MAKING DECISIONS FOR THE BETTER CARE OF CHILDREN

The role of gatekeeping in strengthening family-based care and reforming alternative care systems

5 Country Case Studies

Better Care Network

unicef
unite for children

with financial support from
USAID FROM THE AMERICAN PEOPLE
PEPFAR

Better Care Network
Working Paper Series

This working paper seeks to clarify the concept of gatekeeping and review the role of gatekeeping and its impact in five countries, as they seek to ensure and strengthen children's right to adequate care in their families or the provision of appropriate alternative care in line with their best interests. It is intended as a resource for anyone involved in the design and delivery of care services for children or in the reform of child protection and alternative care systems. This includes practitioners, programme and policy advisers with governments and non-governmental organizations, as well as donors and academics. It examines the role gatekeeping plays in improving decision-making and provision of services for children. In particular, it analyses the role of gatekeeping in the prevention of unnecessary family separation and strengthening family-based care, promoting deinstitutionalization and the reform of care systems more broadly. It considers what has and has not worked in different country contexts, analyses which lessons arise from experiences to date, and considers the implications for improving policy and practice in gatekeeping.

The working paper was prepared for the Better Care Network and UNICEF by Chrissie Gale and Corinna Csaky on behalf of the Technical Assistance Unit of Family For Every Child, with additional writing and editing from Patricia Moccia, Florence Martin and Peter Gross. Significant input was provided by Andy Bilson, Emily Delap, Andrew Dunn, Peter Evans, Jini Roby, Hugh Salmon and David Tolfree. The critical contribution of key informants from the 5 countries case studies (Bulgaria, Indonesia, Moldova, Rwanda, and Uganda) is also acknowledged here. Their names are provided in Annex 2 of this report. Special thanks go to the external review panel that provided important feedback and comments: Kelley Bunkers, Severine Chevrel, Ghazal Kesharvarzian, Alan Kikuchi-White, Jean Claude Legrand, Rebecca Smith and John Williamson. We are also grateful to Jane Lanigan and Scott Lewis for their copy-editing and layout work.

This paper was made possible thanks to funding from the Displaced Children and Orphans Fund (DCOF) of the United States Agency for International Development (USAID) and the President's Emergency Plan for AIDS Relief (PEPFAR).

This working paper and all of the annexes are available on the Better Care Network website at:
www.bettercarenetwork.org/library/principles-of-good-care-practices/gatekeeping/making-decisions-for-the-better-care-of-children-the-role-of-gatekeeping-in-strengthening-family

Cover photo: Jens Honore/SOS Children's Villages International

CONTENTS

List of annexes (available on the Better Care Network website by clicking on each title)

Annex 1: Methodology

Annex 2: Key informants

Annex 3: Legal and normative frameworks

Annex 4: Moldova assessment form

Annex 5: Brazil referral format

Annex 6: Brazil individual support plan

Annex 7: Bulgaria assessment format

Annex 8: Materials from Indonesia

List of acronyms and abbreviations

AIDS	acquired immune deficiency syndrome
BCN	Better Care Network
CEE	Central and Eastern Europe
CIS	Commonwealth of Independent States
CRC	UN Convention on the Rights of the Child
CSA	community social assistant (Moldova)
HHC	Hope and Homes for Children (Rwanda)
HIV	human immunodeficiency virus
NCC	National Commission for Children (Rwanda)
NGO	non-governmental organization
OVCs	orphans and vulnerable children
PDAK	Child and Family Support Centre (Pusat Dukungan Anak dan Keluarga, Indonesia)
RELAF	Red Latinamerica de Acogimiento Familiar
SAFPD	Social Assistance and Family Protection Department (Moldova)
SARC	Social Assistance Reference Centres (Brazil)
SSARC	Specialised Social Assistance Reference Centres (Brazil)
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

GLOSSARY OF TERMS

Adoption: A social and legal protective measure for children. Adoption is the permanent placement of a child into a family whereby the rights and responsibilities of the biological parents (or legal guardians) are legally transferred to the adoptive parent(s).[1]

Alternative care: This includes formal and informal care of children without parental care.[2] Alternative care includes kinship care, foster-care, other forms of family-based or family-like care placements, supervised independent living arrangements for children and residential care facilities.

Child abuse: "A deliberate act of ill treatment that can harm or is likely to cause harm to a child's safety, well-being, dignity and development. Abuse includes all forms of physical, sexual, psychological or emotional ill treatment."[3]

Child protection: "Measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children."[4]

Children: Defined as girls and boys under the age of 18 years.[5]

Children without parental care: "All children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances."[6]

Families: These take on many different forms and may include children living with one or both of their parents or adoptive parents, children living with step parents, children living with extended family members, such as grandparents, aunts or uncles or older, adult siblings, and children living with families who are part of wider kinship networks. Children in formal foster-care are also part of families, although – while this care may be long term in some settings – it is not generally intended to be permanent.

Foster-care: "Situations whereby children are placed by a competent authority for the purposes of alternative care in the domestic environment of a family, other than children's own family, that has been selected, qualified, approved and supervised for providing such care."[7]

Gatekeeping: A "recognised and systematic procedure"[8] to ensure that alternative care for children is used only when necessary and that the child receives the most suitable support to meet their individual needs.

Guardianship: This term is used in three different ways:

> it can be used as a legal device for conferring parental rights and responsibilities to adults who are not parents;
>
> it can refer to an informal relationship whereby one or more adults assume responsibility for the care of a child; and
>
> it is sometimes a temporary arrangement whereby a child who is the subject of judicial proceedings is granted a guardian to look after his/her interests.[9]

Formal care: All care provided in a family environment which has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including in private facilities, whether or not as a result of administrative or judicial measures.[10]

Informal care: Any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends ('informal kinship care') or by others in their individual capacity, at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.[11]

Institutional care: "Large residential care facilities,"[12] where children are looked after in any public or private facility, staffed by salaried carers or volunteers working predetermined hours/shifts, and based on collective living arrangements, with a large capacity.[13]

Kafala: A variety of means to provide childcare for vulnerable children recognized under Islamic law, which does not recognize full adoption as the blood bonds between parents and children are seen as irreplaceable. This may include providing regular financial and other support to children in need in parental, extended family or residential care, or taking a child to live with a family on a permanent, legal basis.[14]

Kinship care: "Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature."[15] Kinship care is both a form of permanent family-based care and a form of temporary alternative care. There are two types of kinship care. Informal kinship care is: "any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends … at the initiative of the child, his/her parents or other person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body."[16] Formal kinship care is care by extended family or close friends, which has been ordered by an administrative or judicial authority or duly accredited body.[17] This may in some settings include guardianship or foster-care.

Neglect: "Deliberately, or through carelessness or negligence, failing to provide for, or secure for a child, their rights to physical safety and development. Neglect is sometimes called the 'passive' form of abuse in that it relates to the failure to carry out some key aspect of the care and protection of children which results in significant impairment of the child's health or development including a failure to thrive emotionally and socially."[18]

Prevention of separation: Support to a child/children and their parents, legal guardians or members of the extended family who act as caregivers, to enable them to care for their children effectively and to avoid the child/children being placed into alternative care, except in situations where it is in their best interests.

Reintegration: "The process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and the community (usually of origin) in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life."[19]

Residential care: "Care provided in any non-family based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes."[20]

Small group homes: Where children are cared for in smaller groups, with usually one or two consistent carers responsible for their care. This care is different from foster-care in that it takes place outside of the natural 'domestic environment' of the family, usually in facilities that have been especially designed and/or designated for the care of groups of children.[21]

Social protection: "All public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalized; with the overall objective of reducing the economic and social vulnerability of poor, vulnerable and marginalized groups."[22]

Supervised independent living: "Settings where children and young persons, accommodated in the community and living alone or in a small group, are encouraged and enabled to acquire the necessary competencies for autonomy in society through appropriate contact with, and access to, support workers."[23] Such arrangements and support may be provided for individuals or small groups.

EXECUTIVE SUMMARY

GATEKEEPING INVOLVES MAKING DECISIONS ABOUT CARE IN THE BEST INTERESTS OF children who are at risk of losing, or already without, adequate parental care. It is a systematic procedure to ensure that alternative care for children is used only when *necessary* and that the child receives the most *suitable* support to meet their individual needs. With millions of children denied their right to adequate care worldwide, gatekeeping is a key issue for any country – high, low or middle income, stable or fragile. Gatekeeping has evolved into a central issue for those within the child-care and child-protection sector, and for all responsible for implementing international standards for children's rights, especially those contained within the Convention on the Rights of the Child (CRC) and those found in the *Guidelines on the Alternative Care of Children*, endorsed by the UN General Assembly in 2009.[24] However, there remains significant debate about the most contextually appropriate and effective ways to implement gatekeeping.

This working paper seeks to move these debates forward by examining the role gatekeeping is playing in ensuring better decision-making and provision of services to children in five countries (Brazil, Bulgaria, Indonesia, Moldova and Rwanda), which were selected to represent a range of different social, economic and political contexts. It considers what has and has not worked, analyses what lessons arise from experiences in gatekeeping, and reflects on the implications for improving policy and practice in this area. It is based on a global literature review, together with key informant interviews with several national and international experts on child-care reform.

A gatekeeping system is an essential component of a functioning child-care and child-protection system. It enables all those involved in the care of children to make choices in the best interests of each child. It aims to improve decision-making, so that those children who are at risk or deprived of adequate parental care receive the most appropriate support and are respected as individuals with rights. A gatekeeping system can prevent children from being unnecessarily separated from their parents and families or placed in alternative care. It can help reintegrate children already in alternative care back into their own families and communities. And it can support those people and organizations responsible for the care of children to make decisions through a consistent and informed process.

As the case studies in this paper demonstrate, there are many different approaches to gatekeeping, involving different actors. These include multisectoral commissions, judicial mechanisms, local councils, concentrated hearings and community-based mechanisms, as well as gatekeeping through a process of case management by social workers as part of the child protection system, but also working

within the health, justice and education sectors. Each approach is greatly dependent on the local context, particularly the availability of resources associated with child and family welfare. Settings with limited state structures and services are more likely to rely on less formal models of gatekeeping involving community leaders, who may be religious leaders, chiefs or village elders, taking decisions on care arrangements in consultation with extended family members when parents or former caregivers are unavailable or unable to take responsibility for the care of a child. Whether these decision-making processes can be considered a form of gatekeeping is a question explored in this paper, particularly the capacity of these mechanisms to ensure that all safe and available options for family- and community-based care are considered, and that a child is placed in formal alternative care only when it is absolutely *necessary*, and is placed in the most *suitable* form of care that meets their individual needs. This paper suggests that both formal and non-formal gatekeeping systems have an important role to play in the care of children and should be supported to operate in partnership with each other.

Many countries have achieved significant progress in improving gatekeeping within formal child-care systems. In particular, many national legal and normative frameworks reinforce the principles enshrined in international human rights and practice standards, including the primacy of family-based care, the best interests of the child and the importance of prevention of child–family separation, reintegration into family care whenever possible, and participation of children in the decisions that affect them. The responsibility for oversight and coordination of gatekeeping has been assigned to the ministerial level in many settings. Several countries have invested in prevention and response services to enable more children to be cared for in the family and community and to decrease reliance on alternative care, especially placement in large-scale residential facilities (institutions). There are children already in residential care having their cases reviewed through gatekeeping mechanisms, with a view to reintegrating them with family or transferring them to other more suitable forms of alternative care. As such, gatekeeping can and is playing a key role in national strategies of child-care reform and deinstitutionalization. And many countries are investing in training and recruitment for those associated with gatekeeping responsibilities.

Despite this progress, many challenges remain. Foremost among these, inadequate resources — both human and financial — particularly at the local level, is a major challenge to effective gatekeeping. Many low- and middle-income countries lack a range of family- and community-based support services, and family-based and family-type alternative care services. This leaves decision-making processes with few if any realistic high-quality options. In such settings, reliance on residential care persists as a common response to children at risk or deprived of adequate care, and many children are placed in such facilities directly by parents and relatives with no gatekeeping at all.

This concern is compounded by the persistent proliferation of institutions, some of which actively recruit children, as well as situations in which residential care is seen as the only way to access education and other services.[25] Some private and faith-based donors – and care professionals themselves – continue to support primarily residential care. Continuation of such provision may be influenced by a number of factors as, for instance, when operating budgets are linked to the number of children in an establishment, thus motivating service providers to increase new placements. In other cases, where inter-country adoption is not appropriately regulated and managed, the motivation to recruit children into residential care can be influenced by a demand for adoptive children from other countries. In addition, many resource-poor settings lack sufficient numbers of well-trained professionals, and lack the appropriate tools and mechanisms to support and regulate an effective gatekeeping process. Underpinning many of these challenges is a lack of financial

photo: Hannah Maule-Ffinch/Save the Children

and political commitment towards supporting children to be cared for within their own families and communities.

Informal care is defined in the Guidelines as any private arrangement whereby care is provided in a family environment without having "been ordered by an administrative or judicial authority or a duly accredited body." Informal family placements are the most common form of alternative care for children throughout much of the world, particularly through informal kinship care. By arranging such placements, families are organizing themselves in an effort to improve the care of children. These efforts are undoubtedly helping to keep children in the care of families, even in settings of extreme poverty. However, informal care placements can also bring their own challenges. Kinship caregivers often take on the extra responsibility for the child without any form of support, at times in circumstances where their existing resources are already limited. Without additional support to carry out this critical role, placing a child in formal alternative care will often be the only option available when the capacity of kinship caregivers is stretched too thin.

The Guidelines underline that ensuring such decisions always prioritize the best interests of the child, and meet children's need for a stable home and safe and continuous attachment to their caregivers, is key. So too is ensuring support for the family members who have taken on this additional responsibility.[26] A challenge is to better link the informal care system with the gatekeeping system, including less formalized, locally mandated mechanisms, so that appropriate assessments and decisions are made that lead to better outcomes for children.

Gatekeeping is not just an issue for the child-protection sector. All sectors that regularly come into contact with children have a role to play in ensuring appropriate care for children, and gatekeeping is a critical part of that. This includes health, education, justice and law enforcement, as well as social sectors that can potentially contribute to appropriate decision-making on the right placement options for children without adequate family care.

Fundamental requirements

The literature, expert opinions and case studies examined for this paper point to a number of fundamental requirements for effective gatekeeping systems:

- **A dedicated mechanism made up of experts who together review individual cases and make recommendations for how children's interests can best be met in each case through a coordinated and regulated process.** This mechanism might be implemented by state representatives or people and agencies mandated to act on the state's behalf (a state-mandated, statutory body) or by members of the community with a recognized responsibility towards children's care and protection (locally managed and mandated.)
- **A legal and normative framework in line with international human rights and practice standards,** in particular *The Guidelines for the Alternative Care of Children*.[27] This

framework should support both formal and non-formal gatekeeping mechanisms to operate consistently and to a high standard.

- **Tools, protocols and standards for gatekeeping tailored to the specific context,** especially those that ensure decision-making is well informed through a comprehensive assessment process and build on local positive care beliefs and practices.
- **A continuum of diverse and high-quality services from which to choose.** This includes both family- and community-based support services, as well as family-based alternative care options for children requiring out-of-home care. Support services should take a broad social development approach and include activities to combat poverty and social exclusion, as well as more targeted care and protection concerns.
- **Human and financial resources, including a sufficient number of qualified and well-trained personnel.** In particular, the social service workforce needs to be sufficient in number and quality to support the entire gatekeeping process. Judges, police, teachers, health workers and community leaders also need support, training, re-training and guidance in order to fully understand and effectively implement legal and normative frameworks and protocols.
- **Effective oversight, coordination, monitoring and regulation.** This requires dedicated ministerial-level leadership with sufficient political capital to foster accountability and multisectoral coordination. The effectiveness of gatekeeping must be monitored and evaluated through a consistent process using agreed national standards and indicators. It also requires sufficient resources to engage with and regulate gatekeeping at the local level and to better regulate residential care.
- **Research, data collection and information management systems** to support the handling and monitoring of individual cases, and to identify trends in children's care situations in order to learn, develop solutions and allocate resources effectively.
- **Local understanding and support for appropriate gatekeeping.** All those involved in the care of children need to respect the principles enshrined in international human rights and practice standards, particularly with regard to the primacy of family-based care, and the right of children to be cared for adequately and to participate in decisions affecting them. There is a wide variety of local beliefs and practices with respect to the care of children that inform the context within which local gatekeeping mechanisms will operate. The challenge for those holding responsibility for gatekeeping at the local level is to work with the support of local authorities, governments and non-governmental organizations to ensure all decisions taken respect rights and are based on the individual needs and best interests of the child.

Challenges and recommendations: Next steps

Drawing from the lessons learnt from this review of gatekeeping practice in five different country contexts and from a review of the literature on gatekeeping, the following recommendations are made to policy-makers, service providers, practitioners and donors:

- An effective gatekeeping system depends on the availability of strong preventive services that strengthen the capacity of families to care for children adequately, and provide a continuum of alternative care settings, in particular family-based options addressing the range of situations faced by the individual child.
- In order to achieve this, it is necessary to increase the political and financial commitment to funding and for approaches to be redirected towards developing a range of services that prevent unnecessary child–family separation and respond to the challenges families face in providing adequate care. In

particular, public and private donors currently supporting residential care need to divert this support towards building family- and community-based services.

- The range of services needed for effective gatekeeping should extend beyond psychosocial support and alternative family-based care to include prevention through approaches such as: family-centred social investments and social protection; community strengthening and local advocacy; and support for kinship care.[28]
- Good approaches and models for gatekeeping in diverse contexts should be documented more systematically and their impact evaluated in terms of reducing both the number of children needing alternative care, as well the number of children in residential care.
- Gatekeeping has a vital role to play in contexts where government services are limited and alternative care is primarily informal. Effective linkages between formal and non-formal mechanisms should be created to ensure effective decision-making on children's care.
- Investments should be made to strengthen the evidence base for effective gatekeeping, including research on:
    - the impact of gatekeeping decisions on children's care and outcomes;
    - the drivers of inadequate care for children;
    - the potential of non-formal models of gatekeeping;
    - the costs and benefits of effective gatekeeping;
    - the human resource implications of strengthening gatekeeping systems; and
    - practices and experiences of children in terms of their participation in gatekeeping decision-making and processes.
- Effective gatekeeping requires the establishment of dedicated mechanisms with sufficient resources, and skilled and mandated staff who are best placed to review the situation of each child and his/her family and their care and protection needs and to make recommendations for how their interests can best be met in each case through a coordinated and regulated process.
- Evidence-based tools and guidance should be developed to bring together well-established social work practice to: ensure comprehensive family assessment using a strength-based perspective; support decision-making processes that enable participation by children as well as caregivers; develop appropriate care plans that respond to children's needs for safety, well-being and permanency; and establish effective protocols to review placements in care together with discharge/reunification protocols.
- Children's right to participate in decisions that affect them is central to making effective and appropriate decisions about their care. Developing clear and accessible tools to inform children and young people of their rights in the context of care decisions and placements should be a priority, together with meaningful mechanisms for their participation throughout the process, from assessment of needs to the review and determination of care options and placement decisions.

1 INTRODUCTION

THERE ARE CHILDREN WITHOUT ADEQUATE PARENTAL CARE IN every country in the world — low, middle and high income, stable and fragile. While it is notoriously difficult to know the precise number of children without adequate care — due to a chronic lack of data and the hidden nature of neglect and abuse — existing data suggest a global phenomenon. There are an estimated 151 million children worldwide who are either single or double orphans,[29] many of whom are adequately cared for by their remaining parent, family members and/or other relatives. A growing body of evidence on children living in kinship care, however, is highlighting that these caregivers tend to be older, poorer and often without access to services or sources of support, indicating that a significant proportion of these children could be at risk of losing adequate care.[30] Data on children in care are notoriously unreliable, but estimates range between 2 and 8 million children living in institutional care.[31] Research has also consistently found that the vast majority of children in these facilities have families, including at least one parent alive, while an even larger proportion have relatives. Instead, a combination of poverty, discrimination, lack of access to basic services and the relative ease of placement in care, are the main underlying factors behind their placement. Furthermore, the number of children without adequate care is rising and very likely to escalate further as a result of major global trends, including climate change, conflict and migration, as well as a continuing over-reliance on residential care in many regions of the world.[32]

A LACK OF EFFECTIVE GATEKEEPING IS compounding the inadequate care received by these children. Poor decision-making, or the lack of any formal or informal gatekeeping mechanisms, results in children being assigned care provision that is inappropriate, not in their best interests and, very often, that causes further harm. In particular, many children are unnecessarily separated from their parents and/or families and placed in unsuitable alternative care. The immediate and long-term physical, social and psychological harm caused by separating a child from his or her parents and family, as well as that caused by inappropriate use of alternative care, particularly residential care in large-scale institutions, is already well documented.[33] In essence, a lack of effective gatekeeping is exposing already highly vulnerable children to further harm.

Gatekeeping is the process of making informed decisions about care in the best interests of those children who are at risk of losing, or already without, adequate parental care.[34] It is a systematic procedure to ensure that alternative care for children is used only when necessary, and that the child receives the most suitable support to meet their individual needs. With millions of children denied their right to adequate care worldwide, gatekeeping is a key issue for any country – high, low or middle income, stable or fragile. Gatekeeping has evolved into a central issue for those within the child-care and child-protection sector, and for all individuals and organizations responsible for implementing international standards for children's rights, especially those contained within the Convention on the Rights of the Child, and those found in *The Guidelines on the Alternative Care of Children*, endorsed by the UN General Assembly in 2009. However there remains significant debate about the most contextually appropriate and effective ways to implement gatekeeping.

This working paper seeks to move these debates forward by examining the role gatekeeping is playing in ensuring better decision-making and provision of services to children in five countries (Brazil, Bulgaria, Indonesia, Moldova and Rwanda), which were selected to represent a range of different social, economic and political contexts. It considers what has and has not worked, analyses what lessons arise from experiences in gatekeeping, and reflects on the implications for improving policy and practice in this area. It is based on a global literature review, together with key informant interviews with several national and international experts on child-care reform. It should be noted that in most of these settings formal gatekeeping procedures are relatively new and there is not yet detailed empirical evidence on their impact. Therefore, the conclusions and recommendations proposed here are based on what information is available, together with expert opinion. The references and

bibliography for this paper appear in Section 7, while a full methodology and list of key informants are contained within the annexes.[35]

1.1 Gatekeeping's critical role in policy and practice

There are several international and regional human rights instruments that emphasize the importance of childcare in a family environment and the responsibility of States Parties to ensure children are adequately cared for. The UN Convention on the Rights of the Child, in particular, explicitly affirms the role of the family as the fundamental group in society and the natural environment for the growth and well-being of all children. Children should grow up in a family environment, and States are required to render appropriate assistance to parents or legal guardians in the performance of their child-rearing responsibilities, including provision of social benefits, prevention of separation from parental care unless clearly determined to be in the child's best interests, and participation of all interested parties in any proceedings. Other articles require the State to grant special protection to children deprived of family care and stipulate that, in cases of separation, a child has the right to remain in contact with parents or legal guardians. Child rights associated with care also stipulate the need for decisions to be undertaken in the child's best interests, and to be made by people with the necessary knowledge, expertize and mandate, and with the participation of the child.

The Convention on the Rights of Persons with Disabilities also requires States Parties to provide information, support and services to families to prevent the neglect and abandonment of children with disabilities.[36] Similarly, the African Charter on the Rights and Welfare of the Child calls on States *"to assist parents and others responsible for the child in the performance of child-rearing"* and *"in case of need provide material assistance and support programmes, particularly with regard to nutrition, health, education, clothing and housing."*[37] The African Charter also includes provisions affirming the role of the family as the natural unit and basis of society, and every child's entitlement to the enjoyment of parental care and protection.[38]

These rights have been translated into several practice standards, which have received international endorsement, including *The Guidelines for the Alternative Care of Children* (hereinafter *'the Guidelines'*),[39] which were formally welcomed by the UN in 2009. *The Guidelines* reiterate the central role of families in the care of children and state that: *"efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in the caregiving role"* (Article IIA.3). Guidance to implement these standards has been developed for both emergency and non-emergency settings.[40]

While *the Guidelines*[41] do not explicitly use the term 'gatekeeping', they do state that decision-making on formal alternative care should take place through *"a judicial, administrative or other adequate and recognised procedure."* This should be *"based on rigorous assessment, planning and review processes through established structures and mechanisms,"* in full consultation with the child and his/her parents or legal guardians. Any placement in alternative care should be appropriate, necessary and constructive for the individual child.

The underlying principles behind gatekeeping are well summarized in *Moving Forward: Implementing 'The Guidelines for the Alternative Care of Children'*[42] (henceforth *'the Handbook'*), which describes gatekeeping as a "recognised and systematic procedure"[43] to ensure that alternative care for children is used only when necessary and that the child receives the most suitable support to meet their individual needs. These two principles of 'necessity' and 'suitability' are explored in

more detail in Text Box 1. It is also important to note that gatekeeping is not a one-off event, rather it is part of a sustained process of referral, assessment, analysis, planning, implementation and review that determines decision-making about the care of children.

Preventing unnecessary family separation and strengthening family-based care are at the heart of gatekeeping.[45] For children who cannot be cared for by their own parents, priority is given to care in the child's close family, followed by care within the child's extended family or with close friends of the family known to the child ('kinship care'). 'Family-based or family-like' substitute care tailored to the child's individual best interests should be provided when the former is not possible or not in the child's best interests. The use of residential care "should be limited to cases where such a setting is specifically appropriate, necessary and constructive for the individual child concerned and in his/her best interests." *The Guidelines* also specify that these facilities should as a rule provide only temporary care, with the child returning to his/her own parents or family as soon as possible. They should be small and in a setting as close as possible to a family or group situation.[46]

In line with *the Guidelines*, regional and international agencies have called for an end to the use of residential care for children under three years of age in both Europe and Central Asia, and in the Latin American and Caribbean regions.[47] Gatekeeping has also been recognized as a vital component of any deinstitutionalization strategy, particularly the elimination of large residential care facilities (institutions), as called for by the Guidelines.[48] It is essential to preventing the flow of children into residential care facilities, and enables the considered reintegration of children back into their own families or into alternative family-based care.[49]

TEXT BOX 1: The principles of suitability and necessity[44]

There are two principles underpinning *The Guidelines on the Alternative Care of Children*:

The principle of *'necessity'* is about ensuring that alternative care is only used when a child cannot be cared for by his/her own parents. This first requires work to prevent situations in which a child might need alternative care. This can involve support to children and families on a wide range of issues such as material poverty, discrimination, reproductive health awareness, parent education and daycare. Secondly, it requires a robust gatekeeping mechanism capable of ensuring that children are admitted to the alternative care system only if all possible means of keeping them with their parents or extended family have been explored.

The principle of *'suitability'* is about ensuring that, when alternative care is required, it is provided in an appropriate manner. This requires a mechanism and process to ensure that all care providers are authorized, monitored and meet minimum quality standards. It also requires that the child be provided with the type of care that will meet their best interests. To achieve this, there must be a range of family-based and other care settings from which to choose, and there must be a recognized and systematic gatekeeping procedure for determining which form of care is most appropriate.

Effective gatekeeping is not only important for realizing children's right to adequate care, but also their right to participation. Inclusive processes that enable children to express their views, and ensure those views are fully taken into account, not only help fulfil a child's right to participate in such decisions (Article 12, The UN Convention on the Rights of the Child), they also increase the chances that the decisions taken will be based on a full and accurate assessment of the problems, resources and coping mechanisms within the child's family and community.[50]

TEXT BOX: Why is an effective gatekeeping system necessary?

- It ensures that no decisions regarding the placement of any child into any form of care will be made without a thorough and professional assessment of the child
- It helps keep children from entering into the residential care system
- It is an essential element in the process of reducing the number of children placed into residential care
- It produces a change in the approach to childcare – from institutional care to family and family-based care
- It is an efficient community services planning tool
- It is a tool for the efficient retargeting of resources towards the persons who are the most vulnerable in the society
- It ensures that by using comprehensive child assessment procedures the children's needs are met

Source: Dr Stela Grigorash, senior Moldovan child protection expert and the Director of Partnerships for Every Child Moldova[52]

These principles and the findings of this paper underline the importance of certain components that are essential for gatekeeping practice, though the precise design of gatekeeping will vary according to the context in which it is set. These components are outlined in Text Box 2 and analysed in more detail in Section 3. They sit within a child protection system,[51] which is part of a broader social welfare system. In particular, the continuum of services necessary to support effective gatekeeping is closely linked to broader social welfare and child-protection structures. This is not to say that gatekeeping is exclusively conducted by the child protection sector. As Section 3 explains, a wide range of sectors are involved in gatekeeping, and other sectors, such as health, justice and education, often have integral roles in the gatekeeping process.

Not all gatekeeping is carried out within a formal system. In many countries, gatekeeping is conducted through non-formal mechanisms at the community level. This is particularly the case in resource-poor settings, with little or no state child protection structures at the local level. It is also important to note that gatekeeping continues to play a critical role after a child has entered into alternative care, in ensuring appropriate review of placement decisions and that the alternative care provided to a particular child continues to be needed and appropriate. Increasingly, gatekeeping decision-making processes are being retroactively applied in order to reintegrate children already in care back into their own families, or to other more suitable forms of alternative care from those where they are currently residing (as demonstrated in the case study on Indonesia in Section 2).

The five country case studies provided illustrate a number of different approaches and 'models' of gatekeeping developed in very different contexts, both in terms of the wider sociopolitical and economic contexts of each particular country, but also the nature and stage of development of their child protection and child-care systems. It is important to note that these are not provided as examples of good practice or as a 'blueprint' for gatekeeping models. Instead it is hoped that the approaches and lessons learnt from each case study can highlight some of the commonalities in terms of successes and challenges, as well as help us identify some of the important differences to establishing and implementing effective gatekeeping practice at the country level.

2 DIFFERENT APPROACHES TO GATEKEEPING: FIVE CASE STUDIES

THERE IS NO SINGLE BEST APPROACH TO GATEKEEPING. Each society concerned with preserving family care and ensuring appropriate alternative care placements when they are necessary must develop a system suited to its own child protection system. This section analyses a variety of different approaches to gatekeeping across several country contexts. It is intended to help those individuals and organizations involved in the care of children consider different models adopted as part of national care reforms in a variety of contexts, and identify key lessons learnt from what has and has not worked.

The five case studies presented here are:

- **Moldova's** administrative statutory, multisectoral commission;
- **Brazil's** coordinated social and legal responses of mandated agencies;
- **Bulgaria's** use of an existing health-care system;
- **Rwanda's** community-level preventative services; and
- **Indonesia's** approach as part of its broader efforts at deinstitutionalization.

2.1

Moldova: Gatekeeping via a multisectoral commission

This case study from Moldova demonstrates gatekeeping by a multisectoral commission.[53] It identifies lessons learnt on the value of multidisciplinary cooperation, coupled with clear lines of accountability for ensuring appropriate care of children.

Country context

Moldova is a lower-middle income country with a population of 3.5 million, 25 per cent of whom live on less than US$2 per day. In 1991 it declared independence from the Soviet Union, from which it inherited a child-welfare system heavily reliant on institutional care. The Moldovan government and local authorities, with support from international partners and non-governmental organizations (NGOs), have made great strides since independence in reforms to a care system that prevents unnecessary family separation and promotes family-type alternative care. Between 1995 and 2012, the number of children living in residential institutions decreased from 17,000 down to 4,515.[54] By 2013 there were 7,000 children living in family-based alternative care; 21 residential institutions had been closed; there were 1,200 trained Moldovan social workers, at least one in each community; 105 foster-carers were employed by local authorities; numerous services had been established; and policy and legislation had been strengthened.[55]

Early in the reform process, the immediate and underlying causes of children's placement in alternative care were identified as household poverty, violence, abuse and neglect, migration for work, lack of access to social services, alcohol and drug abuse, and anti-social behaviour on the part of children, including dropping out of school and coming into conflict with the law.[56] In 2010, more than 10,000 children were estimated to be separated from their families, with just over 6,000 in substitute care including small family-type group homes, shelters and foster-care.[57] Many children are also in informal alternative care, mainly kinship care, for which numbers are not known.

The gatekeeping system

Moldova has a comprehensive **legal, normative and technical framework** in support of a positive and consistent approach to the care of children, including gatekeeping (see Annex 3). It has numerous and integrated laws, policies, strategies, action plans, practical guides and regulations that prioritize the prevention of family separation and the best interests of the child, promote care reform and deinstitutionalization, and provide a solid foundation for high-quality processes, structures and services associated with care, although some further revisions are required. This framework includes specific processes, accountabilities and quality standards associated with gatekeeping. In particular, Moldova's *National Strategy on Integrated System of Social Services* (2009a) defines gatekeeping as "a set of actions taken

Photo: © UNICEF/NYHQ2011-1088/Holt

by competent bodies aimed at preventing child separation from the family and community by all means", while *The Practical Guide for the System for Prevention of Child Separation from the Family* (2009b) outlines the function and responsibilities of Gatekeeping Commissions.

The responsibility for **oversight and coordination** of gatekeeping, as part of a broader child protection remit, is within the Ministry of Labour, Social Protection, Family and Child. There are also national and regional Councils for the Protection of Child Rights, made up of representatives from government and NGOs, which monitor and evaluate adherence to national legislation, including with regard to care, and oversee local programmes for children and families. At the district (*raion*) and local (*primaria*) levels, oversight and coordination is led by government Guardianship Authorities.

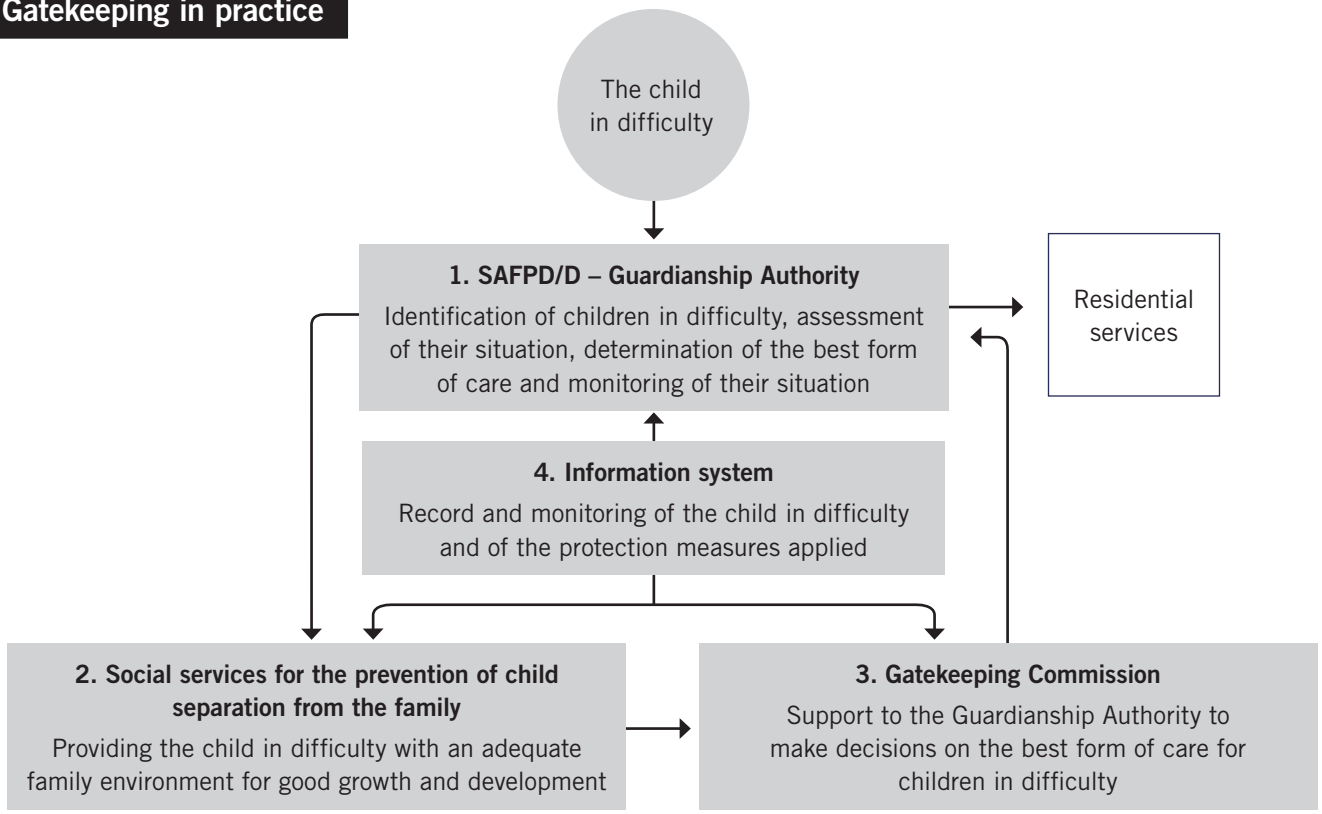
In each *primaria* of approximately 3,000 inhabitants, there is an assigned community social assistant (CSA),[58] employed by the Social Assistance and Family Protection Department (SAFPD).

Alternative care services for children include:

- Guardianship;
- Foster-care (emergency placement for infants, short-term emergency, long-term placement and pilot respite foster-care for children with disabilities);
- Family-type homes;
- Small group homes; and
- Residential institutions.

There is a dedicated **mechanism** for gatekeeping in the form of district-(*raion*)-level Gatekeeping Commissions. These are made up of a chair (the deputy district president), a secretary (non-voting), two members appointed by the District Council (who cannot be members of local authority education or social assistant departments, to ensure independence), two professionals (e.g. a psychologist, psychiatrist, doctor or teacher), two members of a local social welfare NGO and two independent members who have authority in the community and "are adequate to promote the rights of the child."[59] In 2012, there were 36 Gatekeeping Commissions, which received 1,602 cases for consideration.[60] All Gatekeeping Commissions operate on a voluntary basis, with no financial remuneration given to members.

Gatekeeping in practice



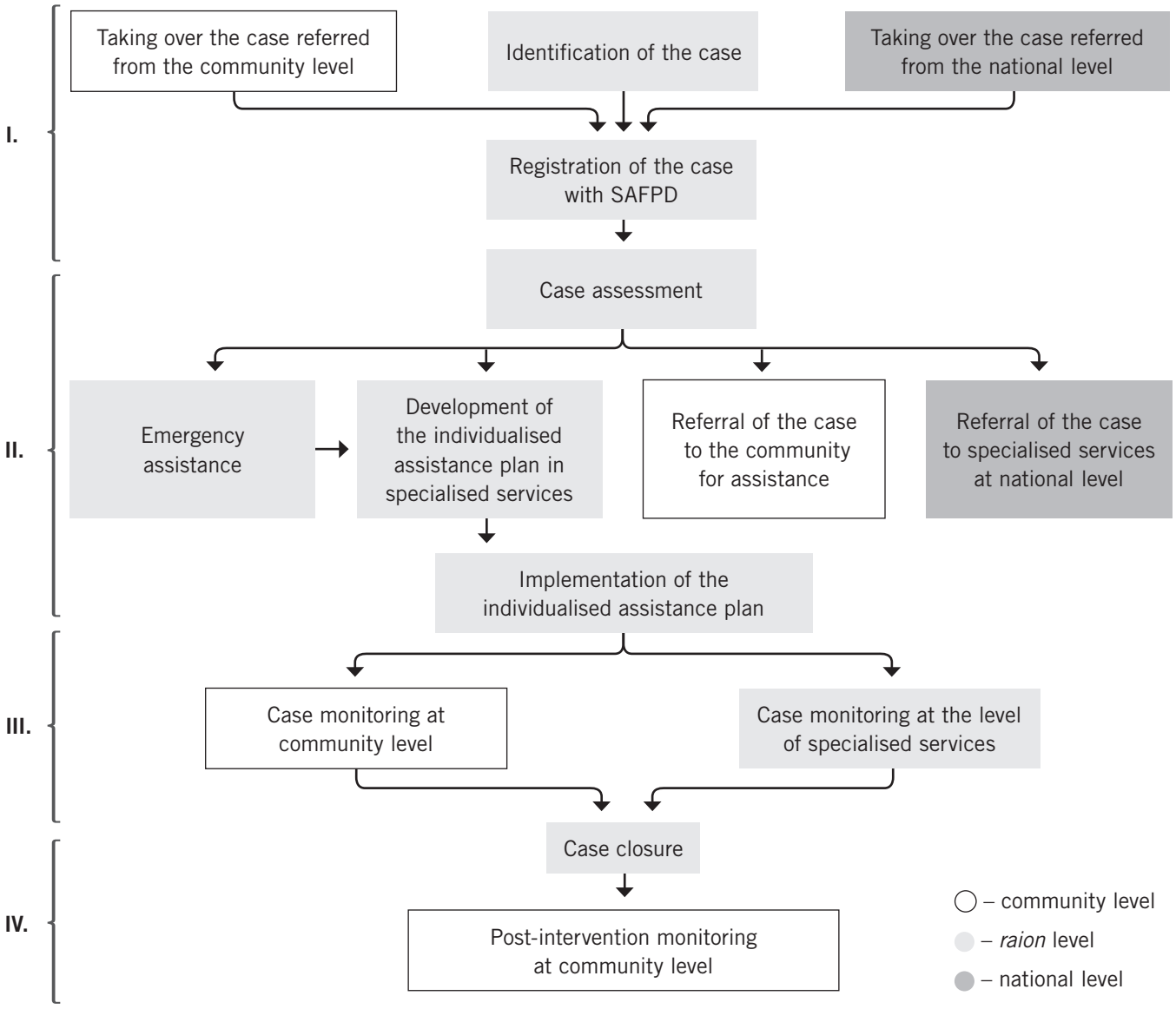
System for prevention of child separation from the family

Source: Ministry of Social Protection and Family and Child, Guidance on Gatekeeping Commissions, 2009.

Once a community social assistant (CSA) is made aware of a child at risk of any welfare problem – either by actively seeking them out or through a referral from the child, family or someone in the community – they make an initial assessment within either 72 or 24 hours, depending on the level of concern. They collect information on the child's living conditions, familial relationships, household composition, health and education status, family income, employment and social behavioural problems (see example assessment format in Annex 4). This involves the child, his/her parents and others in the family. The assessment report, including recommendations for action, is placed in a case file. If the initial assessment raises child protection concerns, the CSA must undertake a more detailed and complex assessment within ten days. This again involves the child, his/her parents, others in the family and members of their extended social network. The assessment is carried out through home visits and by using information requested from other specialists such as the police, family doctor and local school. If necessary, an Individual Care Plan is then devised with a timetable and roles and responsibilities of each service provider.

If there is concern of immediate risk to the life or health of the child, the CSA requests permission from the local mayor in their capacity as representative of the local Guardianship Authority[61] for an emergency removal of the child. The court must be notified of any such removal within three days. If a case is not an emergency, but deemed to be complex or cannot be adequately resourced at the community level, the CSA can refer to a supervising social assistant within the SAFPD at the *raion* level. If at any point during an assessment and review process it is decided that placement in alternative care is required, the supervising social assistant refers

The mechanism of case referral in the social service system: *Raion* level



Source: Ministry of Social Protection and Family and Child, Guidance on Gatekeeping Commissions, 2009.

the case to a specialist in child rights protection. They must then pass the case for consideration to the *raion* Gatekeeping Commission.

The Gatekeeping Commission is convened on a regular (often monthly) basis with additional emergency meetings as necessary. Parents and/or family members or other legal guardians are asked to attend meetings with the child of concern, who is also encouraged to participate – age and capacity dependent. All information previously gathered through assessments and all documents in a child's case file are provided to the commission, and the case is presented by the community social assistant.

The commission follows a set procedure prescribed within official guidance to assess the case and recommend a course of action to ensure the care of the child. They must be satisfied that they have sufficient information on which to base their decision and can reconvene

if more is deemed necessary. They focus on reaching decisions in the child's best interests, and ascertaining that all possible forms of support to the child's family have been considered and/or tried before resorting to use of alternative care. The commission does not have final authority, but rather passes its recommendations back to the district Guardianship Authority for a final decision, including whether to pass the case to the judiciary for legal rulings on removal of parental rights, child custody and issues of adoption. However, the commission is responsible for monitoring and evaluating follow-up to each case, and must receive regular reports from the case manager until the case is closed and the child is no longer deemed to be at risk.

Gatekeeping Commissions also participate in decision-making for children already in alternative care. When, as part of government plans, a local residential institution is to be closed, the Gatekeeping Commission is responsible for reviewing the case files of all the children concerned and making recommendations for ongoing alternative care or return to families. In this manner, each commission is aware of the child's situation from separation until a sustainable solution has been found. In addition, each commission is responsible for matching a child being placed in foster-care with the most suitable available foster-carer.[62] The commission is also responsible for the approval of local foster-carers and adjudicating/monitoring the settlement of complaints.

A further duty of a commission is to make recommendations to the district-level Guardianship Authority on the services that need to be developed. The local authority is tasked with taking these recommendations into account when planning and budgeting.

Children and young people also have a particular role in gatekeeping. There are Advisory Boards of Children (ABCs) in three pilot areas. The role of the advisory boards is to inform the local authorities (and national authorities, too) on the needs of children in alternative care, as well as to be involved in monitoring children's rights in alternative care. In one pilot area, children sometimes participate in Gatekeeping Commission sittings for the approval of foster-carers, foster-care and discussions related to the development of new services.

What works

- The establishment of Gatekeeping Commissions has provided a focus for decision-making related to preventing separation and regulating placement into institutional and other forms of alternative care. It has been reported that this is assisting in reducing the number of placements into institutional care. For example, in 2008, Gatekeeping Commissions examined 829 cases of children in difficulty, of which 639 were diverted from institutions through the deployment of community-based services, 80 were placed in family-type alternative care and 110 were recommended for institutionalization.[63]
- As members of the commission are not staff of local authority bodies that employ social welfare personnel, they can be more impartial and outspoken in their scrutiny of care plans and provisions for children. Additionally, having the deputy district president within the commission provides a stronger authority to decisions being implemented, and ensures local service providers are better informed as to child welfare needs.
- The prescribed procedures and mandates within laws, policies and guidance, as well as the training for commission members, are creating more consistent decisions based on sound evidence.
- The multisectoral nature of Gatekeeping Commission members brings in a range of helpful perspectives, which lead to better decision-making and help make connections back to programmes and policies around health, education, policing and other sectors

that impact on the care and protection of children. Taking such a holistic view of the child is important for more informed decision-making.

- The careful assessment process applied to the selection of foster-carers, and matching of carers to children, coupled with monitoring and provision of training and support, is believed to have contributed to a very low number of failed foster placements.
- Vulnerable children are being identified earlier by education and health professionals in contact with children and families, due to greater awareness of the signs of neglect or abuse.
- Improvements in data gathering and analysis are allowing for evidence-based planning as collated through use of case records, case studies, national and regional statistical data, and records of in-depth child and family assessments.

Challenges

- The effectiveness of each Gatekeeping Commission varies across the country. Some commissions are unable to handle the volume of cases passed onto them, and may not be able to dedicate sufficient time and consideration to each case. Some members find it hard to participate fully, as they balance competing professional demands. It is possible that the lack of financial remuneration for participation in Gatekeeping Commissions has contributed to this problem.
- There are still regions that have no family-based alternative care provision, so even in cases where family-based care would be the optimal decision, commissions in these areas are obliged to recommend forms of residential care. The lack of foster-carers was highlighted as a particular concern. Although strategic plans have been developed to prevent separation, financial resources for community-based services and other facets of implementation have not yet been fully realized at the local level.
- Negative social norms and values remain a challenge to positive gatekeeping. In particular, there is ongoing resistance from personnel in residential institutions to the objectives of Gatekeeping Commissions, since these are perceived to be posing a threat to their jobs. Many families, care practitioners and decision-makers continue to believe that the state can care for children better than families, a legacy of the Soviet era. Some parents have objected to the use of foster-care, as they are concerned the child will become emotionally attached to another family. A challenge has indeed been the reluctance of some children to leave their foster-carer and return to their family.

2.2

Brazil: Gatekeeping through coordinated social and legal responses by mandated agencies

This case study from Brazil explores an inter-agency approach to gatekeeping, as implemented by mandated authorities including Tutelage Councils, state social workers and the judiciary. It offers lessons for anyone operating in a setting in which a coordinated and sequential approach is developed with a culture of legal resolution. There are many other examples, such as those from England[64] and Scotland.[65]

Country context

Brazil is classified by the World Bank as an upper middle-income country.[66] It has a population of 191 million, just over 30 per cent of whom are children.[67] In 2010 there were 37,861 children registered as living in formal alternative care, including 36,929 children living in 2,624 residential care facilities, and 932 in foster-care.[68] Of those in residential care, 64 per cent were living in small group homes, 17 per cent in transit centres and 14 per cent in children's villages.[69] There are also many children in extended family or kinship care for whom there are no government data available, in part because this is not classified as alternative care in Brazil. There are 23,973 children registered as either living or working on the streets, although the actual figures may be far higher,[70] the majority of whom are from poor and marginalized communities and have one or both parents living. Poverty, violence in the home and substance abuse drive many children onto the streets and into alternative care. In addition, neglect, sexual abuse and abandonment are key causes of children being placed into formal care by the authorities. Cultural norms and values associated with violence, gender and race underpin much of the neglect and abuse of children.[71]

The Government of Brazil has taken great strides in transforming its work with vulnerable children and families, moving away from a reliance on residential care and towards a stronger focus on families. This is supported by comprehensive legal and policy frameworks and action plans, all of which seek to strengthen the capacity of families to thrive and to care for their children effectively. Poverty, and its impacts on care and protection, is responded to through social programmes. Work is also being done to reintegrate children living or working on the streets or in residential care with their families, or to find them a foster-care placement or new permanent home when appropriate.

There is also greater investment in family-based alternatives for children who cannot be cared for at home. This includes the recruitment of foster families, which has led to a significant increase in foster services nationwide. Furthermore, there is now a legal limit of two years on the length of time children may be in alternative care, unless there are well-founded reasons for a longer stay. Alongside investment in alternative care, there is also a growing campaign for national adoption.

The gatekeeping system

Photo: © UNICEF/NYHQ2001-0442/Versiani

Brazil has an extensive **legal and normative framework** relating to the care of children, including gatekeeping (see Annex 3). There are numerous laws, policies, regulations, strategies and action plans that seek to strengthen families and prevent unnecessary separation, prioritize family-based alternative care, pursue reintegration, and promote the participation and best interests of the child. The roles and responsibilities for ensuring the care of children, including gatekeeping, are clearly set out. In particular, the *Statute of the Child and Adolescent* (formed in 1990 and amended in 2009) calls for inter-disciplinary assessments and responses. It stipulates that placements into alternative care, including foster-care, can only be authorized by the judiciary, and must be provided only in exceptional circumstances and as a temporary measure with a maximum of two years, unless it is proved to be in the child's best interests to remain longer. Alternative care provision under Brazilian law must be kinship care, or in small-scale residential facilities housing no more than 20 children.

The Ministry of Social Development and Hunger Alleviation is responsible for **coordination and oversight** of child protection and social welfare issues, including gatekeeping. Within this, the Secretariat of Social Assistance oversees the provision of social welfare support, including that associated with the care of children. Resources are allocated via reference centres available in each of Brazil's municipalities. These are divided into Social Assistance Reference Centres (SARC), which employ a team of social assistants and psychologists dedicated to prevention work with children and families; and Specialised Social Assistance Reference Centres (SSARC), which contain teams of social workers, psychologists and lawyers dedicated to responding to cases of abuse and where there is heightened risk of family separation, or if a child is already without parental care. Staffing levels vary according to the level of need within a municipality. Usually, a SARC will have five staff for every 2,500 families and a SSARC will have seven staff for every 50 cases. The government, in partnership with national and international organizations, has increased the number of social workers and other professionals accredited and employed in reference centres by 30 per cent since it began investments in 2005.

There is a **range of services** for the care of children, including those aimed at preventing unnecessary separation and supporting the reintegration of children outside of parental care into a family setting. These include universal services such as cash transfers and other social benefits, employment and housing support, as well as targeted services, including counselling, alcohol and drug addiction therapy, outreach to children living or working on the street, parent craft support, daycare for young children, and short-term foster-care services. There are also several alternative care services that provide short-term residential care while a permanent solution is found; foster-care and family-like care (children's villages); small group homes and supervised independent living. Small group homes make up more than 50 per cent of alternative care arrangements for children. A residential care facility may not accommodate

more than 20 children at any given time. Although kinship care is not recognized as being part of the alternative care system, it is often formalized through a guardianship agreement with local authorities.

There are several **information systems,** including a national case management database that records details of individual children who have come into contact with a gatekeeping mechanism (the 'Information System for Childhood and Adolescence'). There is also a national database of children and adolescents in alternative care managed by the Ministry of Justice. However, the latter is not fully implemented in all areas of the country. Those involved in gatekeeping and service provision associated with care can access these databases. Some municipalities also operate their own databases, such as Rio de Janeiro.

There is a dedicated **mechanism** for gatekeeping. This is made up of Tutelage Councils, the Court of the Child and Adolescent, the public defender and the public prosecutor:

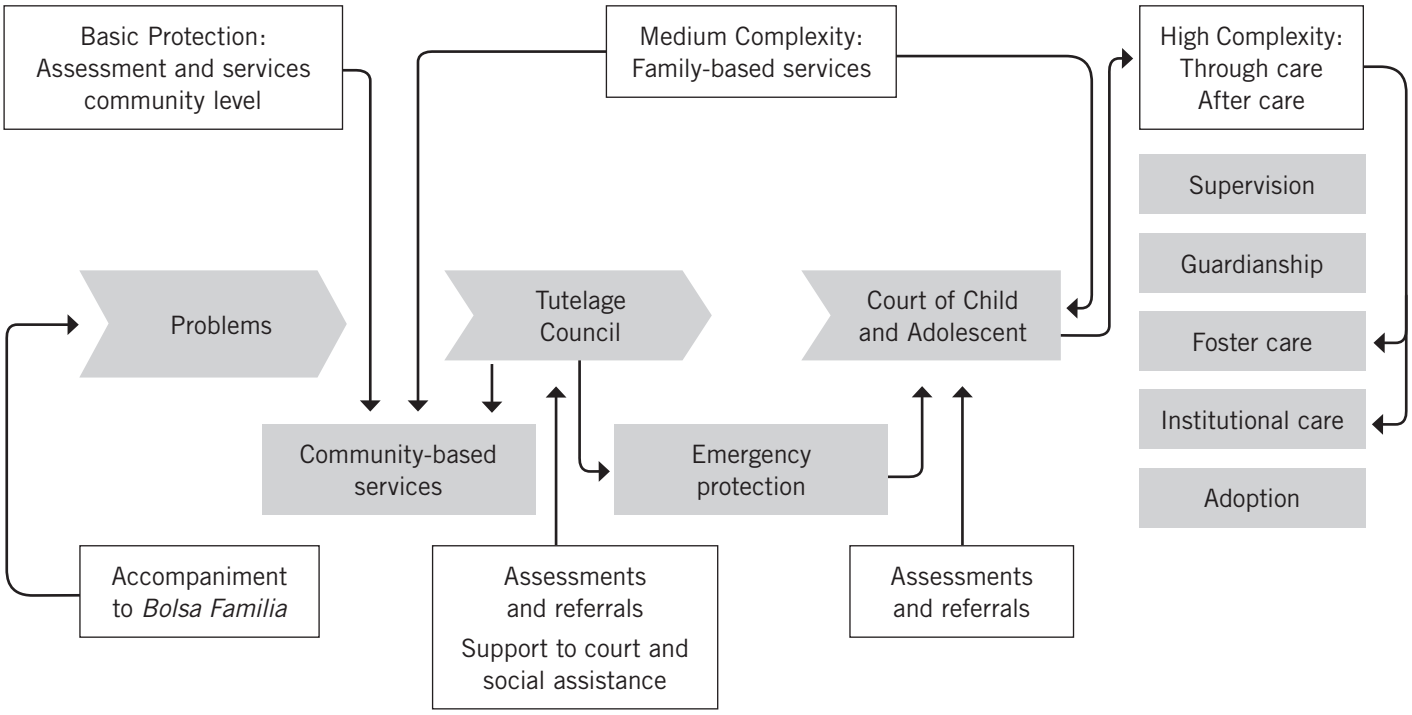
a. **Tutelage Councils** were formed in 1990 as autonomous and non-judiciary statutory bodies. They sit at the municipal level, each serving an area of 100,000 inhabitants.[72] Councils are composed of five members (councillors) employed for a term of four years. Councillors can be anyone over the age of 21 from the local community, subject to background checks. Some municipalities have added requirements such as their having relevant child rights experience. The candidates must pass a written exam, including on child protection issues, and they are also expected to undertake specific training. In 2012, there were 5,906 Tutelage Councils in the country, with at least 29,530 councillors covering 99 per cent of municipalities across Brazil.[73] Councillors are paid a small salary, as this is in most cases a full-time job. The specific duties of Tutelage Councils are listed in the *Statute of the Child and Adolescent* (Articles 95 and 136) and include: receiving complaints of child-rights violations; overseeing case management; and making referrals to the judiciary authority.

b. **A Court of the Child and Adolescent** is available in every municipality and has the jurisdiction to rule on legal orders concerning the placement of children into alternative care, guardianship and adoption.

c. **A public defender** is a legal representative acting on behalf of the child or adolescent. They initiate and monitor actions for custody and guardianship. Although Article 141 of the statute stipulates that all children must have access to a public defender, they are present in only 796 of Brazil's 5,570 municipalities.[74]

d. **A public prosecutor** is a legal representative acting on behalf of the state in cases where the removal of parental rights is being considered. They present recommendations to the Court of the Child and Adolescent for the placement of a child in guardianship or alternative care, and request investigations, police interventions and other measures in child abuse cases.

Gatekeeping in practice



Source: Family for Every Child, Improving Social Work in Brazil. The Results of an Appreciative Inquiry on Social Work with Vulnerable Children and Families in Brazil. *Family for Every Child, London, 2009.*

Anyone can report their concerns about a child to the local authorities. The Tutelage Council has the primary responsibility to receive reports. However, social assistants also receive reports while working in the community. Concerns can be reported in person or by phone, including through a dedicated hotline service [Disque 100], which is relayed to the Tutelage Council. Information gathered during the initial referral is recorded and placed on the national Information System for Childhood and Adolescence.

A councillor from the Tutelage Council undertakes a basic assessment of the reported child. The assessment process varies according to each case, but usually includes home visits and interviews with the child, family and key people in contact with the child. If there are already concerns of serious violations, a lawyer will also be a member of the assessment team. Information is recorded in a standardized form, which is used nationwide to assist with consistent information gathering (see Annex 5).

It is also recorded on the nationwide Information System for Childhood and Adolescence. In some instances, the councils may employ social workers and psychologists to work with them. If the child is assessed as not being at risk of harm, the council can immediately direct the case onto the social welfare support services (SARC). If there are more complex concerns, the council will undertake a more in-depth assessment in partnership with SSARC or a non-governmental provider.

Findings of the assessment are discussed between council members and the social assistance staff assigned to the case, and recommendations agreed upon. This is written up into an Individual Plan of Support (an example of which is provided in Annex 6). In accordance with legislation and regulations, all attempts should be made whenever possible to provide support that would enable the child to remain with his or her family. This might include referral to local services and social benefit schemes. The

Photo: Genna Naccache/Save the Children

Individual Plan of Support is implemented by staff of the Secretariat of Social Assistance, and overseen by the council.

If the council decides that a child should be removed from parental care, it refers the case to the public prosecutor. They then present the case to the Court of the Child and Adolescent, along with all original assessment reports, findings and recommendations, and any other of the child's personal documents. The judge can request further information before reaching a decision. In principle, the child should be represented by a public defender although, as stated earlier, this role is often under-resourced. If the judge recommends that the child should remain with their family, they also stipulate what additional support must be provided.

Children can only be placed in alternative care through a judicial order. In emergency situations, a child can be placed in care without these procedures, pending court approval within 24 hours. Decisions are based on the assessed risk of harm to the child, together with the availability of local services. If a child cannot remain in parental care, kinship placements are preferred. If it is in the best interests of the child to be cared for outside of the family, the judge can choose between residential care in community-based group homes, foster-care or supervised independent living.[75]

Monitoring and evaluation is a continuous process, with the participation of the child and the family. The Plan of Support is updated and a report submitted every six months to the Court of the Child and Adolescent. The law states that the maximum period a child should remain in alternative care is two years, unless it is in the best interests of the child to remain longer. In such cases, the social assistance team must seek written approval from the court.

Since 2010, the gatekeeping system has been rolled out to children already living in residential care. This takes the form of 'concentrated hearings' held in the care facility. These involve representatives of the judiciary, the prosecutor, public defender, the child, the family and members of a multidisciplinary social assistance team. The aim of the hearing is to evaluate and expedite the best care option for the individual child, whether this is reintegration, alternative care or adoption.

What works

- According to two national surveys conducted in 2003 and again in 2010, there has been a significant reduction of 50 per cent in the use of residential care.[76]
- The length of time children are spending in out-of-home care has also decreased, from 2.5 years in 2010 to 1 year and 10 months in 2011.[77] Poverty is no longer the primary reason for children being placed into alternative care (down from 24.1 per cent of all cases in 2003 to 9.7 per cent in 2010),[78] which may indicate increased priority being given to preventing family separation. However, further research is required to understand what precise contribution gatekeeping mechanisms are

making to these trends, as opposed to broader changes being made to the child protection and social welfare systems.

- The Individual Plan of Support has been crucial in enabling those involved in gatekeeping to make effective decisions and to facilitate reintegration. The multidisciplinary structure of concentrated hearings is leading to better care for children. In particular, the involvement of representatives from different professions, as well as the child and their family, is encouraging judges to listen and taken into account a wider range of expert opinion. These different actors are also working together more consistently in the assessment and follow-up of cases, leading to better decision-making and preventing unnecessary family separation.

Challenges

- Despite these positive trends, there were 36,929 children in residential care in 2010, and only 932 in foster-care. This was due in large part to a chronic lack of family and community support services, which leave gatekeeping mechanisms with limited options to support children in their own families or provide family-based alternative care. For example, services confronting violence, abuse and sexual exploitation of children and adolescents cover only 39 per cent of municipalities; supervised independent living is provided in less than 1 per cent of municipalities; only 9.2 per cent offer foster-care; and services for children with highly complex needs are scarcely present countrywide when compared to other levels of care.[79]
- Since 2010, the Government of Brazil has increased investment in family-based care services, in particular through a national campaign to increase foster-care provision. However, more research is needed to demonstrate the impact this has had.
- Many of those involved in gatekeeping receive little or poor-quality training, which limits their abilities in assessments, analysis and decision-making. Training for members of the Tutelage Councils, Social Assistance Secretariats and the Courts of the Child and Adolescent should include child development, standards of childcare, and understanding relevant legislative and normative frameworks. However, the actual quality and content of training varies across municipalities.
- Low salaries for some professionals involved in gatekeeping, particularly social workers from the Social Assistance Secretariats and members of the Tutelage Councils, discourage high-quality professionals from entering and remaining in this field of work, and can result in those already working becoming frustrated or discouraged.
- While Brazil has a strong legislative framework in support of care reform, its implementation is moving slowly. This is due to entrenched child-welfare and care practices among policy-makers, decision-makers and practitioners; social and cultural norms among wider society that perpetuate inadequate care; a lack of financial resources to provide the necessary structures and services; and a lack of cooperation and cross-sectoral working between different areas of public policy.
- The root causes of inadequate care, including poverty, inadequate housing, and drug and alcohol addiction, persist as significant challenges. While efforts are being made to address these, including widespread increases in the provision of social protection cash transfers, the impact of these programmes on the care of children is not yet understood.
- Data associated with the care of children is not always collected, managed or used effectively. In particular, the Database on Children and Adolescents needs to be expanded to be made nationwide.

2.3

Rwanda: Gatekeeping through family support at the community level

This case study from Rwanda demonstrates a model of preventive services for vulnerable children and their families undertaken at the community level. In addition to the CRC and other international instruments, Rwanda's efforts are guided by the African Charter on the Rights and Welfare of the Child, which calls on states *"to assist parents and others responsible for the child in the performance of child-rearing"* and *"in case of need provide material assistance and support programmes, particularly with regard to nutrition, health, education, clothing and housing."*[80] The charter also includes provisions affirming the role of the family as the natural unit and basis of society, and every child's entitlement to the enjoyment of parental care and protection.[81]

Although gatekeeping is relatively new in Rwanda, it is acknowledged to be a key part of a broader care-reform process. Gatekeeping mechanisms have been developed and piloted in several districts across the country. This particular example is the ACTIVE Family Support model, which is being piloted by Hope and Homes for Children on behalf of the Government of Rwanda in three districts of Rwanda to support vulnerable families in order to prevent unnecessary separation and reduce institutionalization of children.

Country context

Rwanda is a small and densely populated low-income country.[82] It has an estimated population of 11.5 million,[83] almost half of whom live below the poverty line, and 90 per cent of whom are engaged in subsistence agriculture.[84] Despite this, Rwanda boasts an extensive and globally recognized community health worker programme, a health insurance programme and a targeted social protection programme (known as VUP).[85]

The country also has one of the highest primary school enrolment rates in Africa. Rwanda has been significantly affected by HIV and AIDS and is currently ranked 21st in terms of prevalence; 2.9 per cent of the adult population are living with the virus.[86] The importance placed on family-based care for orphans was significant following the genocide in 1994; this approach has continued since then, but with an even stronger and more intense focus in the past couple of years.

The Government of Rwanda, with support from national and international civil society, has invested in a programme of national care reform with a focus on prevention, reintegration, deinstitutionalization and social welfare workforce strengthening. Gatekeeping is recognized as an important part of the care-reform process. However, there is only nascent recognition of what a gatekeeping mechanism is and how it can help prevent unnecessary family separation and placement in institutional care.[87]

Informal kinship care is the predominant form of alternative care in Rwanda. Although precise numbers of children are not known, in 2010, 22 per cent of households nationwide contained children who had been informally 'fostered' by grandparents, uncles, aunts and other extended family; of these, 3 per cent were double orphans.[88] Formal alternative care is far less common. In 2012 there were 3,323 children registered as living in 33 residential care facilities, not including facilities for children with a disability.[89] This was down from 12,704 children in 77 centres in April 1995.[90] In addition, there were 1,196 children registered within 25 residential centres for street children, 117 children living with their mothers in detention and 19 children in formal foster-care.[91]

Photo: Hannah Maule-Ffinch/Save the Children

The causal factors attributed to children being separated, or becoming at risk of separation, from parental/family care include death of parents, poverty, divorce, single parents lacking family support or abandoned by partners, intra-familial conflict, domestic abuse, a parent/guardian in prison, physical, mental or other health concerns, large numbers of children in a household, and unwanted pregnancies. All these factors are compounded by limited or no access to local social support services.[92]

The gatekeeping system

Rwanda has a comprehensive **legal and normative framework** associated with gatekeeping that reinforces many aspects of the principles of 'suitability' and 'necessity' (a list of relevant laws, strategies and policies is available in Annex 3). The Constitution of Rwanda emphasizes that the family is the natural foundation of society, and that both parents possess the right and duty to bring up their children. There are laws promoting the care of children in a family environment; outlining procedures and time limits for case management; mandating the judiciary to decide on placements in alternative care; and criminalizing child abandonment. There are strategies and plans for orphans and vulnerable children (OVCs), as well as a national child-care reform strategy. In particular, the *Strategy for National Child Care Reform (2012)* and the *Tubarerere Mu Muryangyo* ('*Let's Raise Our Children in Families*') programme (2013) seek to build a family-based and family-strengthening system to protect children. This includes the closure of 33 residential institutions and the reintegration of 3,323 children into family-based or family-type care, increased support to families to prevent separation, and the transformation of orphanages into child-centred community-based services. The national care-reform strategy promotes the systematic use of assessments for each child, decision-making based on findings, and intensive planning and support for safe family reintegration or, when not possible, alternative care as a priority. It prioritizes the placement of the child in extended family or an alternative family setting when alternative care is necessary, in conformity with Rwanda's legal and policy framework. The strategy also promotes data management to support planning and calls for efforts to build human skills and technical capacity of structures at the national and district levels, with responsibility for care and protection.

The responsibility for **oversight and coordination** of gatekeeping is held within the Ministry of Gender and Family Promotion (MIGEPROF). This ministry develops and oversees the implementation of policy and programmes for children and families, including coordinating governmental and non-governmental organizations and the implementation of the Plan of Action for Orphans and Vulnerable Children (OVCs) through a minimum package of integrated services. There is a National Commission for Children, answerable to the ministry, with a legal mandate to oversee and coordinate the care-reform strategy and the child protection system more broadly. Within this role it coordinates the implementation of the child-care reform strategy through the Tubarerere Mu Muryangyo programme; builds professional skills associated with care and protection; and mobilizes and monitors resources. There is also a Program Coordination Team made up of members of the National Commission for Children, UNICEF, Hope and Homes for Children and Global Communities, which promotes cohesion and coordination in support of the the Tubarerere Mu Muryangyo programme.

Services associated with gatekeeping are provided through a combination of state, voluntary and civil society resources. [93] Rwanda is divided into 30 districts, 416 sectors, 2,148 cells and 14,843 villages. Social work is still under-developed. Of a planned 68 social workers and psychologists due to work in pairs in each district by 2016, a total of 28 were recruited in 2013. The remainder were due to be employed in 2014. They report to the district-level Vice-Mayor of Social Affairs and collaborate with the Family Promotion Officer within the Ministry of Gender and Family Promotion. Working together with mandated civil society organizations, their role is to conduct the deinstitutionalization process assessments; provide support to families to prevent separation; refer children and families to support services; support family reunification; oversee the placement of children into alternative care and to monitor each case; and to train and support volunteers at the sector and village levels. Capacity building of these social workers and psychologists is a central part of the care-reform programme.

It is to be noted that there are also social workers across the country employed through civil society organizations, complementing the work of government welfare staff. There are also child protection committees being established at all levels. These are made up of government and voluntary representatives, some of whom receive a small amount of financial support from the state. They conduct awareness raising on child protection issues, including care, identify vulnerable children, provide support to children and families, make referrals to the gatekeeping system, allocate emergency funds for child protection, and monitor and evaluate child-rights violations. Finally, there are volunteer 'cadres' at the sector and village levels who serve as community-based health-care workers, psychosocial workers and social workers working on a range of welfare issues, as well as on various child protection networks. There is also a considerable number of national and international NGOs operating across Rwanda, providing child protection and care services funded by government and donor assistance.

There is a range of services that seek to strengthen families. For example, health insurance initiatives cover between 85 and 96 per cent of the population,[94] while 143,000 people were covered by a cash transfer programme in 2012.[95] There is also a Genocide Survivors Support and Assistance Fund, which is 5 per cent of the national budget and supports more than 300,000 victims of the 1994 genocide.[96] Through this fund, many families at risk of separation receive a monthly economic allowance, livelihood support, educational scholarships and/or medical assistance.[97] Vulnerable families also receive support on employment, food security and loans with support of international NGOs.

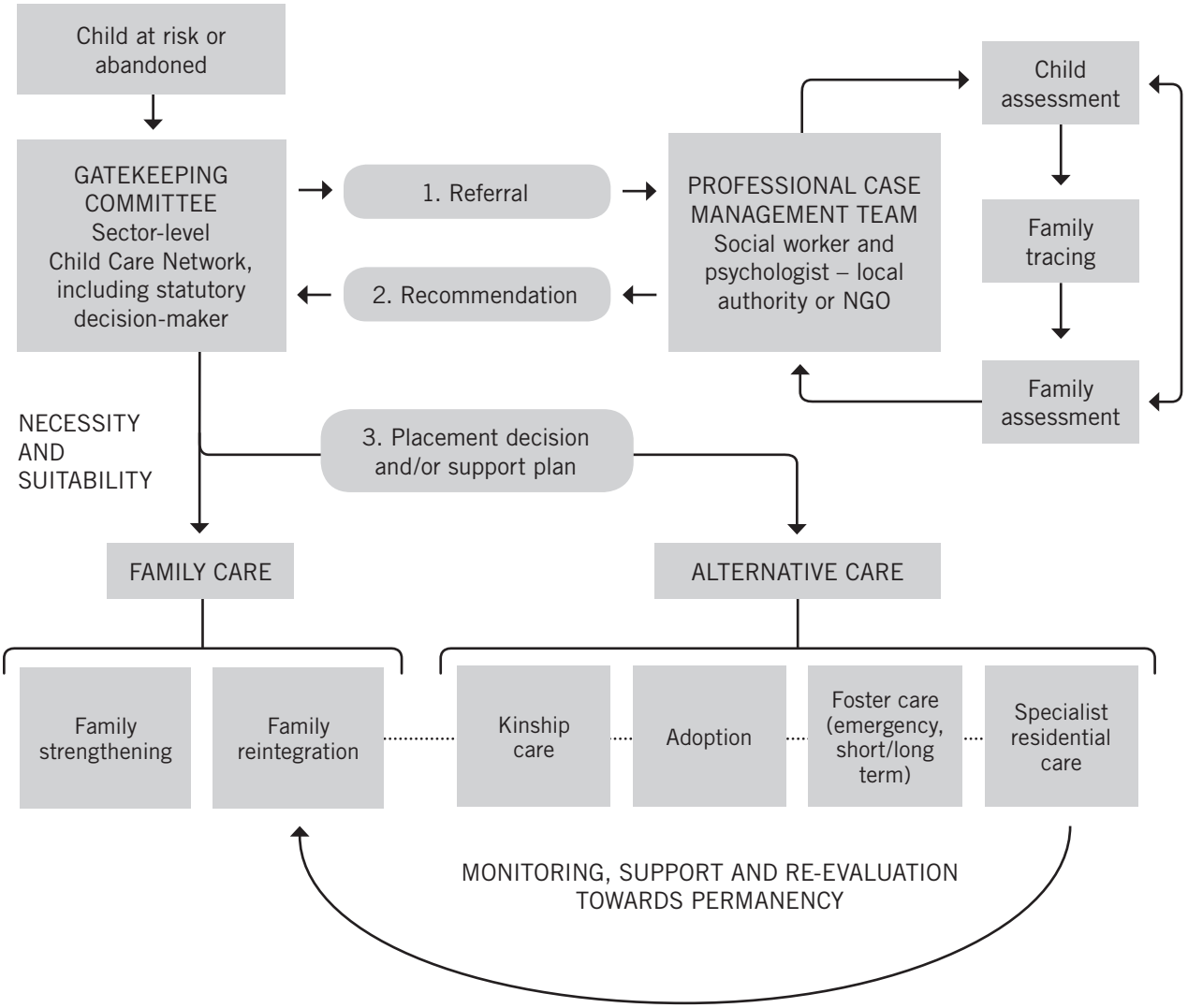
The Government of Rwanda, in partnership with national and international support, is developing a range of **tools and protocols** associated with

gatekeeping. These include *Guidelines on foster-care, kinship care, national adoption and inter-country adoption,* a *Ministerial Order on Child Welfare Institutions* and *Guidelines for Districts and Sectors on child protection and family based care* – all of which are pending final approval.

There are several initiatives around **data collection and management** associated with gatekeeping although, as yet, none of these are nationwide or used systematically. For example, Child Protection Committees maintain a database of child protection violations. In addition, the National Commission for Children oversees a common framework for data collection, monitoring and evaluation, and the collection and dissemination of best practices.

The **gatekeeping mechanism** described below is available in five districts of Rwanda, with the support of Hope and Homes for Children (HHC).

Gatekeeping in practice



ACTIVE Family Support Programme, *Hope and Homes for Children, 2014.*

HHC's ACTIVE Family Support Programme is a flexible and holistic model used to provide protection and support to vulnerable children and families in the community, particularly children in care and those at risk of institutionalization or separation from their family.

In Rwanda, it is overwhelmingly members of the community who are first aware of local children in difficulty and at risk of losing family care. HHC has trained members of the community to recognize signs that could signify a risk of separation of children from family care and undertake initial assessments. Once a child and their family have been brought to the attention of the local authorities, a referral is made to a team composed by government social workers and psychologists and HHC staff. A case management team, consisting of a social worker and psychologist, then conducts a comprehensive assessment. This seeks to create a holistic picture of the child's situation, by covering both positive and challenging aspects according to the following five core areas:

1. **Living Conditions**: including issues of adequate and secure housing; house condition; access to electricity and running water; condition of household goods; ability to pay for any rent, household bills, food, clothing and other household supplies;

2. **Health**: including health concerns; access to primary health-care services and specialized medical services; access to family planning and counselling; use of medical insurance and ability to purchase medicines;

3. **Education**: including children's access to, and attendance at, school; parents' education and interest in their children's education; access to education and ability to pay school fees, and for school materials and transport to school; access and involvement in extracurricular activities;

4. **Family and social relationships**: including intra-familial relations and conflict; provision of care and support to a child; social networks; interaction with other community members; and

5. **Household economy**: including receipt of any state benefits; ability to manage household finances; employment status, employment skills and debts.

The social worker conducts several visits to the child's place of residence to consult with the child, his or her family, and with others in the community, for example, local teachers and health workers. Through these consultations, the case management team creates an individual *Support Plan* containing specific goals, milestones, timings and the roles and responsibilities of those involved. It can include targeted as well as universal support, and takes a broad social protection perspective on family strengthening, addressing any one or all of the five core areas analysed in the *assessment*. The *Support Plan* is created in partnership with all those consulted, to help ensure they will be ready and willing to provide future support as required. In particular, the participation of the child him- or herself is encouraged, depending on their maturity and capacity, and particular emphasis is placed on their concerns and preferences.

The NCC–HHC team leads the implementation of the Support Plan by working directly with the child, family and local stakeholders, including referring the child to local services and conducting regular visits to provide support and monitor the case. The case manager reviews the case on a regular basis, at least every three months, until it is assessed that the child is no longer at risk of inadequate care. The intended outcomes of this intervention include secure housing and adequate living conditions; access to health services; access to education; strong family relationships; social skills and integration into the community; and an improved financial situation. Although HHC works towards a safe,

strong family environment in a given timeframe, the organization recognizes that it is important that support is withdrawn when the family is ready, rather than after a fixed period of time, and that necessary referrals and support services remain in place.

What works

- The National Commission for Children and HHC have supported more than 1,000 cases since its implementation, where there have been concerns for the care of a child to be addressed through community-level support to vulnerable families. In all cases except one, the work has been successful and has prevented the separation of the child from their family.
- Training and awareness raising within the community have enabled vulnerable children to be identified early and to receive support before separation takes place.
- Having a dedicated trained social worker assigned to the case for an unlimited period, with the training and resources necessary to act in a timely and consistent manner, has also helped to ensure that children and families receive effective support.
- Government and community stakeholders at both the local and district levels are being trained and supported to use the methodology of the ACTIVE Family Support model with a view to them becoming more involved and to replicating the model in other areas.
- Linking support to children at risk with broader social welfare programmes has been shown to be particularly effective. For example, providing cash transfers, employment support and health insurance to the families of children at risk of separation or in the process of reintegration has been shown to be effective in improving the care of children.
- The national strategy for child-care reform provides clear mandates and protocols involving government, the UN, NGOs, faith-based organizations (FBOs) and members of the community, which helps to ensure a unified approach. It also emphasizes and builds from positive traditional care practices, including those associated with gatekeeping.
- Ministerial-level accountability for oversight and coordination of the care reform, including gatekeeping, is helping to sustain momentum and motivate action and collaboration across a wide range of sectors. This has been reinforced by the establishment of the National Children's Commission.

Challenges

- Tackling the poverty driving many cases of inadequate care, particularly separation, is a huge challenge; this is often not possible to achieve given existing resources.
- Grandparents, aunts, uncles and other extended family members looking after children in informal kinship care are under increasing financial pressure and not always able to cope; this leads to poor standards of care.
- More care resources and services are needed at the local level. In particular, more social workers are required to respond to the volume of cases identified by the community; more family and community-based services are needed, particularly temporary alternative care services such as formal foster families; and more support is required for children with disabilities.
- Residential care institutions continue to take in children, without them first having gone through gatekeeping procedures. More resources are needed to regulate and enforce standards associated with gatekeeping and alternative care provision.

2.4

Bulgaria: Gatekeeping through the health-care system

This case study from Bulgaria provides an example of gatekeeping through the maternal health-care system. It focuses on the role of gatekeeping in preventing infants from being unnecessarily separated from their parents and/or from being placed in inappropriate alternative care, particularly institutional care. It demonstrates how the health and child protection sectors can work together to deliver better care outcomes for children. This example highlights the work of the For Our Children Foundation,[98] which is an NGO contracted by the Government of Bulgaria to provide social services and to deliver its commitments to prevent unnecessary family separation, promote family-based care and reduce the inappropriate use of institutional care.

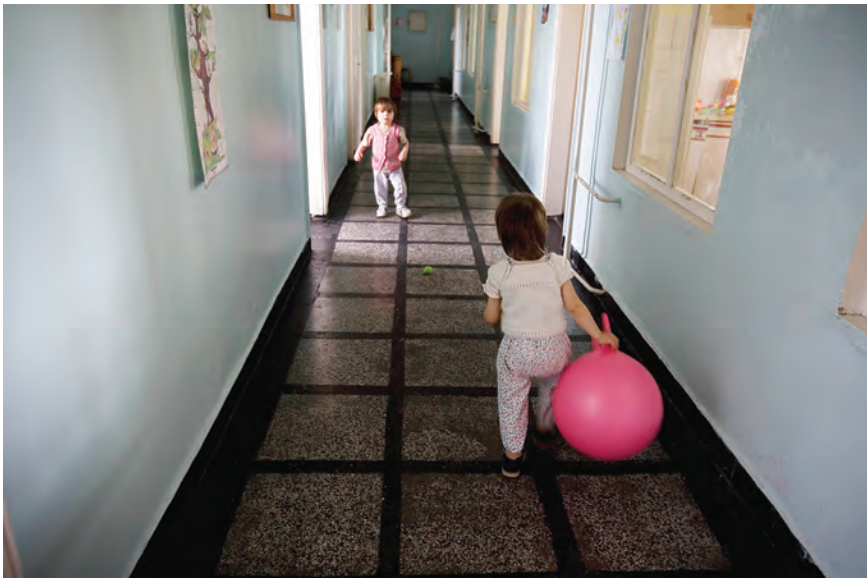
Country context

Bulgaria is classified by the World Bank as an upper middle-income country.[99] It has a population of 7.3 million, 1.3 million of whom are under 18 years of age.[100] The Government of Bulgaria is highly committed to improving the care of children. It has taken important steps towards reforming and modernizing child-care systems, moving away from a largely institutional care system and towards one that is more focused on prevention and family-based care. As a result:

- The number of children in residential institutions dropped by more than 40 per cent in terms of the rate per 100,000 children population between 2001 and 2010.[101] In particular, there has been a decrease in the number of children in infant homes, from 3,375 in 2000 to 1,820 in 2011 and, of these children, the number of 0–2 year olds has decreased from 2,472 in 2005 to 1,294 in 2011.[102]
- There has been a concerted effort to deinstitutionalize children already in institutional care. Between 2005 and 2011, there were 7,413 children reintegrated with their families, 1,248 placed into family-based care and 984 adopted.[103]
- Many more children are being placed in alternative family-based care. In 2013, it was reported that 1,847 children were living in foster families, while between 2005 and 2014, the number of registered foster families rose from just 60 to 1,796.[104] In 2012, there were an estimated 6,380 children living in formal kinship care.[105]

Despite these efforts children, especially infants, continue to be placed into institutional care. In 2012 there were 4,122 children living in 127 institutions, including homes for infants, for children with disabilities and other children (this does not include special schools or small group homes).[106] In 2010, of all children registered as living in alternative care, approximately 35 per cent were in residential institutions and 34 per cent in boarding schools (including 2 per cent

in correctional schools) with only 1 per cent in foster-care and 28 per cent in guardianship (including formal kinship care).[107] The majority of children living in alternative care are from poor, excluded and minority groups; in particular, the Roma community and children with disabilities together represent 46 per cent of the total number of children in residential care.[108] It is also important to note that there is an unknown number of children who have been placed in informal alternative care without having first registered with the authorities. This is due, in part, to the fact that there is no statutory body responsible for informal care.



© UNICEF/NYHQ2011-1045/Holt

Poverty, disability and a lack of support are key drivers of infant abandonment. A recent survey[109] of mothers wishing to give up their children at birth found that often there is a combination of reasons. The survey found that of mothers who gave up their children, 75 per cent said this was a result of poverty; 33 per cent because of parental disability; 30 per cent because the infant had a disability; 65 per cent had poor housing conditions; 48 per cent lacked support to care for the child themselves; and 8 per cent had drug or alcohol addictions.[110] Eight per cent of mothers in this study had lived in institutional care themselves. Additionally, there were significant numbers of unmarried women who were unsupported by the father, or who had identified their partner as being violent or who were addicted to drugs or alcohol.

The gatekeeping system

Bulgaria has a strong **legal and normative framework** associated with gatekeeping, including laws, policies, strategies and regulations (for a complete list, see Annex 3). This includes the Family Code (2009), which confirms the child's right to a family and parental care, outlines the conditions under which parental rights can be removed, and emphasizes the best interests of the child, participation and reintegration; and the Child Protection Act (2000) and subsequent amendments, which prioritize prevention and social assistance, and provide for the placement of children in extended alternative care, removal or limitation of parental rights, and the approval and training of foster and adoption families. These are supported by the Regulations for the Child Protection Act (2003), which outlines in more detail the roles, procedures and quality standards associated with the entire case management process, foster-care, adoption and the special placement of children with disabilities, as well as licensing regulations for social service providers.

The Social Assistance Act (2002) outlines policies associated with social work and prioritizes support in the community, with specialized institutions to be used only as a last resort. The *Regulations for the Implementation of the Social Assistance Act* (2003a) lays out procedures, quality standards and regulations in more detail, including the responsibility of hospital staff to report any new-born at risk of abandonment. There is also more specific *Methodological Guidance on the Prevention of Child Abandonment in Maternity Hospitals* (2003b). There is a National Strategy for Children 2008–2018, which prioritizes support to families to enable them to care for their children, as well as a Vision and Action Plan for

Deinstitutionalisation (2010), which commits to closing 130 institutions by 2025. There is still no legal provision prohibiting placement of children aged 0–3 years of age into institutional care. However, government policies and strategies aim to provide all babies and infants needing alternative care with foster-care or kinship care, and to reintegrate children already in infant homes with their own biological family.

The Ministry of Labour and Social Policy leads the **coordination and oversight** of gatekeeping. Within this, there are two key executive agencies associated with care. First, the State Agency for Child Protection develops, monitors and analyses state child protection policy; manages programmes; develops regulations and standards for social services for children; and contracts and monitors children's social service providers. Second, the Directorate for Social Assistance (within the Agency for Social Assistance) provides child protection advice, support and services to vulnerable children, both within families and in alternative care; prepares assessments and reports; selects and trains foster-carers; brings cases to court for the removal or limitation of parental rights; and administers social benefits. These functions are undertaken by specific Child Protection Departments, managed by the directorate. There is also the National Council for Child Protection, which brings together representatives from different ministries and NGOs to develop child protection policy.

With regards to **resources** for gatekeeping, the Directorate for Social Assistance has offices in every one of Bulgaria's 28 administrative regions, as well as in each of the 147 municipalities. There are Child Protection Departments in every municipality, which house one or two social workers. Some departments also have a psychologist and a lawyer. They are tasked with all aspects of case management throughout the entire gatekeeping process, including recommending judicial consideration of placement in alternative care or removal or limitation of parental rights; facilitating reintegration; and recruiting and matching foster-carers with vulnerable children. In 2011, there were 811 social workers in Child Protection Departments;[111] 30 judges were at the time of writing receiving training on decision-making associated with care, including on use of assessments and determining the best interests of the child. Training on child-friendly practices, including the identification and handling of cases associated with care, has also been incorporated into the police academy curricula.

There is a range of **services** associated with care. Many of these services are provided within Community Support Centres, some of which are managed by local NGOs contracted by the state. Services include:

- Family counselling and support through social, psychological and legal services;
- Improving parenting skills through counselling and support;
- Mediation for improvement of relationships within the family, extended family and supportive environment;
- Support to children with disabilities and their families;
- Support to children in difficult circumstances, i.e. runaways and street children;
- Individual and group social counselling during pregnancy and after giving birth;
- Family planning education and advice;
- Preparing separated children and families for reintegration, where identified as possible;
- Providing post-reintegration follow-up support; and
- Development of foster-care services, including assessment, training and support of foster parents, and monitoring and support for foster placements.

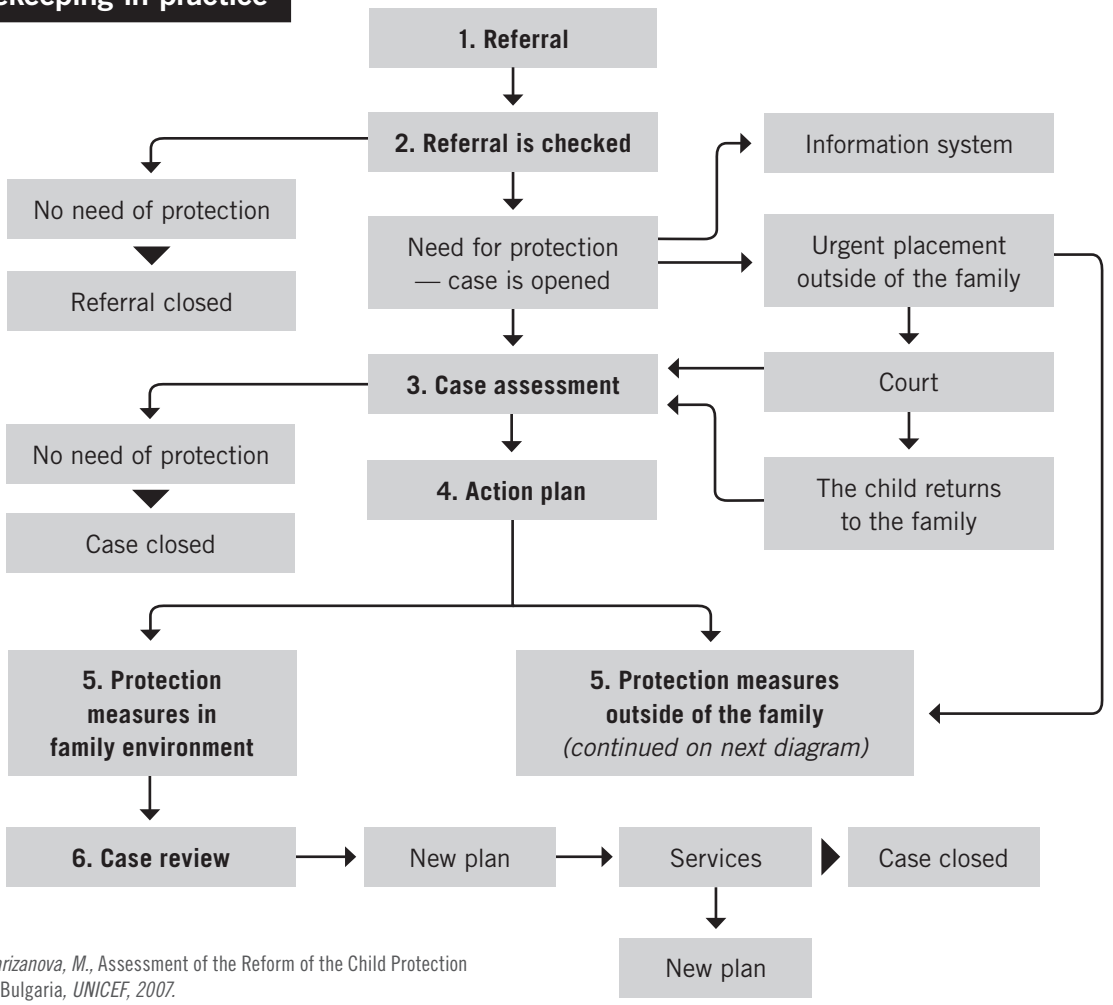
There has been sustained investment by the Government of Bulgaria, with support from international and national partners. As noted

above, increasing foster-care provision has been a priority and there are now 1,796 registered foster families.[112] There are also ten Mother and Baby Units across the country, providing temporary accommodation for up to six months for mothers and their infants who are at risk of abandonment.[113]

There are several **national databases** relating to children in need of protection and children in alternative care, which are maintained by the State Agency for Child Protection. These include a national register of approved foster families and data maintained monthly by Regional Directorates of Social Assistance on children placed in foster-care. Data are also maintained by local Child Protection Departments on children placed in institutional care, on which they report to the regional departments.

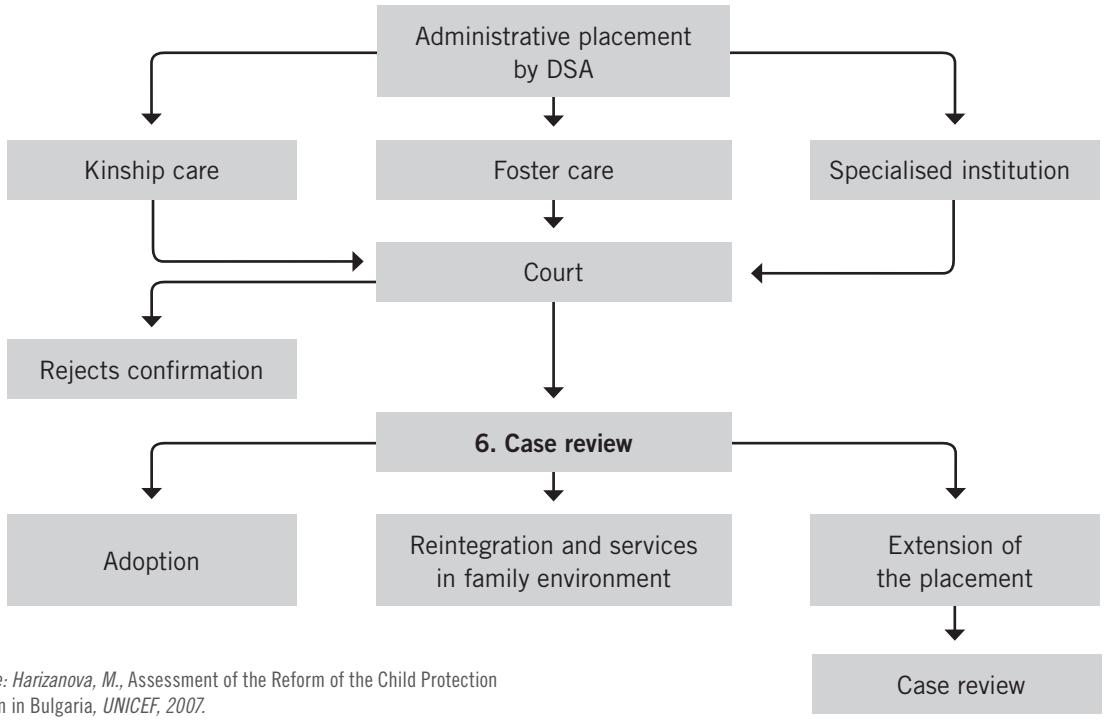
There has been considerable investment in ensuring that all children referred to the authorities as being at risk or deprived of adequate care are supported through one unified **gatekeeping mechanism**. This mechanism applies to all children at risk or deprived of inadequate care, regardless of whether they are referred by a health, education, police or other professional or by a member of the public. Gatekeeping is led by an assigned social worker from the municipal Child Protection Department. They work in partnership with the child, his/her family, and health, education, police and other professionals to assess and respond to the care needs of the child. Decisions associated with placements into alternative care and removal or restriction of parental rights are taken by the local judiciary.

Gatekeeping in practice



Source: Harizanova, M., Assessment of the Reform of the Child Protection System in Bulgaria, *UNICEF, 2007.*

Gatekeeping in practice



Source: Harizanova, M., Assessment of the Reform of the Child Protection System in Bulgaria, *UNICEF, 2007.*

The model of gatekeeping described below is specific to the work of the *For Our Children Foundation* to tackle the abandonment of new-born infants in maternal health units directly with five maternity hospitals in three municipalities in Bulgaria. The aim of the *Foundation* is to provide a model of gatekeeping that the Government of Bulgaria can scale-up and replicate nationwide.

Hospital managers and other authorized personnel have a legal obligation to report a child (including an unborn child) at risk of abandonment to a local social worker from the Child Protection Department or directly to a *For Our Children Foundation* social worker within 24 hours of identifying a concern. The decision to report the child is based on information obtained directly from the mother or from observation. If the mother is under 16, the case is automatically referred to a social worker, regardless of any concern of abandonment. If the *Foundation* social worker receives the referral, they must respond within four hours and work with hospital staff to gather all necessary information to be then shared with the local Child Protection Department.

A social worker then collects information from hospital staff regarding the mother and child's physical and psychological health and concerns relating to abandonment. This is recorded in an Initial Request for Crisis Intervention form. The social worker discusses the case with the mother, usually in a private room designed to be non-threatening and welcoming. There is no time limit for the discussion and the meeting is not structured, so as to obtain information in a manner most comfortable for the mother. The social worker collects information on the mother's place of origin and residence, age, marital status, family details, housing and other living arrangements, and the extent to which the mother has support from her own partner and/or family. Information is recorded in a Standardised Assessment Framework (see Annex 7), which is based on the Common Assessment Form used in the UK.[114] The social worker aims to be non-

judgemental and to build trust with the mother, with the aim of reaching a conclusion that is in the child's best interests. Further meetings might take place on the same day or throughout the period the mother is in the maternity ward. Where possible, the social worker speaks with the mother's husband or partner in person, or failing that via phone, as well as with other professionals in contact with the mother and her family.

Based on the information gathered, the social worker assesses the risk of abandonment and the capacity of the mother to care for the child effectively. They will advise the mother as to the best options available, in the best interests of the child, with the primary aim being, whenever possible, to prevent family separation. In particular, the social worker outlines what support the mother and her family could access if the child were to remain in their care. The *Foundation* social worker, with hospital staff, produces an assessment report containing actions taken, decisions reached and recommendations. The report is then shared with a state social worker for further discussion, while the head of the local Child Protection Department has final approval.

If a final decision is reached that alternative care should be sought for the child, the social worker must provide a report to the hospital and the local Child Protection Department within five days. The assigned social worker from within the Child Protection Department must present the case to the court, along with all assessments and other documentation. Parents are legally obliged to take part in the court process. The judge decides on whether alternative care is needed and rules on what care option should be used. This applies to all forms of alternative care, including foster-care, formal kinship care and institutional care. The Child Protection Department then prepares and implements a Care Plan for the child.

Where the recommendation is for the child to remain in the care of his or her mother, than the social worker must produce an assessment report within ten days of the original concern having been raised. The child and his or her parents are provided with services from a local Community Support Centre, according to a Care Plan. The Child Protection Department may contract out implementation of the Care Plan to a local service provider. For example, the *For Our Children Foundation* manages four Community Support Centres from which they offer a range of services. These include:

- Support to parents who are struggling to look after their new-born baby and may be at risk of placing them in an institution; this includes counselling, psychosocial support, provision of material resources and participation in self-support groups;
- Courses on parenting skills;
- Holistic assessments of children already placed in care, with a view to reintegration or placement in family-based care;
- Training, support and guidance to foster carers, including counselling, trainings and organizing self-support groups, provision of material support, substitute care and a 24-hour advisory number for foster parents; and
- Training and support to parents of children with special needs.

The Child Protection Department reviews individual Care Plans every three months for children in institutional care and every six months for children in the care of their own family or in alternative family-based care. A child can only be returned to their parents when assessments and analysis demonstrate why this is possible and how it will be achieved. A case can only be closed with the approval of the head of the municipal Child Protection Department.

Photo: © UNICEF/NYHQ2011-1039/Holt

What works

- The For Our Children Foundation's work to prevent infant abandonment and institutionalization is widely considered to have a very positive impact. The Foundation reports an average annual success rate of preventing abandonment in 85 per cent of all cases that are assigned to it.
- A key part of this success is attributed to the high levels of investment made into building the competencies of its social workers. All staff must have a degree in social work, social pedagogy or psychology. They also receive further training and professional development in:
    - Legal and normative frameworks and the availability of local services;
    - Listening, interviewing and observation skills;
    - Understanding of emotional, cognitive and behavioural development;
    - Communication and writing skills;
    - Understanding and application of ethics and values for working with people;
    - Principles of acceptance, being non-judgmental, tolerance and empowerment;
    - Assessment, planning and implementation of interventions;
    - Understanding child and familial relationships and needs; and
    - Attitudes, relationships and attachment theory.
- The Foundation emphasizes the importance of working closely with the mother to achieve care outcomes in the best interests of the child. This includes helping her to understand the impact of separation and motivating her to care for the child herself; reassuring her that she will receive ongoing support; understanding the concerns of the mother and treating her in a non-judgmental manner; assessing her psychological well-being (often in partnership with health professionals); identifying her strengths and capacities and making her feel integral to decision-making; and involving the family of the mother where possible, as they are often her first point of support.
- The Foundation also highlights certain practical arrangements that support effective prevention. These include: having a dedicated private space to create the right environment to meet with the mother; short timeframes for making assessments and responses to limit the period of anxiety on the part of the mother and to minimize the risks to the child; and ensuring that Foundation staff, local authority social workers and hospital staff know and work well with one another, to help with joint decision-making and communication.
- This model is a mandated gatekeeping mechanism that only allows a child to be placed outside their own family through case management methodology governed by laws and regulations.

Challenges

- While the number of foster-carers has increased, there still remain too few to meet the level of demand, leading to the inappropriate use of institutional care.
- The balance of funding towards alternative care compared to preventing unnecessary family separation has been criticized by some, who see the substantial investments in developing foster-care, in particular, as detracting resources away from supporting parental and extended family care.[115] The lack of services to enable children with disabilities to be cared for by their own families is especially highlighted as a key area of concern. There is also insufficient dissemination of family planning information to prevent unwanted pregnancies.
- The unified gatekeeping mechanism is not being used uniformly across Bulgaria. As a result, some children are being placed into inappropriate alternative care, particularly institutional care, by local authorities that are not following regulations. In addition, parents continue to place children directly into care institutions that do not examine or refer cases to the local authorities.
- Children in alternative care sometimes have their cases reviewed less often than every three months and reviews are insufficient in depth.
- Where contact is not maintained between children in alternative care and their family of origin, reintegration is more difficult and more costly.
- Some parents object to placing their children into foster-care, as they do not want the child to become emotionally attached to another family. This can result in children being placed into institutional care where it is the only remaining option, as parental consent is required for a foster placement. Once a placement has been found, the Child Protection Department submits the decision to court and the judge is responsible for any final decision.
- The quality of decision-making is sometimes compromised by a lack of skills and knowledge among key actors within gatekeeping mechanisms. This includes social workers, judicial and law enforcement staff, health workers and care service providers. In addition, many professionals and others associated with gatekeeping continue to view institutional care and family separation as valid first choice responses in the best interests of the child.
- The capacity of social workers to support the gatekeeping process is limited by a lack of resources. Regulations are needed to restrict the caseload per social worker and to provide more support for social workers, as low salaries, 'burn out' and turnover of staff are challenges. Case management systems are arguably overly bureaucratic, leaving social workers with insufficient time to spend with children and families. Social workers need more time with managers and other social service colleagues in order improve decision-making.
- Better inter-sectoral cooperation, communication and participation are needed between maternal health, child protection and social assistance to ensure that vulnerable infants and new-borns are identified, reported, assessed and supported earlier and more quickly.
- More research is required to fully understand why children are still being admitted into institutional care.

2.5

Indonesia: Gatekeeping as part of broader deinstitutionalization efforts

This case study explores gatekeeping as part of a broader strategy of deinstitutionalization. As has already been noted by global guidance on deinstitutionalization,[116] gatekeeping is central to preventing new children from being placed in residential care unnecessarily, as well as to help reintegrate children already in care facilities back into their own families or into family-based alternative care. Moreover, gatekeeping has been shown to help transform the culture of care from one that is reliant on residential care to one that is more open to considering the specific needs of the individual child and how they can best be met.

This example from Indonesia focuses on the work undertaken by the Child and Family Support Centre (*Pusat Dukungan Anak dan Keluarga*) in Bandung, West Java. The centre operates under the authority of the local social welfare authorities, in partnership with Save the Children, as a model of a non-residential based child protection response.[117]

Country context

Indonesia has the world's fourth largest population, 237.5 million, of whom 34 per cent (81.3 million)[118] are children. Indonesia is classified by the World Bank as a lower middle-income country, and has made important gains in the fight against poverty, reducing the percentage of people living in poverty from 18.2 per cent to 12.5 per cent between 2002 and 2011. Despite this, poverty remains a significant challenge for the country, with more than 30 million people living below the poverty line and almost half of all households living on the margin of poverty.[119]

Indonesia has an estimated 7,000 children's homes, with approximately half a million children residing there for up to 12 years.[120] The great majority of these children have parents and families, but are placed there by families struggling to ensure access to basic services, particularly education. More than 90 per cent of these institutions are privately owned, most by faith-based organizations.[121] Despite a stated focus of these facilities on caring for 'orphans', the great majority of children who are without parental care, including orphans, are in informal kinship care in Indonesia. Data from a national population survey in 2000 showed that 2.15 million children under 15 years of age were not living with a biological parent, and of these 88 per cent were living with a relative (a majority with grandparents, 59 per cent).[122]

The vast majority of social services for children in Indonesia have traditionally been provided through private, mostly faith-based organizations, with until recently very little supervision or regulation from the Indonesian authorities. Child-care institutions have long been socially accepted and supported by the government and donors, eclipsing a sense of need to support children in families. Formal child protection responses have

primarily been residential based, with the main intervention by both government and civil society actors being to place children for prolonged periods of time in residential facilities. In addition, in the past there were no guidelines or regulations in place to guide the implementation of social services to support child- and family-centred interventions or a database on children and services providers.

Over the past ten years, the Government of Indonesia has worked to reverse this trend by prioritizing child well-being and protection, and strengthening the capacity of families to provide adequate care for their own children.

Photo: © UNICEF/NYHQ2005-0587/Estey

The gatekeeping system

There is an important **legal and normative framework** reinforcing many of the principles of effective gatekeeping (see Annex 3). This includes several laws, policies and regulations regarding children's rights associated with care, the primacy of the family, the importance of family- and community-based alternative care, the responsibility of the state to ensure children are adequately cared for, the use of institutional care as a last resort, and the licensing and regulation of social service providers. In addition, a regulatory system has begun to be established, including the adoption of the *National Standards of Care for Child Welfare* in 2011 and the drafting of regulations on alternative care.

Responsibility for **oversight and coordination** of gatekeeping is held by the Ministry of Social Affairs. It is responsible for all social services and interventions for children and their families, including children in need of special protection. Within this ministry, there are two relevant directorates: one for social rehabilitation and another for children's services, both of which share responsibility for ensuring children are cared for. under decentralization, district-level governments have responsibility for the provision and delivery of social services, through their Social Affairs offices. Other ministries have a role in care as part of a broader child protection remit. These include the Ministry for Women's Empowerment and Child Protection, in charge of national policy and coordination for child protection, as well as the Ministries of Education, Justice, Labour, Health and Police.

Social services are delivered through Offices of Social Affairs at the province and regency/municipality (district) levels (there are 500 regencies and municipalities in Indonesia). In 2011, it was reported that the Ministry of Social Affairs had recruited more than 600 *sakti peksos* (graduates of social work) to be based with local social service providers, including residential care institutions and local Social Affairs offices.[123] Although they have little experience, they have a remit to support and supervise social assistants *(pendamping sosial)* who provide support to families, mainly through the provision of conditional and unconditional cash transfers.

Resources for children's care and protection are chronically low. The Ministry of Social Affairs has only 0.4 per cent of the overall national budget, and a significant percentage of the budget allocated for vulnerable children has traditionally gone to subsidies for the child-care institutions. With the shift of policy towards supporting family-based care, the Ministry of Social Affairs has begun redirecting these funds towards conditional cash transfers to families and established quotas for child-care institutions to support children in family care rather than residential care. In addition, government funding to child-care institutions is now only available for registered institutions, and a system of accreditation for social welfare service providers has been established.

The gatekeeping mechanism described on page 48 is being piloted in the city of Bandung, West Java. It uses a case management approach involving a caseworker, supervisor, case manager and a local government officer of the competent authority, linked to a referral system that includes residential care facilities.

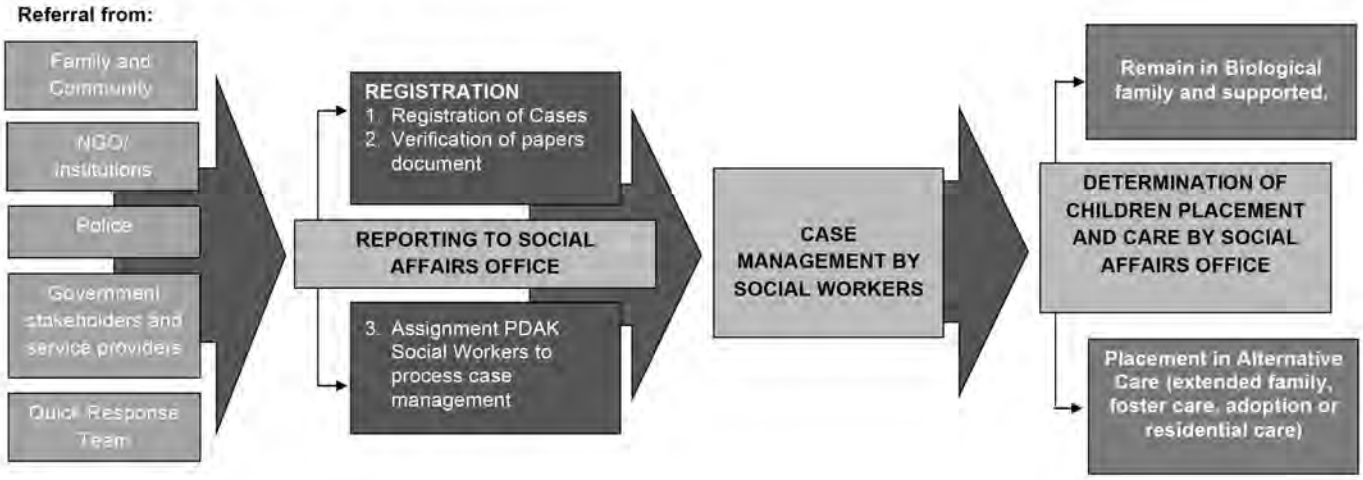
The capital of West Java province,[124] Bandung, is the country's third largest city, with a population of 2.4 million in 2010. In 2011, 50 child-care institutions in Bandung cared for approximately 2,000 children, with 200 more children entering each year without appropriate assessment or oversight by government agencies.[125]

The Child and Family Support Centre, *Pusat Dukungan Anak dan Keluarga* (PDAK), began in Bandung in October 2010 as a component of broader child protection work by Save the Children in Indonesia, with a primary focus on a paradigm shift from residential-based care to family-based care. Its aim is to pilot with local authorities a non-residential model of response to address child protection concerns, working with local organizations, including residential care facilities, to support children in their families or an alternative family-based care arrangement. It also acts as a training centre for the National School of Social Work located in Bandung, to develop Indonesian social work practice and approaches to work directly with children and their families.[126] The core modality is a supervised case management service, linked to a referral system set up under the authority of the Bandung Municipality.[127]

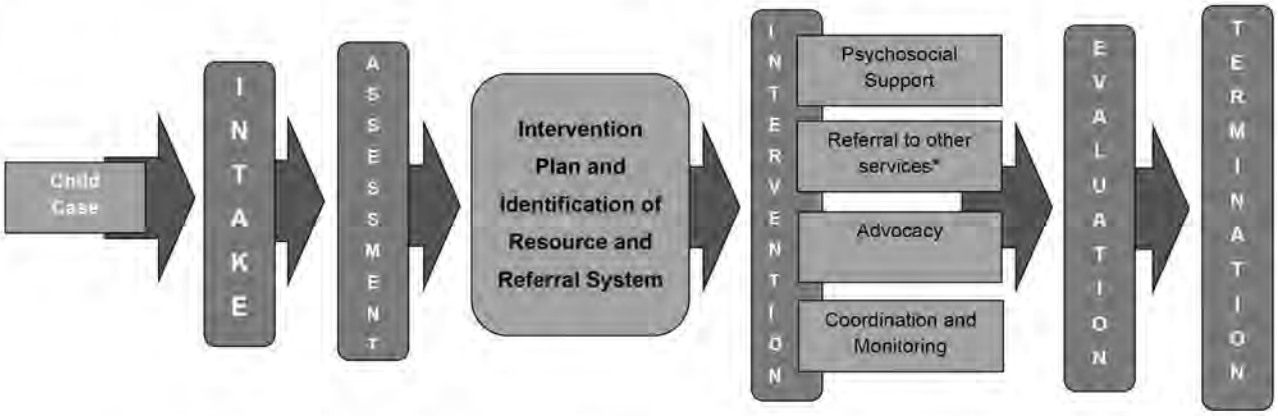
The PDAK model, while primarily a child protection case management system, also supports the gatekeeping functions of the social authorities as an integral part of its overall focus on family-based care. Children served include street children, children experiencing abuse, neglect and exploitation, and children in residential institutions. PDAK's gatekeeping functions include the prevention of placement in residential care, reintegration into family care or placement in alternative family-based care, and the application of national standards to residential care facilities.[128] The pilot was established in partnership with the Ministry of Social Affairs and operates under the authority of the Provincial Social Office and the Municipal Social Office. The PDAK team consists of case managers, supervisors, technical advisers and project managers. PDAK has developed standards, methodology, training, forms, flow charts and a database system for its work. All caseworkers and supervisors are trained social workers, with senior case workers supervising newly graduated social workers or social work trainees. The PDAK team also works in close partnership with a team of three social workers seconded by Save the Children to the municipal and provincial Offices of Social Affairs, as part of a broader deinstitutionalization programme. Their focus is on establishing and supporting the implementation of protocols for vetting and reviewing the placement of children in alternative care, and supporting the implementation of the national standards of care, working in partnership with the local Forum of Child Care Institutions, which is composed of heads of Bandung children's homes.

In 2011, a referral network was also established under the authority of the Mayor of the City of Bandung to bring together the various

A. CASE MANAGEMENT STANDARD OF PROCEDURE (SOP) BY BANDUNG MUNICIPALITY SOCIAL AFFAIRS OFFICE



B. CASE MANAGEMENT PROCESS BY PDAK SOCIAL WORKERS



* **Referral services** (Under Mayor of Bandung Decree No. 463/Kep.957-Dinsos/2011)
- Economic (Manpower office, PKSA (Cash Transfers), Social Office (Livelihood)
- Shelter (Local facilities and temporary accommodation)
- Health (Health local authority, hospitals)
- Advocacy & Legal Aid (Legal Aid Association, Child Protection Commission, Civil Registration)
- Vocational (Manpower, Vocational training centers)
- Psychosocial (PDAK, local mental health services providers)

Source: Save the Children

Photo: J Carrier/Save the Children

stakeholders and service providers operating in the city, but also at the provincial level to support the provision of responses to children and their families. The head of this coordination team is the Deputy for Economic Affairs and Development, Administration of Bandung, and the vice-chair is the head of the Bandung Office of Social Affairs.[129] The referral network works with PDAK by identifying children at risk on the basis of the findings from the assessment of the child and his/her family, at the same time connecting them to resources and support available at the community level.

PDAK incorporates gatekeeping principles from intake through all four stages of case management: individual assessment, intervention, monitoring and case closure. The gatekeeping system contributes to a wider child protection case management procedure, which is explained in Annex 8. PDAK's family support services are often crucial to preventing placement in institutions, and families are referred to it by local government social service staff, police, other NGOs and even by child-care institutions. Under the *National Standards of Care for Child Welfare Institutions* (2011) institutions now have a legal obligation to report to the Office of Social Affairs if they are approached by a parent with a view to placing their child there, or when the institution itself recognizes the need to find an alternative placement for a child already in their care. However, this is only beginning to happen, primarily in Bandung, as a result of the work of PDAK.

Following intake, a complete assessment is made with the agreement of the family. This is a structured process, with forms, entry to the electronic database and interviews. Children participate in the assessment, and their views and wishes are taken into account. One or two home visits are made, for initial assessment, and thereafter as many as necessary to complete the process. Family tracing services are often provided to identify potential alternative caregivers in the extended family, when reintegration into parental care is not likely to be in the interests of the child. Apart from the parents/guardians, extended family members and community leaders are also interviewed. In this manner, the PDAK assessment can evaluate, among other things, the possibility of family-based care within the community.

In terms of decision-making in the case, three fundamental criteria are considered: 1) the safety of the child; 2) the child's well-being; and 3) permanency planning.[130] The first two criteria are important in urgent situations; the third ensures that changes of circumstance, such as reunification with parent(s) or other members of the family, are only done after preparation and when both the child, his/her parents and family members are ready and permanency is possible and viable. Decision-making usually involves the case worker, supervisor, case manager and a local government officer of the competent authority. Case conferences are sometimes used. The intervention is focused on enabling the child to remain with or return to his or her family through various support strategies, including parenting training, birth registration[131] (to enable access to services), educational or economic development, support to obtain shelter, medical support and psychosocial support.

Since the *National Standards of Care* were enacted, there has been a gradual increase in the involvement of the Bandung Municipality Office of Social

Affairs on issues regarding the placement of children in alternative care. In line with the protocols established by the gatekeeping team in the Office of Social Affairs, new cases need to go through this office to be registered, recorded, supported and approved. Support and approval by government is now encouraged for all placement decisions. In practice, however, this is still a work in progress as child-care institutions have traditionally operated with no regulatory system and have actively recruited children into residential care. Agreeing for all placements to be vetted by the social authorities is not only a major change for the institutions, but also for social authorities which have previously played no role in this process.

Reintegration of children from residential care institutions represents a large part of PDAK's work. The process follows the standards described previously, with assessment, intervention and monitoring stages, and closing cases when settled and stable over a period of time (which varies). Reintegration may be with a parent or parents, with grandparent(s), with older siblings (usually with their own family) or with other extended kinship networks. PDAK is also working with the local authorities and a group of informal foster parents to develop a formal model of foster-care for children who cannot return to the care of their own families.

Data collection is made through forms, and mainly electronically, within a PDAK database,[132] with restricted access by the case manager, database manager, supervisor and case workers.

What works[133]

- The gatekeeping process is effective in diverting children from institutions and in reintegration, by making situations stable through a focus on 'permanency planning'.
- Changes in government services and in some institutions (to a certain extent) are shifting the way children enter and exit care.
- Approximately 100 staff members of the Social Affairs Office have received training on the *National Standards of Care* (with an emphasis on family-based care).
- Some child-care institutions are now seeking approval from the Social Affairs Office to admit children. The Social Affairs Office has implemented mechanisms to assess those children that need alternative care.
- Coordination/linkages among service providers is progressively being established.
- The process of drafting a foster-care mechanism is underway. A foster family forum has been established informally.

Challenges

- There remains a strong culture of institutionalization and overall low reunification rates.
- There is insufficient support from the referral network of providers to address the economic circumstances of families, access to education and health services, and birth certificates.
- The support system available at the village level for child reintegration is insufficient.
- The amount of time necessary to work on cases is challenging, due to their needs and bureaucratic procedures. The cases referred to PDAK tend to be the most complex, often involving serious child protection issues; these require time, effort and persistence to promote change.
- Indonesia is a vast and diverse country making it difficult to replicate the PDAK model of gatekeeping at scale, while at the same time maintaining high-quality standards.
- The referral system is not yet fully implemented.
- Other forms of alternative care, such as foster-care, are still incipient and new, with a draft regulation governing such care only recently adopted after a long drafting process.

3 KEY ELEMENTS OF AN EFFECTIVE GATEKEEPING SYSTEM

THE LITERATURE, EXPERT OPINIONS AND THE FIVE CASE studies that are explored in depth in Section 2—Brazil, Bulgaria, Indonesia, Moldova and Rwanda—point to several key elements of effective gatekeeping systems for children deprived of adequate parental care, or at risk of being deprived.

3.1 Legal and normative frameworks in line with international human rights and practice standards, in particular *The Guidelines for the Alternative Care of Children.*[134] They support both formal and informal gatekeeping mechanisms to operate consistently and to a high standard.

What works

This is the strongest area of gatekeeping globally, with many countries having made significant progress in developing legal and normative frameworks, particularly over the last ten years. These might consist of legislation, policy, regulations, strategic plans and standards; and details on the mandate, role and duties of gatekeeping bodies, and grounds for the removal of a child from parental and family care. Most legal and normative frameworks reinforce the principles of '*suitability*' and '*necessity*', including the centrality of family care and the importance of family reintegration, together with the principles of the best interests of the child and child participation.

For example, from the countries covered in this paper (see Section 2 for more detail):

- **Bulgaria:** the Family Code (2009) tasks the court to consider "the best interests of the child" when taking any decisions regarding removal of parental rights or placement of a child outside their family. The Child Protection Act (2003) requires Child Protection Departments to facilitate child and family cohesion, and to prevent separation through assistance, support and services in the family environment. Regulations[135] provide for "family and friends to be first option for placement following approval of social services."
- **Rwanda:**[136] legislation requires that in all "judicial and administrative proceedings ... the primary consideration shall be the best interests of the child." Government strategy[137] aims to transform the child protection system into one focused on family strengthening, prevention of separation, safe reunification of children into families or extended families wherever possible, and closure of large-scale residential institutions.
- **Indonesia:** national standards[138] require child welfare bodies to establish a system that supports family-based care in accordance with children's best interests, and facilitates children's participation in decision-making according to his/her wishes. Indonesian law[139] mandates that, wherever possible, guardians should be appointed from the child's own family.
- **Brazil:** national plans[140] require a child's separation from family care to be an act of last resort, and prioritize provision of family-strengthening services. Care in the extended family is the preferred option in cases of separation from parents.[141]
- **Moldova:** national strategies and legislation[142] place emphasis on the prevention of separation and the development of community-based family support services. The Moldovan national strategy[143] defines gatekeeping as being "a set of actions taken by competent bodies aimed at preventing child separation from the family and community by all means."

Examples from countries not specifically covered in this paper, with legal and normative frameworks that enable gatekeeping include:

- Ghana: the *National Plan of Action for Orphans and Vulnerable Children* (OVCs) aims "to do everything that is possible to keep vulnerable children with their families within their communities through provision of community-based services."[144]
- Liberia: regulations on alternative care stipulate that care placements must take into account factors allowing a child to remain near their usual place of residence, facilitate ongoing contact with family members, minimize

disruption to education and social life, ensure care in a stable, caring and loving home, and assist consideration of reintegration.[145]

- Malaysia: the Child Act (2001) outlines the rights, roles and obligations of parents to care for their children and outlines the specific conditions for the removal of parental rights.
- The European Union has issued extensive guidance on the transition from institutional care to family- and community-based care.[146]

Challenges

Less progress within legal and normative frameworks has been achieved in terms of eliminating the use of large-scale institutional care, which as noted above is critical to the provision of a range of appropriate care under *the Guidelines*[147] and is therefore an important element for effective gatekeeping.[148] However, while large-scale institutions may not yet be legally prohibited, many countries, including those featured in several of the case studies, have strategies and action plans to move away from over-reliance on institutional care and towards family- and community-based care options.

3.2 Oversight, coordination, monitoring and regulation by a dedicated ministerial-level leadership with sufficient political capital to foster accountability and multisectoral coordination. The effectiveness of gatekeeping is monitored and evaluated through a consistent process using agreed national standards and indicators. There are sufficient resources to engage with and regulate gatekeeping at the local level and to better regulate institutional care.

What works

Many countries have assigned leadership for oversight and coordination of the formal gatekeeping system to a specific ministry, as part of its broader child protection mandate. This is often the ministry dedicated to social affairs, children or families. In some countries, other sectors, such as health, education and law enforcement are mandated to share this responsibility under the leadership of a designated ministry. This has been shown to be particularly effective in facilitating inter-sectoral planning, strengthened cooperation and partnership in gatekeeping, including within and between governmental and non-governmental care service providers at the national, regional and local levels.

In **Brazil,** the Ministry of Social Development and Hunger Alleviation is designated as responsible for gatekeeping decisions and within the ministry, the Secretariat of Social Assistance oversees reference centres that focus on support to children and families.

In **Bulgaria**, it is the Ministry of Labour and Social Policy that leads the coordination and oversight of gatekeeping, while in Indonesia, this responsibility sits with the Ministry of Social Affairs.

The responsibility for gatekeeping in Moldova, which is part of a broader child protection remit, is within the Ministry of Labour, Social Protection, Family and Child.

In **Rwanda,** the Ministry of Gender and Family Promotion, for example, holds the mandate to coordinate child-care policy and programmes in cooperation with relevant stakeholders, and oversees the implementation of the child care reform programme through a National Commission for Children.

Care issues are often identified, and at times addressed, outside of child welfare systems, by staff that are under the responsibility of different governmental agencies, such as hospitals under the Ministry of Health, specialized schools under the Ministry of Education, police or security forces under the Ministry of Justice or

Home Affairs, and faith-based institutions and schools that are sometimes under a Ministry of Religious Affairs. Coordination between these bodies provides an opportunity to harmonize what can often be disparate goals, procedures and practices of the different agencies associated with gatekeeping.[149] It can also help to reduce duplication of effort and make more effective use of limited resources.[150] For example, a 2012 assessment of childcare across Central and Eastern Europe and Commonwealth of Independent States (CEE/CIS) countries found that consolidating responsibility within one body helped to promote shared tools and procedures and a move towards a 'single' entry into a child protection system.[151]

Challenges

Not all countries have allocated leadership for coordination and oversight of gatekeeping to one body. For example, in many former Soviet countries there are different government ministries with authority to place a child directly into alternative care without following any particular form of inter-sectoral coordination.[152]

In many countries, coordination and oversight functions are still severely under-resourced, making it difficult for the lead body to enforce regulations and sustain the inter-sectoral coordination associated with gatekeeping.[153] For example, this has been found and documented in the cases of Botswana, Cambodia and Ghana,[154] as well as in many other settings in which state resources are limited. Coordinating and overseeing gatekeeping over large geographical areas and where there is limited presence by social welfare agencies, including social welfare staff, especially at the local level, is particularly challenging.[155] Furthermore, informal and formal alternative care mechanisms often operate without any oversight at all, in addition to which there are often still no linkages between the two.

3.3 A dedicated mechanism made up of experts, who together review individual cases of children and make recommendations for how their interests can best be met through a coordinated and regulated process. This mechanism might be implemented by state representatives or people and agencies mandated to act on the state's behalf (state-mandated, formal) or by members of the community with a recognized responsibility towards children's care and protection (non-formal, locally mandated).

What works

The form a mechanism follows is heavily reliant on the economic and cultural contexts within a country. For example, settings with a strong history and culture of legal and state intervention often operate a system based on case management. In the **Brazil** case study, for example, we see that such a mechanism includes Tutelage Councils, the Court of the Child and Adolescent, a public defender and a public prosecutor. These all work together, with a range of professionals contributing to assessment and decision-making on cases, often coordinated by a social worker, and with ultimate decision-making authority at the judicial or administrative levels.

Settings with strong inter-sectoral collaboration often conduct gatekeeping through an inter-sectoral mechanism, such as the commission model provided in the **Moldova** case study. In low-income countries, or other settings with limited resources, where state structures are minimal at the local level, non-formal gatekeeping mechanisms are likely to operate through community groups, religious leaders or elders, who are locally recognized but often have no linkage to the formal state system.

The **Bulgaria** case study presents the strength of a dedicated mechanism, wherein gatekeeping is led from the municipal Child Protection Department

by an assigned social worker, whether the child is referred by a health or education professional, the police or other professional, or by a member of the public.

Settings with strong regional state social welfare resources often operate regional gatekeeping mechanisms, such as the Guardianship and Care Panels at the regional level in Georgia and the Child Protection Units at the provincial level in Armenia.[156]

Children come into contact with gatekeeping mechanisms through a variety of entry points. While cases of abuse and neglect are often reported and managed directly by the child protection system, other sectors, particularly education and health, can also provide an entry point. Some maternity hospitals in Romania, for example, contain a multidisciplinary team that identifies pregnant mothers at risk of abandoning their babies and provides them with counselling and support, including following the birth, with a view to preventing unnecessary separation and strengthening family-based care.[157]

Challenges

Many children in alternative care do not go through any formal gatekeeping mechanism at all, but are placed directly into alternative care by parents, relatives and community leaders. In situations of crisis or vulnerability, placing a child into a care facility can be viewed by struggling families as a means of accessing essential basic services for the child. In such cases, residential care providers often do not question or examine the grounds for admitting the child or refer them to any gatekeeping procedure. Indeed, in some cases, these providers may actively recruit children to support the financial security of the institution itself. This can happen when institutions receive funding based on the number of children in their care, or so that they can provide children with a religious upbringing, or for the purposes of inter-country adoption.

This situation is compounded by the lack of an effective regulatory system and the growth of unregistered residential institutions seen in many countries, as well as the private funding provided by international non-governmental and faith-based donors, many of whom operate outside of any formal accountability structure.[158]

The education system is another major entry point to residential care, particularly through the placement of children in 'special needs schools'.[159] Children are recruited into residential educational facilities that also act as 'care' facilities, or conversely into care facilities that see themselves as primarily educational facilities. This is particularly the case for faith-based establishments such as religious boarding schools. Often these facilities operate independently of the state, or under the oversight of the education or religious authorities, with no link to the formal gatekeeping system.[160]

It is also important to note that gatekeeping mechanisms are increasingly applied retroactively to children already in residential care, as part of a broader process of deinstitutionalization and care reform.

3.4 Human and physical resources include a sufficient number of qualified and well-trained personnel. In particular, the social service workforce is sufficient in number and quality to support the entire gatekeeping process. Judges, police, teachers, health workers and community leaders are supported, trained, re-trained and guided in order to fully understand and effectively implement legal and normative frameworks and protocols.

Each of the five case studies identifies resources as a major challenge to their efforts; all argue that their work on behalf of children is compromised by insufficient funding and far fewer trained

personnel than are needed. At the same time, each of the five countries continues to make progress in their recruitment and training efforts.

What works

In **Bulgaria**, for example, the Directorate for Social Assistance has offices in every one of the country's 28 administrative regions, as well as in each of its 147 municipalities. There were more than 800 social workers in Child Protection Departments in 2011; training on child-friendly practices has been incorporated into the police academy curricula; and 30 judges were at the time of writing being trained on decision-making that is in the best interests of the child.

In **Brazil**, the government, in partnership with national and international organizations, has increased the number of social workers and other professionals accredited and employed in its reference centres by 30 per cent since 2005.

In **Rwanda**, there has been a strong focus on training and awareness raising among community leaders and local authorities. Focus has also been placed on capacity building of a recently established cadre of government social workers across the country working together with social workers employed by civil society organizations.

In **Moldova**, members of the Gatekeeping Commissions have been trained on the prescribed procedures and mandates, making for more consistent decisions based on sound evidence. In Indonesia, meanwhile, staff members of the Social Affairs Office have received training on the *National Standards of Care,* with an emphasis on family-based care.

Challenges

Gatekeeping mechanisms often operate within child protection or broader child welfare systems that suffer from a chronic lack of resources. This is a major challenge and limits the capacity of many countries to implement strong legal and normative frameworks. As a result, many of the commitments and aspirations towards effective gatekeeping remain on paper.[161] As one key informant noted: *"If we were implementing everything that we have written in regulations… we would be doing very well."*

Currently, many of the resources associated with alternative care provision are allocated by donors and governments to residential care facilities to the exclusion of support to families. This is due, in part, to persistent misconceptions from donors and care providers on the usefulness of residential care in addressing the needs and rights of children. Institutional care is also often preferred by donors, while governments are keen to 'show results'.[162] Lack of resources has also been linked to a lack of political will to invest often scarce resources in supporting the most marginalized children and families, many of whom come from sections of society with little or no political voice and whom are targets of discrimination and exclusion more broadly.[163] There is a particular need to divert existing resources away from a residential-based approach to care towards a continuum of care options that prioritize prevention of separation, family-based care and/or family-like alternatives.

The lack of investment in gatekeeping systems has meant that many countries lack sufficient and adequately trained personnel to carry out this critical role. This applies to professions associated with gatekeeping – including the social service workforce, for example, and health workers, psychologists, teachers, police, community workers and the judiciary – many of whom lack the skills, knowledge and ability to identify, assess and respond to concerns about children's care in an appropriate and coordinated manner.[164]

Another key concern if the lack of quality and coverage of professionals associated with models of gatekeeping that rely on judicial decisions. These models rely on the judiciary to rule on

the removal or restriction of parental rights and on the placement of children into alternative care. In some settings, such as parts of the UK, dedicated family courts conduct this role. In other settings, particularly in resource-poor countries, gatekeeping relies on mainstream judicial structures in which judges and other actors can lack specialized skills and knowledge associated with children and care issues. Some countries, such as **Bulgaria**, Guatemala and Uzbekistan, are working to improve skills and knowledge associated with gatekeeping among their judiciary staff through training programmes.

3.5 A continuum of diverse and high-quality services from which to choose. This includes both family- and community-based support services, as well as family-based alternative care options for children requiring out-of-home care. Support services take a broad social development approach and include activities to combat poverty and social exclusion, as well as more targeted care concerns.

What works

Even with the most rigorous use of decision-making procedures, ultimately children and their families can only be provided with the most suitable and effective response if services are available to match the identified needs.[165] Many countries recognize this within national policies and strategies, which prioritize support to children and families to assist with prevention and reintegration. This includes both targeted services, such as day-care centres, family support, parenting classes, counselling and therapy, life and work skills training and emergency/shelter accommodation, and universal services such as support with housing and employment, and the provision of cash transfers and other forms of social protection.

In **Bulgaria**, Community Support Centres, some of which are managed by local NGOs contracted by the state, provide a wide range of services including family counselling and mediation, training in parenting skills, support to children with disabilities, preparation for reintegration and post-integration support.

In **Brazil**, there is a range of both universal and targeted services aimed at preventing unnecessary separation and supporting the reintegration of children outside of parental care into a family setting. There are also alternative services for short-term foster-care.

In **Rwanda**, gatekeeping services are provided through a combination of state, voluntary and civil society resources. There is a range of services seeking to strengthen families, including health insurance initiatives, a cash transfer programme and a Genocide Survivors Fund.

Challenges

The lack of implementation of such services, together with under-resourcing, has meant that these national plans have yet to materialize in many settings, particularly in rural areas. This has resulted in many vulnerable children being unnecessarily separated from their families and placed into alternative care, even in cases where only a small amount of support would have enabled them to be cared for at home. Similarly, a lack of support services is preventing children already in alternative care from being reintegrated back home.[166]

Many countries lack sufficient family-based alternative care options such as foster-care, supported kinship care, and effective domestic adoption for children who need permanent care options outside of their families. This has been shown to severely limit effective gatekeeping, as well as deinstitutionalization and care reform more broadly.[167] Children are being assigned

to institutional care and other inappropriate interventions by gatekeeping bodies that have no other alternative care options to choose from.

The mere presence of a residential institution has been shown to reinforce local reliance on this form of care, without considering other options.[168] As one key informant emphasized: "*Where there are no institutions, there are very few children placed into care. Families and communities manage on their own and find their own solutions. It is the existence of institutions that can influence decision-making.*" Research in Ethiopia, for example, has shown that a lack of family-based alternative care options in rural areas has led to increased use of institutional care, in contrast with Addis Ababa, where a range of formal family- and community-based alternative care options have led to fewer children being separated or institutionalized.[169]

This situation is compounded by the growth of residential care facilities, many of which are unregistered and unregulated by the local authorities. For example, a 2007 survey of non-governmental children's homes in Sri Lanka found that out of 488 surveyed, 137 were not registered with the authorities.[170] In Zimbabwe in 2004, 67 orphanages were not officially registered, 24 of which had opened in the previous ten years without any government intervention.[171] This is linked, in part, to the persistent funding of institutional care by private donors and faith-based organizations. It is also a consequence of unethical practices associated with inter-country adoption, whereby residential care facilities actively recruit children to service the demand of adoption agencies, rather than acting in the best interests of the child.[172]

3.6 Tools, standards and protocols are tailored to the specific context, especially those that ensure decision-making is well informed through an assessment process and builds on local positive care beliefs and practices.

What works

Several countries have achieved progress in these areas. For example, **Moldova**'s *National Strategy on Integrated System of Social Services* (2009) includes specific processes, accountabilities and quality standards associated with gatekeeping. In **Brazil**, a careful assessment process applied to the selection of foster-carers, and the matching of carers and children, is believed to have contributed to the very low number of failed foster placements.

Some countries have developed a standard format for many aspects of case management, such as documenting referrals or conducting assessments, as well as case reviews and monitoring (see example formats in the annexes.) Assessments and reviews usually involve consultations with the child, where possible, the family, local professionals associated with the child and other key stakeholders in order to generate a comprehensive picture of their situation. In some settings, the format is limited to protection and care issues; in other assessments information is gathered on broader social welfare issues including living conditions, health, education, family and social relations, and household economy. Some countries are using standard formats for care/support plans that include proposed goals, actions with timed milestones and details of the roles and responsibilities for implementation.[173] These are often accompanied by protocols stipulating how these plans should be shared, coordinated, monitored and evaluated among the different duty bearers, particularly where a range of professionals and sectors are involved.

Some countries have developed tools and protocols around gatekeeping mechanisms. Protocols in Bulgaria[174] oblige maternal health staff to report to the gatekeeping system any child they consider to be at risk of abandonment; while in Indonesia[175] national standards require staff of residential institutions to report a placement or referral of a child to a child-care institution to the child protection system. In Moldova[176] protocols oblige Gatekeeping Commissions to monitor the implementation of care plans, and in Brazil[177] the judiciary helps to review care plans every six months. Rwanda, meanwhile, has developed *Guidelines on foster-care, kinship care, national adoption and inter-country adoption*; a *Ministerial Order on Child Welfare Institutions* and *Guidelines for Districts and Sectors on child protection and family based care*, all of which are pending final approval.

Challenges

Despite their existence, tools and protocols are not always adhered to. The lack of quality and coverage associated with human resources described in Section 3.4 severely limits the capacity of professionals and community members to follow tools and protocols. Some staff members are unaware of them, while others lack the motivation to follow tools and protocols. For example, even in settings where formal gatekeeping protocols are mandated by law, these are often bypassed by families, community leaders and professionals who place children directly into residential institutions.[178] The adaptation of tools and protocols between different countries and contexts has also been noted as a particular challenge.[179]

For example, one key informant from **Bulgaria,** where the case management system has been based on the English model, emphasized that: "*The system looks logical and easy to implement, but there is an assumption that it would be applied by good professionals. Rules and regulations for processes do not in themselves make good case management. It is the way they are implemented that makes the difference.*"

Several countries have developed national standards and indicators that guide and measure the effectiveness of gatekeeping, as well as the quality of care services more broadly. For example:

- The Ethiopian government has issued standards for childcare, including those for gatekeeping procedures.[180]
- In Ghana, standards for 'children's homes' cover quality of care for individual children, education, health and physical conditions.[181]
- In Lesotho, the government published guidelines and standards that cover both gatekeeping processes and standards of alternative care.[182] Regional standards promoted by Save the Children in East and Central Africa call for particular attention to issues of disability, gender and ethnicity.[183]
- UNICEF and the Better Care Network have developed a set of performance indicators to measure the effectiveness of gatekeeping mechanisms for children in formal care.[184]

While standards demonstrate increased interest and commitment in gatekeeping, they are largely focused on project processes and outputs, and less so on the impact that the decisions about standards are having on children. One example of a study to measure outcomes for children reintegrated into their families was undertaken by the non-governmental organization, Retrak.[185] Indicators used to measure changes in their well-being up to a year after the reintegration process showed progressive improvements had been achieved.[186] There remains, however, a significant lack of tools that measure the short- and long-term outcomes for children that have resulted from gatekeeping.[187]

3.7 Research, data collection and information management systems

to support the handling of individual cases and to identify trends in children's care situations in order to learn, develop solutions and allocate resources effectively; and to achieve evidence-based policy and planning, to monitor progress and address remaining challenges.[188]

What works

A number of initiatives are in process to strengthen data collection and to ensure that data are used to inform policy development and service provision to strengthen family-based care and prevent unnecessary separation. Examples of such initiatives include the Better Care Network work to extract relevant information from Demographic and Health Surveys (DHS) and Multiple Indicators Cluster Surveys (MICS)[189] and a review analysis of that data; *Guidelines for the enumeration of children outside of family care and children separated in emergencies*, which are being developed in connection with the US Government Action Plan for Children in Adversity; UNICEF's undertaking of a global count of children in residential care; and Child Trends, which has begun an annual report on data on family trends and child well-being using global data sets called the World Family Map Initiative.[190]

Another example comes from **Brazil**, which has developed a national information database system called the Information System for Childhood and Adolescence (SIPIA).[191] However, as yet none of this information covers the whole country.[192]

In **Bulgaria**, there are several national databases that are maintained by the State Agency for Child Protection, including a national register of approved foster families, and also a database maintained by local Child Protection Departments on children placed in institutional care.

In addition to collation of such data at the level of the overall population, it is vital to have more in-depth, qualitative information that can only be derived from listening to and highlighting the perspectives of children themselves.

In **Moldova,** children participate in the work of the district-level Gatekeeping Commissions (see case studies, Section 2). According to their age and capacity, a child is invited to participate in a commission meeting when their individual case is under consideration. Children also constitute members of Advisory Boards of Children (ABCs), with a remit to provide feedback on the work of the commissions. Partnerships for Every Child Moldova has captured the views of children on these advisory boards and has provided the following quotations:

"*The professionals try to find solutions that do not separate the child from the family. The discussions are friendly; children whose cases are considered are invited and asked what they think. More focus should be on parents, so that they are made more responsible for children and do not allow other people to decide what will happen to their child. I felt well at the meeting. The trainings we received helped us a lot, because we could understand the professional terms and everything that was discussed there.*"
(Child board member, aged 15, Moldova)

"*This is good experience for us. While at the beginning, my participation was rather passive (I was just listening), later on my opinion was asked every time at the commission meetings. The Advisory Board of Children enabled us to actively participate in making decisions that affect other children and their lives and it is good that adults let us express our views.*"
(Child board member, aged 16, Moldova)

Challenges

Very few countries, particularly low- and middle-income countries, have developed comprehensive information and data collection systems for

children in alternative care. Gaps in data on children in institutional care are a particular concern.[193]

One positive example of quantitative data on care is the longitudinal data collected in the CEE/CIS region, facilitated by the use of the TransMonEE Database.[194] It has also not yet been possible to generate any global or regional aggregation or comparison of the situation of children in alternative care (apart from in the CEE/CIS region, as noted above). This is largely due to differences in terminology and definitions used, gaps in or a complete absence of national data, issues around inaccuracy and misreporting, weakness in methodological standards, as well as purposeful misrepresentation.[195]

Although national household-level surveys and censuses collect important data on the living arrangements and survival status of parents, particularly for children under 15 years of age, these data are often not extracted or analysed to provide the important information needed about changing patterns and trends in family composition, living arrangements, and their relationship to children's care and well-being.

Apart from a few examples,[196] there is a serious lack of qualitative information providing insights into the perspective of children, families and communities regarding their experiences, especially as to how decisions on care are reached. Additional information is also required that explores the underlying norms and practices, attitudes and power dynamics that affect children's lives and care in different settings.

3.8 Social norms, attitudes and practices that respect the principles enshrined in international human rights and practice standards, particularly with regard to the primacy of family-based care, participation and the right of children to be cared for effectively.

In each of the five case studies, the negative impacts of some of the prevailing social norms, attitudes and practices within the country have been cited as either the cause of the neglect and abuse of children, a factor in the alternative care they might receive and/or a factor in how they are reintegrated into their families and communities. While it is difficult to measure changes in norms and attitudes, and even to some degree changes in practices, there are some concrete indicators of a move towards the positive.

For example, in **Bulgaria**, the rate of children in residential institutions dropped by more than 40 per cent between 2001 and 2010; the number of children in infant homes dropped from 3,375 in 2000 to 1,820 in 2011; and of these children, the number under two years old went from 2,472 in 2005 to 1,294 in 2011. Between 2005 and 2014, the number of registered foster families in Bulgaria rose from just 60 to 1,796.

Two national studies in **Brazil** conducted in 2003 and 2010 show a 50 per cent reduction in the use of residential care; while the length of time children spend in out-of-home care decreased from 2.5 years in 2010 to 1 year 10 months in 2011.

What works

There is a wide variety of local beliefs and practices with respect to the care of children and the context within which local gatekeeping mechanisms will operate. Several countries have achieved important changes in attitudes toward the use of residential care, particularly large-scale institutions, and the need for

gatekeeping, by building on positive social norms and practices and challenging negative ones. For example, a UNICEF Cambodia report[197] on children with intellectual disabilities and attitudes towards residential care resulted in national guidelines that include community-based rehabilitation of children with disabilities.

An evaluation in Moldova[198] of a programme of new models of integrated social care services and piloting of Gatekeeping Commissions describes positive outcomes resulting from accompanying campaigns aimed at changing attitudes and behaviours, including different ways of presenting arguments on national media. The evaluation reports that parents, teachers, social assistants and others, having seen for themselves the benefits of the new practices, changed their ideas about placing children in institutions, to one favouring a greater focus on prevention and family support (see case studies, Section 2).

Challenges

The challenge for those holding responsibility for gatekeeping at the local level is to work with the support of local authorities, governments and non-governmental organizations to ensure all decisions taken respect the rights, and are based on the individual needs and best interests, of the child.

Negative attitudes continue to undermine effective gatekeeping. Attitudes, particularly among the staff of social welfare teams and residential institutions, are not only hampering deinstitutionalization programmes but also resulting in active recruitment of children into such facilities. In the CEE/CIS region, reports illustrate a tendency for some staff of residential institutions to accept repeated placement of the same children in and out of their care, to allow their parents to migrate for work without following systematic procedures. As one key informant emphasized:

"*There are some people who run institutions – institutional managers who do not want to subscribe to the child-care reform policy.... People who work in institutions object to reforms because they are concerned they will lose their jobs. It is very difficult to change their mind-set quickly, as placing children in care has now become an accepted practice.*" [199]

There are also reports[200] indicating that many faith-based organizations, both care providers in-country and some international donors, have favoured investment in residential care, either as a response to emergency situations resulting in high rates of temporary separation of children, or as a general response to children apparently without adequate care. Recent research found that the public in the UK, as an example of a donor country, is still generally in favour of investing in emergency responses that promote the use of residential care and inter-country adoption.[201]

Furthermore, in many countries medical workers play a key role in encouraging placement of children in large-scale residential care, often both unnecessarily and in unsuitable facilities. Parents of children with disabilities report receiving advice from medical staff about how it would be in the child's interest to have them institutionalized.[202] One study quotes, as an example, a mother in Russia who spoke of how she had been advised to "reject" her child and "send her to an institution."[203]

4 SUMMARY AND CONCLUSIONS

GATEKEEPING IS AN ESSENTIAL COMPONENT OF A functioning care and protection system. Effective gatekeeping enables all those involved in the care of children to make informed choices in line with *the Guidelines*.[204] Effective gatekeeping ensures that children who are at risk or deprived of adequate care, receive the most appropriate support and are respected as individuals with rights and entitlements. It prevents children from being unnecessarily separated from their parents and families, and it stops children being placed in unsuitable forms of alternative care. Gatekeeping helps reintegrate children already in alternative care back into their own families and communities, and it supports the transfer of children from unsuitable forms of care into more suitable placements. Additionally, it supports those people and organizations responsible for the care of children to make decisions within a consistent and regulated process.

AS THE CASE STUDIES IN THIS PAPER demonstrate, how gatekeeping has been incorporated into legislation, and how it operates in practice, vary across different country contexts. The different laws, norms and practices highlighted include the activation of multisectoral commissions, judicial courts, local councils, village courts and concentrated hearings. It also involves the application of gatekeeping through case management mechanisms linked to local authorities responsible for overseeing care placements. Thus, the application of gatekeeping mechanisms depends on the local context and, in particular, the availability of resources associated with care. Settings with limited state provision are more likely to develop non-formal, locally managed models of gatekeeping run by and for the community. Both non-formal and formal gatekeeping systems have an important role to play in the care of children and should be supported to operate in partnership with each other.

Many countries are achieving notable progress in improving gatekeeping mechanisms to support better decisions about children's care. This includes a significant number of countries that have invested in the development of normative frameworks. Many states are also devoting resources to the development of coordination and oversight mechanisms; case management tools; prevention and response services; human resource capacity and data management systems; and communication campaigns that promote positive attitudes and practices. These efforts are supporting a growing emphasis on preventing separation from parental and family care and enabling more children to be cared for, when alternative care is necessary, in more suitable family-based, family-type or small-scale residential settings situated within the community. In some countries, this is allowing for a progressive decrease in the reliance on residential care, and particularly an end to large-scale institutions. As such, gatekeeping can and is playing a key role in national strategies of child-care reform and deinstitutionalization.

Despite this progress, many challenges remain. Residential care persists as a common response to children at risk or deprived of adequate care, with some placed there directly by parents and relatives with no consideration of gatekeeping mechanisms at all. This is compounded by the persistent growth of residential institutions, some of which actively recruit children. In addition, many countries lack sufficient resources to support and to regulate the entire gatekeeping process. Underpinning many of these challenges is a lack of financial and political commitment towards supporting children to be cared for in their own families and communities.

The case studies, the wider literature review and the expert consultations for this paper point to several lessons for anyone seeking to establish or to strengthen gatekeeping.

1. Political and financial resources are required to oversee and coordinate gatekeeping effectively

The appointment of ministerial-level leadership for gatekeeping has been shown to be critical. Having a senior line of accountability helps raise the profile of, and priority given to, gatekeeping. This is especially important for motivating professionals at all levels to support and engage in the gatekeeping process. It helps facilitate cooperation and coordination between the various sectors that impact on gatekeeping, particularly health, education, social affairs and law enforcement, many of which have conflicting priorities. This has been shown to be critical, particularly at the local level, where a multisectoral approach improves the quality of gatekeeping by bringing together a range of skills and perspectives and by involving a range of duty-bearers in designing solutions that they themselves are likely to deliver.

Monitoring the quality of gatekeeping is another key function associated with oversight and coordination. Experience has shown that monitoring protocols help maintain momentum

around a case and increase the likelihood of prevention and/or reintegration. Indicators and standards are essential components of measuring progress and results. They are needed to measure both the performance of gatekeeping functions, as well as to, most importantly, understand the outcomes achieved for children. Only such understanding will help provide us with answers to the fundamental question – are the best decisions possible being made for children?

The absence or weakness of a regulatory system, including an effective registration, licensing and inspectorate system for care providers, is a key challenge for effective monitoring. As a result, many children in alternative care are not known to the authorities and remain there indefinitely, without any formal monitoring or review.

Effective oversight and coordination requires sufficient financial resources. This is essential to monitor, regulate and enforce laws and standards associated with gatekeeping, including the use of institutional care, and to support inter-sectoral cooperation. This is one aspect of gatekeeping that is frequently overlooked and under-resourced.

2. Gatekeeping requires appropriate normative frameworks

Many national legal and normative frameworks now reinforce the principles enshrined in international human rights and practice standards, including the primacy of the family, the best interests of the child and the importance of prevention, reintegration and participation. Such frameworks are providing the necessary foundation and guidance for the implementation of gatekeeping practices, particularly those that place an emphasis on the principles of 'necessity' and 'suitability' and a primary focus on prevention and family support.

3. Gatekeeping must be appropriate to the specific context

The model of gatekeeping must maximize, rather than undermine, local traditional care practices. This means also building from 'the bottom up' and supporting families and communities to expand on existing positive practices. Laws, tools, guidance and protocols should be tailored to the specific cultural, economic and social context. The gatekeeping system must acknowledge resource limitations and find solutions that are achievable locally.

The gatekeeping system should also recognize the various entry points into the alternative care system that are specific to that context. For example, if child abandonment at birth is a particular concern, then gatekeeping should include mechanisms linked to maternal health units; if children are being placed into institutions in order to access education, then this must be a focal point for gatekeeping.

4. Gatekeeping requires a skilled and competent social service workforce

Many countries are investing in the people and mechanisms associated with gatekeeping. However, it is foremost a lack of resources, particularly at the local level, that is the major challenge to gatekeeping.

In particular, social workers, psychologists and para-social workers need to be sufficient in number and quality to support gatekeeping throughout the entire case management process. This means not overburdening them with an unreasonable caseload; enabling each case manager to focus sufficient time and attention to each child, so that protocols are followed and decision-making is of a high standard; and ensuring that they are supported by a managerial structure that fosters high standards. This in turn requires investment in recruitment, decent levels of pay, curriculum development, academic and professional training, and overall development of the social work workforce.

Other professionals and volunteers involved in gatekeeping also need sufficient training and support. Where the judiciary plays a key role in gatekeeping, legal and judicial staff members need to be sufficient in number and possess the necessary training and positive attitudes and beliefs in line with the 'suitability' and 'necessity' principles. This is also true of teachers, health workers, police, community leaders and other professionals and volunteers involved in gatekeeping. A lack of financial remuneration for volunteers within gatekeeping mechanisms has proved to be a particular challenge, limiting the time, effort and motivation they apply to this vital function.

Many low- and middle-income countries lack diverse and high-quality family and community-based support services and family-based alternative care options, making any decision-making processes largely redundant as there is little or nothing from which a gatekeeping mechanism can choose.

Investment in tools and mechanisms that ensure any decision-making along the continuum of care is well informed is essential. This includes the development of context-specific, multisectoral and participatory mechanisms for referral, assessment, support planning and review.

Physical resources are also required to support effective gatekeeping. These include transport to enable case managers to assess and then support a child; tools and guidance materials; gatekeeping laws and protocols; temporary emergency shelter for children who require immediate removal from parental care; as well as a continuum of broader services and support (see lesson 6, below).

5. Working together is vital for effective gatekeeping

Gatekeeping is not just an issue for the child protection sector. All sectors that regularly come into contact with children have a role to play in gatekeeping. This includes the health, education, law enforcement and social sectors, all of which are important for identifying vulnerable children and selecting, delivering and coordinating the most suitable support to enable them to be properly cared for. While there are good examples of such coordinated multidisciplinary mechanisms, in most countries integrated working through multidisciplinary assessment and decision-making on children's care is rarely supported in laws and structures, and even more rarely achieved.

Ensuring that professionals and volunteers from different sectors work together, guided by shared protocols and standards regardless of the point at which the child enters the system, helps to improve decision-making and provision associated with care. This helps foster consistency, is easier to regulate, and reduces duplication and confusion. It requires designated gatekeeping mechanisms, clear tools, guidance and protocols, as well as legal mandates for any sector that regularly comes into contact with children.

6. A broad continuum of services is vital for effective gatekeeping

Gatekeeping can only function effectively if there is a continuum of services and support from which to choose. This includes universal and targeted services and support to both prevent and respond to inadequate care. Taking a broader social protection approach to prevention can be particularly beneficial. Targeted services are also often required to address specific care concerns including childcare, parenting education, addiction therapy and counselling. Where a gatekeeping mechanism deems it not to be in the child's best interests to remain in parental care, there needs to be a range of positive community and family-based alternative care options from which to choose. Experience has shown that even a very small amount of support can enable children to remain in parental or family care.

7. Resources currently supporting residential care need to be redirected towards prevention and response services in the family and community

Where residential care is the only option, children are more likely to be placed there – often without going through any gatekeeping process at all. This is partly due to the lack of alternatives, but it undermines the requirement of considering the child's particular rights and needs. It is also a result of active recruitment of children by institutions themselves, as occurs when managers of institutions have a specific religious or financial motivation to keep a high rate of admission to their institution.

Public and private donors currently funding residential care, particularly large-scale institutions, should be made aware of the importance of redirecting their support to positive family- and community-based prevention and response services. This includes supporting residential care facilities to transition into positive alternatives. It also needs resources to tackle the growth of unregistered institutions, and to better regulate care providers to ensure that they adhere to gatekeeping protocols.

8. Social norms and practices should reinforce effective gatekeeping

Cultural reliance on residential care is a key challenge to effective gatekeeping. Parents, community leaders, professionals and children themselves need to be made aware of the risks associated with family separation and children's institutionalization, as well as their rights and obligations to adhere to gatekeeping protocols and broader legal and normative frameworks. In particular, those working within gatekeeping mechanisms need to possess positive attitudes in line with the principles of 'necessity' and 'suitability', as well as the rights of children, including their right to participate in the decisions that affect them. This requires laws and policies and the resources to enforce them, as well as investing in capacity building and behavioural change campaigns that build on positive practice and negate the challenge of harmful attitudes.

In addition, many private and faith-based donors, as well as care professionals themselves, continue to support the use of residential care.

9. Both formal and non-formal gatekeeping mechanisms have important roles to play

Formal gatekeeping by statutory bodies is often easier to regulate and leads to more consistent decision-making associated with the care of children. However, in countries where state structures are weak or only partially reaching areas of the country, the quality and coverage of formal gatekeeping structures and services can be severely lacking, particularly in poor rural areas. There are also concerns that in some locations, formalizing care is undermining positive local care practices in the community.

Non-formal care gatekeeping mechanisms can enable many children to access care and support, and to gain maximum benefit from positive local care practices. However, attempting to make gatekeeping decisions in the absence of a regulated and resourced system, and in the absence of links to a continuum of services, brings its own challenges. Unsupported kinship care and residential care are often the only alternative care options available from which to choose. In addition, decision-makers are operating inconsistently and without always prioritizing the best interests of the child. The absence of a formal regulated structure, the lack of local prevention and response services, harmful social norms and practices, and the proliferation of residential care are together leading to inappropriate care choices for some children.

A key challenge is to better link the formal and non-formal gatekeeping systems, so that decision-making can thrive within agreed practice standards, leading to better outcomes for

children. In particular, more guidance, support and regulation are needed to improve the quality and consistency of less formal gatekeeping mechanisms. Equally, formal gatekeeping should seek to build from positive traditional care practices.

10. Research, data collection and information management

Research, data collection and information management are essential for effective individual case management, and for understanding broader trends associated with care that influence policy and planning. However, this is rarely a financial or political priority, and many settings lack comprehensive systems for collecting, sharing and analysing data relating to care. As a result, the scale and nature of inadequate care is not fully known in most countries, particularly in resource-poor settings. This is compounded by the growth of unregistered and unregulated institutions and the widespread use of informal care, much of which is not reported to the authorities and not reflected in national or international data. It is also hampered by conflicting definitions and terminologies associated with care, leading to gaps and inaccuracies in data.

More research and data collection on gatekeeping are specifically required to better understand its impact on children. In particular, more participatory and qualitative research is needed on the long-term outcomes for children provided by different approaches to gatekeeping. More research is also needed on the many informal models of gatekeeping that exist, in order to adapt and build from them.

11. Participation strengthens the quality of gatekeeping

The participation of children in decisions that affect them is a right protected under international law and reinforced in many national legal and normative frameworks. Where children, families and other local stakeholders participate in the gatekeeping process, it is more likely to lead to positive and sustainable outcomes for children. Participation leads to a more comprehensive understanding of the child's situation. It also ensures that those responsible for delivering and supporting any resulting recommendations are committed and able to fulfil their obligations. Assessments and recommendations should be made in full consultation with the child (according to their evolving capacity) and with those who impact on his or her care. Experience has shown that children and other stakeholders can also be supported to participate in gatekeeping mechanisms, as well as the broader process. Achieving participation requires time, resources and dedicated procedures and needs to be integrated, rather than added on, to the gatekeeping process.

5 CHALLENGES AND RECOMMENDATIONS: NEXT STEPS

THE IMMEDIATE AND LONG-TERM PHYSICAL, SOCIAL AND psychological harm caused by separating a child from his or her parents and family, as well as that caused by inappropriate use of alternative care, particularly residential care in large-scale institutions, is well documented.[205]

In efforts to prevent, minimize and/or reduce that harm, an effective gatekeeping mechanism can enable all those involved in the care of children to make informed choices in line with *the Guidelines*.[206] Such a mechanism can ensure that children who are at risk or deprived of adequate care receive the most appropriate support and are respected as individuals with rights. It can prevent children from being unnecessarily separated from their parents and families. Effective gatekeeping is also best placed to stop children being placed in inappropriate forms of alternative care. It can support the reintegration of children already in alternative care back into their own families and communities, as well as support the transfer of children from inappropriate forms of care into more suitable placements. Additionally, it can support those people and organizations responsible for the care of children to make decisions within a consistent and regulated process.

DRAWING FROM THE LESSONS LEARNT FROM this review of gatekeeping practice in five different country contexts, and from a review of the literature on gatekeeping, the following recommendations are made to policy-makers, service providers and practitioners, as well as donors:

- An effective gatekeeping system depends on the availability of strong preventive services that strengthen the capacity of families to care for children adequately, and provides a continuum of alternative care settings, in particular family-based options addressing the range of situations faced by the individual child.
- In order to achieve this, it is necessary to increase political and financial commitment for funding and approaches to be redirected towards developing a range of services that prevent unnecessary child–family separation and respond to the challenges families face in providing adequate care. In particular, public and private donors currently supporting institutional care need to divert this support towards building family- and community-based services.
- The range of services needed for effective gatekeeping should extend beyond psychosocial support and alternative family-based care to include prevention through approaches such as: social investments and social protection; community strengthening and local advocacy; and support for kinship care.[207]
- Good approaches and models of gatekeeping in diverse contexts should be documented more systematically and their impact evaluated on reducing both the number of children needing alternative care, as well the number of children in residential care.
- Gatekeeping has a vital role to play in contexts where government services are limited and alternative care is primarily informal. Effective linkages between formal and non-formal mechanisms should be created to ensure effective decision-making for children's care.
- Investments should be made to strengthen the evidence base for effective gatekeeping, including research on:
    - the impact of gatekeeping decisions on children's care and outcomes;
    - the drivers of inadequate care for children;
    - the potential of non-formal models of gatekeeping;
    - the costs and benefits of effective gatekeeping;
    - the human resource implications of strengthening gatekeeping systems; and
    - practices and experiences of children in terms of their participation in gatekeeping decision-making and processes.
- Effective gatekeeping requires the establishment of dedicated mechanisms, with skilled and mandated staff who are best placed to review the situation of each child and his/her family and their care and protection needs, and to make recommendations for how their interests can best be met in each case through a coordinated and regulated process.
- Evidence-based tools and guidance should be developed to bring together well-established social work practice, to ensure comprehensive family assessment using a strength-based perspective, to support decision-making processes that enable participation by children as well as caregivers, to develop appropriate care plans that respond to children's needs for safety, well-being and permanency, and to establish effective protocols to review placements in care, together with discharge/reunification protocols.
- Children's right to participate in decisions that affect them is central to making effective and appropriate decisions about their care. Developing clear and accessible tools to inform children and young people of their rights in the context of care decisions and placements should be a priority, together with meaningful mechanisms for their participation throughout the process from assessment of needs to the review and determination of care options and placement decisions.

6 ENDNOTES

1 International Social Service (ISS)/ International Reference Centre for the Rights of Children Deprived of their Family (IRC), *Rights of the Child in Internal and Inter-Country Adoption: Ethics and Principles Guidelines for Practice*, ISS, Geneva, 2004; Inter-Agency Working Group on Unaccompanied and Separated Children, *Alternative Care in Emergencies Toolkit*, Save the Children, London, 2013; Better Care Network and UNICEF, *Manual for the Measurement of Indicators for Children in Formal Care*, 2009.

2 UN General Assembly (2009); *Guidelines for the Alternative Care of Children*.

3 Save the Children, 'Save the Children's Definition of Child Protection', 2007b, <http://resourcecentre.savethechildren.se/library/save-childrens-definition-child-protection>, accessed 26 October 2014.

4 Save the Children, *Building Rights-Based National Child Protection Systems: A Concept Paper to Support Save the Children's Work*, Save the Children, Sweden, 2010b.

5 This is based on Article 1 of the UN Convention on the Rights of the Child (CRC) (UN, 1989). We acknowledge that age is not the way in which many communities define childhood. For example, in some settings childhood comes to an end when individuals start to perform 'adult' activities (such as becoming sexually active) (Wessells, M., *An inter-agency review of evidence on community-based child protection mechanisms: Executive summary*, Save the Children, 2012). We believe that it is important to recognise these differing perceptions of childhood in the ways in which we communicate and work with communities.

6 UN General Assembly, *the Guidelines*, Article III, 29a.

7 UN General Assembly, *the Guidelines*, Article III, 29c.ii.

8 Cantwell, N., J. Davidson, S. Elsley, I. Milligan and N. Quinn, *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*, Centre for Excellence for Looked After Children in Scotland, UK, 2012, p.22.

9 Please see: Better Care Network, Toolkit Glossary, <http://www.bettercarenetwork.org/BCN/Toolkit/Glossary/index.asp>, accessed 10 October 2014.

10 UN General Assembly, *the Guidelines*, Article III, 29b.ii.

11 Ibid., 29b.i.

12 UN General Assembly, *the Guidelines*, p.5.

13 NGO Working Group on Children Without Parental Care, 'Identifying Basic Characteristics of Formal Alternative Care Settings For Children: A Discussion Paper', 2013.

14 Cantwell, N. and S. Jacomy-Vite, *Assessment of the Alternative Care System in the Syrian Arab Republic*, Ministry of Social Affairs and UNICEF, 2011.

15 UN General Assembly, *the Guidelines*, Article III, 29c.i.

16 Ibid., 29b.i.

17 Ibid., 29b.

18 Save the Children, 'Save the Children's Definition of Child Protection'.

19 Wedge, J., A. Krumholz and L. Jones, *Reaching for home: Global learning on family integration in low- and middle-income countries*, Interagency Group on Reintegration, 2013, p.11.

20 UN General Assembly, *the Guidelines*, Article III, 29c.iv.

21 NGO Working Group on Children Without Parental Care, *Formal Alternative Care Settings for Children*.

22 Devereux, S. and R. Sabates-Wheeler, 'Transformative Social Protection', IDS Working Paper 232, Institute of Development Studies, University of Sussex, 2004.

23 NGO Working Group on Children Without Parental Care, *Formal Alternative Care Settings for Children*.

24 UN General Assembly 64/142, *Guidelines for the Alternative Care of Children*.

25 Key informant interviews. See also UNICEF, *Children and Disability in Transition in CEE/CIS and Baltic States*, UNICEF Innocenti Research Centre, Florence, 2005.

26 UN General Assembly, *the Guidelines*, Articles 11B, 12 and 18.

27 UN General Assembly, *the Guidelines*.

28 Bilson, A., and C. Larkins, 'Providing alternatives to infant institutionalization in Bulgaria: How gatekeeping can benefit from a social development orientation', *Children and Youth Services Review*, vol. 35, no. 9, 2013, pp. 1566–1575.

29 UNICEF, *The State of the World's Children 2013: Children with disabilities,* 2013a.

30 See, for example: Roby, J., 'Discussion paper on children in informal care', UNICEF, 2011; Cambell et al., 'Assessing the "orphan effect" in determining development outcomes for children in 11 eastern and southern African countries', *Vulnerable Children and Youth Studies*, vol. 5 (1), 2010, pp. 12– 32; Ainsworth, M. and D. Filmer, 'Inequalities in children's schooling: AIDS, orphanhood, poverty and gender', *World Development*, vol. 30 (6), 2006, pp. 1099–1128.

31 Pinheiro, P.S., *World Report on Violence against Children*, UNICEF, New York, 2006.

32 EveryChild, 'Fostering better care: improving foster-care provision around the world', Positive Care Choices Working Paper 2, EveryChild, London, 2011a.

33 See, for example: Browne, K. et al., 'Overuse of institutional care for children in Europe', *British Medical Journal*, vol. 332, 2006, pp. 485–487; Carter, R., *Family matters: A study of institutional childcare in Central and Eastern Europe and the former Soviet Union*, EveryChild, London, 2005.

34 Tolfree, D. (*Roofs and Roots: The Care of Separated Children in the Developing World*, Save the Children, 1995), first defined gatekeeping, in the context of childcare, as: "The policies, procedures and services to restrict the flow of children into institutions and contribute to their onward progression back to families or substitute families". There have been several definitions since, and most recently, Andrew Bilson (in *The development of Gate-Keeping functions in Central and Eastern Europe and the CIS: Lessons from Bulgaria, Kazakhstan and Ukraine,* UNICEF, 2010) defined it as a system required to "ensure that children are not unnecessarily deprived of parental care and placed in alternative accommodation, and also to ensure the shortest possible stay consistent with the child's best interests."

35 This paper together with all annexes can be found at: http://www.bettercarenetwork.org/BCN/details.asp?id=33092&themeID=1003&topicID=1022

36 United Nations, Convention on the Rights of Persons with Disabilities, 2006.

37 African Union, African Charter on the Rights and Welfare of the Child, Article 20, 1999, <http://acerwc.org/wp-content/uploads/2011/04/ACRWC-EN.pdf>, accessed 25 October 2014.

38 Ibid., Articles 18 and 19.

39 UN General Assembly, *the Guidelines*, <http://bettercarenetwork.org/docs/Guidelines-English.pdf>, accessed 25 October 2014: "It is the role of the State, through its component authorities, to ensure the supervision of the safety, well-being and development of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided" (Article IIA.5).

40 See, for example, the Child Protection Working Group (CPWG), *Minimum Standards for Child Protection in Humanitarian Action,* CPWG/Global Protection Cluster, Geneva, 2012; Cantwell, N., J. Davidson, S. Elsley, I. Milligan and N. Quinn, *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*, Centre for Excellence for Looked After Children in Scotland, UK, 2012.

41 UN General Assembly, *the Guidelines*.

42 Cantwell et al., *Moving Forward*.

43 Ibid., p.22.

44 Ibid.

45 Ibid.

46 UN General Assembly, *the Guidelines*, II B.21 and VII C.123.

47 UNICEF Latin American and Caribbean region (LAC), 'Latin American and Caribbean region launches Call to Action to end the placement of children under three years of age in institutions', 22 October 2013. See also: UNICEF, 'Call to Action to end the placement of children under the age of three in residential care', endorsed at 35th CARICOM Heads of Government conference, 7 July 2014.

48 UN General Assembly, *the Guidelines,* II B.23.

49 Tolfree, *Roofs and Roots*.

50 Many examples, from a range of countries, of the views of children regarding care and protection, and their need to be consulted on decisions affecting their lives, are contained in Family for Every Child, *My world, my vision. Consultations with children on their priorities for the post-2015 framework*, Family for Every Child, London, 2013c.

51 A child protection system aims to address all forms of abuse, exploitation and neglect in a coordinated manner. Child protection systems include: "…the set of laws, policies, regulations and services needed across all social sectors – especially social welfare, education, health, security and justice – to support prevention and response to protection related risk" (UNICEF, 'Child Protection Strategy', UNICEF, New York, 2008, para 12). Key components of a successful child protection system include: a legal framework, national strategy and coordinating body; local protection services; a well-trained child welfare workforce; a strong focus on community and child participation; adequate resources and monitoring and data collection systems.

52 Grigorash, S., 'Protecting Children of Moldova from family separation, abuse, neglect and exploitation', Technical Presentation, Moldova, 2013.

53 The law in Moldova mandates every local authority to establish a multisectoral gatekeeping commission.

54 Partnerships for EveryChild Moldova and EveryChild, *Improving Children's Lives Through Deinstitutionalisation*, EveryChild Moldova's Programme Experience, 2013.

55 Ibid.

56 Ibid.

57 UNICEF, Master Plan for Deinstitutionalisation Moldova, 2007c.

58 A CSA is a generalist social worker with responsibility for all social welfare concerns in a community of approximately 3,000 inhabitants.

59 Republic of Moldova, Ministry of Social Protection, Family and Child, *Practical Guide for the System for Prevention of Child Separation from the Family,* Decree 76, 2009b, p. 13.

60 Grigorash, 'Protecting Children of Moldova from family separation'.

61 The Guardianship Authority is the local government body with prime responsibility for child protection at the *primaria* (community) and *raion* (district) levels. At the *primaria* level, the mayor has overall responsibility for the actions of the Guardianship Authority.

62 Regulations of the Foster-care Service, approved through Government Decision No. 1177, 2007, (See Annex 3).

63 Grigorash, 'Protecting Children of Moldova from family separation'.

64 More information see the Courts and Tribunals Judiciary, 'Family Law Courts', undated. See also: The National Society for the Protection of Children (NSPCC), 'Child protection system in England'; and 'Child protection system in Scotland'.

65 UK Government, Children (Scotland) Act, 1995.

66 See: World Bank, 'Data/Brazil', 2013a.

67 Federative Republic of Brazil, Census, 2010.

68 Ibid.

69 Ibid.

70 Ibid.

71 Much of the background for this case study draws on Pacheco Graham, A., Family for Every Child, *Improving Social Work in Brazil, The Results of an Appreciative Inquiry on Social Work with Vulnerable Children and Families in Brazil*, 2013, and Csaky, C., *Why Care Matters: The impact of inadequate care on children and Society*, Family for Every Child, 2014.

72 Brasil, Constituicao da Republica Federativa Republic do Brasil, 1990, Lei n. 8069/90, Estatuo da Crianca e do Adolescente.

73 Brasil, Presendencia da Republica, Secretaria de Direitos Hummos (SDH), 2013.

74 See: Portal Brasil, 'Cresce número de municípios no Brasil': <www.brasil.gov.br/economia-e-emprego/2013/06/cresce-numero-de-municipios-no-brasil-em-2013>, accessed 25 October 2014.

75 Federative Republic of Brazil, *Statute of the Child and Adolescents*, Law 8069/90, 1990 and amendments contained in 2009 (Law 12010/09) (see Annex 3).

76 Silva, E.R.A., *O Direito à Convivência Familiar e Comunitária: os Abrigos para Crianças e Adolescentes no Brasil*, IPEA, Brasília, MDS/FIOCRUZ, Levantamento Nacional de Crianças e Adolescentes em Serviços de Acolhimento, 2004.

77 Data collected from the National Database of Children and Adolescents in Care [Cadastro Nacional de Crianças e Adolescentes Acolhidos, CNCA] (*BRASIL, Secretaria de Direitos Humanos. Conselho Nacional dod Direitos da Crianca e do Adolescente, 2010),* Resolucao 139 de 17 de marco de 2010.

78 Ibid.

79 IBGE, *Perfil dos Municípios Brasileiros – Assistência Social 2009,* IBGE, Rio de Janeiro, 2010.

80 African Union, African Charter on the Rights and Welfare of the Child, 1999, Article 20.

81 Ibid., Articles 18 and 19.

82 World Bank, 'Data/Rwanda', 2013c.

83 Ibid.

84 Central Intelligence Agency, *The World Factbook*/Rwanda.

85 Rwanda's *Vision (2020) Umurenge Programme* (VUP), 2011b, is a flagship programme in the *Economic Development and Poverty Reduction Strategy* and a major component of the *National Social Protection Strategy*. It aims to accelerate the reduction of extreme poverty.

86 Joint UN Programme on HIV and AIDS (UNAIDS), 'Data'.

87 Better Care Network and UNICEF, 'Country Care Profile: Rwanda', 2015.

88 National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International, *Rwanda Demographic and Health Survey 2010*, NISR, MOH and ICF International, Calverton, Maryland, USA, 2011.

89 Republic of Rwanda, Ministry of Gender and Family Promotion, Republic of Rwanda (MIGEPROF) and Hope and Homes for Children, *National Survey of Institutions for Children in Rwanda,* Republic of Rwanda, 2012.

90 Ibid.

91 Ibid.

92 Better Care Network and UNICEF, 'Country Care Profile: Rwanda'; Republic of Rwanda et al., *National Survey of Institutions*.

93 Republic of Rwanda, Ministry of Gender and Family Promotion, *A situation analysis of orphans and other vulnerable children in Rwanda,* Republic of Rwanda, 2008.

94 McNeil, D.G., 'A Poor Nation With a Health Plan', *New York Times*, 15 June 2010; Harvard School of Public Health, 'Rwanda's health insurance program has improved care utilization, reduced household spending'; and Rosenberg, T., 'In Rwanda, Health Care Coverage That Eludes the U.S.', *New York Times*, 3 July 2012.

95 World Bank, 'Africa Social Protection Policy Briefs – Safety Nets: Cash Transfers', December 2012.

96 Musoni, E., 'Moving on From Rwanda's 100 Days of Genocide', *Inter Press Service,* 2013.

97 SURF, Survivors Fund, 'Archive for the "FARG" Tags', <http://survivors-fund.org.uk/tag/farg/>, accessed 26 October 2014.

98 See website of the For Our Children Foundation, <www.detebg.org/en/>.

99 World Bank, 'Data/Bulgaria', 2013b.

100 UNICEF, *Bulgaria Country programme document 2013–2017*, 2012b.

101 Ibid.

102 UNICEF TransMonEE Database, 2013.

103 Ibid.

104 Ibid.

105 Data provided by UNICEF Bulgaria, 2013.

106 UNICEF TransMonEE Database, 2013.

107 Bilson A., *The development of Gate-Keeping functions in Central and Eastern Europe and the CIS: Lessons from Bulgaria, Kazakhstan and Ukraine,* UNICEF, 2010.

108 UNICEF, *Bulgaria Country programme document 2013–2017.*

109 Unpublished evaluation undertaken by the For Our Children Foundation (2013).

110 Ibid.

111 Ibid.

112 UNICEF TransMonEE Database.

113 UNICEF, Deinstitutionalization of Children in Bulgaria: How Far and Whereto?, 2014.

114 UK Government, 'Looked-after children', undated.

115 Bilson and Larkins, 'Providing alternatives to infant institutionalisation in Bulgaria'.

116 Browne, K. and G. Mulheir, et al., *De-institutionalising and Transforming Children's Services,* European Commission Daphne Programme, 2007.

117 Martin, F., *Changing the Paradigm: Documentation Study of Save the Children's work to strengthen the child protection system in Indonesia (2005–2012*), Save the Children, 2013, p. 108.

118 2010 Census.

119 Martin, F., *Strategic Plan for Save the Children's work in Indonesia to support a paradigm shift towards family based care (Second Phase)* 2013–2020, Save the Children, 2012, p. 3.

120 Martin, F. and T. Sudrajat, *Someone that Matters: The Quality of Care in Childcare Institutions in Indonesia,* The Indonesian Ministry of Social Affairs, Save the Children and UNICEF, 2007; Martin, F., *Improving Child Protection Responses in Indonesia: Learning from the Protection Homes for Children* (RPSA), Save the Children and the Indonesia Minister of Social Affairs, 2011.

121 In addition to children residing in residential care institutions, there are also over 3.3 million children in Indonesia who reside in more than 27,000 Islamic boarding schools, whose primary focus is to provide religious and in some cases formal education (Indonesian Directorate General of Islamic Organizations, 2003–2004). See: Martin and Sudrajat, *Someone that Matters*.

122 Martin and Sudrajat, *Someone that Matters*.

123 Martin, *Improving Child Protection Responses in Indonesia*.

124 Ibid. The province of West Java has the largest population of all provinces in Indonesia – it is home to more than 43 million people, or 18.1 per cent of the total population of the country. It is also among the most densely populated areas of Indonesia.

125 Martin, *Improving Child Protection Responses in Indonesia*.

126 Ibid., pp. 104–117.

127 West, A., *Mid-Term Evaluation of the Pusat Dukungan Anak dan Keluarga (PDAK): Child and Family Support Centre Model,* Save the Children Indonesia, unpublished, 2013.

128 Republic of Indonesia, Ministry of Social Affairs, *National Standards of Care for Child Welfare Institutions*, Decree of the Minister of Social Affairs No.30/HUK/2011, 2011.

129 Martin, F., *Changing the Paradigm: Documentation Study of Save the Children's work to strengthen the child protection system in Indonesia (2005–2012*), Save the Children, 2013, p. 110.

130 For more information, see: West, *Mid-Term Evaluation of the Pusat Dukungan Anak dan Keluarga (PDAK)*.

131 In Indonesia, if a birth certificate is not issued immediately following the birth, a process needs to be started through the judiciary.

132 Considering recent changes, the system should be under revision soon with the implementation of a government system.

133 These lessons are taken from a mid-term evaluation conducted in 2013 by Andy West.

134 UN General Assembly, *the Guidelines*.

135 Republic of Bulgaria, *39th National Assemble, Child Protection Act, 2003* (see Annex 3).

136 Republic of Rwanda, Law N°54/2011 Relating to the Rights and the Protection of the Child, 2011a (see Annex 3).

137 Republic of Rwanda, *The Strategy for National Child Care Reform 2012–2013* (see Annex 3).

138 Republic of Indonesia, *National Standards of Care for Child Welfare Institutions* (see Annex 3).

139 Ibid.

140 Federative Republic of Brazil, *National Plan for the Promotion, Protection and Defence of the Right of Children and Adolescents to Family and Community-Based Care, 2006* (see Annex 3).

141 Federative Republic of Brazil, *Statute of the Child and Adolescents, 1990* (see Annex 3).

142 Republic of Moldova, *National Strategy and Action Plan for Reform of the Residential Institution System* (2007–2012); and Republic of Moldova, Law No.14 on The Special Protection of Children at Risk and of Children Separated from their Parents, 2013 (see Annex 3).

143 Republic of Moldova, *National Strategy on Integrated System of Social Services,* 2009a (see Annex 3).

144 Republic of Ghana, *National Plan of Action for Orphans and Vulnerable Children 2010–2012*, 2010.

145 Republic of Liberia, Ministry of Health and Social Welfare, *Regulations for the Appropriate Use and Conditions of Alternative Care for Children,* 2010.

146 European Expert Group on the Transition from Institutional to Community-based Care, *Common European Guidelines on the Transition from Institutional to Community-based Care: Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe*, 2012.

147 UN General Assembly, *the Guidelines*.

148 Brazil provides an example, by ordering that residential facilities may house no more than 20 children and that they be in the form of houses in children's villages and group living houses situated in the community (Federative Republic of Brazil, *Statute of the Child and Adolescents* [see Annex 3]). Another concern is the frequent reference to the use of 'specialised institutions' for the care of children with special needs, rather than specialist support within the community. For example, Bulgarian law (the Child Protection Act and Child Protection Act Regulations) refers to specialized care for children with physical and mental disabilities, and Rwandan law (N°54/2000 of 14 December 2011) states that a child with a special physical or mental disability shall be placed in special institutions for care and treatment (see Annex 3).

149 Inter-Agency Standing Committee (IASC), *Child Protection in Emergency Coordination Structures within the Cluster Approach*, 2008; Save the Children, *Building Rights-Based National Child Protection Systems*; UNHCR, *Protecting children of concern through a systems approach: guidance for field offices*, UNHCR, Geneva, 2010; World Vision, 'A Systems Approach to Child Protection: A World Vision Discussion Paper', World Vision International, 2011; Wulczyn, F., D. Daro, J. Fluke, S. Feldman, C. Glodek and K. Lifanda, *Adapting a systems approach to child protection: Key concepts and considerations*, UNICEF, New York, 2010.

150 Wessells, M., *Evidence on community-based child protection mechanisms: Executive summary*.

151 UNICEF, 'Child Care System Reform in South East Europe, A Sub-regional Analysis based on Country Assessments in Albania, Bulgaria, FYR Macedonia, Serbia', background report prepared as an input to the regional Consultation on *Reform of the Child Care System: Taking stock and accelerating action*, Sofia, Bulgaria on 3–6 July 2007b.

152 UNICEF, Child Care Reform in CEE/CIS – A Glass Half Full or Half Empty, unpublished, 2012c.

153 Key informants. See also: Little, M., 'Prevention and Early Intervention with Children in Need: Definitions, Principles and Examples of good Practice', *Children and Society*, vol. 13, 1999, pp. 304–316; Nelson, S. and M. Baldwin, 'Comprehensive Neighbourhood Mapping: Developing a Powerful Tool for Child Protection', *Child Abuse Review,* vol. 11, 2002, pp. 214–229; Spratt, T., 'The Influence of Child Protection Orientation on Child Welfare Practice', *British Journal of Social Work,* vol. 31, 2001, pp. 993–954; Pithouse, A., C. Hall, S. Peckover and S. White, 'The Tale of two CAFs: The Impact of the Electronic Common Assessment Framework', *British Journal of Social Work,* vol. 39, 2009, pp. 599–612.

154 Andrew, S., 'Keeping Them Home: Traditional and Community Responses to Children Requiring Alternative Care in Cambodia', unpublished, 2008; UNICEF, *The situational analysis of children and their families in Botswana: Summary Report Findings and Recommendations to Policy Makers*, UNICEF, 2011a; UNICEF, *Evaluation of the UNICEF's Early Childhood Development Programme with Focus on the Government of Netherlands Funding (2008–2010): Cambodia Country Case Study Report*, UNICEF, New York, 2011b; Child Frontiers, *Report of the Mapping and Analysis of Ghana's Child protection System,* UNICEF, 2011.

155 Key informant interviews.

156 UNICEF, Child Care Reform in CEE/CIS, p. 30.

157 UNICEF, 'Decentralization: Redirecting Resources and Decision-Making to the Local Level', paper prepared for 'Changing Minds, Policies and Lives' Conference, Budapest, 2000.

158 Republic of Malawi, Ministry of Gender, Children, and Community Development of Malawi, Centre for Social Research of the University of Malawi and UNICEF Malawi, *All Children Count: A Baseline Study of Children in Institutional Care in Malawi,* 2011.

159 UNICEF, Child Care Reform in CEE/CIS.

160 Key informants.

161 Key informant interviews. See also Evans, P., Understanding and Improving Formal Decision Making About Children's Care, EveryChild, unpublished, 2011; Parry-Williams, J., *Suggestions for a Strategy to Develop Alternative Care and Diversion Systems through Government Structures in Sri Lanka,* Save the Children, 2006; Williamson, J. and A. Greenberg, *Families, Not Orphanages*, Better Care Network, New York, 2010.

162 Csaky, C., *Keeping Children Out of Harmful Institutions*, Save the Children UK, 2009.

163 Ibid.

164 UNICEF, *African's orphaned generations*, UNICEF, New York, 2003.

165 Save the Children, *Applying the Standards, Improving quality childcare provision in east and central Africa*, Save the Chidren, 2006, p. 2.

166 Bilson and Larkins, 'Providing alternatives to infant institutionalization in Bulgaria'.

167 EveryChild, 'Fostering better care'.

168 See also Evans, *Formal Decision Making About Children's Care*; and Williamson and Greenberg, *Families, Not Orphanages*.

169 Tadele, G., Ayode, D. and Kifle, W., *Assessment of Community-and-Family-Based Alternative Child-Care Services in Ethiopia*, FHI 360 Ethiopia Office, 2013.

170 Rocella, C., *Out of Sight, Out of Mind. Report on Voluntary Residential Institutions in Sri Lanka: Statistical Analysis*, Ministry of Child Development and Women's Empowerment, Sri Lanka, 2008.

171 Powell, G., T. Chinake, D. Mudzinge, W. Maambira and S. Mukutiri, *Children in Residential Care: The Zimbabwean Experience,* Zimbabwe Ministry of Public Service, Labour and Social Welfare and UNICEF, 2004.

172 Csaky, *Keeping Children Out of Harmful Institutions*.

173 Arnold, E. and C. Cloke, '"Society Keeps Abuse Hidden – the Biggest Cause of All": The Case for Child-Friendly Communities', *Child Abuse Review*, vol. 7, 1998, pp. 302–324; Daro, D. and A. Donnelly, 'Charting the waves of prevention: Two steps forward, one step back', *Child Abuse and Neglect,* vol. 26, 2002, pp. 731–742; Laming, H., *The Protection of Children in England: A Progress Report*, HMSO, London, 2009.

174 Republic of Bulgaria, *Regulations for Implementation of the Social Assistance Act*, 2003a; Republic of Bulgaria, *Methodological Guidance on the Prevention of Child Abandonment in Maternity Hospitals*, 2003b (see Annex 3).

175 Republic of Indonesia, *National Standards of Care for Child Welfare Institutions*, (see Annex 3).

176 Republic of Moldova, *System for Prevention of Child Separation from the Family* (see Annex 3).

177 *Federative Republic of Brazil, National Policy for Social Assistance,* 2004; and Federative Republic of Brazil, *Unified Social Assistance System,* 2005 (see Annex 3).

178 Evans, *Formal Decision Making About Children's Care*.

179 Key informants.

180 People's Democratic Republic of Ethiopia, Ministry of Women's Affairs, *Alternative Childcare Guidelines on Community-based Childcare, Reunification and Reintegration Program, Foster-care, Adoption and Institutional Care Service*, Federal Democratic Republic of Ethiopia, 2009.

181 Republic of Ghana, Department of Social Welfare, *Regulations for Care and Protection of Children without Appropriate Parental Care in Ghana,* 2008.

182 UNICEF and Lesotho Department of Social Welfare, Guidelines and Standard: Residential Care for Vulnerable Children and Youth, UNICEF, Lesotho, 2006.

183 Save the Children, *Raising the Standards: Quality Child Care Provision in East and Central Africa*, Save the Children, London, 2005.

184 Better Care Network and UNICEF, Measurement of Indicators.

185 See: Retrak, <www.retrak.org/>

186 Corcoran, S. and J. Wakia, 'Research Summary: Evaluating Outcomes: Retrak's use of Child Status Index to measure wellbeing of street-connected children', Retrak, Cheshire, 2013.

187 Evans, *Formal Decision Making About Children's Care*; UNICEF, *Children under the Age of Three in Formal Care In Eastern Europe and Central Asia: A Rights-Based Regional Situation Analysis,* UNICEF Regional Office for CEE/CIS, 2012a; Save the Children, *Applying the Standards*; Wessells, *Evidence on community-based child protection mechanisms: Executive summary*.

188 Better Care Network and UNICEF, *Measurement of Indicators*; Engle, P., V. Groza, C. Groark, A. Greenberg, K. Bunkers and R. Muhamedrahimov, 'The situation for children without parental care and strategies for policy change', *Monographs of the Society for Research in Child Development,* vol. 76 (4), 2011, pp. 190–222; EveryChild, *Making social work work: Improving social work for vulnerable families and children without parental care around the world*, EveryChild, London, 2012.

189 Martin, F. and G. Zulaika, 'Who cares for children and why we should care. Making Better Use of Data from DHS and MICS', 2014.

190 Child Trends, 'Mapping family change and child well-being outcomes', 2013.

191 Sistema de Informações para a Infância e a Adolescência, Brazil, <www.sipia.gov.br/>.

192 Belsey, M., and L. Sherr, 'The definition of true orphan prevalence: Trends, contexts and implications for policies and programmes', *Vulnerable Children and Youth Studies,* vol. 6 (3), 2011, pp. 185–200; Boothby, N., M. Wessells, J. Williamson, G. Huebner, K. Canter, E.C. Rolland, V. Kutlesic, F. Bader, L. Diaw, M. Levine, A. Malley, K. Michels, S. Patel, T. Rasa, F. Sewamala and V. Walker, 'What are the most effective early response strategies and interventions to assess and address the immediate needs of children outside of family care?', *Child Abuse and Neglect,* vol. 36, 2012, pp. 711–721; Engle et al., 'The situation for children without parental care'; Roby, 'Children in informal care'.

193 Oxford Policy Management, *Thematic Study on the Capacity of Child Care and Social Protection Systems to Provide Adequate Support to the Most Vulnerable Children and their Families and Prevent Family Separation in Three Countries of CEE/CIS*, Oxford Policy Management, Oxford, 2011; UNICEF, *African's orphaned generations*.

194 UNICEF TransMonEE Database, 2013.

195 Ager, A., C. Blake, L. Stark and T. Daniel, *Child protection assessment in humanitarian emergencies: Case studies from Georgia, Gaza, Haiti and Yemen,* Program on Forced Migration and Health, Mailman School of Public Health, Columbia University, New York, 2011; Better Care Network and UNICEF, *Measurement of Indicators*; Belsey and Sherr, 'The definition of true orphan prevalence'; Boothby et al., 'Most effective early response strategies'; Boothby and Stark, 'Data surveillance in child protection systems development'; Engle et al., 'The situation for children without parental care'; Evans, *Formal Decision Making About Children's Care*; OPM, *Capacity of Child Care and Social Protection Systems*; World Vision, 'A Systems Approach to Child Protection'; Wulczyn et al., *Adapting a systems approach to child protection*.

196 See the Better Care Network (BCN) website, 'Child participation', <www.bettercarenetwork.org/BCN/topic.asp?themeID=1003&topicID=1019>

197 UNICEF, *Evaluation of the UNICEF's Early Childhood Development Programme with Focus on the Government of Netherlands Funding (2008–2010): Cambodia Country Case Study Report*, UNICEF, New York, 2011b. See also: UNICEF, 'Disabilities: Our Impact on the Ground', 2013b.

198 Toritsyn, A., *Development of Integrated Social Care Services for Vulnerable Families and Children at Risk in Moldova: UNICEF-EU TACIS Project – Project Evaluation Report for UNICEF Moldova*, 2007.

199 UNICEF, 'Child Care System Reform in South East Europe'.

200 Firelight Foundation, *From Faith to Action: Strengthening Family and Community Based Care for Orphans and Vulnerable Children in Sub-Saharan Africa, A Resource Pack for Faith-Based Groups and Donors Seeking to Help Children and Families Affected by HIV/AIDS*, Firelight Foundation, USA, 2008.

201 Save the Children (2010c) *Misguided Kindness,* Save the Children, London, 2010c.

202 Carter, *Family matters*, p. 42.

203 UNICEF Innocenti Research Centre, *Children and Disability in Transition*, p. 51.

204 See, for example: Browne, K. et al., 'Overuse of institutional care for children in Europe'; Carter, *Family Matters*.

205 Ibid.

206 UN General Assembly, *the Guidelines*.

207 Bilson and Larkins, 'Providing alternatives to infant institutionalization in Bulgaria'.

7 REFERENCES AND BIBLIOGRAPHY

Abebe, T., and A. Aase, 'Children, AIDS and the politics of orphan care in Ethiopia: The extended family revisited', *Social Science and Medicine,* vol. 64, 2007, pp. 2058–2069.

African Network for the Prevention and Protection against Child Abuse and Neglect *(*ANPPCAN*)* and Makerere University, *Baseline Survey on Community Based Child Protection Systems in Uganda*, Makerere University, 2013.

African Union, African Charter on the Rights and Welfare of the Child, 1999, <http://acerwc.org/wp-content/uploads/2011/04/ACRWC-EN.pdf>, accessed 25 October 2014.

Ager, A., C. Blake, L. Stark and T. Daniel, *Child protection assessment in humanitarian emergencies: Case studies from Georgia, Gaza, Haiti and Yemen,* Program on Forced Migration and Health, Mailman School of Public Health, Columbia University, New York, 2011.

Ainsworth, M. and D. Filmer, 'Inequalities in children's schooling: AIDS, orphanhood, poverty and gender', *World Development*, vol. 30 (6), 2006, pp. 1099 –1128.

Andrew, S., 'Keeping Them Home: Traditional and Community Responses to Children Requiring Alternative Care in Cambodia', unpublished, 2008.

Arnold, E. and C. Cloke, '"Society Keeps Abuse Hidden – the Biggest Cause of All": The Case for Child-Friendly Communities', *Child Abuse Review*, vol. 7, 1998, pp. 302–324.

Balbernie R., 'Circuits and circumstances: the neurobiological consequences of early relationship experiences and how they shape later behaviour', *Journal of Child Psychotherapy*, vol. 27 (3), 2001, pp. 237–255, <www.lsic.ucla.edu/classes/psych/hs/priv/lectures/week9/CircuitsCircumstances.pdf>

Barter, K., 'Building Community: A Conceptual Framework for Child Protection', *Child Abuse Review*, vol. 10, 2001, pp. 262–278.

Beckett, C., B. Maughan, M. Rutter, J. Castle, E. Colvert, C. Groothues, J. Kreppner, S. Stevens, T.G. O'Connor and E.J.S. Sonuga-Barke, 'Do the effects of early severe deprivation on cognition persist into early adolescence? Findings from the English and Romanian adoptees study', *Child Development,* vol. 77 (3), 2006, pp. 696–711.

Beckett, C., B. Maughan, M. Rutter, J. Castle, E. Colvert, C. Groothues, A. Hawkins, J. Kreppner, T.G. O'Connor, S. Stevens and E.J.S. Sonuga- Barke, 'Scholastic attainment following severe early institutional deprivation: A study of children adopted from Romania', *Journal of Abnormal Child Psychology*, vol. 35, 2007, pp. 1063–1073.

Belsey, M., and L. Sherr, 'The definition of true orphan prevalence: Trends, contexts and implications for policies and programmes', *Vulnerable Children and Youth Studies,* vol. 6 (3), 2011, pp. 185–200.

Better Care Network and UNICEF, 'Country Care Profile: Rwanda', 2015, <www.bettercarenetwork.org/BCN/details.asp?id=32738&themeID=1001&topicID=1010>

Better Care Network and UNICEF, *Manual for the Measurement of Indicators for Children in Formal Care*, 2009, <www.bettercarenetwork.org/BCN/FormalCareIndicators.asp>

Bilson A.*, The development of Gate-Keeping functions in Central and Eastern Europe and the CIS: Lessons from Bulgaria, Kazakhstan and Ukraine,* UNICEF, 2010, <www.bettercarenetwork.org/BCN/details.asp?id=31274andthemeID=1003andtopicID=1022>

Bilson, A. and P. Cox, *Home Truths: Children's Rights in Institutional Care in Sri Lanka: Advocacy Document*, Save the Children, 2005, <www.bettercarenetwork.org/BCN/details.asp?id=13370andthemeID=1001andtopicID=1006>

Bilson, A. and J. Harwin, *Gatekeeping Services for Vulnerable Children and Families in the Changing Minds, Policies and Lives,* UNICEF/World Bank, UNICEF Innocenti Research Centre, Florence, 2003, <www.bettercarenetwork.org/BCN/details.asp?id=8905andthemeID=1001andtopicID=1008>

Bilson, A. and R. Carter, *Strategy development for the reform of the state care system for children deprived of parental care living in state care institutions,* UNICEF, 2008, <www.bettercarenetwork.org/BCN/details.asp?id=32787andthemeID=1003andtopicID=1022>

Bilson, A. and C. Larkins, 'Providing alternatives to infant institutionalisation in Bulgaria: How gatekeeping can benefit from a social development orientation', *Children and Youth Services Review*, vol. 35, 2013, pp. 1566–1575, <www.bettercarenetwork.org/BCN/details.asp?id=31401andthemeID=1003andtopicID=1022>

Boothby, N., M. Wessells, J. Williamson, G. Huebner, K. Canter, E.C. Rolland, V. Kutlesic, F. Bader, L. Diaw, M. Levine, A. Malley, K. Michels, S. Patel, T. Rasa, F. Sewamala and V. Walker, 'What are the most effective early response strategies and interventions to assess and address the immediate needs of children outside of family care?', *Child Abuse and Neglect,* vol. 36, 2012, pp. 711–721. <www.bettercarenetwork.org/BCN/details.asp?id=30006andthemeID=1001andtopicID=1009>

Boothby, N. and L. Stark, 'Data surveillance in child protection systems development: An Indonesian case study', *Child Abuse and Neglect*, vol. 35, 2011, pp. 933–1001.

Bos, K., C.H. Zeanah, N.A. Fox, S.S. Drury, K.A. McLaughlin and C.A. Nelson, 'Psychiatric Outcomes in Young Children with a History of Institutionalization', *Harv Rev Psychiatry,* vol. 19, 2011, pp. 15–24, <www.ncbi.nlm.nih.gov/pmc/articles/PMC3445019/>

Boston University Center for Global Health and Development in collaboration with University of Nairobi Institute for Development Studies, *Kenya Research Situation Analysis on Orphans and Other Vulnerable Children Country Brief,* United States Agency for International Development (USAID), Washington, DC, 2009.

Bradford, B., *Protecting children in Moldova from family separation, violence, abuse, neglect and exploitation Project Mid-Term Review*, EveryChild, Partnerships for Every Child and USAID, 2012, <www.p4ec.md/en/projects/reports/default.aspx>

Brasil, Presidência da República, Secretaria de Direitos Humanos (SDH), *Cadastro Nacional dos Conselhos Tutelares: Histórico, Objetivos, Metodologia e Resultados,* Andrei Suárez Dillon Soares (Org.), Secretaria de Direitos Humanos da Presidência da República, Brasília, 2013.

Brasil, Presidência da República, Secretaria de Direitos Humanos (SDH), 2013.

Browne, K., *The Risk of Harm to Young Children in Institutional Care*, Better Care Network and Save the Children, London, 2009, <www.bettercarenetwork.org/docs/The_Risk_of_Harm.pdf>

Browne, K., Hamilton-Giachritsis, C., Johnson, R. and Ostergren, M., 'Overuse of institutional care for children in Europe', *British Medical Journal*, vol. 332, 2006, pp. 485–487, <www.bettercarenetwork.org/BCN/details.asp?id=32788andthemeID=1003andtopicID=1023>

Browne, K. and G. Mulheir et al., *De-institutionalising and Transforming Children's Services,* European Commission Daphne Programme, 2007.

Cambell, P., S. Handa, M. Moroni, S. Odongo and T. Palermo, 'Assessing the "orphan effect" in determining development outcomes for children in 11 eastern and southern African countries', *Vulnerable Children and Youth Studies*, vol. 5 (1), 2010, pp. 12–32.

Cantwell, N., 'A Discussion Paper on Refining Definitions of Formal Alternative Child Care Settings', unpublished, 2010.

Cantwell, N., J. Davidson, S. Elsley, I. Milligan and N. Quinn, *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*, Centre for Excellence for Looked After Children in Scotland, UK, 2012, <www.bettercarenetwork.org/BCN/details.asp?id=30492andthemeID=1001andtopicID=1007>

Cantwell, N. and S. Jacomy-Vite, *Assessment of the Alternative Care System in the Syrian Arab Republic,* Ministry of Social Affairs and Labour and UNICEF, 2011.

Carter, R., *Family matters: A study of institutional childcare in Central and Eastern Europe and the former Soviet Union*, EveryChild, London, 2005, <www.bettercarenetwork.org/BCN/details.asp?id=9246andthemeID=1002andtopicID=1017>

Central Intelligence Agency, *The World Factbook/Rwanda*, <www.cia.gov/library/publications/the-world-factbook/geos/rw.html>, accessed 25 October 2014.

Child Frontiers, *Mapping and Analysis of the Child Protection System in Sierra Leone: Final Report,* Child Frontiers Ltd., Hong Kong, 2010.

Child Frontiers, *Report of the Mapping and Analysis of Ghana's Child protection System,* UNICEF, 2011.

Child Protection in Crisis Uganda, *Learning Retreat: An Overview of the Child Protection System in Uganda,* presented by James Kabogozza Ssembatya, Asst. Commissioner in charge of Children Affairs, Ministry of Gender, Labour and Social Development, 2012.

Child Protection Working Group (CPWG), *Minimum Standards for Child Protection in Humanitarian Action,* CPWG/Global Protection Cluster, Geneva, 2012, <www.bettercarenetwork.org/BCN/details.asp?id=30174andthemeID=1001andtopicID=1007>

Child Trends, 'Mapping family change and child well-being outcomes', 2013, <www.bettercarenetwork.org/BCN/details.asp?id=30279andthemeID=1001andtopicID=1011>

Children in Crisis and EveryChild, *Assessment of Residential Care Afghanistan,* Children in Crisis and EveryChild, undated.

Children's Development Workforce Council, *Common Assessment Framework for children and young people: Practitioners' guide: Integrated working to improve outcomes for children and young people,* Children's Development Workforce Council, Leeds, 2007.

Chugani H.T., M.E. Behen, O. Muzik, C. Juhasz, F. Nagy and D.C. Chugani, 'Local brain functional activity following early deprivation: A study of post-institutionalized Romanian orphans', *Neuroimag,* vol. 14, 2001, pp. 1290 –1301.

Colton, M., 'Factors Associated with Abuse in Residential Care Institutions', *Children and Society*, vol. 16, 2001, pp. 33–44.

Colton, M., C. Drury and M. Williams, *Children in Need: Family Support under the Children Act 1989,* Avebury, Aldershot, 1995.

CONANDA e CNAS, *Levantamento Nacional de Crianças e Adolescentes em Serviços de Acolhimento*, 2010, <www.mds.gov.br/backup/sites/levantamento-e->.

Corcoran, S. and J. Wakia, 'Research Summary: Evaluating Outcomes: Retrak's use of Child Status Index to measure wellbeing of street-connected children', Retrak, Cheshire, 2013, <www.retrak.org/uploaded/Retrak%20Research%20Summary%20Evaluating%20Outcomes%20May%2013%20(F).pdf>

Courts and Tribunals Judiciary, 'Family Law Courts', undated, <www.judiciary.gov.uk/you-and-the-judiciary/going-to-court/family-law-courts>, accessed 25 October 2014.

Csaky, C., *Keeping Children Out of Harmful Institutions*, Save the Children UK, 2009, <www.bettercarenetwork.org/BCN/details.asp?id=21471andthemeID=1003andtopicID=1023>

Csaky, C., *Why Care Matters: The impact of inadequate care on children and Society*, Family for Every Child, 2014, <www.bettercarenetwork.org/BCN/details.asp?id=32437andthemeID=1000andtopicID=1000>

Daro, D. and A. Donnelly, 'Charting the waves of prevention: Two steps forward, one step back', *Child Abuse and Neglect,* vol. 26, 2002, pp. 731–742.

DeLay, B., *Family Reunification, Alternative Care and Community Reintegration of Separated Children in Post-Conflict Rwanda*, IRC Rwanda, 2003a.

DeLay, B., *Mobility Mapping and Flow Diagrams: Tools for Family Tracing and Social Reintegration Work with Separated Children*, IRC, 2003b, <www.bettercarenetwork.org/BCN/details.asp?id=21730andthemeID=1005andtopicID=1033>

Development Researchers Network and Institute for Policy Studies Tbilisi, *Evaluation of the Family Support and Foster-care Project (FSandFC) and Prevention of Infant Abandonment and Deinstitutionalisation Project (PIAD)*, UNICEF Regional Office for CEE/CIS, Geneva, 2006, <http://crin.org/docs/BCN%20-%20CP%20Evaluation%20-%20Georgia.pdf>

Devereux, S. and R. Sabates-Wheeler, 'Transformative Social Protection', IDS Working Paper 232, Institute of Development Studies, University of Sussex, 2004.

Dunn, A. and J. Parry-Williams, *Consultancy on the Establishment of Foster-care Regulations and Minimum Operating Standards for Institutional Care for Children in Guyana: Final Report,* prepared for the Ministry of Human Services, Social Services, Ministry of Health and UNICEF Guyana, 2006, <www.unicef.org/guyana/Minimum_standards__06(1).pdf>

Dunn, A. and J. Parry-Williams, *Alternative Care for Children in Southern Africa: Progress, Challenges and Future Directions*, UNICEF, 2008, <www.bettercarenetwork.org/BCN/details.asp?id=19730andthemeID=1003andtopicID=1023>

Dunn, A. and J. Parry-Williams, *Family and Kinship Care,* presentation given at the International Conference on Family-based care for Children, Nairobi, Kenya, 2009.

Engle, P., V. Groza, C. Groark, A. Greenberg, K. Bunkers and R. Muhamedrahimov, 'The situation for children without parental care and strategies for policy change', *Monographs of the Society for Research in Child Development,* vol. 76 (4), 2011, pp. 190–222.

Evans, P., 'Improving gatekeeping functions of child protection systems', background paper for 2nd Child Protection Forum for Central Asia on Child Care System Reform UNICEF CEE/CIS, 2009, <www.unicef.org/ceecis/ protection_11250.html>

Evans, P., *Understanding and Improving Formal Decision Making About Children's Care*, EveryChild, unpublished, 2011.

EveryChild, *Missing: children without parental care in international development policy*, EveryChild, London, 2009.

EveryChild, 'Fostering better care: improving foster-care provision around the world', Positive Care Choices Working Paper 2, EveryChild, London, 2011a.

EveryChild, 'Scaling Down: Reducing, Reshaping and Improving Residential Care around the World', Positive Care Choices Working Paper 1, EveryChild, London, 2011b, <www.bettercarenetwork.org/BCN/details.asp?id=24928andthemeID=1003andtopicID=1023>

EveryChild, *Making social work work: Improving social work for vulnerable families and children without parental care around the world*, EveryChild, London, 2012, <www.everychild.org.uk/sites/default/files/docs/MakingSocialWorkWork.pdf>

Eurochild, *Children in alternative care – National Surveys, 2nd Edition*, 2010, <www.eurochild.org/index.php?id=208andtx_ttnews%5Btt_news%5D=387andtx_ttnews%5BbackPid%5D=292andcHash=aa2edf4f4c>

European Commission, *De-Institutionalising and Transforming Children's Services: A Guide to Good Practice,* Directorate for General Justice and Home Affairs in Collaboration with the World Health Organization (WHO) and The University of Birmingham, UK, 2007, <www.bettercarenetwork.org/BCN/details.asp?id=21650andthemeID=1002andtopicID=1016>

European Expert Group on the Transition from Institutional to Community-based Care, *Common European Guidelines on the Transition from Institutional to Community-based Care: Guidance on implementing and supporting a sustained transition from institutional care to family-based and community-based alternatives for children, persons with disabilities, persons with mental health problems and older persons in Europe*, 2012, <http://deinstitutionalisationguide.eu/>

Family for Every Child, *Improving Social Work in Brazil. The Results of an Appreciative Inquiry on Social Work with Vulnerable Children and Families in Brazil*, Family for Every Child, London, 2013b, <www.familyforeverychild.org/sites/default/files/resources/Brazil%20social%20work%20assessment_0.pdf>

Family for Every Child, *My world, my vision. Consultations with children on their priorities for the post-2015 framework*, Family for Every Child, London, 2013c, <www.familyforeverychild.org/sites/default/files/resources/My%20world%2C%20my%20vision.pdf>

Family for Every Child and Partnerships for EveryChild Moldova, *Children's Reintegration: Longitudinal study of children's reintegration in Moldova*, EveryChild, London, 2014, <www.familyforeverychild.org/sites/default/files/resources/Reintegrating_children_in_Moldova.pdf>

Family for Every Child and JUCONI, *Strategies to ensure the sustainable reintegration of children without parental care*: JUCONI, Every Child, London, 2014, <www.familyforeverychild.org/sites/default/files/resources/Reintegrating%20children%20in%20Mexico.pdf>

Federal Republic of Nigeria, Ministry of Women's Affairs and Social Development, *Nigerian National Guidelines on Standards of Practice for Orphans and Vulnerable Children*, Federal Republic of Nigeria, 2011.

Federative Republic of Brazil, *Statute of the Child and Adolescent,* 1990, <www.refworld.org/docid/4c481bcf2.html>

Federative Republic of Brazil, *National Policy for Social Assistance,* 2004.

Federative Republic of Brazil, *Unified Social Assistance System,* 2005.

Federative Republic of Brazil, *National Plan for the Promotion, Protection and Defence of the Right of Children and Adolescents to Family and Community-Based Care,* 2006.

Federative Republic of Brazil, *Statute of the Child and Adolescents*, Law 8069/90, 1990 and amendments contained in 2009 (Law 12010/09), <www.icnl.org/research/library/files/Brazil/ExLaw8069.pdf>

Federative Republic of Brazil, *National Survey on Children and Adolescents under Alternative Care* (MDS/FIOCRUZ), 2010.

Federative Republic of Brazil, Census, 2010, <www.ibge.gov.br>

Fernandez, E., 'Children's wellbeing in care: Evidence from a longitudinal study of outcomes', *Children and Youth Services Review,* vol. 31, 2009, pp. 1092–1100, <www.bettercarenetwork.org/BCN/details.asp?id=32790andthemeID=1002andtopicID=1013>

Fluke, J., P. Goldman, J. Shriberg, S.D. Hills, K. Yun, S. Allison and E. Light, E., 'Systems, strategies, and interventions for sustainable long-term care and protection of children with a history of living outside of family care', *Child Abuse and Neglect, vol.* 36, 2012, pp.722–731, <www.bettercarenetwork.org/BCN/details.asp?id=30007andthemeID=1001andtopicID=1009>

Firelight Foundation, *From Faith to Action: Strengthening Family and Community Based Care for Orphans and Vulnerable Children in Sub-Saharan Africa, A Resource Pack for Faith-Based Groups and Donors Seeking to Help Children and Families Affected by HIV/AIDS*, Firelight Foundation, USA, 2008, <http://faithtoaction.org/wp-content/uploads/2013/09/Faith-to-Action-Initiative-Publication.pdf>

For Our Children Foundation, <www.detebg.org/en/>

Fox, L. and R. Gotestam, *Redirecting resources to community-based services* in the *changing minds, policies and lives,* UNICEF and World Bank series, UNICEF, Florence, 2003, <www.bettercarenetwork.org/BCN/details.asp?id=9605andthemeID=1001andtopicID=1010>

Grigorash, S., 'Protecting Children of Moldova from family separation, abuse, neglect and exploitation', Technical Presentation, Moldova, 2013, <www.bettercarenetwork.org/BCN/details.asp?id=31984andthemeID=1002andtopicID=1017>

Government of Zimbabwe, *National Plan of Action for Orphans and Other Vulnerable Children*, 2004, <http://hivaidsclearinghouse.unesco.org/search/resources/1405_NPAOVCZimbabwe.pdf>

Gudbrandsson, B., *Working Group on Children at Risk and in Care Children in institutions: Prevention and alternative care,* European Committee for Social Cohesion, 2004, <www.crin.org/docs/Children%20in%20Institutions.pdf>

Gudbrandsson, B., 'Residential Care in Iceland: monitoring and the "best interest of the child"', PowerPoint presentation, presented at the WGCC Conference on the Rights of Children in Institutional Care, Stockholm, 14–15 November 2006, <www.childcentre.info/projects/institutions/dbaFile13622.pdf>

Harris, M.S., J.L. Jackson, K. O'Brien and P.J. Pecora, 'Disproportionality in education and employment outcomes of adult foster-care alumni', *Children and Youth Services Review,* vol. 31, 2009, pp. 1150–1159.

Harvard School of Public Health, 'Rwanda's health insurance program has improved care utilization, reduced household spending', <www.hsph.harvard.edu/news/hsph-in-the-news/rwanda-health-insurance-maternal-child-care/>, accessed 26 October 2014.

Headley-Gay, M.E., 'Montserrat, Turks and Caicos, and the British Virgin Islands: National Standards for Residential Services for Children', BCN website containing examples of standards for alternative care provision, 2004, <www.bettercarenetwork.org/BCN/results.asp?keywords=standardsandoffset=20>

Healey, C.V. and P.A. Fisher, 'Young children in foster-care and the development of favorable outcomes', *Children and Youth Services Review*, vol. 33, 2011, pp. 1822–1830.

HOSEA, *The HOSEA Project Survey of the Level and Quality of Child Care in the Temples of Kandal Province, Cambodia*, 2004.

IBGE, *Perfil dos Municípios Brasileiros – Assistência Social 2009,* IBGE, Rio de Janeiro, 2010, <www.ibge.gov.br/home/estatistica/economia/perfilmunic/assistencia_social2009/munic_as2009.pdf>

Inter-Agency Group on Child Protection Systems in sub-Saharan Africa, 'Strengthening Child Protection Systems in Sub-Saharan Africa: A Working Paper', 2012, <www.unicef.org/wcaro/english/strengthening_child_protection_systems_in_sub-Saharan_Africa_-_August_2012_.pdf>

Inter-Agency Standing Committee (IASC), *Child Protection in Emergency Coordination Structures within the Cluster Approach*, 2008, <www.humanitarianreform.org/humanitarianreform/Portals/1/cluster%20approach%20page/clusters%20pages/Protection/Child%20Coordination%20within%20Cluster%20Approach_Survey%202008.pdf>

Inter-Agency Working Group on Unaccompanied and Separated Children, *Alternative Care in Emergencies Toolkit,* Save the Children on behalf of the Inter-Agency Working Group on Unaccompanied and Separated Children, London, 2013, <www.bettercarenetwork.org/BCN/details.asp?id=31655andthemeID=1005andtopicID=1033>

International Rescue Committee, Save the Children UK, UNICEF and UNHCR, *Guidelines for Liberian Separated Children in Alternative Care,* 2002, <http://bettercarenetwork.org/BCN/details.asp?id=8665andthemeID=1005andtopicID=1033>

International Social Service (ISS)/ International Reference Centre for the Rights of Children Deprived of their Family (IRC), *Rights of the Child in Internal and Inter-Country Adoption: Ethics and Principles Guidelines for Practice,* ISS, Geneva, 2004.

Ivanova, V. and G. Bogdanov, 'The Deinstitutionalization of Children in Bulgaria – The Role of the EU', *Social Policy and Administration*, vol. 47 (2), 2013, pp. 199–217.

Jacob, J., T. Smith, S.J. Hite and S.Y. Cheng, 'Helping Uganda's street children: An analysis of the model for orphan resettlement and education (MORE)', *Journal of Children and Poverty,* vol. 10 (1), 2004, pp. 3–22.

Jareg, E., *Crossing bridges and negotiating rivers: Rehabilitation and reintegration of children associated with armed forces*, Coalition to Stop the Use of Child Soldiers, London, 2005.

Johnson, R., *Effects of Institutionalisation on Development: A Literature Review for the EU Daphne Project Mapping the Number and Characteristics of Children under Three in Institutions across Europe*, Birmingham University Department of Psychology, Birmingham, 2004.

Joint UN Programme on HIV and AIDS (UNAIDS), 'Data', <www.unaids.org/en/dataanalysis/datatools/aidsinfo/>, accessed 25 October 2014.

Judge, S., 'The Impact of Early Institutionalization on Child and Family Outcomes', *Adoption Quarterly*, vol. 7 (3), 2004, pp. 31–48.

Kelley, S., D. Whitley, T.A. Sipe and B.C. Yorker, 'Psychological distress in grandmother kinship care providers: The role of resources, social support and physical health', *Child Abuse and Neglect*, vol. 24 (3), 2000, pp. 311–321.

Kingdom of Cambodia, Ministry of Social Affairs, *With the Best Intentions – A study of attitudes towards residential care in Cambodia*, 2011, <www.bettercarenetwork.org/BCN/details.asp?id=27901andthemeID=1002andtopicID=1017>

Koh , E., 'Permanency outcomes of children in kinship and non-kinship foster-care: Testing the external validity of kinship effects', *Children and Youth Services Review,* vol. 32, 2010.

Kreppner, J.M., R. Rutter, C. Beckett, J. Castle, E. Colvert, C. Groothues, A. Hawkins, T.G. O'Connor, S. Stevens, J. Edmund and S. Sonuga-Barke, 'Longitudinal Normality and Impairment Following Profound Early Institutional Deprivation: A Longitudinal Follow-Up Into Early Adolescence', *Developmental Psychology*, vol. 43 (4), 2007, pp. 931–946.

Lamin, D., *Mapping of Residential Care Institutions in Sierra Leone*, UNICEF, 2008, <www.bettercarenetwork.org/BCN/details.asp?id=18327andthemeID=1001andtopicID=1007>

Laming, H., *The Protection of Children in England: A Progress Report*, HMSO, London, 2009.

Leinaweaver, J.B., 'On moving children: The social implications of Andean child circulation', *American Ethnologist,* vol. 34 (1), 2007, pp. 163–180.

Le Mare, L., K. Audet and K. Kurytnik, 'A longitudinal study of service use in families of children adopted from Romanian orphanages', *Journal of Behavioral Development*, vol. 31 (3), 2007, pp. 242–251.

Laklija, M., *Foster-care models in Europe – results of a conducted survey*, Forum for quality foster-care, 2010, <www.udomiteljizadjecu.hr/admin/fckeditor/File/publikacije/Foster%20care%20models%20in%20Europe%20-%20results%20of%20a%20conducted%20survey%20-%20Maja%20Laklija.pdf>

Lee, A.H., and L. Henry, *A Study of the Foster-care Programme in Jamaica,* Office of the Children's Advocate, Jamaica, 2009, <www.bettercarenetwork.org/BCN/details.asp?id=23714andthemeID=1002andtopicID=1013>

Lee, B.R. and R. Thompson, 'Comparing outcomes for youth in treatment foster-care and family-style group care', *Children and Youth Services Review, vol.* 30, 2008, pp.746–757.

Lenz-Rashid, E. (2006), Employment experiences of homeless young adults: Are they different for youth with a history of foster-care?, *Children and Youth Services Review,* 28 pp. 235– 259.

Linsk, N., Z. Mabeyo, L. Omari, D. Petras, B. Lubin, A.A. Abebe, L. Steinitz, T. Kaijage and S. Mason, 'Para-social work to address most vulnerable children in sub-Sahara Africa: A case example in Tanzania', *Child and Youth Services Review*, vol. 32, 2010, pp. 990–997.

Little, M., 'Prevention and Early Intervention with Children in Need: Definitions, Principles and Examples of good Practice', *Children and Society*, vol. 13, 1999, pp. 304–316.

Martin, F., *Improving Child Protection Responses in Indonesia: Learning from the Protection Homes for Children* (RPSA), Save the Children and the Indonesia Minister of Social Affairs, 2011, <www.bettercarenetwork.org/BCN/details.asp?id=32789andthemeID=1004andtopicID=1029>

Martin, F., *Strategic Plan for Save the Children's work in Indonesia to support a paradigm shift towards family based care* (Second Phase) 2013–2020, Save the Children, 2012.

Martin, F., *Changing the Paradigm: Documentation Study of Save the Children's work to strengthen the child protection system in Indonesia* (2005–2012), Save the Children, 2013, <www.bettercarenetwork.org/BCN/details.asp?id=31998andthemeID=1002andtopicID=1017>

Martin, F., and T. Sudrajat, *Someone that Matters: The Quality of Care in Childcare Institutions in Indonesia*, The Indonesian Ministry of Social Affairs, Save the Children and UNICEF, 2007, <www.bettercarenetwork.org/BCN/details.asp?id=18882andthemeID=1001andtopicID=1006>

Martin, F. and G. Zulaika, 'Who cares for children and why we should care. Making Better Use of Data from DHS and MICS', 2014, <www.bettercarenetwork.org/BCN/KeyInitiatives.asp>

McCormick, C., *Case management practice within Save the Children child protection programmes*, Save the Children, London, 2011.

McLaughlin, K.A., N.A. Fox, C.H. Zeanah, M.A. Sheridan, P. Marshall and C.A. Nelson, 'Delayed maturation in brain electrical activity partially explains the association between early environmental deprivation and symptoms of attention-deficit/hyperactivity disorder', *Biological Psychiatry,* vol. 68 (4), 2010, pp. 329-36.

McNeil D.G., 'A Poor Nation With a Health Plan', *New York Times*, 15 June 2010, <www.nytimes.com/2010/06/15/health/policy/15rwanda.html?_r=1and>, accessed 26 October 2014.

Meintjes. H., S. Moses, L. Berry and R. Mampane, *Home Truths: The Phenomenon of Residential Care for Children in a Time of AIDS*, Children's Institute, University of Cape Town, University of Pretoria, 2007, <www.bettercarenetwork.org/BCN/details.asp?id=14611andthemeID=1003andtopicID=1023>

Messing, J.T., 'From the child's perspective: A qualitative analysis of kinship care placements', *Children and Youth Services Review*, vol. 28, 2006, pp. 1415–1434.

Ministério do Desenvolvimento Social e Combate à Fome/Secretaria Nacional de Assistência Social, *Orientações Técnicas: Serviços de Acolhimento para Crianças e Adolescentes*, Ministério do Desenvolvimento Social e Combate à Fome, Secretaria de Direitos Humanos, Brasília, 2009.

Musoni, E., 'Moving on From Rwanda's 100 Days of Genocide', *Inter Press Service*, 2013, <www.ipsnews.net/2013/04/moving-on-from-rwandas-100-days-of-genocide/>, accessed 26 October 2014.

Namibia Ministry of Gender, Equality and Child Welfare, *Standards for Foster-care Services in Namibia,* Government of the Republic of Namibia, 2011, <www.bettercarenetwork.org/BCN/details.asp?id=29060andthemeID=1002andtopicID=1013>

National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International, *Rwanda Demographic and Health Survey 2010*, NISR, MOH and ICF International, Calverton, Maryland, USA, 2011.

The National Society for the Protection of Children (NSPCC), 'Child protection system in England', <www.nspcc.org.uk/preventing-abuse/child-protection-system/england/care-proceedings/>

NSPCC, 'Child protection system in Scotland', <http://nspcc.org.uk/preventing-abuse/child-protection-system/scotland>

Nelson, S. and M. Baldwin, 'Comprehensive Neighbourhood Mapping: Developing a Powerful Tool for Child Protection', *Child Abuse Review,* vol. 11, 2002, pp. 214–229.

Nelson, C., N. Fox, C. Zeanah and D. Johnson, 'Caring for Orphaned, Abandoned and Maltreated Children: Bucharest Early Intervention Project', PowerPoint Presentation made by the Bucharest Early Intervention Project (BEIP) group, Better Care Network Discussion Day, Washington, DC, 10 January 2007a, <www.bettercarenetwork.org/BCN/details.asp?id=12323andthemeID=1003andtopicID=1023>

Nelson, C., C. Zeanah, N. Fox, P. Marshall, A. Smyke and D. Guthery,D., 'Cognitive recovery in socially deprived young children: The Bucharest Early Intervention Project', *Science* 318 (no.5858); 1937–1940, 2007b.

NGO Working Group on Children Without Parental Care, 'Identifying Basic Characteristics of Formal Alternative Care Settings For Children: A Discussion Paper', 2013, <www.bettercarenetwork.org/BCN/details.asp?id=32372andthemeID=1001andtopicID=1007>, accessed 26 October 2014.

O'Brien, C. and T. Chanturidze (2009). UNICEF*: Assessment of the Child Welfare reform process In Georgia,* Oxford Policy Management for UNICEF, 2009, <www.bettercarenetwork.org/BCN/details.asp?id=32791andthemeID=1001andtopicID=1010>

O'Connor, T.G., M. Rutter and The English and Romanian Adoptees Study Team, 'Attachment disorder behaviour following early severe deprivation: Extension and longitudinal follow-up', *Journal of the American Academy of Child and Adolescent Psychiatry*, vol. 39 (6), 2000, pp. 703–712.

Office of the High Commissioner for Human Rights (OHCHR) and UNICEF, *Launch Campaign to Protect Children, Prevent Harmful and Unnecessary Institutionalization,* 2011, <www.bettercarenetwork.org/BCN/details.asp?id=25426andthemeID=1003andtopicID=1023>

Organisation for Economic Co-operation and Development, *Doing Better for Children: The Way Forward,* OECD, Paris, 2009, <www.bettercarenetwork.org/BCN/details.asp?id=31279andthemeID=1001andtopicID=1006>

Oxford Policy Management, *Thematic Study on the Capacity of Child Care and Social Protection Systems to Provide Adequate Support to the Most Vulnerable Children and their Families and Prevent Family Separation in Three Countries of CEE/CIS*, Oxford Policy Management, Oxford, 2011.

Pacheco Graham, A., Family for Every Child, *Improving Social Work in Brazil, The Results of an Appreciative Inquiry on Social Work with Vulnerable Children and Families in Brazil*, 2013, <www.familyforeverychild.org/sites/default/files/resources/Brazil%20social%20work%20assessment_0.pdf>

Parry-Williams, J., *Suggestions for a Strategy to Develop Alternative Care and Diversion Systems through Government Structures in Sri Lanka,* Save the Children, 2006, <www.bettercarenetwork.org/BCN/details.asp?id=11212andthemeID=1001andtopicID=1006>

Partnerships for EveryChild Moldova and EveryChild, *Improving Children's Lives Through Deinstitutionalisation*, EveryChild Moldova's Programme Experience, 2013, <www.bettercarenetwork.org/BCN/details.asp?id=30974andthemeID=1002andtopicID=1017>

Parton, N., '"Every Child Matters": The shift to prevention whilst strengthening protection in children's services in England', *Children and Youth Services Review,* vol. 28, 2005, pp. 976–992.

People's Democratic Republic of Ethiopia, Ministry of Women's Affairs, *Alternative Childcare Guidelines on Community-based Childcare, Reunification and Reintegration Program, Foster-care, Adoption and Institutional Care Service*, Federal Democratic Republic of Ethiopia, 2009.

Petrova-Dimitrova, N., *Development of alternative services including foster-care in context of child protection system reform – experience of Bulgaria*, 2009, <http://www.unicef.org/ceecis/Nelli_Petrova_BS2_Engl..pdf>

Pinheiro, P.S., *World Report on Violence against Children*, UNICEF, New York, 2006, <www.unicef.org/lac/full_tex(3).pdf>

Pithouse, A., C. Hall, S. Peckover and S. White, 'The Tale of two CAFs: The Impact of the Electronic Common Assessment Framework', *British Journal of Social Work*, vol. 39, 2009, pp. 599–612.

Pollack, S.D., C.A. Nelson, M.F. Schlaak, B.J. Roeber, S.S. Wewerka, K.L. Wiik, K.A. Frenn, M.M. Loman and M.R. Gunmar, 'Neurodevelopment Effects of Early Deprivation of Post-institutionalized Children', *Child Development*, vol. 81, 2010, pp. 224–236.

Powell, G., T. Chinake, D. Mudzinge, W. Maambira and S. Mukutiri, *Children in Residential Care: The Zimbabwean Experience*, Zimbabwe Ministry of Public Service, Labour and Social Welfare and UNICEF, 2004,<www.bettercarenetwork.org/BCN/details.asp?id=15184andthemeID=1001andtopicID=1006>

Radney, S., and K. Bunkers, *Toolkit for Change Providing Family-Focused, Results-Driven and Cost-Effective Programming for Orphans and Vulnerable Children*, Save the Children, 2009, <www.bettercarenetwork.org/BCN/details.asp?id=20329andthemeID=1002andtopicID=1016>

RELAF and SOS Children's Villages International, *Children and adolescents without parental care in Latin America: Contexts, causes and consequences of being deprived of the right to family and community life*, SOS Villages and Red Latinamerica de Acogimiento Familiar, 2010, <www.bettercarenetwork.org/BCN/details.asp?id=31364andthemeID=1001andtopicID=1006>

RELAF, *Institutionalised childhood and adolescence: Making serious Human Rights violations visible,* Red Latinamerica de Acogimiento Familiar, Buenos Aires, 2011, <www.bettercarenetwork.org/BCN/details.asp?id=31365andthemeID=1003andtopicID=1023>

Republic of Bulgaria, *Regulations for Implementation of the Social Assistance Act,* 2003a, <http://www.bcnl.org/en/nav/97-regulations.html>

Republic of Bulgaria, *Methodological Guidance on the Prevention of Child Abandonment in Maternity Hospitals,* 2003b.

Republic of Bulgaria, *39th National Assemble, Child Protection Act, 2003,* <http://www.legislationline.org/documents/id/6203>

Republic of Ghana, Department of Social Welfare, *Regulations for Care and Protection of Children without Appropriate Parental Care in Ghana,* 2008, <www.oafrica.org/upload/pdfs/RESIDENTIAL_CARE_STANDARDS_GH._14.2.11.pdf>

Republic of Ghana, *National Plan of Action for Orphans and Vulnerable Children 2010–2012,* 2010.

Republic of Indonesia, Ministry of Social Affairs, *National Standards of Care for Child Welfare Institutions*, Decree of the Minister of Social Affairs No.30/HUK/2011, 2011, <www.bettercarenetwork.org/BCN/details.asp?id=27571andthemeID=1001andtopicID=1007>

Republic of Liberia, Ministry of Health and Social Welfare, *Regulations for the Appropriate Use and Conditions of Alternative Care for Children,* 2010, <www.bettercarenetwork.org/BCN/details.asp?id=22443andthemeID=1002andtopicID=1017>

Republic of Malawi, Ministry of Gender, Children, and Community Development of Malawi, Centre for Social Research of the University of Malawi and UNICEF Malawi, *All Children Count: A Baseline Study of Children in Institutional Care in Malawi,* 2011, <www.crin.org/docs/Malawi%20Child_Care_Institution_Report_13-10-11[1].pdf>

Republic of Moldova, *National Strategy and Action Plan for Reform of the Residential Institution System* (2007–2012).

Republic of Moldova, *National Strategy on Integrated System of Social Services,* 2009a.

Republic of Moldova, Ministry of Social Protection, Family and Child, *Practical Guide for the System for Prevention of Child Separation from the Family,* Decree 76, 2009b.

Republic of Moldova, Law No.14 on The Special Protection of Children at Risk and of Children Separated from their Parents, 2013.

Republic of Namibia, Ministry of Gender Equality and Child Welfare, *Namibia: Standards for Foster-care Services,* Directorate of Child Welfare Services, Ministry of Gender Equality and Child Welfare, Namibia, 2012, <www.bettercarenetwork.org/BCN/details.asp?id=29060andthemeID=1002andtopicID=1013>

Republic of Rwanda, *Strategic Plan for Orphans and other Vulnerable Children 2007–2011,* 2007.

Republic of Rwanda, Ministry of Gender and Family Promotion, *A situation analysis of orphans and other vulnerable children in Rwanda,* Republic of Rwanda, 2008.

Republic of Rwanda, Law N°54/2011 Relating to the Rights and the Protection of the Child, 2011a.

Republic of Rwanda, *Vision 2020 Umurenge Programme (VUP), Annual report 2009/10,* VUP/Rural Local Development Support Fund, Kigali, 2011b, <www.unicef.org/rwanda/RWA_resources_vision2020umurenge.pdf

Republic of Rwanda, Ministry of Gender and Family Promotion, Republic of Rwanda (MIGEPROF) and Hope and Homes for Children, *National Survey of Institutions for Children in Rwanda,* Republic of Rwanda, 2012.

Republic of Rwanda, *The Strategy for National Child Care Reform (2012–2013).*

Republic of Uganda, Ministry of Gender, Labour and Social Development, *Baseline Study on the State of Institutional Care and Alternative Care in Uganda*, prepared by Mark Riley, Alternative Care Consultant, 2012.

Republic of Uganda, Ministry of Gender, Labour and Social Development (Uganda), supported by UNICEF Kampala and other development partners, *The Status of the Child Protection System in Uganda: Mapping and assessing child protection systems in Uganda*, Ministry of Gender, Labour and Social Development, 2013.

Roby, J., 'Discussion paper on children in informal care', UNICEF, 2011, <www.unicef.org/protection/Informal_care_discussion_paper_final.pdf>

Roby, J., J. Pennell, K. Rotabi, K. Bunkers and S. Ucles, 'Pilot Training and Contextual Adaptation of Family Group Conferencing Model: Early evidence from Guatemala', *British Journal of Social Work,* forthcoming.

Roby, J. and S. Shaw, 'An evaluation of a community-based orphan care program in Uganda', *Families in Society*, vol. 89 (1), 2008, pp. 119–128, <www.bettercarenetwork.org/BCN/details.asp?id=16892andthemeID=1000andtopicID=1000>

Roby, J., S. Shaw, E. Chemonges and C. Hooley, 'Changing patterns of family care in Africa: Father absence and patrilineal neglect in the face of HIV/AIDS', *Families in Society,* vol. 90 (1), 2009, pp. 97–119.

Roby, J., S. Shaw and L. High-George, 'Perception of food and labor equity among orphans living in kin care in Uganda, *International Journal of Social Welfare, 2013,* <www.bettercarenetwork.org/BCN/details.asp?id=32389andthemeID=1002andtopicID=1012>

Rocella, C., *Out of Sight, Out of Mind. Report on Voluntary Residential Institutions in Sri Lanka: Statistical Analysis*, Ministry of Child Development and Women's Empowerment, Sri Lanka, 2008, <www.bettercarenetwork.org/BCN/results.asp?keywords=Out+of+Sight%2C+Out+of+Mind>

Rosenberg, T., 'In Rwanda, Health Care Coverage That Eludes the U.S.', *New York Times*, 3 July 2012, <http://opinionator.blogs.nytimes.com/2012/07/03/rwandas-health-care-miracle/>, accessed 26 October 2014.

Rutter, M., J. Kreppner, C. Croft, M. Murin, E. Colvert, C. Beckett, J. Castle and E. Sonuga-Burke, 'Early adolescent outcomes for institutionally-deprived and non-deprived adoptees III: Quasi-autism', *Journal of Child Psychology and Psychiatry, vol.* 48 (12), 2007, pp. 1200–1207.

Ryan, M., *The Children Act 1989: Putting it into Practice*, Ashgate, Aldershot, 1999.

Save the Children, *Raising the Standards: Quality Child Care Provision in East and Central Africa*, Save the Children, London, 2005, <www.bettercarenetwork.org/BCN/details.asp?id=21657andthemeID=1001andtopicID=1007>

Save the Children, *Applying the Standards, Improving quality childcare provision in east and central Africa*, Save the Children, 2006, <www.bettercarenetwork.org/BCN/details.asp?id=21658andthemeID=1001andtopicID=1007>

Save the Children, *Kinship Care, Providing positive and safe care for children living away from home*, Save the Children, London, 2007, <www.bettercarenetwork.org/BCN/details.asp?id=21828andthemeID=1006andtopicID=1035

Save the Children, *Policy Brief: Family strengthening and support,* Save the Children, London, 2010a, <www.bettercarenetwork.org/BCN/details.asp?id=23895andthemeID=1000andtopicID=1000>

Save the Children, *Building Rights-Based National Child Protection Systems: A Concept Paper to Support Save the Children's Work,* Save the Children, Sweden, 2010b, <http://resourcecentre.savethechildren.se/library/child-protection-initiative-building-rights-based-national-child-protection-systems-concept>

Save the Children, *Misguided Kindness,* Save the Children, London, 2010c, <www.bettercarenetwork.org/BCN/details.asp?id=24138andthemeID=1005andtopicID=1031>

Save the Children, *Save the Children's Definition on of Abuse, Neglect, Exploitation, and Violence*. Save the Children, Sweden, undated, <http://resourcecentre.savethechildren.se/node/2144>, accessed 26 October 2014.

Sazonov, N., 'Expanding the statutory definition of "child" in intestacy law: A just solution for the inheritance difficulties grandparent caregivers' grandchildren currently face', *Elder Law Journal*, vol. 17, 2010, p. 401.

Selwyn, J. and S. Nandy, 'Sibling kinship carers in England: Evidence from the 2001 UK population census', *Children and Youth Services Review,* vol. 34, 2012, pp. 194–199.

Shang, X., 'The role of extended families in childcare and protection: The case of rural China', *International Journal of Social Welfare*, vol. 17, 2008, pp. 204–215.

Silva, E.R.A., *O Direito à Convivência Familiar e Comunitária: os Abrigos para Crianças e Adolescentes no Brasil*, IPEA, Brasília, MDS/FIOCRUZ, Levantamento Nacional de Crianças e Adolescentes em Serviços de Acolhimento, 2004, <www.ipea.gov.br/portal/index.php?option=com_contentandview=articleandid=5481>

Smith, T., Neighbourhood and Preventive Strategies with Children and Families: What Works?, *Children and Society,* vol. 13, 1999, pp. 265–277.

Smyke, A.T., S.F. Koga, D.E. Johnson, N.A. Fox, P.J. Marshall, C.A. Nelson, C.H. Zeanah and the BEIP Core Group, 'The caregiving context in institution-reared and family-reared infants and toddlers in Romania', *Journal of Child Psychology and Psychiatry,* vol. 48, 2007, pp. 210–218.

SOS Children's Villages International, *Assessment Tool for the Implementation of the UN Guidelines for the Alternative Care of Children*, SOS Children's Villages International, 2012a, <www.bettercarenetwork.org/BCN/details.asp?id=30172andthemeID=1001andtopicID=1008>

SOS Children's Villages International, *A snapshot of alternative care arrangements in Uruguay*, SOS Children's Villages International, 2012b, <www.sos-childrensvillages.org/getmedia/fc9f07d7-8ab2-4a52-8699-a7f40a1b68ad/Alt-Care-Uruguay-EN.pdf?ext=.pdf>

Spratt, T., 'The Influence of Child Protection Orientation on Child Welfare Practice', *British Journal of Social Work,* vol. 31, 2001, pp. 993–954.

Swepaul, V., 'Models of Intervention for Children in Difficult Circumstances in South Africa', *Child Welfare,* vol. 80 (45), 2001, pp. 571–86.

Tadele, G., Ayode, D. and Kifle, W., *Assessment of Community-and-Family-Based Alternative Child-Care Services in Ethiopia*, FHI 360 Ethiopia Office, 2013.

Tinova, M., K.D. Browne and C. Pritchard, C., *Children services in Slovakia and their impact on the child's right to optimal development,* report to UNCRC Select Committee, Geneva, 18 May 2007.

Tobis, D., *Moving from Residential Institutions to Community-Based Social Services in Central and Eastern Europe and the Former Soviet Union*, the International Bank for Reconstruction and Development and the World Bank, 2000, <www.bettercarenetwork.org/BCN/details.asp?id=9248andthemeID=1002andtopicID=1017>

Tolfree, D., *Roofs and Roots: The Care of Separated Children in the Developing World*, Save the Children, 1995, <www.bettercarenetwork.org/BCN/details.asp?id=21880andthemeID=1006andtopicID=1035>

Tolfree, D., *A Sense of Belonging: Case studies in positive care options for children*, Save the Children, 2006, <www.bettercarenetwork.org/BCN/details.asp?id=31265andthemeID=1001andtopicID=1006>

Toritsyn, A. *Development of Integrated Social Care Services for Vulnerable Families and Children at Risk in Moldova: UNICEF-EU TACIS Project – Project Evaluation Report for UNICEF Moldova*, 2007, <www.bettercarenetwork.org/BCN/details.asp?id=18543andthemeID=1001andtopicID=1006>

Tunstill, J. and J. Aldgate, *Services for Children in Need: From Policy to Practice,* HMSO, Norwich, 2000.

United Kingdom Government, Children (Scotland) Act, 1995, <www.legislation.gov.uk/ukpga/1995/36/contents>, accessed 25 October 2014.

UK Government, 'Looked-after children', undated, <www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/caf>

United Nations General Assembly 64/142, *Guidelines for the Alternative Care of Children*, <www.bettercarenetwork.org/BCN/initiatives.asp>

United Nations, Convention on the Rights of the Child, 1989, <www.ohchr.org/en/professionalinterest/pages/crc.aspx>

United Nations, Convention on the Rights of Persons with Disabilities, 2006, <www.un.org/disabilities/convention/conventionfull.shtml>

UN High Commissioner for Refugees (UNHCR), *UNHCR Guidelines on Determining the Best Interests of the Child*, 2008, <www.bettercarenetwork.org/BCN/details.asp?id=17700andthemeID=1005andtopicID=1033>

UNHCR, *Protecting children of concern through a systems approach: guidance for field offices*, UNHCR, Geneva, 2010, <www.unicef.org/protection/UNHCR_Protecting_Children_of_Concern_through_a_Systems_Approach_Dec_1.pdf>

UNHCR and International Rescue Committee, *Field Handbook for the Implementation of UNHCR BID Guidelines*, UNHCR, Geneva, 2011, <www.unhcr.org/50f6d27f9.pdf>

UNICEF, 'Decentralization: Redirecting Resources and Decision-Making to the Local Level', paper prepared for 'Changing Minds, Policies and Lives' Conference, Budapest, 2000

UN Children's Fund (UNICEF), *African's orphaned generations*, UNICEF, New York, 2003, <www.unicef.org/sowc06/pdfs/africas_orphans.pdf>

UNICEF, *Alternative Care for Children without Primary Caregivers in Tsunami-Affected Countries*, 2003c, UNICEF Regional Office for East Asia and the Pacific (EAPRO), <www.unicef.org/eapro/Alternative_care_for_children.pdf>

UNICEF, *Children and Disability in Transition in CEE/CIS and Baltic States*, UNICEF Innocenti Research Centre, Florence, 2005, <www.unicef.org/ceecis/Disability-eng.pdf>

UNICEF, *The state of South Asia's children*, UNICEF, 2005b, <www.unicef.org/rosa/SOSAC05.pdf>

UNICEF, *Children outside Parental Care in South Asian Countries*, UNICEF, 2006b.

UNICEF, *Assessment of alternative care for children without parental care*, UNICEF, 2007a.

UNICEF, 'Child Care System Reform in South East Europe, A Sub-regional Analysis based on Country Assessments in Albania, Bulgaria, FYR Macedonia, Serbia', background report prepared as an input to the regional Consultation on *Reform of the Child Care System: Taking stock and accelerating action*, Sofia, Bulgaria on 3–6 July 2007b; <www.unicef.org/ceecis/SEE_CC_multicountry.pdf>

UNICEF, Master Plan for Deinstitutionalisation Moldova, 2007c.

UNICEF, 'Child Protection Strategy', UNICEF, New York, 2008, <www.unicef.org/protection/files/CP Strategy English pdf> (accessed 26 October 2014)

UNICEF, *Progress for Children*, 2009a, <www.unicef.org/protection/files/Progress_for_Children-No.8_EN_081309(1).pdf>

UNICEF, *The Buddhist Leadership Initiative*, UNICEF EAPRO, 2009b, <www.unicef.org/eapro/AW_BLI_2Sep09.pdf>

UNICEF, *At home or in a home Formal care and adoption of children in Eastern Europe and Central Asia*, UNICEF Regional Office for CEE/CIS, 2010a, <www.bettercarenetwork.org/BCN/details.asp?id=25427andthemeID=1002andtopicID=1017>

UNICEF, *Fact Sheet Children in Indonesia: Children without Parental Care,* UNICEF, 2010b, <www.unicef.org/indonesia/UNICEF_Indonesia_Children_Without_Parental_Care_Fact_Sheet_-_June_2010.pdf>

UNICEF, *The situational analysis of children and their families in Botswana: Summary Report Findings and Recommendations to Policy Makers*, UNICEF, 2011a, <www.unicef.org/botswana/Sit_An_2011.pdf>

UNICEF, *Evaluation of the UNICEF's Early Childhood Development Programme with Focus on the Government of Netherlands Funding (2008–2010): Cambodia Country Case Study Report*, UNICEF, New York, 2011b.

UNICEF, *Children under the Age of Three in Formal Care In Eastern Europe and Central Asia: A Rights-Based Regional Situation Analysis,* UNICEF Regional Office for CEE/CIS, 2012a, <www.bettercarenetwork.org/BCN/details.asp?id=30576andthemeID=1002andtopicID=1017

UNICEF, *Bulgaria Country programme document 2013–2017*, 2012b, <www.unicef.org/about/execboard/files/Bulgaria-2013-2017-final_approved-English-14Sept2012.pdf>, accessed 26 October 2014.

UNICEF, Child Care Reform in CEE/CIS – A Glass Half Full or Half Empty, unpublished, 2012c.

UNICEF, *The State of the World's Children 2013: Children with disabilities,* 2013a, <www.bettercarenetwork.org/BCN/details.asp?id=31237andthemeID=1004andtopicID=1028>

UNICEF, 'Disabilities: Our Impact on the Ground', 2013b, <www.unicef.org/disabilities/index_70663.html>

UNICEF Latin American and Caribbean region (LAC), 'Latin American and Caribbean region launches Call to Action to end the placement of children under three years of age in institutions', 2013, <www.bettercarenetwork.org/BCN/details.asp?id=31997andthemeID=1002andtopicID=1017>, accessed 25 October 2014.

UNICEF and Lesotho Department of Social Welfare, *Guidelines and Standard: Residential Care for Vulnerable Children and Youth*, UNICEF, Lesotho, 2006, <www.bettercarenetwork.org/BCN/details.asp?id=9064andthemeID=1001andtopicID=1007>

UNICEF TransMonEE Database, 2013, <http://www.transmonee.org/>, accessed 3 December 2014.

UNICEF, 'Call to Action to end the placement of children under the age of three in residential care', endorsed at 35th CARICOM Heads of Government conference, 7 July 2014, <www.bettercarenetwork.org/BCN/details.asp?id=32449&themeID=1002&topicID=1017>

UNICEF, Deinstitutionalization of Children in Bulgaria: How Far and Whereto?, 2014, <www.bettercarenetwork.org/BCN/details.asp?id=32585&themeID=1002&topicID=1017>

The University Of Nottingham, *Child Abandonment and Its Prevention In Europe (Complete Manual),* University Of Nottingham, UK, 2012, <www.bettercarenetwork.org/BCN/details.asp?id=30091andthemeID=1001andtopicID=1006>

USAID, *Children and Economic Strengthening Programs Maximizing Benefits and Minimizing Harm,* USAID, Washington, DC, 2013, <www.microlinks.org/sites/default/files/resource/files/FIELD_CPC_ES_Child%20Protection_v16_WEB.pdf>

USAID and UNICEF, *The evidence base for programming for children affected by HIV/AIDS in low prevalence and concentrated epidemic countries*, UNICEF, New York, 2008, <www.unicef.org/aids/files/OVC_final.pdf>

Walker, M., 21st Century Social Work: The Statutory Social Worker's Role in Prevention and Early Intervention with children, Scottish Executive, 21st Century Social Work Review Group, 2005, <www.scotland.gov.uk/Publications/2005/12/16103746/37468>

Wedge, J., A. Krumholz and L. Jones, *Reaching for home: Global learning on family integration in low- and lower-middle income countries*, Interagency Group on Reintegration, 2013, <www.bettercarenetwork.org/BCN/details.asp?id=32061andthemeID=1005andtopicID=1033>

Wessells, M., *An inter-agency review of evidence on community-based child protection mechanisms: Executive summary*, Save the Children, 2012, <http://childprotectionforum.org/wp/wp-content/uploads/downloads/2012/05/What-We-Are-Learning-Full-Report.pdf>

West, A., *Mid-Term Evaluation of the Pusat Dukungan Anak dan Keluarga (PDAK): Child and Family Support Centre Model,* Save the Children Indonesia, unpublished, 2013.

Wijedasa, D. and J. Selwyun, *Transition to Adulthood for Young People in Adoptive Care: Secondary analyses of data from the longitudinal study of young people in England* (LSYPE), University of Bristol and Hadley Trust, UK, 2011.

Williamson, J. and A. Greenberg, *Families, Not Orphanages*, Better Care Network, New York, 2010, <www.bettercarenetwork.org/docs/Families%20Not%20Orphanages.pdf>

World Bank, 'Africa Social Protection Policy Briefs – Safety Nets: Cash Transfers', December 2012, <http://siteresources.worldbank.org/INTAFRICA/Resources/social-protection-policy-brief-safety-nets-cash-EN-2012.pdf>, accessed 26 October 2104.

World Bank, 'Data/Brazil', 2013a, <http://data.worldbank.org/country/brazil>, accessed 25 October 2014.

World Bank, 'Data/Bulgaria', 2013b, <http://data.worldbank.org/country/bulgaria>, accessed 26 October 2014.

World Bank, 'Data/Rwanda', 2013c, <http://data.worldbank.org/country/rwanda>, accessed 25 October 2014.

World Vision, 'A Systems Approach to Child Protection: A World Vision Discussion Paper', World Vision International, 2011, <http://resourcecentre.savethechildren.se/sites/default/files/documents/5113.pdf>

Wulczyn, F., D. Daro, J. Fluke, S. Feldman, C. Glodek and K. Lifanda, *Adapting a systems approach to child protection: Key concepts and considerations*, UNICEF, New York, 2010, <www.unicef.org/protection/files/Adapting_Systems_Child_Protection_Jan__2010.pdf>

Yiga, D., *The Status of the Child Protection System in Uganda: Mapping and assessing child protection systems in Uganda,* Ministry of Gender, Labor and Social Development supported by UNICEF, 2013.

Zeanah, C.H., C.A. Nelson, N.A. Fox, A.T. Smyke, P. Marshall, S.W. Parker and S. Koga, 'Designing research to study the effects of institutionalization on brain and behavioral development: The Bucharest Early Intervention Project', *Development and Psychopathology, vol.* 15, 2003, pp. 885–907, <www.bettercarenetwork.org/BCN/details.asp?id=12321andthemeID=1003andtopicID=1023>

Zhao, Q., X. Li and X. Fang, 'Life improvement, life satisfaction and care arrangement among AIDS orphans in rural Henan, China', *Journal of the Association of Nurses in AIDS Care*, vol. 20 (2), 2009, pp. 122–132, <www.bettercarenetwork.org/BCN/details.asp?id=32793andthemeID=1004andtopicID=1025>

Zinn, A., 'Kinship foster family type and placement discharge outcomes', *Children and Youth Services Review,* vol. 34, 2012, pp. 602–614.

Better Care Network

777 United Nations Plaza, Suite 3 D,
New York, NY 10017
United States

unicef
unite for children

3 United Nations Plaza
New York, NY 10017
United States

with financial support from
USAID
FROM THE AMERICAN PEOPLE

PEPFAR