care by expanding fostering, guardianship and adoption and introducing a wide range of family support services in the community.

These developments provide the building blocks for implementing gatekeeping but tend to be piecemeal and lack a systematic application both in single coun-

tries and across the region as a whole. If we examine the features of 'best practice' outlined earlier, it appears that implementation experience and, in particular, work on classifying needs and thresholds, are still at the initial stage and have not yet been linked in any coherent policy and service delivery response to prioritizing cases. Efforts to apply "clear-and-tough" criteria to warrant child separations from parents (UNICEF, 2001) as a mechanism for deliberately narrowing the net whilst using "broad-based eligibility criteria to widen entitlement" to services for vulnerable families still need to be made. Active assessment and reviewing systems based on care plans for each child still need to be ratified in law and policy and developed in practice. This means improving the quality of information collected by the gatekeepers to provide the basis for an explicit and considered choice of intervention from the initial stages onwards. Finally, management information systems, although improved, need to carry out a more rigorous collection of data on referral patterns, the needs profiles of particular groups, service responses and availability. It is vital that this information be fed back to local managers and planners so that it can influence local policy and practice as well as informing national evaluation.

## Transition constraints on the development of active gatekeeping

A number of challenges need to be tackled in order to achieve the four basic elements of gatekeeping – a coordinating agency, a range of services, assessment, planning and review, and information systems:

- the need for a paradigm shift in childcare policy and practice
- shortfalls of adequately trained staff in community services
- divided and overlapping responsibilities between agencies
- resources locked into institutional care
- weak management information systems
- lack of experience in applying an integrated gatekeeping strategy.

### The need for a paradigm shift

Whilst there have been many developments and changes and different ECA countries are at different stages in the reform of child protection systems, the legacy of the former communist ideology is still apparent in many child protection systems (Harwin, 1996). The following paradigm shifts overlap but have the

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| **Box 3** | Deinstitutionalization in Samara: a success story in restructuring and gatekeeping |

In the 1990s the Russian region of Samara significantly increased the provision of foster care and guardianship. It nearly doubled the number of guardians and increased the numbers placed with guardians who have no children of their own. Payment was one important factor, with the proportions receiving index-linked benefits rising to 64 per cent in 1998 from only 7 per cent in 1991. This is complemented by a range of support for children designed to enhance welfare outcomes and relieve pressure on carers. This includes free travel and health camps, free extra schooling, financial housing support at age 18, opportunities to send children to upper secondary and other schools with in-depth learning schemes and fostering access to higher education through examination exemptions. Foster care programs have been set up to serve children with complex needs (3 in 5 had health difficulties). The numbers of children involved rose rapidly, from 200 in 1996, when the program started, to 1,109 in 1999, partly because of the implementation of more flexible eligibility criteria than elsewhere in Russia (including single parents and no requirement for higher education), as well as generous social supports for carers.

In the period 1992-1999 Samara region closed down three infant homes and three pre-school children's homes as a result of the above measures, an active approach to adoption and the introduction of an entirely new network of family support services for children in need, including those with disabilities. An establishment for children with severe learning difficulties was transformed into a school offering rehabilitation. Finally, an outcome singled out for special mention was the drop in re-referrals of children left without parental care - only 14 per cent at the end of the period.

Gatekeeping strategies generated by a commitment to improve the welfare outcomes of children without parental care were as follows:

- the introduction of a range of alternatives to institutional care
- the introduction of an integrated inter-agency committee with responsibility for the family, motherhood and childhood at regional and local level which assumed responsibility for the guardianship and trusteeship agencies (under the Ministry of Education) for children without parental care and in need of out-of-home placement
- information systems to monitor changes
- explicit policy agenda of family-based care for vulnerable children and those without parental care.

*Source:* Vozniuk, Taseev and Smoliakov (1999)

common outcome of supporting the current practice of over-reliance on institutionalization.

*Rescue and state paternalism.* A key factor in maintaining institutional care is the belief that the state's role is to 'rescue' children, ranging from what Momeu (2000) in Romania cites as "an authoritarian mentality inherited from the communist era" to a widespread belief amongst civil servants, residential staff and even parents that children are better off in an institution (e.g. for Lithuania see Bertmar, 1999; and Gomart, 1998). The paternalistic policy based on a rescue mentality operates on the assumption that the state knows best, cares best and devalues the role played by parents, communities, and NGOs.

This outdated rescue paradigm has resisted due to a lack of access to Western theories, psychology and social work research, and a lack of critical information and research on the outcomes of the policy of child institutionalization in the ECA region. Whilst there is a growing acknowledgement of the limitations and disadvantages of institutional care for children amongst senior policy-makers and practitioners alike, much of the system still operates within the old ideological parameters.

*Medical and deficit models of disability.* A second paradigm linked to that of state paternalism is the medical model of disability. This model has played a prominent role in many countries in the ECA where children with disabilities are assessed in terms of their limitations rather than their potential. The treatment of children with disabilities is often perceived as an exclusively medical issue and children with mild disabilities continue to be institutionalized in some parts of the region. Amongst 'defectologists'[21] the belief continues that children need to be separated from their families and from 'normal' children in order to allow them to receive the specialized instruction necessary to 'catch up' with their peers. In this paradigm institutions are where a 'corrective process' takes place, and since many children will never be 'made normal', institutions tend to become their permanent homes. In Romania the government states that whilst the needs of institutionalized children with severe disabilities are rarely met, an estimated 20 per cent of children in these institutions were not disabled (DPC, 1998). A key problem of the deficit model is its failure to emancipate and hence empower persons with disabilities.

Although there are signs that the model is being challenged in a number of countries and projects which promote a rights-based approach (e.g. the Samara region of Russia, Belarus, Kyrgyztan and the Rouse region of Bulgaria), the impact of the medical and deficit models are still evident in the policy and practice related to children with disabilities in a number of areas in the ECA region.

*Ethnic discrimination.* State care tends to discriminate against minorities, e.g. in a number of countries Roma minorities have a higher likelihood of being placed in orphanages or educated in special schools for children with disabilities.[22] Indeed, one of the historical objectives of the institutional sector in the ECA region was to 'deculturate' ethnic minorities such as Roma (Tobis, 2000). Ethnic conflict and deep-seated historical prejudices are reflected in practices in the child protection system. Tobis suggests that staff in institutions are particularly likely to discourage contact with parents and families, and that access to foster care, adoption and community-based services are less available for ethnic minorities, particularly Roma children, in many parts of the ECA region. In order to have any chance of success, gatekeeping initiatives will need to combat this deep-seated problem.

### Staffing shortages

At the beginning of the transition era staffing resources were tied into two kinds of provision – residential care and universal services to support families with children. Vigorous attempts to build capacity include new social work training programs and, less consistently, retraining institutionally-based staff. Despite such efforts, recruitment has lagged behind the massive rise in child vulnerability that accompanied transition. The shortages of social care staff in community-based agencies is particularly acute in some parts of the region. In part, this reflects the fact that the services themselves are new, but even where the structures predate the transition, staffing levels have not kept pace with rising needs. For example, the numbers of staff employed in guardianship and trusteeship bodies in Russia have not increased over the decade, despite the marked rise in referrals. Many countries have reported that the lack of personnel has limited capacity to respond to demand and led to a narrow focus on the most acute and urgent needs. It has also limited the type of response. For example, where the social worker task of helping vulnerable families is linked with a duty to provide financial support, the latter role has tended to predominate and assessment of child and family need has tended to be narrowly focused.

Another major difficulty is the imbalance of staffing resources in the child protection system as a whole. Increased levels of staffing are tied to institutional provision rather than community-based services, and in the institutional sector staffing often accounts for the largest single item of expenditure. Finally, there is a problem of professional status and pay. Income levels for the new community-based social care sector are often low and this affects recruitment, retention and quality of care personnel.

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[21]This is the term still used in some parts of the ECA region for specialists in disability.

[22]For example, in the Czech Republic data for 1997 indicate that 64 per cent of Roma children in primary schools were in special education (see Ringold, 2000). The over-representation of Roma children in institutional care for infants is also reported in a number of ECA countries (Tobis, 2000).

### Divided and overlapping responsibilities and piecemeal community provision

Professional jurisdiction for addressing the needs of vulnerable families are currently split between a number of different local and national agencies. This is partly a legacy of the pre-transition era, but reflects the way in which new community-based services have tended to develop piecemeal. Examples of organizational reform to establish comprehensive integrated family support and substitute care services are the exception rather than the rule. The fragmentation of responsibility and structure – including between statutory, voluntary and private sector leads to uncertainty over criteria for referral, fragmented interventions, duplication of effort and confusion for families who are uncertain about who to refer to when in need. Gaps in services increase the likelihood of referral to institutional care simply because of its availability, and this risk is reinforced by the absence of clarity on referral procedures. Efforts to consolidate and devolve responsibility by decentralization are not always carried through consistently. For example, the otherwise exemplary reform in Latvia has created a perverse incentive by leaving responsibility for the institutional care of infants and children with disabilities at the regional rather than municipal level.

### Inadequate legislation

One of the major areas of government action since the transition has been the reform of family law and childcare legislation. However, implementation mechanisms are often weak and key provisions to support active gatekeeping are lacking. Laws that make effective use of broad-based criteria for entitlement to services and high thresholds for substitute care are largely missing. Indeed, perverse incentives persist. In Russia, the Stalinist provision to enable single parents to place a child in public care to be brought up at the expense of the state remains on the statute book making it easy for parents to 'give up' their children. Legal reinforcement of active planning and mechanisms to reinforce family ties are largely absent. The legislation has not always been helpful in resolving divided duties between child protection agencies. In Russia, for example, pioneering legislation to establish community services for vulnerable individuals and families has placed this duty with the Ministry of Social Protection whilst the obligations to find substitute care remain with the Ministry of Education. Reform of local government responsibilities for different elements of the childcare system have created similar divisions in Latvia and Bulgaria.

### Institution-tied resources

There are four major points which constrain the development of effective gatekeeping.[23] First, in a number of ECA countries perverse incentives to institutionalize, where agencies can reduce their expenditure by placing children in public care, still exist. Second, because institutional care accounts for the 'lion's share' of expenditure in childcare services it tends to inhibit the development of community-based provision. Third, staffing is often 'locked into' institutional structures at the expense of community services. Finally, the physical location of many institutions is often distant from the communities they serve, making retraining and alternative use of resources such as buildings, difficult to put into action.

### Weak management information systems

Despite the improvements noted earlier, problems persist in the quality, coverage and utilization of available data as a planning tool at the central and local levels of government making it difficult to obtain a reliable picture of trends for all substitute care options. Yet this data, if used appropriately, is more revealing about patterns of usage than stock data because it reports turnover.

Other significant gaps in data include reasons for substitute care (broad administrative categories such as 'abandonment' need to be broken down into more meaningful categories), duration of stay, ethnicity, gender and age profiles. A further problem relates to piecemeal or inadequate information on needs and services provided at the community level. These difficulties are due not only to gaps in data collection and a lack of mechanisms to coordinate across agencies, but also reflect the basic conceptual problem of classifying needs. Finally, data is not used sufficiently as a planning tool. In particular, there is little evidence of targets for change being formulated on the basis of available empirical evidence.

### Lack of experience with an integrated approach to gatekeeping

Whilst some countries or regions in the ECA have pioneered individual components of gatekeeping, few have been able to link them together systematically. The reasons for this lie mainly in the problems described above and, more basically, because gatekeeping has not been identified and targeted as a priority reform mechanism. In this final section a strategy will be suggested for progressing gatekeeping in the ECA.

## Summary

The current situation of gatekeeping in the ECA region is that, whilst in many countries there are good examples of elements of gatekeeping, the need for systemic change which addresses all the elements of gatekeeping in a coherent strategy still needs to be achieved. A number of factors combine to make such a coherent strategy difficult to achieve and key constraints on it have been summarized.

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[23]For a detailed discussion of the issue, see Fox and Gotestam (2003).

# III Changing minds, policies and lives

In the light of the constraints on implementing gatekeeping discussed above, a government or agency considering these proposals will need to face the following challenges:

- Gatekeeping requires major changes not only in decision-making systems and services, but also in the underlying attitudes and beliefs about children and the role of parenting. That is, reforms are unlikely to be effective without a shift away from the paradigms of rescue, state paternalism, ethnic discrimination, and the deficit model of disability. Such a change will require staff, managers and policy-makers to reconsider the value they place on children, their rights and the importance of parents and families in the upbringing of children.
- Gatekeeping is a function of the system as a whole. It cannot be achieved by an incremental approach, but requires a qualitative change across the entire operation of the child protection system requiring new services, decision making processes, roles for staff and managers and changes in the interactions between all these parts of the system.

These challenges require a strong lead on the part of national governments together with a clear strategic direction where this does not exist. Such a strategy should operate at both the central and local government level. In particular, experience needs to be built up of a holistic approach to implementing gatekeeping. This does not mean that all aspects of childcare need to be tackled simultaneously, but that key areas should be prioritized and a strategy devised for change in the whole system related to that area. UNICEF's Regional Monitoring Report (2001) outlines the different nature of problems in different parts of the region and suggests that prioritizing these problems is best dealt with by setting concrete targets based on the assessment of the countries' specific difficulties. Targets include plans for the following (UNICEF 2001):

- ending institutionalization for infants
- the closure of large institutions
- regular, independent, high-profile reporting on and control of the quality of care.

A similar approach can also be used at the local level where selected targets can be tackled using a pilot project designed to implement all four basic elements of gatekeeping in the specific target area.

The *Changing Minds, Policies and Lives* (CMPL) project will work with governments in developing toolkits to help assess what needs to be done at the levels of local and national government. These toolkits need to be developed and tested in partnership with governments before their wider dissemination. Appendix 1 outlines what have been identified as the major problems in many countries, the aims of reforms, the transition activities that are required to change policies in the country or region and lives for children and their families for each of the four basic elements of gatekeeping. The countries involved will not necessarily share the same starting point on these issues and the tables are intended to help identify priority areas on which to concentrate. The Appendix distinguishes between actions at the national and local levels. As tools, the templates, checklists and 'best practice' examples referred to in Appendix 1 should help in assessing the situation and initiating steps forward.

## Conclusion

The concept of gatekeeping and its application across a range of health and welfare services is a relatively recent phenomenon. This may explain why it does not feature in the descriptions of the postwar transformation of Western childcare services and deinstitutionalization and why the literature is patchy and uneven. Gatekeeping has, however, played an important role in more recent childcare reforms adopted in the West. This experience has not, however, been mirrored in the ECA which has tended to lag behind the West due to both the historical legacy of the region in models of service delivery and the massive economic, political and social upheavals of the last decade. Despite the encouraging developments now taking place in the region to diversify provision, the data on trends of usage of public care underline the need for active gatekeeping strategies. This is also supported by microdata surveys showing the lack of commitment to active discharge strategies and ways of keeping birth parents involved. Consequently, the key target should be gatekeeping entry to the public tier of care services. That is, where research reveals the strongest evidence of the harmful impact of large-scale institutions on child welfare - particularly infants - and where changes can be measured and monitored most reliably.

The review has found that gatekeeping is used in differing ways that include both rationing and welfare objectives. Arguably the single most important long-term decision to be taken by service planners is the choice of gatekeeping model, that is, one combining the functions of rationing and childcare decision-making, or one that keeps these two functions separate. The literature indicates that these two roles may conflict with one another and that they require different kinds of training and are likely to lead to different organizational structures in which the purchase and provision of services are kept separate. Thereafter, the specific gatekeeping strategies discussed here apply equally to both models. This includes the development of effective assessment and reviewing strategies, management information systems to profile and monitor service use and need, and an agency to carry out gatekeeping. Some of the suggested measures can be implemented more quickly than others. For example legal reform, which has been presented as an essential arm of gatekeeping, is likely to be a longer-term strategy, whereas this Concept Paper indicates that other gatekeeping practices can be introduced successfully ahead of legal reform.

Finally, policy-makers need to consider ways of involving parents and children in gatekeeping strategies. Parental attitudes play a key role in shaping the uptake of public care and thus constitute an important informal regulator of practice. There is considerable potential for a clash between gatekeepers and parents over what services are required, or indeed in respect of older children. We recommend the introduction of gatekeeping not only as a pre-condition for change in public attitudes to parenting and children, but also to stimulate a broad debate on the balance of responsibility between state and family in respect of public care in general and have proposed ways in which legal reform may address such a shift by focussing on very specific childcare and parenting issues.

The proposals presented here are intended to provide concrete practical support to policy-makers and practitioners wishing to bring about reform and to provide an approach involving action at the local and national level. The proposed framework and criteria should enable countries and regions to profile their own situation in order to identify individualized targets. There is no 'one size fits all' approach and solutions will vary according to the culture, tradition, size and nature of the public care population and available resources. Gatekeeping is a challenging, yet vital reform for those countries in the ECA region that are experiencing widespread poverty and have a legacy of reliance on institutional care.

# Appendix

| Local Level | | | |
|---|---|---|---|
| MAJOR CONCERNS[24] | TARGET FOR STRATEGY | TRANSITION ACTIVITIES | TOOLKIT |
| *An agency responsible for coordinating assessment* | | | |
| A range of agencies and ministries make decisions about children entering state care leading to a fragmented response | A single agency has responsibility for the coordination and management of assessment, developing and reviewing care plans | Local or national agreement empowering a responsible agency to carry out these tasks. Staff training on assessment, review and gatekeeping | |
| *Range of services* | | | |
| Little coordination of services and a lack of alternatives to institutional care | Range of coordinated targeted services to provide help and support for children and their families | Developing a multidisciplinary planning system<br><br>Developing new services | Examples of 'best practices' on planning. Template for planning Changing Minds, Policies and Lives exemplary practice database |
| *Decision-making based on assessment and review* | | | |
| Decision-making promotes institutional care, provides little or no review and is not based on thorough need assessment | Decision-making based on thorough assessment with criteria, assessment, review and gatekeeping mechanisms | Developing assessment process<br><br>Developing gatekeeping arrangements<br><br>Developing review system | Best practice examples<br><br>Exemplars of gatekeeping arrangements<br><br>Template for review system |
| *Information Systems* | | | |
| Insufficient information on reasons for child entry to institutions, background factors and careers through system | Sound information on the local system on which to base strategy | Developing or consolidating information system and/or study of local system | Checklist for study of local system. Template for information system |

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[24]These tables outline, for each of the four basic elements of gatekeeping, what we regard as the major problems in many countries, the aims of reforms, the transition activities that are required to change policies in the country or locality and lives for children and their families. Not all countries will be at the same starting point on these issues and the tables are intended to help to identify priority areas on which to concentrate.

| National Level | | | |
|---|---|---|---|
| MAJOR CONCERNS | TARGET FOR STRATEGY | TRANSITION ACTIVITIES | TOOLKIT |
| *An agency responsible for coordinating assessment* | | | |
| No single agency is responsible for assessment, review and coordination of services at local level | A single agency has responsibility for the coordination and management of assessment, developing and reviewing care plans for children in need | Setting up agency | Examples from ECA region |
| Lack of cooperation at inter-ministerial level prevents changes | Clear responsibility for services and a system to promote inter-ministerial cooperation | Setting up agreement and coordinating arrangements | |
| *Range of services* | | | |
| Institutional care as main form of support, limited or no community-based services | A range of targeted services providing support to families to care for their own children and substitute care | Promoting pilot projects of gatekeeping at the local level including alternatives | See local level toolkits |
| | | Promoting transfer of resources from institutional sector to alternatives | See, Fox and Gotestam (2003) on redirecting resources |
| | | Developing standards for all services | See, Bilson and Gotestam (2003) on standards |
| | | Setting up and monitoring of process for planning services | |
| | | Setting up concrete targets | See UNICEF (2001) for examples |
| *Decision-making based on assessment and review* | | | |
| Legislation facilitates the presence of children in public care | Raising thresholds for public care | Reviewing current legislation and guidance for its impact on gatekeeping entry to care/institutions | Examples of key aspects of gatekeeping in legislation. Checklist of key issues |
| Legislation lacks active individualized care planning framework | Introduction of individualized care planning and review framework | Reviewing current legislation and guidance with regard to review, contact and rehabilitation | Examples of legislation on reviews  Checklist of key issues |
| *Information systems* | | | |
| Insufficient information and lack of systems to monitor policy implementation | Sound information systems able to provide information at national, regional and local levels | Developing national level data systems | Examples of best practices |
| | | Establishing feedback systems with local level | Examples of best practices |
| | | Developing system to monitor implementation | |

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a Concept **Paper**

# Gatekeeping Services
# for Vulnerable Children and Families

## A Toolkit

*Andy Bilson and Judith Harwin*

# ACKNOWLEDGEMENTS

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Toolkit

# Contents

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# Glossary

This glossary covers the definitions of key terms used in the toolkit to help interpret the tools when applied in the different legal and practice frameworks used in different countries.

**Public care** refers to those children under the full-time care of the state either on a permanent or a temporary basis typically for family reasons (orphans and social orphans). It covers children placed in state facilities, facilities operated by NGOs and the private sector whether placed in residential care or substitute families.

**Residential care** broadly refers to placements for children in care including infant homes, children's homes, orphanages and boarding homes and schools for children without parental care, boarding schools and homes for disabled children, family-type homes, in SOS villages, etc. Children in general-type boarding schools or punitive institutions are normally excluded but should be included if placement of children left without parental care in these facilities is common. If so, only count those children left without parental care.

**Substitute family care** refers to children in public care placed in a family setting provided by relatives (referred to here as guardianship care) or non-relatives (referred to here as foster care).

**Foster care** is substitute family care provided by non-relatives on a long or short-term basis.

**Guardianship care** is substitute family care provided by relatives on a long- or short-term basis.

**Community-based services** are services provided as part of the child protection system for children who live in their own homes. They are mainly non-residential but may include short periods of respite care in a residential setting. These services can be provided by the state and the non-state sectors.

**Respite care** refers to short-term care delivered either by foster carers or residential homes to support vulnerable families, sometimes used to support foster carers. Respite care is paid for by local authorities.

**Family centres** provide a range of services to support vulnerable families. These include parenting support, counseling and educational support.

**Day centres** provide support to families often with young or disabled children.

# Introduction

This Toolkit has been developed as part of the joint UNICEF-World Bank project *Changing Minds, Policies and Lives* (CMPL). The project aims to help governments, local authorities and others reduce over-dependence on institutional care for children in countries with transitional economies. The project tackles two key issues: systemic change as one of the cornerstones of the World Bank's ECA social protection strategy: and rights-based alternatives for children deprived of parental care as a UNICEF priority in the CEE/CIS/Baltic States.

This Toolkit addresses one of the three priorities of the CMPL project, gatekeeping, i.e. targeting services to ensure that they are only provided to those for whom they are intended. The Toolkit is designed to act as a catalyst to change through helping to assess the current operation of the gatekeeping system and identifying how to analyze where change is needed. Its use provides both quantitative and qualitative information/indicators which can then be used as the basis for the development of action plans to implement changes. The overall objective is to help promote a good fit between children's needs and services by means of effective gatekeeping systems and appropriate targeting.

A particular strength of the Toolkit is that it helps the management of change at local and national level. As well as providing ways of identifying strengths and weaknesses in the current system of gatekeeping, it helps track areas targeted for change and facilitates the evaluation of whether those changes have been achieved. The information can be used to develop performance indicators covering both quantitative and qualitative aspects of service performance in a wide range of fields.

The Toolkit is accompanied by a Concept Paper, *Gatekeeping Services for Vulnerable Children and Families.* This should be read before using the tools described here as it provides an explanation of the concept of gatekeeping, an overview of it use and 'best practices' in a range of Western health, social care and child protection systems, reviews the current situation in transition countries and suggests reform strategies.

## What is in the Toolkit?

The Toolkit contains a set of tools to help analyze the current situation and provides examples of best practice and checklists of key issues to be addressed in reform. These tools are designed to aid governments, local authorities or agencies to develop strategies and take action to introduce gatekeeping and to reduce the unnecessary use of institutionalization for children. It focuses on the following four basic areas necessary for gatekeeping and described in the Concept Paper:

- an *agency* responsible for coordinating the assessment of the child's situation
- a *range of services* in the community to provide help and support to children and their families
- a *decision-making process* based on a systematic approach to the assessment and review of children's needs and family circumstances
- *information systems* to provide feedback on the operation of the system and enable monitoring and review of decisions and their outcomes.

The tools have been developed for work in these areas at the national and regional/local level government and have a number of applications:

- the promotion of change in the overall child protection system
- focussing on particular sub-systems, such as services for children with disabilities, street children, abandoned children, etc.
- to provide a snapshot of the current gatekeeping system and its effectiveness
- to identify targets for change and mechanisms to monitor change



Figure 1:
*Model for using tools*

Key
- National
- Local
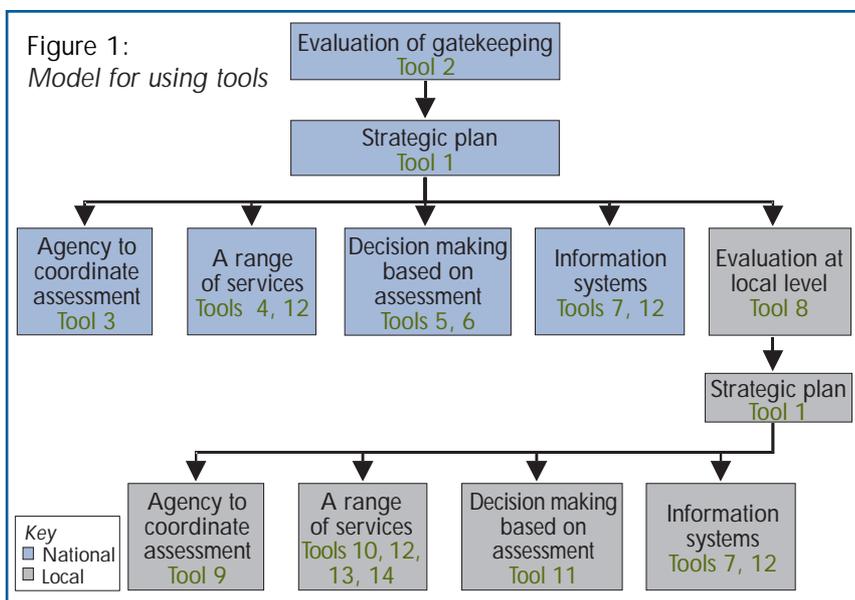
- to provide a picture over time through repeat surveys
- to make within-country comparisons (both snapshot and longitudinal)
- to make inter-country comparisons.

Figure 1 illustrates how the tools relate to developing a national strategy and local regional strategies in each of the four key areas. The process starts with Tool 2 to evaluate the current position. From here a strategy can be developed to work on each of the four basic elements and to develop local strategies to implement gatekeeping in practice.

## How to use the Toolkit

Tool 1 provides a guide to develop an action plan which underpins the entire approach. The model starts with an assessment of the current system of gatekeeping as countries all start from different situations. In setting priorities and concrete targets it is necessary to go beyond overall trends and look at the operation of the different childcare sub-systems through which children become deprived of parental care. Each of these systems may have different legislation, services and problems. There are also differences in the quality of care, outcomes for children and deprivation of family life in each system. For example, children entering institutions for educational reasons often stay in large institutions with schools attached, visit home regularly and return to live in their communities, whilst children with severe disabilities may be considered uneducable and live in institutions for life with little or no contact with their families. The extent and nature of these factors for children is the basis for prioritization and choice of particular systems in which to intervene. For example, the outcomes for children aged three or under who spend periods in institutions is very poor and priority should be given to reducing entry to care for children in this age group.

## Guidance notes

### A common framework but not a universal blueprint

The Toolkit is based on a common framework rather than a universal blueprint for action given the fact that each country has its own specific profile. It has deliberately been designed to be flexible and to allow adaptation to meet local requirements. To gain the maximum benefit from its use certain questions may need to be adapted to apply more precisely to national or local child protection systems, laws and services. Many of the questions have been designed primarily as prompts to analysis of particular issues and are therefore open-ended and apply across all countries and are therefore unlikely to need further adaptation.

### Terminology

A glossary of commonly used terms is provided to help completion of the documentation. This is particularly important in relation to the quantitative information where some of the terms used may not correspond precisely with country-specific terminology and classifications. For example, the classification of placement options for children cared for in out-of-home care may not cover all forms of substitute care that operate in some child protection systems. For maximum benefit new country-specific classifications can be added to the Toolkit or existing descriptors can be modified. This kind of change will enhance the sensitivity of the tool to present an accurate picture but will not in any way affect the reliability of the tool.

### Confidentiality

The main purpose of the Toolkit is self-evaluation rather than inspection, and it is important that this is understood so that it can be filled in transparently and openly. Its potential value is only as good as the quality of information it generates, i.e. evidence-based. The Toolkit is likely to raise issues as it is being completed. The *process* of completing the documentation is also very important and a list of the issues it raises should be kept.

### Completing the toolkit

The time taken to complete the documentation will depend on many factors including the quality of available data; its purpose (whether it is being used for overall or sub-system analysis); the number of new fields identified for action plans and familiarity. Feedback from local agencies that piloted the tools indicates that 4–7 days should be allowed for assessment of the current operation of the overall child protection system. This takes into account any adaptation of materials for local use. It is recognized that this is a substantial time commitment in the short-term but may provide a valuable investment in the longer-term.

### Training

To obtain maximum benefit from the toolkit, it is necessary to first arrange training to discuss the concept and purpose of gatekeeping and the use of the Toolkit. Gatekeeping is not an easy concept to understand and indeed the term itself does not lend itself readily to translation. A seminar to discuss the concept, its core features and possible applications is essential to help make sense of the Toolkit. It may also prove useful to carry out a dry-run of the Toolkit to enable clarification of any issues.

## Conclusion

The suggested process for using this Toolkit to improve gatekeeping at the national and local or regional level is given in Tool 1. To use the tools at national level, start with an assessment using Tool 2 and for local/regional use start with Tool 8. However, to use them effectively it is necessary to understand the concept of gatekeeping and to read all the tools which form the basis for this assessment.

# TOOL 1 Using the Toolkit to create an action plan to develop gatekeeping

## Introduction

This tool provides guidance on using the Toolkit to design and implement an action plan to develop gatekeeping in child protection systems. The approach to creating an action plan is the cycle of Assessment, Analysis and Action shown in the diagram below. This can be applied to the whole of the child protection system or to a sub-system such as the services for 'abandoned' infants. Like the Toolkit, the action planning described here can be undertaken at national and/or local level.

The first step in developing an action plan is an assessment of the use and effectiveness of gatekeeping in the child protection system. Tool 2, particularly the first section, provides a basis for assessing the current operation of the gatekeeping system at the national level and Tool 8 provides similar information relevant to the level of a local authority or locality.

## Assessment

The tools help to organize the assessment of the situation of gatekeeping by collecting information on the following:

- how many children are involved in the system being studied?
- information on the use of residential care
- the extent and quality of services provided in this area.

This basic information can be used to assess the outline of gatekeeping in the system. It can be used together with other information drawn from research
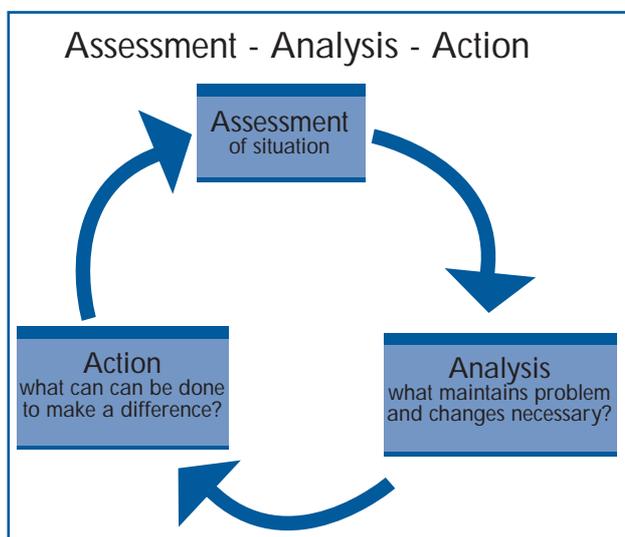
and local knowledge on the operation of the system to answer key questions about the nature and operation of the system such as:

- Is excessive use made of residential care?
- Is institutional care only used as a last resort?
- Is there a range of substitute care placements including foster care?
- Do children return to parents/family rapidly or do they have lengthy care careers and leave with little preparation for independent life or remain in institutional care as adults?
- Is there a sufficient range of services to support parental and family care in the community?
- Is there a process to assess and review the needs of individual children and families and provide services based on this assessment?
- Does the quality of services meet minimum standards?

If the responses to these questions indicate that the gatekeeping element of the child protection system under review does not provide adequate protection and support for children then the next step is to analyze the elements of the gatekeeping system that maintain these problems.

## Analysis

The purpose of analysis is to understand what maintains the problems in the gatekeeping system and to identify areas for action. This section is not prescriptive as each situation requires an individual approach to analysis which takes the nature and complexity of the system into account. The analysis needs to start by focussing on the four basic elements of gatekeeping identified in this Toolkit and the Concept Paper namely:

- a range of services in the community
- decision-making based on assessment and review of children's needs
- information systems to monitor and review decisions and their outcomes
- an agency responsible for coordinating the assessment of the child's situation.

### Breaking down the problem into smaller, more manageable parts

As gatekeeping aims to change the operation of a system as a whole, a helpful starting point for analysis is



Assessment - Analysis - Action

Assessment of situation

Analysis what maintains problem and changes necessary?

Action what can can be done to make a difference?

to identify whether the problems can be broken down into smaller sub-systems of decision-making and service provision. For example, if the problem lies in work with children with disabilities this may involve different decision-making systems for children depending on the type of disability with different sorts of disabilities (e.g. learning disabilities and different forms of physical disability). The problem may also be broken down in other ways. For example, one group of children may enter care because they have been abandoned as new-borns in a maternity hospital after the parents discover that the child has a disability, and other groups may enter care because there is inadequate educational or pre-school services. Breaking down the problem into smaller sub-systems and starting the Assessment, Analysis, Action process at this level allows priorities for actions to be identified and helps prevent being overwhelmed by the scale and complexity of the problem.

### Data gathering

A second step is to gather more data whilst ensuring that this is carefully checked for accuracy and recognizing that all data is partial and collected within a framework of a particular understanding. A key starting point for data gathering is to develop an understanding of how and why children enter public care. This means going beyond the administrative categories used in information systems and understanding the reasons for entry from a number of different perspectives - both professional and importantly the perspective of parents and children themselves. Tool 13 provides an approach to gathering data on the needs that lead to children entering public care. Interestingly, information systems rarely record the needs that services are intended to meet.

The importance of listening to parents is illustrated by one national example where the national figures for children under the age of 3 being abandoned were mainly the children of young single mothers. Accordingly the planned response was to develop homes for young mothers and babies. Analysis of a group of around 200 recent entrants to care was carried out in one local authority for which the official figures showed the same pattern of young first-time mothers abandoning children. Most of the children entering care were of Roma origin and the study involved them being interviewed by other Roma mothers trained as researchers. The findings were very different from the official figures showing that few children were abandoned by young single mothers and that most were the fourth or fifth child of parents who could not cope financially. The kind of support needed in these circumstances is very different from that indicated by the official statistics and would require very different services. UNICEF's Regional Monitoring Report No. 8 (UNICEF 2001) identifies

a similar discrepancy between official statistics and the understandings of staff in residential care. These examples illustrate how important it is to have access to different perspectives and particularly the views of service users to ensure that actions are appropriately targeted.

### Mapping the decision-making system

Focusing on the decision-making system and drawing a map of the current decision-making system can help us visualize how the system currently operates. To do this it is helpful to draw a diagram of the decision-making systems that lead children to enter services and particularly the decisions to enter public care for different reasons. The diagram opposite presents a map of the system introduced in Romania following the implementation of the Emergency Ordinance on Children in Need (Department for Child Protection, DCP 1997) and the DCP's Strategy (DCP 1998) which devolved decision making and provision concerning children in public care to local authorities and set up Child Protection Commissions (CPC) to make decisions on service allocation.

The starting point for mapping the system is the formal legal framework. The diagram shows how problems referred to a child protection team in Romania can be dealt with through the statutory system. Following referral an assessment is made by a child protection team and a report made to the Child Protection Commission (CPC). The CPC can deal with the referral without making an order or offering services or can make an order requiring services to be provided and requiring the regular review of these services by the CPC.

Practices may vary from the legal model and this needs to be part of the assessment. For example, in one local authority children abandoned at the local maternity hospital were not immediately reported to the child protection team but were kept in the hospital and then referred once a number were 'ready' to be taken directly to an orphanage. The child protection team was not involved until the parent had already left hospital and the hospital did not have a proper address, thus the assessment of the child's needs was already pre-empted.

Mapping the system therefore starts with formal legal processes and then overlays this with a description of actual procedures and practices. This latter information can be drawn from research and interviews with practitioners and others with a good understanding of the area as well as from direct observation and tacit knowledge. The differences between formal legal structures and actual practices are important sources of information and may indicate whether problems stem from the legal system itself or its implementation. These issues are central to deciding on an appropriate strategy and necessary actions.

The map can be used in a number of ways. This includes helping to identify key decisional points in

## Targeted preventive services

**First level**
Aimed at specifically identified problems such as contraception advice to prevent abandonment due to unwanted pregnancy

**Second level**
Services offered to people referred to child protection teams on a voluntary basis. E.g. respite care for children with disabilities or social workers in maternity wards

**Third level**
Aimed to provide community based alternatives to entry to care, for example, family centres

**Fourth level**
Aimed at speeding return to family or permanence such as family tracing and promotion of family contact

Problems → Referral → Assessment → CPC → Services

**Base Level**
Aimed at overall populations for whom universal services are mobilised

No Services

Review

the system and to decide where new services should be targeted. The diagram below shows a map of the Romanian system with possible points of intervention for targeting services to reduce the need for entry to care and to the formal legal system. See Tool 12 for more details on targeting services.

### Evaluating quality of assessment and review processes and practices

A central element of gatekeeping is the process of assessing the needs of children and families. Without this it is impossible to provide appropriate services. This may include the need to examine and challenge the current understanding of problems. For example, the medical model of disability is still the basis for decision-making regarding children with a disability in many parts of the region. This can lead to an excessive focus on medical diagnosis and insufficient focus on the abilities of the child and environmental factors. It can also lead to excessive classification of children of excluded minorities as having learning difficulties (e.g. in one country 1997 estimates indicated that 64 per cent of Roma children were in special schools compared with 4.2 per cent of the overall population; see Ringold, 2000).

It is therefore important to evaluate whether current assessments identify needs properly. Similarly, services need to be regularly and thoroughly reviewed with input from all relevant service providers to reassess the needs of the child and to ensure that these services continue to meet the child's needs appropriately. Whenever possible, children, parents and other significant individuals should be involved. Tools 5 and 11 cover issues in assessment and review at national and local level.

### Identifying gaps in services

Another issue is the need to identify gaps in services. This links up with the actions through setting up a planning process to identify the needs for services and Tools 4 and 10 provide checklists for analyzing the range of services.

### Evaluating agency strengths and weaknesses

Finally it is important to analyze the strengths and weaknesses of any agency carrying out and implementing gatekeeping. Tools 3 and 9 provide checklists for analysing the ability of the agency at national and local level.

## Action

Specific actions need to be developed from the assessment and analysis already undertaken and will depend on what problems have been identified. Some examples of possible actions include:

### Setting up a planning system

A key issue is to develop a range of services designed to target children and divert them away from entry to care by meeting the needs of those children and families 'at risk of entry'. The planning process can be used as part of a strategy to involve politicians and representatives of local communities in gaining a commitment to gatekeeping. Tool 14 outlines key issues in setting up a planning process. In Bulgaria Save the Children have successfully used the development of local planning to instigate a successful gatekeeping process in the city of Rousse.

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*Introducing changes in assessment and review*

Another approach that has proved successful in Russia has been to make changes to the processes for assessment of children. In Samara and Saratov the assessment process for children with disabilities was changed by altering the membership of the medico-social commissions to ensure greater attention to children's social needs. It led to the setting up of day centres to support children and families in their local communities and reduced the rate of institutionalization for children with disabilities.

*Setting up new referral systems*

In some cases there is a need to focus on key points where decisions affecting the outcomes for children are made. For example, if new-borns are abandoned in maternity hospitals social workers should be based on the wards to offer help and take referrals enabling the earliest possible intervention to prevent abandonment and unnecessary entry to care.

There are many other possible actions such as setting up pilot projects which target key decision points, and developing new laws, training and so forth.

## Conclusion

This tool supplies a framework for developing an action plan using the toolkit through a process of Assessment, Analysis and Action. The action plan should include targets with timescales which can provide the basis for ongoing evaluation and monitoring of the effectiveness and impact of the strategy.

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# Tool 2 Template for assessing gatekeeping – national level

## Introduction

Tool 2 is used as part of a process of strategic planning to develop gatekeeping. It consists of a series of questions designed to pull together existing information in a desktop exercise to assess the current situation of gatekeeping and to provide the information needed to develop an action plan to implement it. Some of the information needed in Section 1 is available from the database collected for the UNICEF Regional Monitoring Reports and held by UNICEF Innocenti Research Centre. The main value of the exercise is to provide:

- an assessment of the nature of the child protection system for which gatekeeping is being considered
- an analysis of the four basic elements of gatekeeping in the current system.

## Using the tool

The tool is designed to identify what kinds of information are available and where there are gaps or omissions. If it is difficult to find information to answer any of the questions, this gives an indication of key data that are not currently collected or are not sufficiently complete for gatekeeping purposes. This overall picture, if comprehensive, can be used in a number of ways as follows:

- to decide on priorities for sub-systems for further analysis (e.g. it may raise the underdevelopment of certain key areas of the system such as services to children under 3: Tool 2 can then be used again to analyze these in more detail)
- to provide baseline information on the current operation of the gatekeeping system
- to track progress in developing gatekeeping and to measure the impact of the strategy on the use of institutional care for children and the development of alternatives

- to provide a basis for comparison with other countries using the tool.

**Section 1** assesses the overall trends in care. One of the main purposes of this exercise is to identify the share of children cared for in residential forms of care and family-type environments when separation from the family is necessary. The data requires analysis of stock *and* flow data so that trends over time can be monitored and targets set to track change. For example, the ratio of children in residential care to those in foster care gives an indication of the relative use of these types of accommodation which can be tracked to see changes over time or for comparison between countries. The numerical data also addresses quality issues by looking at the types of institution in which children live. The audit also focuses on care and services available in the community as these provide the basis for rebalancing family support and out-of-home care services. On the basis of this information, one can identify where the gatekeeping system needs strengthening. Whenever information is not available it should be noted as an indication of areas in which information systems need to be improved.

**Section 2** is a different kind of exercise. It is structured around the four basic elements in gatekeeping and should be used to collect baseline information on childcare systems and to assess the current development of gatekeeping. A copy should be used for each childcare system to be evaluated. Definitions of items are drawn from the relevant tools mentioned in the header for the set of questions. Tool 2 must be read in conjunction with Tools 3, 4, 5, 6, 7 and 12. Examples of best practice are provided with each tool. As with Section 1, the data present a snapshot of the system or sub-system of child protection. The main purpose is to specify priorities for development and the means by which change shall be achieved.

## Section 1

*Recent trends*

*Note: for definitions of terms used below, please see Glossary*

| Name of system | Description (who the system covers, age group, disability etc.) | | |
|---|---|---|---|
| | | | |

| Numbers of children in public care by type of placement | 2001 | 2002 | 2003 |
|---|---|---|---|
| a) Number of children in residential care | | | |
| b) Number of children in foster care | | | |
| c) Number of children in guardianship care | | | |
| d) Percentage of children in public care placed in residential care {a*100/(a+b+c)} | | | |
| e) Rate of children in residential care per 100,000 aged 0-17 | | | |
| f) Rate of children in foster care per 100,000 aged 0-17 | | | |
| g) Rate of children in guardianship care per 100,000 aged 0-17 | | | |
| h) Number of children aged 0-3 in residential care | | | |
| i) Numbers of children in different types of institution (the categories below are used in Russia and should be adapted to those used in the country carrying out the assessment) Infant homes Child homes (orphanages) Homes of family type Child homes-schools Boarding homes/schools of general type Institutions for the disabled | | | |
| j) Number of adoptions Domestic International | | | |
| k) Rate of adoptions per 100,000 aged 0-3 Domestic International | | | |

| Service | Number in previous year | Breakdown by age | | | | |
|---|---|---|---|---|---|---|
| | | Under 3 | 3 to 10 | 11 to 15 | 16 to 17 | 18 and over |
| No. of children entering public care in the previous year (not including transfers from residential care or substitute family care or other forms of public care) | | | | | | |
| First placement of children entering public care in the previous year: Large institutions (over 50 beds) Institutions (16 to 49 beds) Small group homes (under 15 beds) Foster care Guardianship care Lodgings Others (specify) | | | | | | |
| No. of children leaving public care in the previous year (not including transfers to residential care or substitute family care or other forms of public care) | | | | | | |
| Of which Children leaving to go to domestic adoption Children going to international adoption Children leaving to return to parents/extended family Children leaving to live independently Runaways Children dying Others (specify) | | | | | | |

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| Service | Number on agreed census date | Breakdown by age | | | | |
|---|---|---|---|---|---|---|
| | | Under 3 | 3 to 10 | 11 to 15 | 16 to 17 | 18 and over |
| No. of children in public care | | | | | | |
| Large institutions (over 50 beds) | | | | | | |
| Institutions (16 to 49 beds) | | | | | | |
| Small group homes (under 15 beds) | | | | | | |
| Foster care | | | | | | |
| Guardianship care | | | | | | |
| Lodgings | | | | | | |
| Others (specify) | | | | | | |

| Service | Number in previous year | Breakdown by total time in care | | | |
|---|---|---|---|---|---|
| | | Under 3 months | 3 to 12 months | 1 to 4 years | 15 years and over |
| Total children leaving care | | | | | |
| Of which<br>Children leaving to go to domestic adoption<br>Children going to international adoption<br>Children leaving to return to parents/ extended family<br>Children leaving to live independently<br>Runaways<br>Children dying<br>Others (specify) | | | | | |

| Community-based services | 2001 | 2002 | 2003 |
|---|---|---|---|
| a) Respite care in residential care | | | |
| b) Respite care in foster families | | | |
| c) Social work / counseling | | | |
| d) Day care | | | |
| e) Nurseries | | | |
| f) Day Hospital | | | |
| g) Day Special School | | | |
| h) Others (specify)<br>i)<br>j)<br>k)<br>l)<br>m) | | | |

*Description of current services*

| Describe amount and type of services in institutional sector, non-institutional placements and community services |
|---|
| |

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Toolkit

Survey of services

**Residential care**

| Service | Number of institutions | Number of places |
|---|---|---|
| Large institutions (over 50 beds) | | |
| Institutions (16 to 49 beds) | | |
| Small group homes (under 15 beds) | | |
| Non-institutional placements in care | | |
| Is there a range of non-institutional options for placing a child?    Yes/No | | |

| Service | Number families/establishments | Number of places |
|---|---|---|
| Foster care | | |
| Guardianship care | | |
| Lodgings | | |
| Other (specify) | | |

**Community-based services**

| Is there a range of community-based options for supporting a child? | Everywhere in country ☐    In some areas ☐    Not at all ☐ | |
|---|---|---|
| Service | Number of institutions/teams | Number of places |
| Respite care in residential care | | |
| Respite care in foster families | | |
| Social work / counseling | | |
| Family centres | | |
| Day care | | |
| Nurseries | | |
| Day hospital | | |
| Day special school | | |
| Others (specify) | | |

**Section 2**

| Information on key areas of gatekeeping system | | |
|---|---|---|
| Agency to coordinate and carry out gatekeeping (section relates to Tool 3) | | |
| Is there a single body responsible for assessments and reviews of children? Yes/No | | |
| Which client groups are covered and what agencies/ministries are involved? | | |
| Policy | | |
| Is there a clear policy statement on the intention to reduce rates of institutional care? Yes/No | | |
| Does it clarify the agency's role? | | |
| Is it well publicized and promoted? | | |
| Powers and duties of the agency | Responsibilities in this area? | How do they work in practice? |
| a) Assessment, Monitoring and Review | | |
| b) Purchasing and Providing Services | | |
| c) Developing and Planning Services | | |

| Resources | Does the agency have these? | Are resources adequate? |
|---|---|---|
| Budgets | | |
| Trained staff | | |
| Managers | | |
| Administrators | | |
| Equipment | | |
| Buildings | | |

**Coordination of national responsibilities**

Are there arrangements to coordinate national responsibilities? Yes/No

| What are they? | |
|---|---|
| How do they work in practice? | |

**Standards and practice guidance**

Are there standards for the agency's role in gatekeeping? Yes/No

| What do they cover? | |
|---|---|
| How do they work in practice? | |

Is there practice guidance on gatekeeping for the agency's staff? Yes/No

| What does it cover? | |
|---|---|
| How does it work in practice? | |

**Range of Services (section relates to Tool 4)**

**Planning targeted services**

Is there a legal framework for planning services for children? Yes/No

| What does it cover? | |
|---|---|
| How does it work in practice? | |

**Targeted services**

Is there a legal framework to ensure services are targeted for the purpose of gatekeeping? Yes/No

| What does it cover? | |
|---|---|
| How does it work in practice? | |

Are there standards to ensure services are targeted for the purpose of gatekeeping? Yes/No

| What do they cover? | |
|---|---|
| How do they work in practice? | |

Is there training for staff to ensure services are targeted for the purpose of gatekeeping? Yes/No

| What does it cover? | |
|---|---|
| How does it work in practice? | |

**Mixed economy of services**

Does the law encourage a mixed economy of services? Yes/No

| What does it cover? | |
|---|---|
| How does it work in practice? | |

**Family Involvement**

Does the law encourage the involvement of families with children in care? Yes/No

| How does it encourage contact with parents/family? | |
|---|---|

| | |
|---|---|
| How does this work in practice? | |
| How does it encourage participation in decisions by parents/family? | |
| How does this work in practice? | |
| Are there standards/practice guidance to ensure involvement of families with children in care? Yes/No | |
| What do they cover? | |
| How do they work in practice? | |
| Does the law encourage guardianship care? Yes/No | |
| How does it encourage guardianship care? | |
| How does this work in practice? | |
| Pilot projects | |
| Are there pilot projects on gatekeeping? Yes/No | |
| Describe the projects | |
| How do they work in practice? | |

| | |
|---|---|
| Is there legislation to establish powers and duties to promote effective gatekeeping? Yes/No | |
| What laws and secondary regulations apply? | |
| Does the law ensure that no child enters care without an assessment except in an emergency? Yes/No | |
| Does the law cover both children entering care through abandonment or at the request of a parent and those removed by the state for their protection | |
| How does this work in practice? | |
| Does the law provide a duty to carry out an assessment where children enter care in an emergency? Yes/No | |
| Does the law cover both the timescales for an assessment following an emergency entrance to care; stipulate timescales for a decision whether to admit the child permanently and a process for decision-making | |
| How does this work in practice? | |
| Are there legal criteria for service provision?   Yes ☐    For some services ☐    No ☐ | |
| What laws and secondary regulations apply and what do they cover? | |
| Does the law ensure that service allocation is based on the needs of children?<br>Yes ☐    For some services ☐    No ☐ | |
| What services require assessment of needs? | |
| What services are based on entitlement? | |
| How does service allocation operate in practice? | |
| Does the law ensure that children and parents have a right to challenge a decision about service allocation?<br>Yes ☐    For some services ☐    No ☐ | |
| How does this power operate in practice (e.g. frequency of use) | |
| Does the law provide a framework for multi-disciplinary assessment?    Yes ☐    For some services ☐    No ☐ | |
| How does multi-disciplinary assessment operate in practice? | |
| Is there a framework and procedures for assessment?  National Framework ☐ Policy and practice guidance ☐ Nothing ☐ | |

| | |
|---|---|
| Describe the framework for assessment | |
| How does this operate in practice? | |
| Is there a framework for development of a competent workforce to carry out assessments? Yes ☐ To some extent ☐ No ☐ | |
| Describe the framework for staff development | |
| How does this operate in practice? | |
| Is there a nationally agreed professional qualification to carry out assessment? Yes ☐ For some services ☐ No ☐ | |
| Does it cover core areas including those listed in Tool 5? | |
| Is this effectively implemented through, for example, licensing or regulations? | |
| Is there a route to acquire professional qualification and entry requirements to carry out assessment? Yes ☐ To some extent ☐ No ☐ | |
| Is there sufficient capacity to provide the necessary training? | |
| How does this operate in practice? | |
| Are there opportunities for post-qualification training to carry out assessment? Yes ☐ To some extent ☐ No ☐ | |
| Is there sufficient capacity to provide the necessary training? | |
| Describe where specific training is required for specialist responsibilities such as taking a child into care | |
| How does this operate in practice? | |

| Key issues on an information system for gatekeeping (section relates to Tool 7 and Tool 12) | | |
|---|---|---|

**Is there an information system for gatekeeping? Yes/No**

| Does it provide information on the following key issues: | | How does the system work in practice? |
|---|---|---|
| Who uses community-based family support services? | Yes/No | |
| What are the reasons for requesting services? | Yes/No | |
| What services are provided? | Yes/No | |
| What is the outcome for children? | Yes/No | |
| Is the system well designed? | Yes/No | |
| Does it deal with the following issues: | | How does this work in practice? |
| Data protection? | Yes/No | |
| Are data items well defined and categorized? | Yes/No | |
| Is the data necessary and sufficient? | Yes/No | |
| Is there effective data analysis? | Yes/No | |
| Is there both local and national analysis? | Yes/No | How does data analysis work in practice? |
| Are staff adequately trained? | Yes/No | |
| Is there effective feedback of outputs? | Yes/No | |

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**Toolkit**

# TOOL 3 Checklist for an agency to coordinate and carry out gatekeeping – national level

## Introduction

In carrying out a policy of gatekeeping, central government needs to create a local-level agency to carry out basic gatekeeping functions. Such an agency will be responsible for coordinating the assessment of the child's situation and providing the most appropriate and sufficient services so that he or she is supported to remain at home wherever possible. The process of assessment is complex and requires an organizational structure to employ staff to carry out assessments, to provide or purchase services, to keep records and to review plans for children.

In most countries the agency is the responsibility of local government, thus giving it a place in the local democratic structure which in turn helps to ensure local accountability. The role of central government is to define the mandate of the agency in law, to make arrangements for monitoring its operation via inspection and other quality control mechanisms and to identify reciprocal responsibilities between central government and the local agency.

## Purpose of tool

This tool covers key points to be considered when setting up an agency to carry out gatekeeping. It covers:
- powers and duties
- policy
- resources
- coordination of national responsibilities
- standards and practice guidance.

## Powers and duties

The agency must have a clear remit to carry out its gatekeeping role. Key areas in which powers are required include the following:

### a) Placement of children in care

This concerns the Agency responsible for the decision to place a child in and return a child home from care. In many transitional economies responsibility for admission to or exit from institutions rests with the head of the institution or within the responsible ministry and children are placed in a range of institutions within the remit of different ministries. The Agency, or an independent tribunal, needs clear responsibility for

the decision to place children in care. Some countries promote gatekeeping by placing the responsibility for the decision to take a child into care with a tribunal or court. However, such an approach means that children in care are all subject to legal requirements and introduces added difficulties in removing children from care orders and slows down decision-making. This constitutes a less attractive approach. Most, but not all, countries with established systems reserve tribunals for those children where compulsory powers are needed to protect children and leave decision-making on voluntary entry to care to the Agency and parents.

This also concerns the need to move to services being allocated according to the child's best interests rather than through entitlement because of a particular status. For example, in some countries single parents still have the right to place their child in care and this right needs to be replaced with a duty for parents to bring up their own children unless the child's best interests can only be served by placement in care.

### b) Assessment, monitoring and review

Concerns the Agency responsible for assessment, monitoring and review of children receiving services (including residential services). The agency needs to have responsibility for assessing what services are appropriate and reviewing services in order, for example, to rehabilitate children from institutions. The framework for needs-based decision-making based on assessment is covered in Tools 5 and 11.

### c) Purchase and provision of services

In addition to assessment and review the Agency must be empowered to provide or purchase services. In most OECD countries, services are provided by a mixture of state agencies, NGOs and private-sector providers. The Agency contracts for services and may set up a commissioning system as described in the Concept Paper on *Redirecting Resources to Community-based Outcomes* (Fox and Gotestam, 2003). In order to avoid perverse incentives to place children in institutions it is important that the agency budget covers the true costs of residential and community-based services.

### d) Developing and planning services

The range of services needed by the Agency will vary

from area to area. For example, rural and urban areas may have very different needs profiles and require different services. Tool 14 provides a checklist for a planning process and Tool 13 presents a sample template for collecting information for needs-based planning of services. Examples of legal frameworks for the power of Agencies to plan services are given in Tool 6.

## Policy

This concerns the need for a clear policy statement from Government, expressing its intentions to strengthen family support and reduce the use of institutional care and clarifying the Agency's role in promoting community-based services to provide alternative ways to promote the child's best interests.

## Resources

The Agency must have the following necessary resources to carry out gatekeeping:
- budgets to cover the agency's revenue and capital expenditure and to provide or purchase services
- trained staff to carry out assessments and case management
- managers to supervise staff and services
- administrators
- equipment
- buildings.

Where the agency is successful in reducing the use of institutional care it can transfer resources to community-based services. The Toolkit on Redirecting Resources to Community Based Services provides methodological support to help implement the reform of a system financing social care consistent with gatekeeping.

## Coordination of national responsibilities

The development of a strategy to introduce gatekeeping requires coordination between the large number of ministries and agencies involved in the child protection system. It also requires clear leadership to face the high number of changes needed in this complex area. This includes the need for ministries to have a clear understanding of their respective roles and responsibilities avoiding overlaps. This requires an inter-agency framework for services for children; mechanisms to

resolve problems and conflicts over responsibility and accountability; agreements on joint work, information sharing and training issues. In particular, ministries and agencies need to develop mechanisms to transfer resources from the institutional sector into community-based family support.

Whilst having a single central government ministry to promote reform of child protection is not necessary for this coordination, a number of countries have taken this approach as part of their reform strategy. Bulgaria, Latvia and Romania for example, have all developed structures at the central government level to oversee the reform of their national childcare systems. In Latvia, the Ministry of Welfare is responsible for all welfare and social assistance matters including child protection. By contrast, Bulgaria and Romania have a central agency responsible solely for child protection.

Irrespective of whether this is carried out through a single agency, a ministry or other forms of coordination, a crucial requirement for gatekeeping is to coordinate planning and strategy by all ministries involved in providing services to children. This should include the following:
- the development of a strategy which specifies the responsibility for its implementation by each of the ministries involved in the child protection system
- the development of a legal system to promote gatekeeping
- the coordination of standards, procedures and services to promote gatekeeping, including work to ensure that overlapping services are coordinated and work in cooperation to promote gatekeeping
- the piloting of strategies to transfer resources from the institutional sector to the community-based services
- the development of training and staff development focused on gatekeeping.

## Standards and practice guidance

The Agency will need clear standards for its operation. The toolkit *Improving Standards of Child Protection Services in ECA Countries* provides details of how to develop standards for services. In developing standards consideration should be given to the quality of assessment and review, the range of services, and arrangements for participation of users and carers.

# Appendix: Examples of central government structures in the ECA region

Bulgaria, Latvia and Romania have all developed central government structures to oversee the reform of their national child welfare systems. In Latvia the Ministry of Welfare is responsible for all welfare and social assistance matters including child protection, and Bulgaria and Romania have a central agency with sole responsibility for child protection. The following extracts give examples of the remits of these bodies.

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### A State Agency for Child Protection, Bulgaria

**Art. 17**.(1) The State Agency for Child Protection, referred to as "the Agency", is a specialized body under the aegis of the Council of Ministers in charge of the governance, co-ordination and control of child protection activities.

(2) The State Agency for Child Protection is a legal entity financed by state budget funds, and based in the city of Sofia.

(3) The Agency is governed and represented by a Chairperson, who shall be nominated through a Council of Ministers' ruling and shall be appointed by the Prime Minister.

(4) A Deputy Chair, appointed by the Prime Minister, shall assist the activities of the Agency Chairperson.

(5) The Agency's activities, structure, organization and staff shall be determined by a Regulation, adopted by the Council of Ministers upon recommendation of the Chairperson.

(6) The Agency Chairperson shall on an annual basis submit to the Council of Ministers a report on the Agency's activities.

**Art. 19**. The State Agency for Child Protection shall:

1. organize and co-ordinate the implementation of child protection state policies;

2. prepare and implement national and regional programs to ensure child protection by providing the necessary financial resources and allocating this amongst the child protection departments;

3. propose to the Council of Ministers and take part in the deliberations of draft legislative acts in the field of child protection;

4. provide methodological guidance and control the municipal social assistance services in their child protection activities;

5. encourage child protection activities of not-for-profit legal entities;

6. organize and conduct scientific research and educational activities in the field of child protection;

7. perform international cooperation activities;

8. develop and maintain a national information system on:

a) children in need of special protection;

b) children eligible for adoption;

c) specialized institutions;

d) not-for-profit legal entities, working on child protection programmes;

e) other data relevant to child protection.

Source: *Bulgarian Child Protection Act, 2000*

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## The Ministry of Welfare, Latvia

The Ministry is responsible for setting up a democratic, stable, responsible and viable social protection system, to protect each person's socio-economic rights and health.

Its task is to establish the state social security policy and elaborate and introduce legislation to implement such a policy:

1. To elaborate national policy in the field of social security and health protection.
2. To manage and resolve by political, economic and legal measures:
   - social insurance, social care and social assistance issues,
   - health care and protection, as well as public health and medicine-related issues,
   - problems related to labour and labour safety, employment and unemployment.
3. To formulate a national demographic policy and coordinate its implementation, to promote coordination of the national social safety legislation, and its harmonization in compliance with the European Council and European Union document requirements.

To ensure the implementation of the legal requirements stipulated in "On budget and financial management" in relation to drafting and submission of the state budget, as well as fulfillment of the budget and control of efficient and economic utilization of the budget resources.

Source: *Ministry of Welfare website http://www.lm.gov.lv/english/ministry/mission.html*

## The NAPCA Mission, Romania

2.1. Established by Emergency Ordinance No.12/2001, the National Authority for the Protection of the Child and Adoption (NAPCA) is the government's specialized body providing methodological co-ordination for child protection activities. Its main responsibility is to draft, coordinate, and monitor the policies in the field. To achieve these ends, the NAPCA has adopted and promoted the provisions contained in the international treaties and conventions defining its own domain, starting out from: the Universal Declaration of Human Rights, the UN Convention on the Rights of the Child, the Convention on the Protection of Children and on Cooperation in the Field of International Adoption, concluded in the Hague

2.2. NAPCA has the following functions:

- *a strategic function*, to perform the substantiation, drafting, and implementation of the reform strategy and programmes in the domain of the protection of the child and adoption;
- *a regulatory function*, to establish the necessary regulatory framework in order to achieve the objectives and programmes formulated;
- *an administrative function*, to perform the management of the public and private property of the state, as well as the management of the public services in the field of the protection of children in difficulty;
- *a representation function*, to provide internal and external representation on behalf of the Romanian state;
- *a state authority function*, to monitor the implementation of regulations within its field of competence, to supervise the adequate implementation of those regulations and the activity of the institutions and bodies that operate under its coordination or authority.

2.3. The main purpose of NAPCA intervention in the implementation of policies and strategies concerning child protection is the promotion, observance, and securing of all the rights of the child, as they are mentioned in the UN Convention, in the context of the full range of human rights and fundamental freedoms. Another goal is to grant children the status of partners in the decision-making process in order to improve their overall quality of life.

2.4. *National programs* are a category of concrete instruments used to implement, orient, perform and supervise reform. They represent modalities in which state budget resources can be used to co-finance activities for the protection of children at a local level. The government, through NAPCA, supervises how funds allocated to these programs are spent.

2.5. In order to achieve this, an important step is to formulate the operational objectives that need to be met in terms of the rights and liberties stipulated in the international norms ratified by Romania, in a complete and complex national legal norm, that should include the following:

a) measures to guarantee the effective exercise and full realization of children's rights and freedoms, and the promotion of those rights and freedoms;
b) the public and private actors with responsibilities in the drafting of the above-mentioned measures, and their implementation;
c) the system to monitor/assess how the measures mentioned under item (a), and respectively the activities of the actors under item (b) are implemented, in a manner that should allow their continuous improvement.

Source: *Government Strategy Concerning the Protection of the Child in Difficulty (2001–2004)*

# Tool 4 Checklist for a range of services – national level

## Introduction

The Convention on the Rights of the Child confirms the universally growing awareness that the state needs to support and assist children and families primarily and wherever possible in their own living environment. For poverty-stricken, socially excluded and vulnerable parents, institutions may appear to be a good way to solve their problems. The institution will take care of the children who will receive food, shelter and can perhaps attend school or receive medical treatment – a burden of expense that would otherwise have to be met by their parents. In a desperate situation, due to poverty, ill health or other causes, placing one or more children in care may seem a good solution, but institutional life deprives children of their right to grow up in a family environment and for many children in the ECA region it provides very poor quality care.

A key factor in developing a gatekeeping system is to have a range of services to provide help and support to families in their own homes and communities and, where a child's best interests are served by placing them in care, a range of substitute care placements able to provide care in a family environment and promote an early return to family and community. However, many attempts to provide alternatives to entry to care fail because the new service introduced does not replace the old one; the new service finds a new group of users or the old institutions find new clients. For effective gatekeeping it is necessary to develop targeted services within a system of gatekeeping.

## Purpose of the tool

This tool aims to provide information on the key tasks for a government trying to ensure that a range of services is developed specifically for gatekeeping. It covers a range of issues including the need to:
- plan local services
- make arrangements for targeting services
- involve non-state providers in a mixed economy of care
- involve families
- develop pilot projects.

## Planning local services

This concerns how, in developing a gatekeeping system, the particular range of services required will depend on the needs of children and families in their local communities. The range of services will differ, for example, between rural and urban areas. At national level it is not necessary to specify the services which must be available in each locality although minimum standards may be given. Instead, a framework is needed to ensure that an appropriate range of services is developed in each locality. This framework should include duties for the Agency to provide or purchase services and to carry out planning based on an assessment of the current operation of the child protection system.

Whilst there is usually access to the administrative reasons for admitting children to care, gatekeeping requires a strategy based on more detailed information about who enters care, how long they remain, and why and how they leave. This will need a study of the operation of the system: Tool 14 gives a remit for a planning process and Tool 12 gives a sample template for a study of needs-based planning of services. Examples of legal frameworks for the power of Agencies to plan services are given in Tool 6 of this toolkit.

## Targeted services

This concerns the need for the range of services to be targeted on key decisional points in the child protection system. Service provision follows the request or referral of a child to be placed in care and includes the decisions made at reviews of children in care. Targeting services means that:
- the services are designed to provide direct responses to the problems that have previously led children to enter care. The study which forms part of the planning process (Tool 12) will allow services of this kind to be developed
- criteria for allocation are clear and relate directly to the reasons children would otherwise enter care
- they prevent entry or promote quicker rehabilitation from care
- the child protection system is carefully monitored to ensure the effectiveness of targeting.

Targeting can be promoted by national priorities laid out in the strategy for gatekeeping, laws and regulations, by practice guidance, standards, and training for managers and practitioners. In addition, careful monitoring of the operation of agencies in different

localities can help identify good practice and areas for change. Tool 7 provides details on national information systems.

## Mixed economy of services

This is concerned with identifying who should provide the range of services. Social work services in transition economies are often financed on an input basis, and public financing is restricted to public providers - usually large institutions which do a poor job of providing care. However, in many transition economies NGOs are increasingly involved in providing services alongside the state sector. Likewise, in most OECD countries service providers include not only the state but also NGOs and the private sector. The extent of involvement of the non-state sector varies between countries and the particular type of service. In Sweden, for example, the private sector plays a major role in service provision and in Belgium most child protection services are provided by NGOs. However, in almost all OECD countries the NGO and private sector play an increasing role in service provision.

A mixed economy of services promotes a more flexible adaptation and services provided in the non-state sector are often closer to users and their parents and encourage competition. The Concept Paper and Toolkit on *Redirecting Resources to Community Based Outcomes* (Fox and Gotestam, 2003) gives details of how to set up systems to purchase services and develop a mixed economy. Where a mixed economy of services is being produced as part of a gatekeeping strategy the following issues need to be addressed:

- ensuring that services focus on alternatives to care
- ensuring that services are accessed via the gatekeeping decision-making system
- promoting transfer of funding from the institutional sector to community-based services.

## Involving children and families

The CRC places a duty on the state to ensure that children participate in all decisions regarding them. To ensure that children who are able to contribute are encouraged to do so the state should provide guidance and promote the use of child advocates and child rights officers or Ombudsmen to monitor gatekeeping.

This also concerns how the role of a child's parents and family is crucial to effective gatekeeping. Whilst for a small number of children the aim may be for the child to receive permanent care such as adoption, in most cases children should be able to live with their own parents or family. Legislation, practice guidance, standards and strategy statements need to reinforce this key role. For example, research indicates that increased family contact for children in care increases their chances of rehabilitation and requirements for this can be written into legislation. Similarly, practice guidance can help promote the use of extended families to provide accommodation for children as an alternative to entry into care where parents are unable to look after a child.

## Pilot projects

This concerns the use of pilot projects to promote gatekeeping. In many countries pilots have been used to develop new services such as foster care. Irrespective of whether these pilots are feasible or not, pilot services for gatekeeping need to focus on the whole system. A pilot will need to develop services based on a detailed understanding of the current reasons for entry to care and needs in the local community and through some sort of planning process. It will need to address the targeting of services and the decision-making processes in the child protection system. In fact, it will need to address the issues in all of the tools regarding gatekeeping at the local level.

# Tool 5 Checklist of key issues in assessment – national level

## Introduction

The accompanying Concept Paper argued that effective assessment of child and family needs by individual skilled practitioners constitutes an essential element in a strategy to bring about a better fit between needs and services for vulnerable children in the CEE. In this way, skilled assessment can also play a major part in the re-balancing between institutional care and community-based family support services.

The Concept Paper highlighted the relationship between assessment and gatekeeping, and suggested that the gatekeeping role in assessment should incorporate a number of elements:

- ensuring that services are only provided to those who need them
- ensuring that there is a serious effort to link up the level of need with the extent of services provided
- ensuring that the analysis of need builds in clear specification of the duration of services, their type and for whom they are intended
- taking into account best value principles when planning the services, based on needs assessments
- specifying timescales when services are provided that reflect the analysis of need
- assessing, reviewing and evaluating need to be conceptualized as part of an integrated, continuous process
- assessing the needs of individual children for direct use in generating aggregated data for management purposes and to assist in service planning.

These tasks demand a framework for social work decision-making that focuses on assessment and also requires skilled practitioners with professional expertise, values and skills to carry out the assessment and review tasks.

This Toolkit examines a range of issues that must be considered at the national level to ensure that there is a cadre of skilled staff able to carry out effective assessments that focus on gatekeeping functions. Before more detailed consideration of the various issues, we first present a short checklist covering the range of matters that need to be considered at national level:

- Is legislation in place that authorizes specified personnel to undertake assessments and reviews and specifies their powers and duties?
- Do legislation and policy set out the objectives of service delivery for vulnerable children and families in a way that supports effective gatekeeping?
- Should there be a national framework for social work assessment or should it be left to the local level?
- What organizational arrangements are needed to support effective assessment of children in need of protection and family support?
- What kinds of departmental structures and procedures best promote the process of assessment and gatekeeping?
- What steps are needed to achieve a competent workforce?
- Are training support programmes in place?

These issues will be discussed by raising a series of questions for consideration under each header.

## Powers and duties to carry out assessments promoting effective gatekeeping

The right and duty to carry out assessments of vulnerable children and their families needs to be laid down in law. The law needs to specify who has powers to carry out assessments, under what circumstances, and against what criteria and with what consequences. In short, the personnel who conduct assessments require a legal mandate to underpin their roles and responsibilities which build in clear accountability mechanisms.

Where a parent requests that a child should enter care the law needs to ensure that the child and family situation is properly assessed and that community-based alternatives are considered before any decision to place the child in care is taken. This means that legislation which gives, for example, single parents the right to place a child in care will need to be changed (particularly as such a right does not place the child's best interests as the primary consideration as required by the UN Convention on the Rights of the Child). It also requires that the decision-making process for entry to institutions should guarantee an assessment by the agency coordinating assessment (see Tool 3), and that admission should only take place on the recommendation of the agency or by order of a court or commission responsible for making this decision on the basis of an assessment.

The law needs to distinguish between different

types of assessment and to clarify the nature and extent of professional responsibilities. Some assessments will need to be conducted against parental wishes, and sometimes as an emergency. The law needs to determine who is authorized to enter a private home against parental wishes. In English law, for example, child and family social workers cannot enter a house against the parent's wishes without an accompanying police officer. The legislation also authorizes police powers to carry out limited assessments of children found on the streets and sets limits on the length of time a child can be held by police before being referred to the social services. The law establishes a duty for other agencies such as health, education and housing authorities to assist in the assessment task in specified circumstances and in providing services so as to meet the statutory requirement of promoting and safeguarding child welfare. This obligation is intended to promote corporate responsibility and is based on the recognition that meeting children's needs may require the assistance of a range of agencies. The question is therefore whether relevant childcare legislation tries to harmonize the inter-agency framework to ensure a more unified, better coordinated response.

Another important consideration is whether the legal framework makes provision for an independent second opinion in specified circumstances. This is particularly important in cases where child removal against parental wishes via a court order is envisaged because of the serious consequences to child, family and state. In England, this function is performed by personnel with a social work background who are required to provide an independent report to help courts decide whether or not a care order is needed and whether the social service plans will safeguard and promote the child's well-being. Known as guardians *ad litem*, these personnel are not part of the social services and they must talk independently with the child (if old enough), the parents and social service personnel and may instruct their own lawyers. The gatekeeping function is therefore achieved by means of an independent system of verification using staff who are empowered to challenge the recommendations of the social services and determine whether the child's needs could be met in a different way. These personnel have no on-going role in the case.

In short, distinctions need to be drawn between the different kinds of assessments, the personnel authorized to carry out those assessments, and the legally ratified inter-agency arrangements to establish respective powers and duties.

## Legal criteria for service provision

The purpose of assessment is to decide whether or not the child and/or his family need services to help promote and safeguard well-being. The outcome of the assessment will be a decision to provide services or to determine that they are not needed. If it is decided that they are needed, the assessment should specify the type of services to be provided, which agency should provide them, and their duration.

The assessment should be based on a set of legal criteria that empower agencies to offer services to vulnerable children and which establish agency duties to do so in specified circumstances. As seen in the Concept Paper, gatekeeping is best achieved by means of:

- broad-based definitions of need to widen access to services and help reduce the risk of family breakdown
- tough-and-narrow criteria for child separation.

A helpful example from English law is the development of a new legal concept of a *child in need* in the Children Act 1989 (see Tool 6). A child is not entitled to any support services unless he or she is deemed 'in need', but the criteria are broad-based. Conversely, the test for an authorization of compulsory removal is set high in the form of proof of significant harm and the requirement for the courts to be satisfied that the social services plan is better than no order being made at all.

The examples presented indicate that the basis for determining whether services should be provided or not is based on a child development model. The test is impairment of development and the existence or likelihood of harm (in child development and functioning across health, welfare, education etc.). This model is closely allied to practitioner working models and directly links assessment to consideration of welfare outcome. It is a very different model from that common in the CEE which designates specific categories of 'poor parenting' as the basis for removal rather than 'child harm'. There are drawbacks and advantages to each model and the one selected will affect the nature and objectives of the assessment task.

The law may wish to prioritize particular categories of vulnerable children for family support services. For example, disabled children may be deemed to be a group whose development is likely to be impaired without the provision of such services.

Consideration should be given to determining whether primary legislation should empower agencies to produce a care plan for each child for whom it has statutory responsibility with delineation of the services to be provided.

Irrespective of whether this option is chosen, legislation needs to set out duties to review plans and services to consider whether or not they continue to meet the child's needs. A related set of questions requiring consideration concerns the rights of children and their parents to participate in reviews and other ways to ensure that they are kept informed of decision-making, the obligations upon carers to attend reviews, and the frequency with which reviews should be carried out.

The statutory requirement to carry out reviews is a way of promoting good gatekeeping because it ensures a formal re-appraisal of earlier decisions. It plays a particularly important role in ensuring that children are re-assessed when they are living in institutional care and that they do not simply drift.

To summarize, the following questions are particularly important in evaluating how far existing legislation fulfils the assessment and gatekeeping functions:

- What entitlements to services are derived from an assessment of need?
- What legal rights does a parent have to challenge a decision made by the professional that the child and his family are not entitled to services?
- What legal rights does a child have to challenge a decision made by the professional?
- What kinds of legal obligations should be placed on other agencies to help carry out assessments of child need (e.g. in health or education) either on a joint or separate basis?

## Should there be a national framework to assess vulnerable children in need of family support and child protection?

It is far more common for detailed formulation of the assessment task to be left to the local level once the legal criteria for entitlement to assessment have been established, and for local agencies to determine how the decisions relating to assessment should be recorded and managed. In this model of devolved responsibility, the local agencies provide training in assessment and decision-making and for training bodies to equip staff to carry out assessments of need before they are licensed to practice.

Another model is for national agencies responsible for family support and child protection to prepare a national framework for assessment with a recording format to assist in the collection and analysis of data by individual practitioners. One advantage of this is that it helps promote consistency and the development of a common language. Another advantage is that it can also be used by government to develop national standards and performance indicators. However, there are also major disadvantages. It can lead to an excessively bureaucratic response needing large forms to cover the different situations found across the country. It can also devalue professional decision-making and lay too much emphasis on form filling and too little on the contextual nature of professional judgement. If this route is taken, it places a responsibility on government to provide funding for training in the framework as well as an obligation to prepare relevant documentation including training materials, videos and specific practice tools. Such a framework is not a substitute for professional judgement and the use of personal discretion.

Whether or not assessment frameworks are pro-duced at the national level, government needs to consider what, if any, policy and practice guidance it should formulate to underpin the assessment functions of local agencies. Policy guidance can help agency staff understand the rationale for assessment and service delivery and focus on gatekeeping functions. Practice tools may be developed at the national level to assist the assessment process and can provide valuable checklists of areas to be covered in an interview. This in turn can be used by supervisory staff to review and evaluate the quality of assessments. In some countries there is considerable interest in trying to develop validated tools to help assess parenting capacity or child difficulties. An example is provided of the Strengths and Difficulties Questionnaire which has been validated and successfully differentiates between children with and without emotional and behavioural difficulties and can be completed quickly and unobtrusively. Another example is a tool to predict when a child is likely to return home from public care. Both these tools are derived from research.

## Towards the development of a competent workforce

### Staff training

Assessment is a skilled task and practitioners need a sound expertise base to make accurate assessments of needs and risk. They need skills to elicit sensitive information from parents and children and a 'value base' which informs assessments taking into account parenting strengths and weakness. They need sound understanding of the agency's remit, of national legislation and government guidance.

The agency remit will determine the range of child situations that practitioners need to be able to assess. Decisions need to be reached at national level on whether, for example, children who commit offences fall within the remit of the child protection agency, and whether children with severe disabilities are dealt with by a social-services type organization. The outcome of these options affects the kind of expertise that needs to be built up within the agency. As a minimum staff will require:

- knowledge of normal child development as a baseline for identifying vulnerability and failure to reach developmental milestones, impairment and harm
- a good understanding of a range of parenting difficulties which can cause significant harm to the child (e.g. parental substance misuse, abusive and neglectful parenting, the impact of poverty on parenting capacity)
- an ability to assess parental strengths and weaknesses, taking account of their personal difficulties and the strengths and weaknesses in the social environment
- a model for assessment that links up children's needs, parenting capacity and opportunities to meet needs
- an ability to communicate effectively with children and young people

- a sound understanding of legal powers and duties relating to vulnerable children and families
- a sound understanding of a range of services to match needs to services
- knowledge of the rights of children, parents and substitute carers.

The ability to carry out effective assessments depends on the presence of staff with a thorough understanding and experience of the areas in question. Two types of professional training are needed. First, staff need to be prepared to enter the social work profession and to acquire the necessary expertise, values and skills to satisfy qualifying standards. In this regard consideration should be given to the following questions:

- Should social work students be required to undertake a pathway devoted to children and families whilst in training? Should they be required to obtain practical experience in a child protection agency to demonstrate practical skills as well as knowledge?
- Should a national curriculum identify specific competences in work with children and families that must be demonstrated before students can successfully obtain a license to practice?
- What kinds of emergency programs can be put in place to build up a suitably trained workforce rapidly?

At national level the task is to establish:

- professional qualifications necessary for practitioners to be authorized to make effective assessments of vulnerable children
- routes to acquire the qualifications and minimum entry requirements (through nationally validated courses, in-house employer based training or apprenticeship models or distance learning)
- opportunities for further training after qualification
- the extent to which specific aspects of the work are perceived as a specialist area requiring extra training (e.g. the power to remove a child from his parents).

## Staff supervision

Practitioners need guidance in conducting assessments and these need to be verified to ensure they meet the agency's accountability procedures. Consideration needs to be given to establishing how and by whom these two functions should be carried out.

## Resources

The primary resource is the need to ensure sufficient numbers of personnel to carry out assessments and reviews and to provide services, whether directly or through commissioning. In this paper we do not propose formula for determining a satisfactory staff-child ratio when dealing with the child population aged 0–19 in a given area. This is best determined at the local level where levels of child and family deprivation and small-scale census information on the categories of vulnerable children in the community can inform planning. This can be supplemented by developing a database of all children in contact with the child protection agency and data on frequency and type of contact with child protection agencies, where available (see Tool 7).

The other key resource is services to support vulnerable children and their families. As indicated in the Concept Paper, a shift from out-of-home care depends on the availability of alternatives. What, if any, should be the responsibility at national level to help promote service development? Some options are set out below:

- specification in legislation of a core of services that must be provided by child protection agencies
- drawing up legislation and arrangements for licensing and inspection of voluntary agencies to ensure that they meet specified standards when undertaking work on behalf of child protection agencies
- developing targets with timescales for increasing the numbers of foster carers, adopters and kinship carers and respite foster carers
- reviewing funding supports to substitute carers to help stimulate provision
- the organization, development and dissemination of 'best practice' competitions between authorities.

## Planning services

Aggregate data of individual assessments can produce useful management information on the nature, extent and pattern of need (see Tool 13). Whilst aggregation will need to take place at local level first, government needs to establish the kinds of information relating to assessment that should be collected centrally to help plan and review child need and services.

# Tool 6 Examples of relevant aspects of gatekeeping in legislation

## Introduction

This tool provides examples of key aspects of gatekeeping which require primary and secondary legislation or regulations for their implementation. It provides examples relating to the United Nations Convention on the Rights of the Child (CRC), entry to care, decision-making based on assessment and reviews of children in state care.

## The UN Convention on the Rights of the Child

The CRC should underpin all work and policy development concerning children. With regard to gatekeeping Article 3 requires that the best interests of the child be a guiding principle in all actions concerning children. This implies that where services are being considered a process of assessment must be in place to determine what the child's best interests are.

> Art. 3
> 1. In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.
> 2. States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.
>
> *Source:* Convention on the Rights of the Child

## Entry to care

### Children Act 1989

Gatekeeping entry to institutions requires that there are criteria for entry to care and a process to assess the best interests of the child before any decision is taken. This example shows how legislation in the United Kingdom provides this type of criteria. These criteria should be understood in the context of the local authority having a duty to support parents by providing services to keep children with their parents or family wherever possible (see section 17 of the Act below)

as well as a duty to return children home as soon as possible. This section gives the local authority not only the duty to prevent children entering care using current services, but also the obligation to ensure that an appropriate range and level of services is provided.

> 17 (1) It shall be the general duty of every local authority –
> (a) to safeguard and promote the welfare of children within their area who are in need; and
> (b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs.
>
> Children Act 1989, 17(1)

There are two main routes for children to enter state care in England. The first is with the agreement of parents (accommodation), and the second is where care is used to protect children and entry requires a legal order. In all cases the local authority has the duty to return the child to parents or family as soon as possible taking into account the best interest of the child.

### Accommodation

> 20. (1) Every local authority shall provide accommodation for any child in need within their area who appears to them to require accommodation as a result of:
> (a) there being no person with parental responsibility for him;
> (b) his being lost or having been abandoned; or
> (c) the person who has been caring for him being prevented (whether or not permanently, and for whatever reason) from providing him with suitable accommodation or care.

The first of the three criteria for the state to provide accommodation is when there is no person with parental responsibility. This is usually when the child is orphaned and no family members have assumed parental responsibility. It does not include 'social orphans'.

The second criterion concerns lost or abandoned children. Abandonment is when there is an adult with parental responsibility but the state cannot locate them. The local authority has a duty in this case to find them and return the child to their care.

The third criterion concerns the parent being prevented from providing suitable accommodation or care. The local authority under other sections of the act has a duty to help the parent care for the child and it is only where this help is insufficient that allowing the child to enter care is considered.

### Care orders

> 31.(1) On the application of any local authority or authorized person, the court may make an order:
> (a) placing the child with respect to whom the application is made in the care of a designated local authority; (…)
> (2) A court may only make a care order or supervision order if it is satisfied-
> (a) that the child concerned is suffering, or is likely to suffer, significant harm; and
> (b) that the harm, or likelihood of harm, is attributable to:
> (i) the care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give to him; or
> (ii) the child's being beyond parental control.

The criteria for placing a child on a care order are given above and the local authority has to prove these criteria in court and also must prove that making an order is necessary to provide the appropriate help. The parent and child can both be legally represented at the court hearing.

### Bulgaria, Child Protection Act

The Bulgarian Child Protection Act provides the legal basis for entry to care. The Act requires all children entering institutions for social reasons to have a court order. The criteria are much stronger than in the UK

> *Legal requirements for children entering care in Bulgaria*
> Art. 25 A child may be placed out-of-home when his or her parents:
> 1. have died, are unknown or have their parents rights divested or limited
> 2. without valid reason permanently fail to provide care for their child
> 3. are in a position of permanent inability to rear their child.
> Out-of-home placement
> Art. 26 (1) The placement of a child with a family of relatives or friends, as well as placement of a child to be reared by a foster family or a specialized institution, shall be done by the court. Until the court makes a ruling, the municipal social assistance service shall provide for a temporary placement by administrative order.
> (2) The request to apply measures under para. 1 shall be submitted to the court by the municipal social assistance service, by the prosecutor or the parent. They shall refer to the regional court, seated in the region of the municipal social assistance service.

as it is necessary to prove *permanent* inability to care – a proposition which must be almost impossible to prove. However, although this legislation is now in place almost none of the children entering care have a care order and the law is effectively ignored.

## Assessment of children in need

The legislation in England and Wales is a good example of this approach to the criteria for service provision. The 1989 Children Act gives a definition of which children should receive social services from the state. This definition covers those children whose needs cannot be met by the services available for all children (education, health etc.) and does not cover social assistance to families (unemployment benefits etc.) which is provided under separate legislation. Social services are provided by the local authority to 'children in need' Defined by the Act as children who are disabled or who require services to achieve or maintain a reasonable standard of health or development. Section 17(1) provides for the duty to provide services (see previous page) and 17(10) gives the definition of children in need:

> 17 (10)… a child shall be taken to be in need if:
> a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;
> b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
> c) he is disabled[1]

Under section 17(1) English local authorities have a general duty to provide a range and level of services appropriate to the children in their area who are 'in need' so as to safeguard and promote their welfare and, so far as is consistent with that aim, promote their upbringing by their families. Local authorities are not expected to meet all individual needs, but are asked to identify the extent of need and then make decisions on the priorities for service provision in their area in the context of that information and their statutory duties. Local authorities should ensure that a range of services is available to meet the extent and nature of need identified within their administrative areas.[2]

Laws in other countries authorize the provision of services based on an assessment of need. For example, §4-4 of the 1992 Child Protection Act in Norway gives a power to provide family support services "when the

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[1]In this definition a child is disabled if blind, deaf or dumb or suffering from a mental disorder or substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed. Finally "development" means physical, intellectual, emotional, social or behavioural development; and "health" means physical or mental health.
[2]See http://www.doh.gov.uk/busguide/childhtm/preface.htm for guidance document for day services.

child, because of conditions in the home or for other reasons, has a particular need for it" (Lurie, 1998). Similarly in Bulgaria the recent Child Protection Act identifies the requirement for municipalities to provide services to children at risk and this is defined as follows:

5. "a child at risk" is a child:
a) who does not have parents or has been permanently deprived of their care;
b) who has become victim of abuse, violence, exploitation or any other inhuman or degrading treatment or punishment either in or out of his or her family;
c) for whom there is a danger of causing damage to his or her physical, mental, moral, intellectual and social development;

d) who is afflicted with mental or physical disabilities and difficult to treat illnesses.

This Act is currently being implemented and an assessment of the implications of this definition cannot be made at present.

## Decision-making based on assessment

Following the 1989 Children Act in the UK the following guidance on assessment was issued. This demonstrates issues which should be taken into account when undertaking an assessment for services. In particular the Children Act has a strong focus on the need for services to be provided in partnership with parents and for the views of children to be taken into account.

*UK Guidance on Assessment*
2.7. Good practice requires that the assessment of need be undertaken in an open way involving those caring for the child, the child and other significant persons. Families with a child in need, whether the need results from family difficulties or the child's circumstances, have a right to receive sympathetic support and sensitive intervention in their family's life. Paragraph 3 of Schedule 2 to the Act provides that "a local authority may assess a child's needs for the purpose of this Act at the same time as any assessment under: the Chronically Sick and Disabled Persons Act 1970; the Education Act 1981; the Disabled Persons (Services, Consultation and Representation) Act 1986; or any other enactment."
2.8. In making an assessment, the local authority should take account of the particular needs of the child, that is, in relation to health, development, disability, education, religious persuasion, racial origin, cultural and linguistic background, the degree (if any) to which these needs are being met by existing services to the family or child and which agencies' services are best suited to the child's needs. In the case of a child with disabilities or a child with a parent with communication difficulties, provision of a sign language interpreter, large print, tape and Braille may be needed to make communication effective. The need for an interpreter should be considered where the family's first language is not English.
2.9. Assessment must identify a way to provide as helpful a guide as possible to the child's needs. Necessary experience and expertise should be provided for in staffing of services and through relationships with other professions and services and with the community.

*Planning a Service for the Individual Child*
2.10. Once a need has been identified a plan for the best service provision will be required. This may simply amount to matching the need with an existing service in the community. Where the local authority has to allocate resources to arrange a service, for example, a family aide for the family or a day nursery place for the child, the plan must identity how long the service may be required, what the objective of the service should be and what else others are expected to do. To be effective this plan should form the basis of an agreement with the parent or other carer and be reviewed at appropriate intervals.

Source: *The Children Act 1989 - Guidance and Regulations*

### Care plans

The UK has a five-section guidance on care plans for children in state care:

*Section 1: Overall aim*
1.1 Aim of the plan and summary of timetable
*Section 2: Child's needs including contact*
2.1 The child's identified needs, including needs arising from race, culture, religion or language, special education, health or disability;
2.2 The extent to which the wishes and views of the child have been obtained and acted upon; and,
2.3 The reasons for supporting this or explanations of why wishes/views have not been given absolute precedence;
2.4 Summary of how those needs might be met;
2.5 Arrangements for, and purpose of contact in meeting the child's needs (specifying contact relationship e.g. parent, step-parent, other family member, former carer, friend, siblings, including those looked after who may have a separate placement); any proposals to restrict or terminate contact.
*Section 3: Views of others*
3.1 The extent to which the wishes and views of the child's parents and anyone else with a sufficient interest

in the child (including representatives of other agencies, current and former carers) have been obtained and acted upon, and

3.2 The reasons for supporting them or explanations of why wishes/views have been given absolute precedence.

_Section 4: Placement details and timetable_

4.1 Proposed placement-type and details (or details of alternative placements);

4.2 Time that is likely to elapse before proposed placement is made;

4.3 Likely duration of placement (or other placement);

4.4 Arrangements for health care (including convent to examination and treatment);

4.5 Arrangements for education (including any pre-school day care/activity);

4.6 Arrangements for reunification (often known as 'rehabilitation') (see also 4.8);

4.7 Other services to be provided to the child;

4.8 Other services to be provided to parents and other family members;

4.9 Details of proposed support services in placement for carers;

4.10 Specific details of the parents' role in day to day arrangements.

_Section 5: Management and support by local authority_

5.1 Who is responsible for implementing the overall plan;

5.2 Who is responsible for implementing specific tasks in the plan;

5.3 Dates of review;

5.4 Contingency plan, if placement breaks down or preferred placement is not available;

5.5 Arrangements for input by parents, the child and others into the ongoing decision-making process;

5.6 Arrangements for notifying the responsible authority of disagreements about the implementation of the care plan or making representations or complaints.

## Reviews of children in state care

The CRC, Art. 25 stipulates that children in state care have a specific right to a periodic review of their treatment.

### Children Act 1989

In the United Kingdom the Children Act lays out the issues that should be covered by regulations in the area of reviewing a child's placement in care.

Art. 25 recognizes the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.

Source: _Convention on the Rights of the Child_

26 (1) The Secretary of State may make regulations requiring the case of each child who is being looked after by a local authority to be reviewed in accordance with the provisions of the regulations.

(2) The regulations may, in particular, make provision for:

(a) the manner in which each case is reviewed;

(b) the considerations which the local authority must take on board when reviewing each case;

(c) the time when each case is first reviewed and the frequency of subsequent reviews;

(d) requiring the authority, before conducting any review, to seek the views of:

    (i) the child;

    (ii) his parents;

    (iii) any person who is not a parent of his but who has parental responsibility for him; and

    (iv) any other person whose views the authority considers relevant, including, in particular, those persons in relation to any particular matter which will be considered in the course of the review;

(e) requiring the authority to consider, in the case of a child who is in their care, whether an application should be made to discharge the care order;

(f) requiring the authority to consider, in the case of a child in accommodation provided by the authority, whether the accommodation accords with the requirements of this Part;

(g) requiring the authority to inform the child, so far as is reasonably practicable, of any steps he may take under this Act;

(h) requiring the authority to make arrangements, including arrangements with such other bodies providing services as it considers appropriate, to implement any decision which they propose to make in the course, or as a result, of the review;

    (i) requiring the authority to notify details of the result of the review and of any decision taken by them in consequence of the review to:

    (i) the child;

    (ii) his parents;

    (iii) any person who is not a parent of his but who has parental responsibility for him; and

    (iv) any other person whom they consider ought to be notified;

(j) requiring the authority to monitor the arrangements which they have made so as to ensure that they comply with regulations.

# Tool 7 Checklist on information systems – national and local level

## Introduction

Sound information systems are a pre-requisite to effective gatekeeping. They provide service planners with a numerical picture of the operation of the system which can be used both at national and local level to:

- monitor how far the system has moved in operating in line with policy objectives
- set targets to bring about changes in the operation of the system
- enable rationing of scarce resources
- provide information on cost-effectiveness
- empower managers and practitioners
- set national and local performance indicators to help generate changes in practice
- enable comparisons to be made between different parts of the country
- form part of a system of incentives and sanctions.

## Purpose of tool

This tool is designed to set out the kinds of information that need to be collected in order to bring about a shift to community-based services and reduce the dependency on institutional care. It provides information on:

- data collection
- data analysis
- using data for service planning.

## Pre-requisites for using management information systems for gatekeeping

*(a) An obligation placed on a national agency to collect data from local agencies and produce regular returns*
National monitoring depends on the availability of staff with statistical expertise working closely with government policy-makers to decide what information needs to be collected. A decision needs to be reached on who should receive the data, the frequency of returns and the form of dissemination. In England for example, statistical returns are published nationally on an annual basis and sent free of charge to local authorities. The data is also available on the government's website. An annual report is prepared by government that evaluates the operation of the legislation and draws on the national statistical returns. This provides a way of tracking over time the operation of the service in the light of government's priorities. This report, also available on the government website, is used to set new priorities and to inform local managers and practitioners and in training both new and experienced staff. The purpose of this national monitoring is to ensure that the gatekeeping strategy is effective; to identify, learn from and disseminate examples of good practice; and to identify areas where remedial action is necessary.

*(b) An obligation on local agencies to collect data and produce regular returns and use the data for local monitoring*
National profiles of the operation of the child protection system are dependent on local agencies providing timely and accurate returns. Administrative staff are needed to collate the information and childcare personnel need to make an accurate record of their decisions on service provision. The national system will be more effective if it can be used at the local level both for local monitoring and to carry out administrative tasks. If the national system can allow users to access their own information at the local level the system will be more likely to be accurate and much duplication of effort can be avoided.

*(c) An appreciation of the importance of collecting reliable information*
The obligations of face to face work with clients in highly pressurized circumstances can make careful recording of decisions for administrative purposes seem a low priority. Child care professionals do not always appreciate the importance of this information. They may also feel distrustful and cynical about its use, especially if it forms part of a system of rewards and sanctions. It is therefore essential to provide staff with training on the rationale for data collection and its use to promote good practice and to help staff have a role in monitoring policy implementation.

## Core data

A useful starting point for deciding on the core data is to draw up a list of questions that a sound management information system *must* address. For gatekeeping this needs to provide extensive information about the decisional process regarding entry to institutional care and community-based services including the assessment, reviewing and termination of services. This can then be used as a checklist against which the effectiveness of any current management information system can be evaluated. New areas for data collection

can then be highlighted and prioritized. It is also useful to examine the UNICEF MONEE database to analyze trends in the use and take up of public care in the CEE. This provides an outline framework but experience has shown that certain kinds of key information are regularly not available. Some of these are listed below:

- flow data on institutional, foster care and adoption
- proportions of children adopted from public care on an annual basis compared to those adopted for other reasons
- reasons for entry into care system and for exits
- duration of care episodes
- frequency of entries and exits to care during the year
- ethnicity of children in the different care options
- data on welfare outcomes, e.g. educational performance, health data
- data on use of community-based services giving information on child and family characteristics, types of services provided, duration etc.

### Key issues that core data must address

The issues which the core data to improve gatekeeping must address are:

**Who uses community-based family support services?** This question can be answered by aggregating data on child and family characteristics of those requesting services.

**What are the reasons for requesting services?** A classification needs to be developed to allow a categorization of need. This is one of the hardest tasks but in the first instance, the profile can emerge from a description of the reasons recorded in the referral.

**What services are provided?** This needs to link a description of the referral and the child and family characteristics to a description of services offered and, separately, to monitor take-up. A classification will need to be drawn up to describe the types of services provided so that the data can be entered into the database. Secondary questions include the duration of service provision, who provided the services, was there a waiting list?, for which services and for how long?

**What is the outcome?** As pointed out in the accompanying Concept Paper, efforts to match services to needs and to link their provision to welfare outcome are in their infancy. In the longer-term, developing a way to measure the outcomes of service delivery is a priority. In the shorter-term, it is vital to be able to provide a picture of what has happened to a child in the child care system starting from their initial referral for family support services.

**Example of core data items.** For the purpose of gatekeeping it is worth considering key decision points and the information that would be helpful to gather at each of these. The following list is indicative of some of the key data but needs to be amended to fit a particular situation. Tool 11 presents an example of a system based on these ideas and the different levels of data collection and the range of information available for gatekeeping:

### Details of child / family

The system should link all episodes of service provision and assessment to child and family details. This should cover basic details of the child including:

- name
- date of birth
- gender
- nationality
- ethnic group
- primary language
- language used at home
- religion
- details of any disability or chronic illness suffered by the child.

The data should have details of the child's family including:

- parents
- grandparents
- siblings
- other significant members.

Finally these details should include:

- address of the child at the point of referral
- permanent address of the child, if different.

### Request for a service or for child to be taken into care

The data to be collected here provide information on the situation of the family and child at the time of request and the initial action taken. Details of the request include:

- reason for request (can be categorized for analysis)
- person making request
- date of request
- person/agency to whom request is made (can be categorized for analysis)
- circumstances at time of request (e.g., whether this is a new-born child physically abandoned in a maternity hospital, a baby brought in by a mother requesting that the child be placed in an institution, a child with learning difficulties requiring school placement, etc. (this can be categorized for analysis).

### Data should cover any emergency action taken

- type of action (e.g. admitted to institution, emergency cash payment, home care worker to provide care for child etc.) which can be categorized for analysis
- reason for emergency action
- date of action
- date emergency service finished
- reason emergency action finished.

### Assessment of child's situation

The data should cover details of any assessment undertaken following the request for service:

- date of start of assessment
- date assessment completed
- recommendation of assessment
- outcome of assessment (e.g. service allocated, waiting list, etc.).

### Court / Commission hearings

The data should cover details of any court or commission involved in decision-making:
- identifier of court/commission
- date referred to court/commission
- date of hearing
- recommendation (type of outcome recommended by agency)
- author of recommendation (including team they belong to)
- decision of court/commission (e.g. care order, supervision order etc.)
- main service given to child/family.

### Review of child's situation

The system needs to provide information on reviews and their outcomes:
- date of review
- parent's involvement in review
- wider family involvement in review
- child's involvement in review
- if in care level of parental contact (e.g. at least monthly face-to-face contact, less frequent face-to-face contact, other forms of contact only, etc.)
- if in care, level of other family contact (e.g. at least monthly face-to-face contact, less frequent face-to-face contact, other forms of contact only, etc.)
- review decision (e.g. change of service, no change to service, return home from care, etc.)
- outcome (e.g. decision implemented, partially implemented, waiting list, etc.).

### Service details

The system needs to provide information on the services provided to the child/family:
- ID of service
- type of service (e.g. foster care, home supervision)
- provider of service
- date commenced
- date finished
- reason finished (e.g. new placement planned, emergency admission to care)
- outcome.

## Designing a system

When designing a new system it is useful to consider the following issues:

### Data protection

The system needs to conform to the data protection laws of the country concerned. This means including the need for data to be protected by encryption and passwords, ensuring that data is checked for accuracy with service users, ensuring that only those with a legitimate need for the data have access to it, and that the data is only used for the purposes that the system was designed for (in this case for developing the gatekeeping system for children's services).

### Trial of system

The system should be experimented in a number of locations to ensure that it works in practice and to gain participation and commitment from front-line staff. The trial may help with the design of data collection forms and with the categorization of data (see below).

### Definition of data items

In deciding what information needs to be collected, it is essential to consider:
- Is the term unambiguous?
- Can the data be collected readily?
- Can it be analyzed without ambiguity?

Sound management systems depend on reliable data and this means that the categories for measurement must be unambiguous. Providing a definition is a good way to ensure that the concept can be operationalized without ambiguity, thus ensuring consistency. Information should not be collected if the concept cannot be operationalized simply.

### Categorizing data items

In some cases data categorization is simple (e.g. gender), but where this is not the case categorization needs to start with a study of possible entries using the trial of the system. For data analysis, categorization often needs to discard some of the complexity of the data item. For example, in a well used information system on child offenders the offence was categorized according to the main offence type (burglary, theft, assault etc.) and the rule for choice of main offence was that, where there were multiple offences, the highest one in the list of offences should be chosen. Whilst this provided a relatively crude measure of the offence committed, it proved adequate for the purposes of data analysis at both local and national level.

### Is the data necessary and sufficient?

Management information systems can be expensive and data can easily proliferate, especially when databases are computerized. It is therefore essential to ensure that all information to be collected is essential to obtaining feedback on the system's operation. The most effective way of evaluating current management information systems and developing new areas for collection is to bring together national planners and

senior managers from local services. This will help ensure that the information is useful, relatively easy to collect and that the process itself is a way of building commitment to the planning process.

### Hardware requirement

Often the information systems require a massive investment in hardware (computers, networks, etc.). Whilst systems can take advantage of this level of technology it is not strictly necessary for effective gatekeeping. For example, in the UK many projects successfully implemented gatekeeping services for young offenders using a database on a standalone computer with only 32 KB of memory and a floppy disk. As long as the system can provide a means to collect and store the necessary data, allow local level actors to analyze it and allow this local level data to be aggregated at national level the actual means by which this is achieved is irrelevant.

### Implementation plans

A new system needs to have a careful plan for implementation. This should include efforts to gain the commitment of front-line staff in the use of the system or the data is likely to be poor quality. Representatives of front-line staff should be involved in developing this plan which should include the following:

- information for staff on the need for the system and its proposed use (including reassurance that its purpose is to monitor the system and not individual actions)
- staff training to cover the basic elements of operating the system
- the design of data collection forms and procedures
- the process for data analysis
- details of how the outputs from the system are to be used for gatekeeping.

## Data analysis

At the national level the information needed is less detailed than that required at the local level where the concern centres on local patterns and individual cases. At the national level data need to be aggregated to give patterns of response so that performance can be compared between local and regional systems.

### National and local analysis

In some systems the data analysis is carried out entirely at the national level. This reduces the commitment of front-line staff and managers to the use of the data and the delays in this approach mean that the system provides little of use to those trying to manage a gatekeeping strategy in practice. Other systems generate a set of standard reports. Whilst some of these may be useful they tend to present more questions than answers for staff trying to adjust their strategy to local variations in outcomes. It is therefore recommended that the system should allow analysis at the local level using a simple interface to allow the generation of *ad hoc* reports and queries.

### Staff training in analysis

Irrespective of how good the information system is, it is important that staff are able to use it at both the local and national level. This means that those operating the system should be trained and able to use the system, and that front-line managers and policy-makers should know how to use the data from the system. Such training need not be extensive but should include exercises in analyzing actual data from the system (see Bilson, 1995). It is suggested that for these groups training in the use of data can usefully cover the following:

- a theoretical framework for gatekeeping and strategic planning
- skills and knowledge of data analysis
- skills in the strategic use of information
- experience of presentation of data to achieve change.

### Feedback and on-going improvement

The data from the monitoring system needs to be used by policy-makers, managers and practitioners to identify strengths and weaknesses in the application of the strategy. A feedback system which is transparent and makes information widely available will reduce fears among staff as will an approach involving staff at all levels in target-setting based on information. The system needs to feed into government priorities and the local system for planning services. For an example of the structure for a system including an analysis of a range of performance measures, see Tool 12.

# TOOL 8 Template for assessment of local child protection system

## Introduction

The tool is designed for use as part of a process of strategic planning to develop gatekeeping at the local level. It consists of a series of questions to pull together existing information in a desktop exercise to assess the current situation of gatekeeping and to provide the information needed to develop an action plan to implement gatekeeping.

The main value of the exercise is to provide:

- an assessment of the nature of the child protection system for which gatekeeping is being considered
- an analysis of the four basic elements of gatekeeping in the current system.

This tool is in two sections. Section 1 provides a numerical snapshot on recent trends in the use of public care and quantifies the share of children cared for residentially or in family type environments. The tool also helps generate a picture of the nature and extent of locally available community-based services for vulnerable children and their families. This information provides the basis for identifying strengths and weaknesses in the current system of gatekeeping and will indicate priorities for development. Whenever gaps are found, this highlights possible weaknesses in current monitoring and evaluation and suggests targets for action.

The numerical data can be used for several purposes including as a basis for developing gatekeeping to achieve the following:

- whole system change
- sub-system change
- to provide comparison with other areas with similar socio-demographic profiles
- to provide comparison with national trends in the take-up of public care

- to provide a one-off snapshot or to monitor trends over time.

Areas may have similar socio-demographic and economic profiles but very different patterns of reliance on institutional care, and this can generate exchange of information and strategy as to how to bring about reform.

Examples of sub-system change are:

- 'abandoned' children
- children in need of protection from violence, injury, abuse etc.
- children with disabilities or special needs (often in hospital care)
- children with special educational needs (there is usually a separate system within the education system)
- children in conflict with the law.[3]

Thus children will be classified according to different issues such as age, type of need and so forth. Each of these systems needs to be analyzed before any actions to reform them can be decided. The strategy may then focus on particular systems or even reform to combine and create new systems.

Section 2 covers the four basic elements in gatekeeping. Many of the questions have been deliberately phrased very generally in order to prompt more detailed consideration of the issues. To enable proper completion of Section 2, reference needs to be made to Tools 6, 8, 9, 10, 11, and 12 and the examples of 'best practice'.

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[3]This Toolkit and the Concept Paper which accompanies it do not focus on services for children in conflict with the law, and whilst the materials may be useful in this area they may also need to be adjusted to deal with the special properties of systems to control such behaviour.

*Recent trends*
*Note: for definitions of terms used in table below, please see Glossary*

| Name of system | Description (who the system covers, age group, disability etc.) |
| --- | --- |
|  |  |

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| Services for children in public care | 2001 | 2002 | 2003 |
|---|---|---|---|
| a) Number of children in residential care | | | |
| b) Numbers of children in foster care | | | |
| c) Number of children in guardianship care | | | |
| d) Percentage of children in public care placed in institutions {a*100/(a+b+c)} | | | |
| e) Rate of children in residential care per 100,000 aged 0-17 | | | |
| f) Rate of children in foster care per 100,000 aged 0-17 | | | |
| g) Rate of children in guardianship care per 100,000 aged 0-17 | | | |
| h) Number of children aged 0-3 in residential care | | | |
| i) Numbers of children in different types of institution (the categories below are used in Russia and should be adapted to those used in the country carrying out the assessment) Infant homes Child homes (orphanages) Homes of family type Child homes-schools Boarding homes/schools of general type Institutions for the disabled | | | |
| j) Number of adoptions Domestic International | | | |
| k) Rate of adoptions per 100,000 aged 0-3 Domestic International | | | |

| Service | Number in previous year | Breakdown by age | | | | |
|---|---|---|---|---|---|---|
| | | Under 3 | 3 to 10 | 11 to 15 | 16 to 17 | 18 and over |
| No. of children entering care in the previous year (not including transfers from residential care or substitute family care or other forms of public care) | | | | | | |
| First placement of children entering public care in the previous year: Large institutions (over 50 beds) Institutions (16 to 49 beds) Small group homes (under 15 beds) Foster care Guardianship care Lodgings Others (specify) | | | | | | |
| No. of children leaving care in the previous year (not including transfers to residential care or substitute family care or other forms of public care) | | | | | | |
| Of which Children leaving to go to domestic adoption Children going to international adoption Children leaving to return to parents/extended family Children leaving to live independently Runaways Children dying Others (specify) | | | | | | |

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| Service | Number in previous year | Breakdown by age | | | | |
|---|---|---|---|---|---|---|
| | | Under 3 | 3 to 10 | 11 to 15 | 16 to 17 | 18 and over |
| No. of children in public care | | | | | | |
| Large institutions (over 50 beds) | | | | | | |
| Institutions (16 to 49 beds) | | | | | | |
| Small group homes (under 15 beds) | | | | | | |
| Foster care | | | | | | |
| Guardianship care | | | | | | |
| Lodgings | | | | | | |
| Others (specify) | | | | | | |

| Service | Number in previous year | Breakdown by total time in care | | | |
|---|---|---|---|---|---|
| | | Under 3 months | 3 to 12 months | 1 to 4 years | 5 years and over |
| Total children leaving care | | | | | |
| Of which<br>Children leaving to go to domestic adoption<br>Children going to international adoption<br>Children leaving to return to parents/ extended family<br>Children leaving to live independently<br>Runaways<br>Children dying<br>Others (specify) | | | | | |

| Services for children in public care | 2001 | 2002 | 2003 |
|---|---|---|---|
| l) Respite care in residential care | | | |
| m) Respite care in foster families | | | |
| n) Social work / counseling | | | |
| o) Day care | | | |
| p) Nurseries | | | |
| q) Day Hospital | | | |
| r) Day Special School | | | |
| s) Others (specify)<br> t)<br>u)<br>v)<br>w)<br>x) | | | |

| *Survey of Services* |
|---|
| Describe amount and type of services in institutional sector, non-institutional placements and community services |
| |

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**Residential care**

| Service | Number of institutions | Number of places |
|---|---|---|
| Large institutions (over 50 beds) | | |
| Institutions (16 to 49 beds) | | |
| Small group homes (under 15 beds) | | |
| Non-institutional placements in care | | |

Is there a range of non-institutional options for placing a child?     Yes/No

| Service | Number families/establishments | Number of places |
|---|---|---|
| Foster care | | |
| Guardianship care | | |
| Lodgings | | |
| Other (specify) | | |

**Community-based services**

| Is there a range of community-based options for supporting a child? | Everywhere in country ☐    In some areas ☐    Not at all ☐ | |
|---|---|---|
| Service | Number of institutions/teams | Number of places |
| Respite care in residential care | | |
| Respite care in foster families | | |
| Social work / counseling | | |
| Day care | | |
| Nurseries | | |
| Day Hospital | | |
| Day Special School | | |
| Others (specify) | | |

## Section 2

| Information on key areas of gatekeeping system | | |
|---|---|---|
| Agency to coordinate and carry out gatekeeping (section relates to Tool 9) | | |
| Is there a single body responsible for assessments and reviews of children? Yes/No | | |
| Which client groups are covered and what agencies/ministries are involved? | | |
| Gatekeeping | | |
| Is there a process to ensure that no child enters care whose needs could be met in the community? Yes/No | | |
| Is there a clear statement of the agency's role in gatekeeping? | Yes/No | How is it implemented in practice? |
| Are there guidelines for staff on preventing unneeded entry to care? | Yes/No | How do they work in practice? |
| Is there induction and other training to promote the gatekeeping role? | Yes/No | Is this comprehensive and useful for staff? |
| Is there a system for monitoring decisions/recommendations to place children in care? Yes/No | | |
| Are decisions vetted by:<br>Manager<br>Case conference<br>Experienced colleague<br>Independent external expert | <br>Yes/No<br>Yes/No<br>Yes/No<br>Yes/No | How is it implemented in practice? |
| Are there individual plans for children in care? Yes/No | | |
| Do plans cover:<br>Parental and family contact<br>Plan to return home<br>Responsibilities of staff for carrying out plan<br>Timescales for actions | <br>Yes/No<br>Yes/No<br>Yes/No<br>Yes/No | How do they work in practice? |

| | | |
|---|---|---|
| Is there regular review of children in care? Yes/No | | |
| Do reviews: | | How do they work in practice? |
| Take sufficient time to discuss issues | Yes/No | |
| Involve parents/family | Yes/No | |
| Involve the child | Yes/No | |
| Does the agency have management structures to promote gatekeeping? Yes/No | | |
| Do these include: | | How do they work in practice? |
| Staff development and training | Yes/No | |
| Case supervision | Yes/No | |
| Case management | Yes/No | |
| A system of case recording | Yes/No | |
| A complaints and appeals system | Yes/No | |
| **A Range of Service (section relates to Tools 10, 13, 14)** | | |
| Is there a planning system to assess the needs of children and families? Yes/No | | |
| Does the planning system: | | How does the system work in practice? |
| Have a database on the needs of children? | Yes/No | |
| Have participation of service users and carers? | Yes/No | |
| Have an inter-agency framework? | Yes/No | |
| Give an opportunity for local agencies to share commitment? | Yes/No | |
| Respond to the needs of children? | Yes/No | |
| Provide for all sections of the community | Yes/No | |
| (including excluded ones)? | Yes/No | |
| Have a clear implementation process? | Yes/No | |
| Is there a mixed economy of care? Yes/No | | |
| Are NGOs involved in providing services? | Yes/No | How does the mixed economy work in practice? |
| Are there private service providers? | Yes/No | |
| Is there a commissioning strategy? | Yes/No | |
| Are services targeted for gatekeeping? Yes/No | | |
| Is there data on the reasons for and circumstances of children entering care? | Yes/No | How does targeting work in practice? |
| Is service allocation targeted on key decision points? | Yes/No | |
| Are criteria for services based on knowledge of reasons for entry to care? | Yes/No | |
| Are families involved in services for children? Yes/No | | |
| Are families involved in planning the child's service? | Yes/No | How does involvement of families work in practice? |
| Do residential services encourage family contact? | Yes/No | |
| Are children placed with families if parents cannot have them? | Yes/No | |
| Is there a system for redirecting resources from institutions to community-based services? Yes/No | | |
| Is there accurate information on the costs of residential care? | Yes/No | How does redirecting resources work in practice? |
| Are residential budgets ring-fenced for transfer? | Yes/No | |
| Is there a retraining process for staff in institutions? | Yes/No | |
| **Key issues on assessment (section relates to Tool 11)** | | |
| Are there referral and assessment systems? Yes/No | | |
| Are services publicized? | Yes/No | How does the system work in practice? |
| Is there a duty system to receive referrals? | Yes/No | |
| Is there a system to deal with emergencies? | Yes/No | |
| Is there a system of second opinions on assessments? | Yes/No | |

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| Are there local policy and procedures on assessment? Yes/No | | |
|---|---|---|
| Do these cover eligibility criteria? Guidance for involvement of other agencies? Policies on involving service users? Case recording? | Yes/No Yes/No Yes/No Yes/No | How do the policies and procedures work in practice? |
| Are there systems of assessment and decision-making? Yes/No | | |
| Do these cover the child's developmental, family's parenting capacity and the environment? Are there care plans for children in care? | Yes/No Yes/No | How does this work in practice? |
| Key issues on information system for gatekeeping (section relates to Tool 7 and Tool 12) | | |
| Is there an information system for gatekeeping? Yes/No | | |
| Does it provide information on the following key issues: Who uses community-based family support services? What are the reasons for requesting services? What services are provided? What is the outcome for children? | Yes/No Yes/No Yes/No Yes/No | How does the system work in practice? |
| Is the system well designed? Yes/No | | |
| Does it deal with the following issues: Data protection? Are data items well defined and categorized? Is the data necessary and sufficient? | Yes/No Yes/No Yes/No | How does this work in practice? |
| Is there effective data analysis? Yes/No | | |
| Is there both local and national analysis? Are staff adequately trained? Is there effective feedback of outputs? | Yes/No Yes/No Yes/No | How does data analysis work in practice? |

# TOOL 9 Checklist for agency to coordinate and carry out gatekeeping – local level

## Introduction

The local agency needs to undertake assessment, monitoring and review of all children receiving services, including residential services. This will ensure that there is a range of targeted services to prevent entry to care and reduce the time children spend there, and will provide or purchase these services for individual children. Gatekeeping also needs to be based on detailed information about children entering care and their careers in care as well as careful on-going monitoring to ensure that it is effective. The agency must provide management systems, policies and procedures at the local level to implement these key responsibilities.

## Purpose of tool

The main purpose of this tool is to stipulate the key duties and arrangements which will enable the local agency to be effective in carrying out gatekeeping. This includes the need to base the gatekeeping strategy on information about the child-care system and the key activities to carry out gatekeeping.

## Information-based strategy

This concerns how gatekeeping strategies need to be based on concrete knowledge about the operation of the care system in need of reform. The information is needed to plan how to intervene, what services to provide, and to furnish a baseline to measure progress. Information is required on entry to care, careers in care, and leaving care.

The starting point for an effective strategy is accurate information on who currently comes into care (age, gender, ethnicity, from which community etc.), what needs do parents think that entry to care will meet for their child(ren), and what needs do children who enter care have and what is the process for their entry (for example, are babies left in maternity hospitals immediately after birth). Tool 13 gives a template for collecting this information for developing a strategy. Once information has been collected one can prioritize the actions needed to prevent entry to care for different groups of children and to target resources on these areas.

In this area the task of the Agency at the local level is to:

- provide systems to collect accurate information

- review gatekeeping arrangements based on information on current performance regularly
- carry out studies of need to inform planning
- support and develop planning arrangements.

## Gatekeeping

This concerns the activities of the agency or agencies needed to implement gatekeeping and includes the following:

**(a) Ensuring that no child enters care whose needs could be met in the community**

This is the key responsibility of the agency and requires that it put arrangements in place to assess children and families where entry to care is being considered. This includes arrangements covering families where parents are requesting that children are taken into care or attempting to abandon children as well as where the child needs protection from abuse or neglect. The particular arrangements will differ according to the circumstances in which decisions are made. The arrangements to ensure proper assessment and help is offered to reduce entry to care need to be based on information about patterns of referrals to care. For example, if the route into care is through maternity hospitals it may be necessary to have social workers working in the wards and in antenatal clinics.

In this area the task of the Agency at the local level is to:

- have a clear statement of the agency's role in gatekeeping
- have guidelines for staff on preventing unneeded entry to care
- have induction and other training to promote the gatekeeping role.

**(b) Monitoring decisions to place children in care**

This concerns the need to ensure that decisions or recommendations to commissions or courts take into account all possibilities for children to remain at home. Where a decision for a child to be placed in care is considered there needs to be a system to obtain a second opinion from a manager, a case conference, experienced colleague or independent external assessor to help to explore other avenues and possibilities.

**(c) Individual plans for all children in care**

This concerns the need to continue to work with chil-

dren in the care system to try to promote rehabilitation. Each child should have a plan which considers the need for contact with parents and family (including siblings in care); work needed to return the child home, the responsibilities of those working with the child, etc. The plan needs to outline who is responsible for what actions and the timescales that actions should take. It is important that this plan is created as soon as possible after entry and that arrangements are made to support family contact (visiting by parents/family, home leave, telephone, letters, etc.) in the early stages of placements, as research shows that patterns of contact are established early and that the chances of early return home diminish the longer the child remains in care.

### (d) Reviews of children in care

This concerns the need to continue to reassess the work with children in the care system and to have active programmes to return children to their own homes and communities wherever this is in their best interests. Reviews should involve parents and other relevant family members, the child (if old enough to participate), and professionals involved with the child. They should always consider whether a return to home or family is feasible as well as looking at any changes in circumstances, the child's health, development and education and checking whether the work outlined in the child's plan has been carried out. Key issues in carrying out reviews are in Tool 5.

### (e) Using information systems to monitor the effects of the gatekeeping strategy

This concerns the use of information systems to continually monitor whether the rate of entry to care is falling and whether children spend less time in care. Information should be kept on who enters care, the reasons and a range of other data items. The information can be checked against the baseline information collected in the template to assess the local child protection system (Tool 8). It can also form the basis for adapting the gatekeeping strategy using indicators such as those outlined in Tool 8.

## Whole system approach

This concerns the need for the gatekeeping strategy to address the whole of the system. Whilst it operates through controlling decision-making in individual cases the strategy has an overview of the operation of the child protection system and wider connected systems. This means that information about changes in

the child protection system, as well as wider connected systems, need to be monitored. For example, a reduction in the numbers of children entering institutions may lead to increases in street children if the community-based services are not properly focused, or the introduction of alternative forms of substitute care such as foster care may increase the overall use of state care rather than reduce it if the institution continues to be available.[4] Good gatekeeping will monitor these trends and make adjustments to services to prevent adverse effects and build on positive ones.

A systemic gatekeeping strategy will also identify key areas for intervention and ensure that decision-making takes these into account. For example, much research has highlighted the fact that children who do not leave care within a short period are likely to remain in care for long periods. Good gatekeeping will introduce reviews for children in this crucial period as well as services targeted on key issues such as family tracing, reunification and contact.

## Management and administrative arrangements

This concerns the need for the agency to have management and administrative arrangements to promote gatekeeping. These include the general management arrangements common to social work agencies such as the need to have systems of case recording and case management able to support social workers in undertaking their work with children and families (for details of case management systems see the Standards Toolkit, Tool 11). These arrangements must focus on ensuring that children receive community-based services wherever this is consistent with their best interests. Likewise, there needs to be a system of staff development and supervision of work to ensure that staff operate within agency standards, develop competence in their work and promote gatekeeping approaches.

The agency also needs to ensure that the assessment and decision-making system is fair and has an appeals and complaints system for children and families (see Tool 5 in the Standards Toolkit).

In this area the task of the Agency at the local level is to have:
- staff development and training
- case supervision
- case management
- a system of case recording
- a complaints and appeals system.

[4]In one country institutions that started to empty advertized for children on the local radio!

# TOOL 10 Checklist for a range of services – local level

## Introduction

The CRC confirms the universally growing awareness that the state needs to support and assist children and families primarily and wherever possible in their own living environment. For poverty-stricken, socially excluded and vulnerable parents, institutions may appear to be a good way to resolve their problems. The institution will take care of children and provide them with food, shelter and may allow them to attend school or receive medical treatment - a burden of expense that would otherwise be met by their parents. In desperate circumstances, due to poverty, ill health or other causes, placing one or more children in state care may seem a good solution, but institutional life deprives children of their right to grow up in a family.

A key factor in developing a gatekeeping system is to have a range of services to provide help and support to families in their own homes and communities and, where a child's best interests are served by placing them in care, a range of substitute care placements able to provide care in a family environment and promote an early return to family and community. However, many attempts to provide alternatives to entry to care fail because the new service introduced does not replace the old one and the new service finds a new group of users or the old institutions find new clients. For effective gatekeeping it is necessary to develop targeted services within a system of gatekeeping.

## Purpose of tool

This tool provides information on the key tasks for a local government trying to ensure that a range of services is developed specifically for gatekeeping. It covers a range of issues including the need to:
- plan local services
- make arrangements for targeting services
- involve non-state providers in a mixed economy of care
- involve families
- develop a whole system approach to gatekeeping.

## Planning

When planning an effective municipal strategy for child protection it is important to have a profile of need and information about the target population. It is therefore necessary to collect information which provides an accurate baseline on the current use of services. Tool 13 gives details of a system to collect information for needs based planning.

The analysis of this baseline data is used to develop and implement a municipal strategy for child protection. Priorities and main service areas can be agreed on in consultation with the different parties involved: parents, young people, service providers, planners and NGOs.

## Mixed economy of care

This concerns the way in which NGOs and the private sector may become involved in contributing to the range of services needed in the locality. The planning process described above leads to the development of a commissioning strategy to promote providers ability to provide services for children as an alternative to going into care. This will help identify how children's needs in the area will be met and the range of services which will be used to do this. The strategy should also identify where there are shortfalls of services and how capacity to provide services can be improved.

## Targeting services

This concerns how the process of referral and decision-making, and the criteria for allocation of services need to be developed to promote gatekeeping. If services are to be effective in replacing the use of institutional care they need to be strategically targeted and their impact monitored. For example, in one area of Romania services to prevent abandonment of children involve the use of a multidisciplinary team including social workers, doctors and a midwife to work with mothers and pregnant women within the maternity hospital where previously many children were abandoned (Voluntiru, 2000).

Criteria for services used as an alternative to care need to be based on a good knowledge of the reasons children enter care and the process should ensure that these services are considered only where the child would otherwise enter care. See Tool 11 for an example of targeting services.

## Involving families

This concerns the contribution that parents and fami-

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lies can make to effective gatekeeping. They should be involved in planning for children. In particular, services for children in care should focus on promoting contact between parents and wider family and the child in care, except where this is clearly not in the best interests of the child (e.g. where the child remains at serious risk of abuse from the parents). This may mean help with transport, ensuring that there is a good place for the child to meet his or her parents, encouraging home leave, providing accommodation for parents who have long journeys to visit their children and so forth.

Similarly, the extended family is often able to provide help and support. Placements of children with their extended family are often more successful at meeting the child's needs than other placements including foster care.

## Redirecting resources

This concerns how a successful gatekeeping strategy will need to deal with the redirection of resources from the residential sector. The effective transfer of funds from institutional care to community-based services needs accurate information on the costs of institutional and community service provision. In addition, budgets need to be 'ring-fenced' in order to develop new services and re-deploy staff into the community before closing the institutions.

Transfer of staff from institutional work to community-based work will require a comprehensive retraining program and not all staff will be suitable or wish to make this change. A cultural as well as a practice shift needs to occur among the staff in order to allow community-based services to develop.

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**Toolkit**

# Tool 11 Checklist for key issues on assessment – local level

This Tool should be read in conjunction with Tool 5 dealing with assessment issues at national level and covers the following issues:

- organizational structures for delivery of effective gatekeeping and assessment at the local level
- referral and assessment systems
- assessing need: initial assessments: reviews and case closure
- recording systems
- complaints procedures.

## Organizational structures for delivering effective gatekeeping and assessment at the local level

Included is a summary checklist of the organizational arrangements to support the effective assessment of vulnerable children (*Source:* DoH, 2000, s. 6.39):

- policies, intra-agency and inter-agency protocols and procedures
- assessment processes
- structures and other processes for referral, planning and provision of services
- recording and management information systems
- training and staff development opportunities for professional staff, trainers, carers and others including administrative staff
- inter-agency training programmes
- quality control/quality assurance systems
- child and family involvement and feedback on the assessment processes
- systems for obtaining feedback on the implementation program and the training programs established on a continuing basis.

This should be used to trigger evaluation of the structures in place in the Agency at local level. Whilst the focus is on assessment in general, all the structures covered apply equally appropriately to assessment for gatekeeping purposes. Some of the issues are covered in this toolkit whilst others are dealt with elsewhere.

## Referral and assessment systems

Agencies need to consider how to organize their referral and assessment procedures and how to ensure that local families understand eligibility criteria and are able to access the agency easily. Sometimes national legislation establishes duties for local agencies to publicize the range of services they provide, the entitlement criteria and provide simply drafted leaflets outlining the range of provision. Publicizing services and entitlement criteria is a good strategy to help widen access and to increase understanding in the local community of entitlement and is a clear way of trying to reach out before problems become entrenched. However, it is important that this kind of measure is done in conjunction with consideration of staffing levels to ensure that there are sufficient resources to respond to calls from the local community. The agency should ensure that its services reflect the needs of children from all sections of the local community.

There can be no blueprint for organizing referral and assessment services but it is common to organize separate teams that focus primarily on referral and assessment duties and deal with short-term cases. Should the assessment team dealing with initial referrals consider that a case requires longer-term work, a referral is made within the agency and the case is re-assessed to see if it meets the criteria for long-term casework. This provides a second tier of assessment and ensures that transfer is not automatic but has a specific purpose.

There also need to be arrangements to handle emergency cases and a duty system to deal with this stream of work. Another key consideration in terms of organizational structure is the use of specialist teams to undertake particular kinds of assessments and case management. For example, adoption work may be organized within the agency as a specialist service. Sometimes the assessment of the needs of disabled children is handled by staff with particular expertise in disability. The advantages of specialization are that it offers a way of accumulating in-depth expertise: the drawbacks are that the service may become cut off from main line provision.

Consideration should be given to setting up internal assessment panels to gatekeep access to out-of-home care (see the Concept Paper for examples). Staff should be required to prepare their arguments to show why out-of-home care is required and to demonstrate that all other alternatives have been considered, particularly if institutional care has been recommended. There should be an obligation in the plan to consider the likelihood of a return home in the shorter or longer term and measures needed to help bring this about

such as contact arrangements; types of services to support parents; prospects for carers working with parents. Panel membership should include expertise in out-of-home care and financial management.

## Local policies and procedures

The Agency should provide written guidance on the systems and procedures sets up to manage the referral and assessment process to ensure consistency including the following:

- eligibility criteria to access family support services and child protection services
- procedures to ensure that inexperienced staff do not carry out complex child protection assessments unassisted or provide the first point of access
- procedures to ensure a framework for monitoring decisions made by staff
- guidance on when other agencies may or must be consulted in order to complete assessments and plan services and the procedures which need to be followed with respect to public sector, NGO and private-sector agencies
- timescales within which assessments have to be carried out in order to avoid drift and delay in light of the severity of the case
- departmental policies to involve service users in the assessment process, in particular:
  - seeking the child's wishes and feelings
  - working in partnership with parents including ways of notifying them of the outcomes of decisions
  - file systems and the management of individual case files to include the types of information to be kept on file; ways of ensuring that records are up-to-date, accurate and contain all essential information for each child.

It is important for staff to have a thorough understanding of the agency's eligibility criteria priorities for services and local policies and procedures. This cannot be taken for granted and requires an active approach by management, inspection of files and the ways in which decision-making by staff is in line with local policy. One of the key tasks for agency development in relation to gatekeeping is to ensure that the need for proper assessment of each case is an essential element in gatekeeping strategy and in achieving an effective service.

## Assessment and decision-making

Staff need to be able to undertake a range of initial and subsequent assessments and make informed judgements about need and risk as a basis for prioritizing the allocation of cases. The assessment should be carefully structured with attention to a range of factors:



Assessment framework

Source: *DoH, 2000, Appendix A, p. 89*
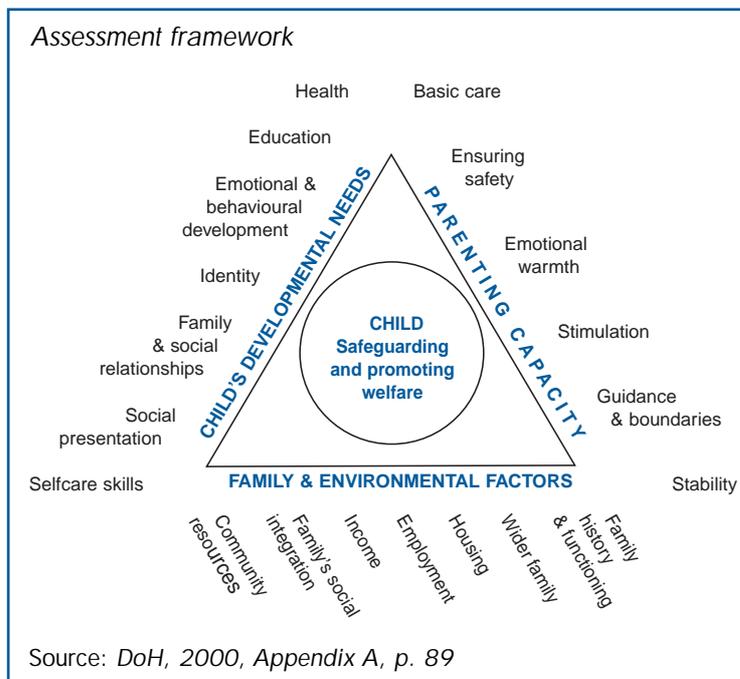
- the child's developmental needs
- parenting capacity
- the impact of family and environmental factors.

There are many different types of assessment that staff need to be able to conduct. Common to all is the ability to:

- describe the nature and reasons for the referral
- take a case history with reference to the child's difficulties, parenting capacity and handling of problems; explore the family's social and economic problems, current and past. The plan should document difficulties in the living situation.
- prioritize the case in terms of severity of need and risk
- produce a reasoned plan for action with clear specification of services required, who should provide them and action to be taken by which organizations and professional staff with timescales for achieving the objectives and way of monitoring its progress
- whenever possible ensure the plan has the support of parents and note whether this is the case or not
- set a date for reviewing the plan
- if appropriate, state clearly why no action is being taken following the assessment (e.g. child and family's needs do not meet agency criteria) and specify if child and family were referred elsewhere.

Where the plan is for out-of-home care, a formal care plan that has a standard format should be considered. An example is provided in Tool 6 (p.67) covering the following categories:

- overall aim (aim of plan and summary of timetable)
- child's need including contact
- views of others (parents and child and extent to which they have been obtained and acted upon)
- placement details and timetable
- management and support by local authority.

## A competent workforce to carry out skilled assessments and reviews

The agency needs to ensure it has:
- sufficient staff
- appropriate knowledge, skills and values
- access to support
- access to supervision.

Assessments and the decisions they generate need to be supported by reliable factual evidence. A lack of information and expertise leads to poor quality decision-making and an inadequate understanding of agency goals and services may duplicate help provided elsewhere or deny families assistance to which they are entitled. To reduce these risks, sufficient numbers of staff need to be in place to carry out assessments. Periodic training needs to be provided by the agency on specialist issues identified as problematic by staff and as a result of internal quality assurance audits that highlight particular problems and that take account of service user opinion. Access to supervision is another essential element in ensuring a competent workforce to provide regular discussion of individual cases. Supervision needs to cover all aspects of case management: from initial referral, and the way that gatekeeping is kept at the forefront of attention, to planning, review, evaluation and guidance on case closure. The role of supervisor is often combined with that of line manager and there are both advantages and disadvantages in this. The advantages are economies of scale and greater investment on the part of the supervisor/line manager because of their formal accountability for the decisions reached. The disadvantages are that the line management role rather than the learning role may take precedence and staff may be reluctant to discuss difficulties with staff who exercise influence in promotion prospects.

## Recording systems

These may fulfil a number of functions:
- a record of the assessment and decisions taken by a member of staff on behalf of the agency
- a record that can be used if necessary in court proceedings
- an accountability mechanism that makes the basis on which decisions are taken transparent
- a record available and useful to parents and children
- a means of providing quality assurance and monitoring the quality of assessment, planning and reviewing decisions taken by staff
- a means of checking that thresholds are applied consistently
- a means of monitoring the quality of case recording to ensure that it complies with local procedures and is useful to practitioners who may take over the case at a future date.

Examples are provided of different types of performance for collecting information on children in need of family support and protection.

The forms kept on file need to specify clearly the nature of the referral, the action taken and next steps. To assist in review and monitoring, forms for regular summaries are useful. Consideration should be given to the use of chronologies to monitor complex cases and review the impact of service delivery.

## Reviews

An active case management system is required to ensure that cases do not drift. An essential element in this is the child's review. National guidance may set down timescales for this but if not, it is essential that there are clear agency policies on this matter and ways of ensuring they are implemented. The gatekeeping function of a review is quite explicit because its purpose is to reassess the plan for the child and to consider whether it continues to meet their needs. Local and/or national guidance should identify:
- the purpose of reviews
- which children are entitled to a mandatory review
- the frequency with which they should be held
- who should attend
- how children and parents should be involved
- the specific questions to be covered in the review
- how decisions reached should be acted upon and recorded.

Evaluating whether or not a plan continues to meet the child's needs is a core component of gatekeeping. To ensure that the process does not become routinized and over-bureaucratic, attention should be given to inviting independent outsiders to chair the meeting. The advantages are that the case may be subject to a more objective level of scrutiny and that continuity is built into the system and that the chair is familiar with local departmental policies and has a good understanding of child protection.

## Complaints procedures

These are often laid down in national legislation. Their key purpose is to ensure that service users have a right of redress within the organization. Clearly the remit of complaints procedures extend well beyond assessment and gatekeeping, but they have a clear part to play in relation to these issues in enabling those who are denied services to challenge the decision or the way in which it was reached. Complaints procedures need to consider how they build in an independent element to ensure they do not simply rubber stamp the internal decision. They also need to decide on who should be able to access the complaints procedures, agree a process for managing the complaint, decide on membership and timescales for decision-making, and clarify the powers and duties of the complaints system.
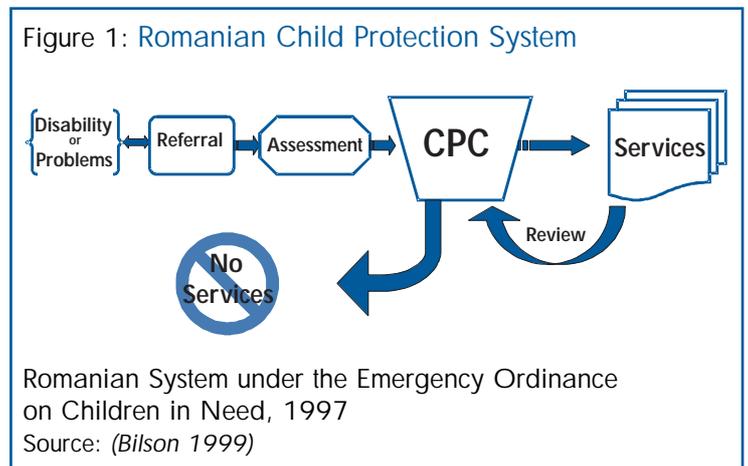
**An example of strategic targeting of services and collecting information**

This example uses a map of the Romanian Child Protection System to illustrate the possible strategic targeting of services and the information requirements in a management information system to implement a policy of gatekeeping. The Romanian example is not intended to imply that the child protection system itself should be seen as exemplary and at the time of writing new legislation to reform the system is being considered by the Romanian legislature.

Figure 1 presents a map of the decision-making process of the child protection system introduced in Romania following the implementation of the Emergency Ordinance on Children in Need (Emergency Ordinance 26/1997). Under this ordinance, decision making and provision concerning children is devolved to local authorities and Child Protection Commissions (CPCs) make decisions on service allocation.

The figure illustrates how problems referred to a child protection team in Romania are dealt with through the statutory system. Following referral, an assessment is made by a child protection team and a report is made to the CPC. The CPC can deal with the referral without making an order or offering services, or it can make an order requiring services to be provided. Under the emergency ordinance all services are subject to statutory review by the commission at regular intervals.

Figure 2 shows how services can be targeted at key systemic points so as to facilitate effective gatekeeping. The diagram uses Hardiker's (1998) framework for analysis of different levels of preventive services and illustrates how this relates to the decision-making process. Services could be used for specific targets as follows:

*Base Level* to provide universal health, education and other services.

Figure 1: Romanian Child Protection System



Romanian System under the Emergency Ordinance on Children in Need, 1997
Source: *(Bilson 1999)*

*First Level* to reduce the number of referrals by addressing problems in the community.
*Second Level* support to prevent referral to the CPC and the need for statutory services.
*Third Level* specifically aimed to reduce the need for entry to state care.
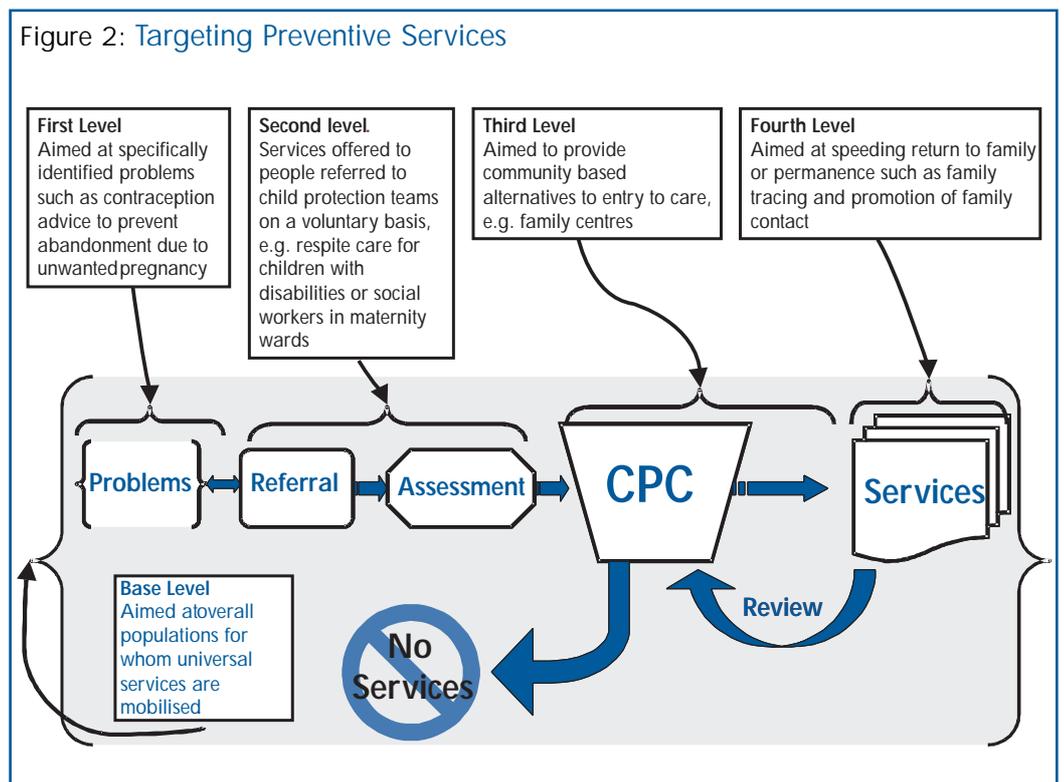*Fourth Level* designed to reduce the time spent in care and ensuring rehabilitation to families and communities.

Figure 2: Targeting Preventive Services



**First Level**
Aimed at specifically identified problems such as contraception advice to prevent abandonment due to unwanted pregnancy

**Second level.**
Services offered to people referred to child protection teams on a voluntary basis, e.g. respite care for children with disabilities or social workers in maternity wards

**Third Level**
Aimed to provide community based alternatives to entry to care, e.g. family centres

**Fourth Level**
Aimed at speeding return to family or permanence such as family tracing and promotion of family contact

**Base Level**
Aimed at overall populations for whom universal services are mobilised

Figure 3: Information requirements in Romanian child protection system

Problems leading to referral
Social and ethnic Group
Family situation
Rural/urban areas
Health services
Education
Family support
Employment
Family benefits
Range of services

Reasons for referrals
Process of assessment
Nos. of children/families
Age
Gender
Social and ethnic origin
Family situation
Disability or chronic illness
Region, local authority etc.

Region
Who makes
the decision
Child/parental
participation
Representation
Nature of
decisions

Participation
Frequency
Review decisions
Nos. leaving institutions
Nos. returning to parents

Range of services
Nos. using different services
Career patterns

Problems → Referral → Assessment → CPC → Services

No Services

Review

service use (career) of children passing through the system, as well as a range of indicators which will help to identify the pattern of operation of the system and allow targets to be set and measured (see Bilson 2000 for more details). Although never implemented, a pilot of this model was used in 5 local authorities and provided a relatively simple means of collecting information with data being collected at two key points, referral to the child protection team, and when the child's case was considered by the CPC (both initially and at each subsequent review).

The aim with regard to gatekeeping is to provide an information system to monitor performance of services. In Romania it would monitor the CPC's decision-making and the role of child protection teams. The system allows managers to identify good practices and problems. For example, even where good services are provided net-widening may occur due to increased rates of referral, unfocused assessment, recommendations to the CPC or through CPC decision-making itself. The monitoring system allows the location of the problem to be identified and targeted. In particular, the system needs to be able to provide a wide range of measures of performance whilst being sufficiently focused to minimize the number of data capture items.

The example provides a massive range of information which can be used to monitor the operation of the child protection system. This information is available at all different levels of the system so that patterns are available at the national level showing overall trends, but also providing comparative information on and between County Councils. At County Council level information is available on the operation of local authorities (*Judets*) and local strategies, whilst information is also available down to the level of individual services or children's homes. Table 1 gives an indication of the possible range of information and reports that will be available. Because of the ability to combine information in a number of different ways this table necessarily underestimates the possible reports. It is important to note that this extensive range of measures will be available from such a limited data set.

Whilst not all these levels are necessary for a gatekeeping strategy, they illustrate the way that gatekeeping can be part of a wider range of preventive services. The services used for gatekeeping focus on the following decision points in the system, the initial referral, the decision to refer to the CPC, the CPC decision and the CPC review decision. The same service may be used for different purposes at these different decision points. Specific services are required to fit local conditions and to respond to changes in the patterns of the system as gatekeeping impacts on it.
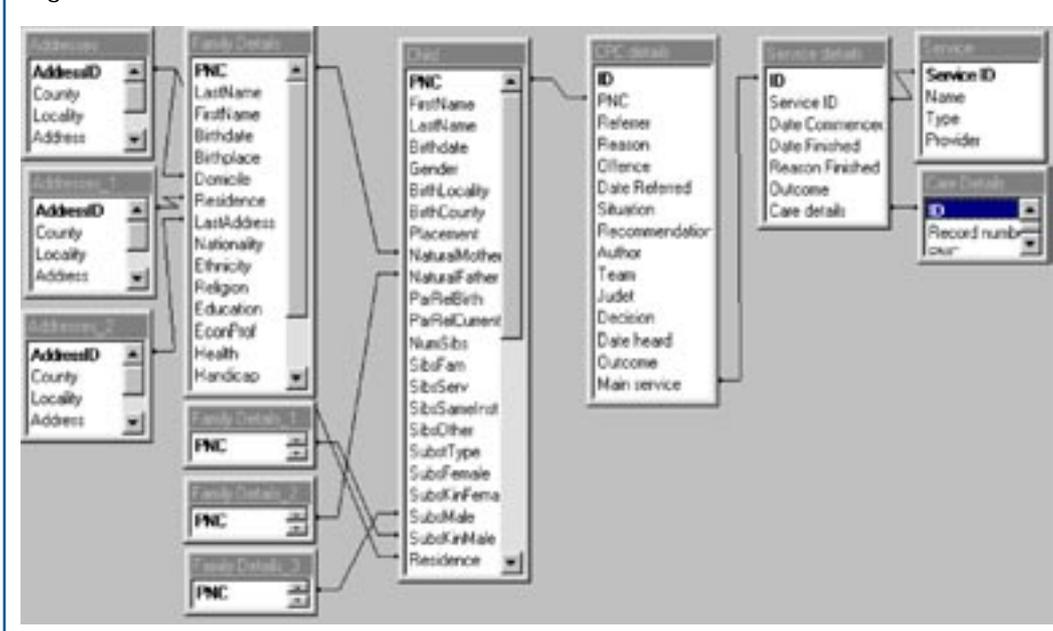
Figure 3 illustrates the categories of information that can be collected to guarantee the operation of the system. This information, if correctly structured (see Figure 4), can provide a range of outputs including patterns of

Figure 4: Data structure

| Table 1 | |
|---|---|
| **LEVEL** | **REPORTS / MEASURES** |
| National | *Overall measures*<br>Numbers of children receiving services by type of service, age, gender, ethnicity, health status, reason for referral; time receiving service, legal status, family situation, County Council, etc.<br>*Comparative measures*<br>Differences between County Councils in numbers in care, trends in entry to care, trends in leaving care, use of different services, children in different types of accommodation, children maintained in families, levels of abandonment, levels of morbidity of children in care, levels of mortality of children in care, levels of referrals of street children etc.<br>*Performance measures*<br>Decrease in numbers in care; decrease in numbers in former large state run institutions; increase in numbers accommodated in families and smaller institutions; increase in use of community-based services; drop in abandonment of children; a match between use of alternatives and community-based programmes and reductions in care and street children population (i.e. age, gender, ethnicity, reason for referral, etc.) |
| County Council | *Overall measures*<br>Numbers of children receiving services by type of service, age, gender, ethnicity, health status, reason for referral; time receiving service, legal status, family situation, etc.<br>*Comparative measures*<br>Difference between districts in numbers in care, trends in entry to care, trends in leaving care, use of different services, children in different types of accommodation, children maintained in families, levels of abandonment, levels of morbidity of children in care, levels of mortality of children in care, levels of referrals of street children etc.<br>*Performance measures*<br>Decrease in numbers in care; decrease in numbers in former large state run institutions; increase in numbers accommodated in families and smaller institutions; increase in use of community-based services; drop in abandonment of children; a match between use of alternatives and community-based programs and reductions in care and street children population. |
| Child Protection Committees | *Overall measures*<br>Number of children referred by outcome, recommendation, reason for referral, legal status, age, gender, ethnicity, health status, etc.<br>*Performance measures*<br>Proportion receiving institutional care, proportion of social work recommendations for alternatives followed, proportion of re-evaluation measures leading to care/educative/internment measures. |
| In-Care Monitoring | *Entry to care*<br>Numbers entering by age, gender, ethnicity, establishment, County Council, district, health status, family situation, disability; reason/circumstances on entry, legal status, referrer, etc.<br>*Leaving care*<br>Numbers leaving by age, gender, ethnicity, time in care, destination (e.g. family, independence, institution, death), legislation; disability, health status, educational achievement.<br>*Population*<br>Census by age, gender, reason for entry, time in care, time in placement, type of placement, decision of last review, family situation (i.e. orphan, single parent etc), family contact, legal status, disability, health status, county council, etc.<br>*Performance indicators for children in care*<br>These would be available for all children in care, county council, or individual institutions. Increase in family contact, increase in numbers with identities registered, increase in numbers attending ordinary schools, decrease in death rates, decrease in poor health status (e.g. AIDS/HIV, hepatitis etc.), increase in rate of leaving, decrease in length of stay, increase in return to family/parents, foster care, adoption, decrease in leaving to other institutions. |
| Services to reduce entry to care | *Measures*<br>Numbers referred by age, etc. compared with rates of entry for the target group. This will provide information on the match between those receiving alternatives and the target population for the service.<br>Reduction in entry to care in target population.<br>Level of service provision: comparison between reduction in entry and numbers receiving service.<br>Success of alternative: level of entry to care of children who have previously received alternative.<br>Career measures: length of use of alternative and subsequent use of services. |

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| LEVEL | REPORTS / MEASURES |
|---|---|
| Services to remove children from institutions | *Measures*<br>Increase in numbers leaving care early (i.e. at younger age, and not being referred to other institutions, etc.) who have received service.<br>Success rate: proportion leaving early that have received service.<br>Targeting: the proportion of children in institutions falling in target group (i.e. age, gender, reason for entry, type of institutional care, particular problem focus etc.) that receive service.<br>Career measures: level of breakdown, re-entry to institutions, etc.<br>Outcome measures: level of children leaving the service to go to adoption, family, independent living. |
| Services for street children | *Measures*<br>Drop in referrals of children living on the streets where services available and used.<br>Targeting: fall in number of street children in target group similar to numbers receiving services.<br>Career measures: level of breakdown, placement in institutions, offences etc. of those receiving service.<br>Outcome measures: number of children receiving service who return to family, or non-institutional care. |

# Tool 13 Template for local study of need

## Introduction

To ensure that the range of local-level services meets the needs of the local community and is properly targeted, a study of the needs of children entering the care system is required as a basis for planning. This practice tool is one of several emerging from Dartington Social Research Unit and its partner organizations. The template "is intended to help those working with vulnerable children to use rigorously assembled information on the needs of children to plan more effective services, to implement those services and then evaluate them to see if they are having the desired effect." (DSRU 1999).

## Purpose of tool

Template to collect information on a group of children entering care, the services they receive and outcomes in the following year in order to provide a sound basis for service planning and development. The survey is intended to highlight gaps in services and areas of overlap, and to show what areas of inter-agency planning and coordination may be needed.

## Background

This template has been adapted from a practice tool developed in the UK which has been used in a range of countries to assess the needs of children entering care and to develop a set of services in the community to meet those needs. For the purposes of gatekeeping it is important that new services are based on an accurate assessment of the needs that institutional care is supposed to meet. The template is designed to collect information on the situation of the child immediately prior to entry to care and the needs of the child in the community. The second area relates to the needs of the child once they enter care. It is suggested that the study of needs should look at a cohort of children admitted to care over a period (a common practice in the earlier studies is to choose the first 100 (or such a number) children admitted after a certain date). In order to collect information on outcomes, the dates should allow the study to collect information on what happened to the child in the year following their entry to care. Information is gathered from case records by a group of practitioners and managers. Box 1 outlines the steps to be undertaken in carrying out the study and more details are available on-line at http://www.dartington-i.org/practicehelp/8StepsNG1.html.

It is suggested that this process will need to be adapted to the particular child care system under examination. The study may need to be supplemented by other types of information gathering. For example, a study of children admitted to an orphanage in Bulgaria provided only limited data on the needs of children in the community until members of the local Roma community undertook a study of the parents' views on their needs and those of their children. This revealed a vastly different set of problems and needs than the often stereotypical notes made by professionals who tended to categorize families according to administrative categories such as abandonment, which covered anything from children left by a parent at the door of an institution, to a mother asking for help and reluctantly accepting admission to care because she could not feed and provide adequate warmth for her child during the winter months.

Eight steps to identifying need

**1. *Identifying a sample that is representative of the agency's activity***
Most audits of children are based on a 'snapshot' taken on a particular day, for instance of all children being cared for by social services on that date, whereas research often prefers the 'movie' approach which focuses on all children referred or beginning a service over a period of several months. This gives a more accurate picture of social work or social care activity.

**2. *Collecting limited information on five areas of the child's life***
In research it is helpful to take a rounded view of the child and to gather information about all aspects of their life. To concentrate exclusively on the principal reason for a child's referral is to risk neglecting much that will be important for their long-term well-being. A multi-dimensional perspective also tends to emphasize both the strengths and the weaknesses of a child's situation. The dimensions used in this process are: living situation; family and social relationships; social and anti-social behaviour; physical and psychological health; education and employment. A limited amount of information on the child and family's situation at the point of referral, or starting a service, is collected in each of these dimensions.

**3. *Assessing the child's needs on each of these dimensions at the time of referral***
Existing services for children and families tend to be supply-led, i.e. families and children tend to be directed to available provision rather than to what suits them best. The exercise calls on professionals to apply their experience to identify needs. The sorts of needs identified could be that a child needs help to stay in school, that a child needs help to cope with bereavement, that parents need to understand how their behaviour is affecting the child and need help in changing that behaviour.

*This step omitted*
**5. *Finding out what happened to the child***
This information comes from the files: what services were offered to the child and family, where did the child live, how did family relationships develop, does it appear that the child's needs were met?
Steps 2–5 are carried out by a mixed group of managers and practitioners collecting information from the child's file and filling in a short form (2 sides of A4).

**6. *Identifying the needs groups***
Unless individual assessments are aggregated, it is impossible to plan strategically for children. The group reads through the completed forms and, as it does so, common themes and patterns are identified and the forms are sorted into needs groups.
Steps 2–6 will take one week if 5–7 people are doing the audit and it is 100–200 cases. A sample of 300–500 will take the same number of people around 8–10 days.

**7. *Cross-checking the results from step 6 with statistical groupings that emerge***
It is a valuable extension of the exercise to use different methods to examine the same sample of children in need and to compare and contrast the results. Statistical procedures are increasingly accessible to planners of services, alternatively the task could be sub-contracted to a university or research organization. The information is coded and transferred to a computer spreadsheet. Simple descriptions of variables and information from 'cross-tabs' will provide useful information about the sample as a whole and the different need groups. If the expertise is to hand, or the work is sub-contracted, cluster and discriminant analysis will produce computer generated groups of cases to compare with the shuffled groupings (see information on analysis at www.dartington-i.org).

**8 *Bringing together the Information on patterns of need***
The stages above will have produced a wealth of information from a number of sources. This will include the need groups identified through sorting, the observations from the consumer group's parallel work and the statistical information. The agency may have other relevant sources of information such as socio-demographic surveys and statistical returns to central and local government. The core audit group should meet together with the project manager, the consumer group and those who will be responsible for taking forward the planning of services and the dissemination of the information from the audit. The task is to consider all the evidence and to assemble a coherent picture that can be clearly presented to an audience largely unfamiliar with the work that has been taking place.

Source: *Matching Needs and Services, Dartington International website http://www.dartington-i.org/practicehelp/ 8StepsNG1.html*

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*Child's background*

| Identifier | |
|---|---|
| Gender | Male ☐    Female ☐ |
| Date of separation | |
| Date of birth | |
| Does the child have siblings looked after? | Yes  ☐    No  ☐ |
| If yes, give identifiers | 1        2<br>3        4 |
| Voluntary accommodation or care order (please give child's legal status) [        ] | |

| Needs | Stage Two<br>Situation immediately prior to separation | Stage Three<br>Needs for services on entry to care |
|---|---|---|
| Living situation | | |
| Family and social relationships | | |
| Social and anti-social behaviour | | |
| Physical and psychological health | | |
| Education and employment | | |
| Dependency on services | | |
| Ethnic, cultural or language needs | | |
| Other | | |

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*What Actually Happened*

| First placement (foster home, residential home etc.) | |
|---|---|

Was the placement made in an emergency (less than one day's notice)?     Yes ☐     No ☐
Have subsequent emergencies led to changes in placement?     Yes ☐     No ☐
If yes, please give brief details.

What was the child's placement pattern while separated (e.g. orphanage, foster care, inter-country adoption)?

What other services (e.g. family support, health or education) were provided for the family while the child was separated?

Did the child return home?     Yes ☐     No ☐
If yes, the date of return     ____ / ____ / ____

*What Actually Happened*

First placement (foster home, residential home etc.)
Was the placement made in an emergency (less than one day's notice)?     Yes ☐     No ☐
Have subsequent emergencies led to changes in placement?     Yes ☐     No ☐
If yes, please give brief details

**What was the child's placement pattern while separated (e.g. orphanage, foster care, inter-country adoption)?**

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**What other services (e.g. family support, health or education) were provided for the family while the child was separated?**

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Did the child return home?                    Yes ☐  No ☐
If yes, the date of return                      /          /

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# TOOL 14 Checklist for planning quality services

The provision of an integrated range of services at the local level necessitates a planning process to assess the need for services, consult with service users and local communities and coordinate service delivery. The aim of the plan is to provide a range of services to meet children's needs and support them in their families and local communities wherever possible. The plan is therefore a major tool in the realignment of services and should include the replacement of institutional services with facilities to support families and to develop more family type accommodation in those cases where care at home is not possible. The following checklist focuses on the key areas[5] for a planning process designed to reduce the need for institutional care of children.

## The planning framework

*Local planning arrangements support the effective development and delivery of children's services.* There needs to be an agreed inter-agency framework to which local agencies are committed including agreements to participate, share information and jointly plan new services. This should include consideration of joint funding schemes, joint delivery of services and arrangements for involving NGOs and the private sector. Service level agreements with the latter should form part of the discussions to ensure that these services are sustainable. This will in turn require procedures to regulate, inspect and evaluate non-state provision in the light of standards and gatekeeping targets.

## Shared commitment

*Local agencies are committed to working together to plan children's services.* The planning process needs to give an opportunity to share understanding of children's needs and to develop a commitment and joint understanding of what services are needed.

## Participation

*Relevant agencies and interested parties participate appropriately in children's services planning.* Planning needs to include the participation of service users and their families, local communities and their representatives and experienced staff with expertise.

## Responding to need

*Children's services planning responds to identified needs in line with resources and priorities.* The planning process is based on information collected about current service provision as well as information on the needs of those in the local communities. Achievable and measurable objectives to meet prioritized needs are agreed between agencies.

## Equitable provision

*Children's services planning leads to service provision which reflects the needs of children from all sections of the community.* Children, young people and their families from a variety of backgrounds and with different needs participate in children's services planning.

## Organizational arrangements

*Organizational arrangements support the implementation of Children's Services Plans.* Planned changes in children's services are managed within explicit timescales and resource budgets. All levels of staff are well informed, supported and appropriately trained, when service changes are implemented.

## Service development

*Children's services are developing appropriately against objectives and strategies agreed through the planning processes.* There is a joint strategy, with timescales, for realigning current and planned inter-agency services with objectives of the plan and all agencies monitor plan implementation. Plans should also be regularly reviewed and amended to take into account the changing circumstances and needs in the area.

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[5]This checklist is based on the English framework for inspection of children's services planning (http://www.doh.gov.uk/pdfs/stand5.pdf )

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