A STRATEGIC APPROACH TO CHARACTERIZING THE STATUS AND PROGRESS OF CHILD WELFARE REFORM IN CEE/CIS COUNTRIES

Including a Case Study on Child Welfare Reform in Ukraine

JULY 2008

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The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Authors

University of Pittsburgh Office of Child Development
(in alphabetical order)

Alexandra Debbas, Graduate Student Researcher
Larry Fish, Research Statistician
Amy Gee, Assistant to the Co-Director
Christina J. Groark, Co-Director
Junlei Li, Director, Division of Applied Research and Evaluation
Robert B. McCall, Co-Director

Advisors

Christine Allison, Aguirre Division of JBS International, Inc.
Catherine Cozzarelli, USAID/E&E/DGST
Alyona Gerasimova, Holt International, Kyiv
Victor Groza, Case Western Reserve University
Tetyana Rastrigina, USAID, Ukraine

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Table of Contents

Table of Contents iii
Acronyms and Technical Terms v
Acronyms v
Technical Terms v

EXECUTIVE SUMMARY vii
Phase I vii
Purpose vii
Strategic Conclusion vii
Three Levels of Analysis vii
Specific Country Results viii
Phase II viii
Purpose viii
Analysis of Risk-Factor Indicators ix
Level 3 In-Country Analysis of Indicators and the Four Pillars x
Field Test of Model Level 3 Process xi
Results of the Case Study of the Level 3 Procedure xi
Validation of the Need for Level 3 xi
Accomplishments, Limitations, and Agenda for Ukraine xii

CHAPTER 1: Background and Purpose 1
Phase I 2
Population Focus 2
Initial Purpose 2
Strategic Conclusions 2
Three Levels of Analysis 3
Specific Country Results of Phase I 4
Phase II 5
Analysis of Risk Factor Indicators 5
In-country Level 3 Analysis 5

CHAPTER 2: Analysis of Risk Factor Indicators 6
Method 6
Results 7
Correspondences in Year-to-Year Trends 7
Between-Country Rankings 8
Statistical Dossiers for Individual Countries 8

CHAPTER 3: Level 3 In-Country Analysis of Indicators and the Four Pillars 9
The Process 9
Cultural and Political History 9
Indicators 9
Background Information 9

Comprehensive Interview 10
Identification of Individuals to be Interviewed 11
Interdisciplinary Team 11
The Interviews 11
An Analysis of the Process 14
The Model Process 14
Pros and Cons of the Process 15

CHAPTER 4: A Case Study Illustrating the Level 3 Procedure: Ukraine 18
The Limits of Indicator Data 18
Accomplishments, Limitations, Agenda 22
Policy 22
Alternative Family-Care Arrangements and Institutions 22
Governance by Multiple Ministries 24
Funding Issues 25
Child Status 27
Children with Disabilities 27
Services 28
Services for Prevention and Alternative Care Parents 29
Reintegration of Children into Society 31
Non-Governmental Organizations (NGOs) 31
Personnel Preparation 32
Monitoring and Evaluation 33

CHAPTER 5: Conclusions 35

APPENDIX A. Background Articles 37

APPENDIX B. Ukraine Interview Questions 40

APPENDIX C. Outline of Model Level 3 Interview for Assessing the Status of Children without Permanent Parents 57

Acronyms and Technical Terms

Acronyms

CEE/CIS	Central and Eastern Europe/the Commonwealth of Independent States
CRC	Convention on the Rights of the Child
EU	European Union
GDP-PPP	Per capita Gross Domestic Product adjusted for Purchasing Power
GNP-PPP	Per capita Gross National Product adjusted for Purchasing Power
IRC	Innocenti Research Centre
NGOs	Non-governmental Organizations
NPGs	National Performance Gaps
OCD	University of Pittsburgh Office of Child Development
OVC	Orphans and Vulnerable Children
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Technical Terms

Causal domains **–** Refers to categories of social conditions that are commonly thought to produce children living without some form of permanent parents (e.g., financial inability, revocation of parental rights).

Child welfare – Refers strictly to issues that pertain to the most vulnerable children whose primary care is provided by government, social organizations, and non-kinship and guardianship extended families for reasons of financial inability to care for a child, single- or dual-parent abandonment, family disintegration, child abuse and neglect, mental health and drug/alcohol abuse of parents, child disability, and teenage delinquency.

Child well-being – Refers generally to the universal aspects of survival and quality of life for all children, including physical and mental health, safety, education, economical status, family structure, and perception of future.

GDP-PPP and *GNP-PPP* – GDP is the sum value of all goods and services produced within a country. GNP "is the sum value of all goods and services produced by permanent residents of a country regardless of their location. The important distinction between GDP and GNP rests on

differences in counting production by foreigners in a country and by nations outside of a country. For the GDP of a particular country, production by foreigners within that country is counted and production by nationals outside of that country is not counted. For GNP, production by foreigners within a particular country is not counted and production by nationals outside of that country is counted" (Barnes & Noble, 2007).

Hague Convention **–** "The Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (Hague Adoption Convention)," a multilateral treaty, was approved by 66 nations on May 29, 1993, at The Hague. The Convention covers adoptions among countries that become parties to it and sets out for such adoptions certain internationally agreed-upon minimum norms and procedures. The goal of the Convention is "to protect the children, birth parents and adoptive parents involved in intercountry adoptions and to prevent abuses." The Hague has also led to many other negotiated conventions over the years, including issues as broad as weapons in warfare, narcotic drugs, and children's rights (Wikipedia, 2007a).

Roma **–** "The Romani people (as a noun, singular Rom, plural Roma; sometimes *Rrom*, *Rroma*) or Romanies, are an ethnic group living in many communities all over the world. The Roma are among the best known ethnic groups that appear in literature and folklore, and are often referred to as Gypsies or Gipsies, a term that is nowadays generally considered pejorative and is based on a mistaken belief of an origin in Egypt. The Roma are still thought of as wandering nomads in the popular imagination, despite the fact that today the vast majority live in permanent housing" (Wikipedia, 2007b).

TransMONEE Database – The 2007 version of the database published by UNICEF contains 154 economic and social indicators divided into ten different topics. In some cases, absolute data are available in addition to calculated rates. Data generally cover the period 1989-2005/6. Most data are collected directly from national statistical offices using a standardized template. Additional data are also obtained from other international organizations or are calculated by UNICEF IRC. Data may not correspond to those in other UNICEF publications (UNICEF IRC, 2007).

UN Convention on the Rights of the Child – The Convention on the Rights of the Child is the first legally binding international instrument to incorporate the full range of human rights—civil, cultural, economic, political, and social rights. In 1989, world leaders decided that children needed a special convention because people under 18 years old often need special care and protection that adults do not need.

EXECUTIVE SUMMARY

The purpose of this report is to create a strategy for assessing the status and progress of child welfare reform in CEE/CIS countries using the best available quantitative and qualitative information. The assessment focuses on children without permanent parents who are in state care, which includes true orphans and social orphans. Traditionally in the region, such children were cared for by the state in several types of residential institutions. A major component of child welfare reform, however, includes providing family-care alternatives, which may incorporate non-relative foster care, guardianship/kinship care, small group home care, reunification with biological parents, and adoption.

The project was conducted in two sequential phases, *Phase I* and *Phase II*. The project emphasized three levels of analysis, which cut across both Phases. The Phases and levels of analyses with results are described below.

Phase I

Purpose

The initial purpose of Phase I of this project (previously completed, University of Pittsburgh Office of Child Development, and Creative Associates International, 2007) was to create a single numerical index that would characterize the status and progress of each selected country in reforming its child welfare system. The first step in creating such an index was to examine numerical indicators, available from international databases (e.g., UNICEF TransMONEE database), of the child welfare system and indicators of risk factors linked to children being relinquished to state care.

Strategic Conclusion

While a single quantitative marker of child welfare that reflects the number of children without permanent parents in state care is possible, it would be of limited use in understanding child welfare status and progress toward reform across the region or in individual countries and is, therefore, ill-suited to be the primary guide for USAID and others in supporting welfare reform and developing new interventions and child welfare systems.

Three Levels of Analysis

Instead, the Study Team proposed three “levels” of analysis:

Level 1 consists of a single quantitative Marker of Child Welfare that estimates the number and percentage of children in a country who are living without permanent parents in state-supported care (i.e., residential institutions and foster/guardianship arrangements). While this numerical Marker can reflect the extent and change in the number of children in state care, it is too limited and ambiguous to be the primary guide to assess policies of child welfare reform within countries.

Level 2 consists of examinations over years of two types of indicators: 1) the number and percentage of children in different care arrangements, and 2) risk factors that directly and indirectly reflect potential causes that contribute to children without parental care.

Level 3 consists of in-depth qualitative interpretation and substantiation of the major trends and patterns in the two previous levels based on the informed judgment of experts and professionals. This approach is based on the Team's judgment that indicators alone are often ambiguous or even misleading, more information is required to accurately interpret them, and that qualitative information obtained in-country is necessary to understand and guide reform in child welfare.

Specific Country Results

The Level 1 analysis consisted of ranking countries in the region on the Marker of Child Welfare and providing year-to-year plots of the Marker between 1989 and 2005. These results showed that Russia, Belarus, and Moldova had the highest rates of children without permanent parental care in state services, followed by Romania and Kazakhstan. However, one result of the Phase I analysis was the conclusion that these plots are not readily interpretable without the Level 3 analysis which was conducted in Phase II of this project (see description below).

Work on Level 2 analyses began in Phase I, which consisted of identifying several direct and indirect risk factors for why parents relinquished children to state care. These indicators, available in the TransMONEE database, fell into five hypothesized categories of plausible causes associated with the separation of children from their parents: 1) Financial inability of the family to care for the child; 2) single mothers ill-equipped behaviorally and financially to care for a child; 3) revocation of parental rights due to parental mental health, substance-abuse, or child abuse and neglect; 4) children with disabilities; and 5) problematic behavior of adolescents which may produce an unmanageable and undesirable child who is moved out of or relinquished by the family. These categories and indicators are not totally distinct and independent and may be correlated, a possibility explored in Phase II.

Phase II

Purpose

Phase II of this research, which is the primary topic of the current report, had two general purposes.

- *Analysis of risk-factor indicators*. The risk factors identified in the Level 2 analysis of Phase I (see immediately above) were analyzed to determine if year-to-year changes in these risk factors coincided with year-to-year changes in the Marker of Child Welfare, which would suggest the hypothesis that such risk factors might contribute to the number of children without permanent parents.

- *Level 3 analysis*. The Level 3 analysis was refined in Phase II using in-country sources to interpret Level 1 and Level 2 data trends with the aid of qualitative information framed by the four pillars of policy, services, personnel preparation, and

monitoring and evaluation (Davis, 2006). The Level 3 process was piloted in a single country (designated as Ukraine by USAID) to operationalize and refine the proposed process and to provide concrete examples of the kinds of information that it would produce to better understand and interpret the numerical indicators.

Analysis of Risk-Factor Indicators

The risk-factor indicators and Marker of Child Welfare identified in Phase I (Levels 1 and 2) were analyzed in Phase II using several different procedures to determine if year-to-year changes in risk-factor indicators corresponded to year-to-year changes in the Marker of Child Welfare. If so, this would suggest that such indicators may reflect conditions that contribute to children being without permanent parents.

The results of these analyses are presented in the Addendum to this report, which also contains dossiers of year-to-year plots of indicators for each country. Collectively, these analyses produced several conclusions:

- *Inconsistency across countries*. There was substantial variability between countries in the nature of year-to-year changes between an indicator and the Marker. Countries were not very similar to one another in terms of which indicators of risk related to the Marker, lending further support for the necessity of an in-country Level 3 analysis.

- *Discontinuity in correspondence between year-to-year changes in the indicators and the Marker*. Frequently, the relation between an indicator and the Marker was different before approximately 1995-2000 than it was afterwards, and often there were more consistently similar trends after 1995-2000. The more recent period (after 1995-2000) corresponds to years following the fall of the Soviet Union, which led to numerous social, economic, and political changes in most of these countries which eventually stabilized in the 2000s.

- *Promising indicators*. After the 1995-2000 period, there were a few indicators that followed the same year-to-year relative changes as the Marker of Child Welfare in many countries.

    - *The percentage of non-marital births.*

    - *The percentage of children affected by parental divorce*.

    - *The percentage of low-birth weight births*.

- *Country rankings.* There was a tendency for the countries that ranked highly (i.e., poorly) relative to other countries on the Marker of Child Welfare to also rank highly (i.e., poorly) with respect to non-marital births and divorce rates affecting children, deprivation of parental rights, crimes against children and youth, and teenage problem behavior. This provides some suggestive evidence that these kinds of risk factors

may contribute to higher values on the Marker of Child Welfare, but causality cannot be inferred from these results alone.

Level 3 In-Country Analysis of Indicators and the Four Pillars

A model process was developed that represented a strategy for conducting in-country Level 3 analyses designed to obtain additional quantitative and mainly qualitative information that would help to interpret the year-to-year pattern of indicators and provide information on the status and progress of welfare reform in an individual country. The Level 3 analyses rely heavily on interviews with experts on child welfare from within the target country's government, NGOs, donors, and other sources. The model Level 3 process included several components:

- Background information on the cultural, political, and economic history of the country was studied.

- Year-to-year plots were obtained of the status of children without permanent parents and risk factors to be used as one basis for discussion, and that discussion in turn would validate, contradict, qualify, explain, and interpret these year-to-year plots.

- Background information was obtained on child welfare issues in the country—policies, services, personnel preparation, monitoring/evaluation—through documents and consultants, including those operating in the country. This information was used to identify issues specific to the country.

- A single comprehensive interview was developed to be used with major stakeholders within the country (i.e., Ministers and government officials, NGO directors, demonstration project directors, etc.). A general interview is given in Appendix C that can serve as a starting point to be expanded and made specific to any target country. For example, the interview as expanded specifically to fit Ukraine is presented in Appendix B. The difference between the general and country-specific interviews reflects the contribution of background information on the particular country.

- Potential interviewees were identified and a schedule for the in-country visitation was created. Interviewees represented key informants in the domains of policy, services, personnel preparation, and monitoring, including those responsible for current services as well as model demonstration services. In-country professionals identified and scheduled interviewees.

- The single interview was segmented into parts appropriate for the expertise and responsibilities of each interviewee. Each major topic in the interview was to be addressed by someone, and major questions of opinion were asked of two or more interviewees.

- The interviews were conducted with a combination of an interdisciplinary external team knowledgeable about various aspects of child welfare plus local professionals.

- In the report, key accomplishments and areas needing improvement were identified across all sectors of the system, including an emphasis on long-term planning issues often overlooked by governments.

Field Test of Model Level 3 Process

This general model process described above was followed utilizing Ukraine as the target country. This field test included a visit to Ukraine by three external reviewers (authors of this report) plus local consultants including the USAID/Ukraine representative. The process worked well and has several advantages:

- The Level 3 process produces a comprehensive, integrated, "big picture" look at a country.

- Independent visitors in collaboration with local professionals provided a balanced, objective, and informed view of the country's child welfare system that neither a totally internal nor totally external review would likely have produced.

- An interdisciplinary team enriches the information obtained.

- The use of a common interview protocol permitted some degree of cross-validation of some points that were asked of several interviewees.

- Background research and information helped to target the interview questions and stimulate relevant probes to produce more insightful information.

The approach has a few potential limitations:

- Interviews produce information that people claim is accurate, although asking similar questions and involving in-country professionals can minimize obtaining biased information.

- It is difficult to determine the prevalence of certain conditions.

Results of the Case Study of the Level 3 Procedure

Validation of the Need for Level 3

The first result of implementing the model Level 3 process in Ukraine was a substantial demonstration of the fact that simply plotting indicators across years and comparing levels and trends can give a misleading impression of the status and progress of the country's child welfare system. The report presents examples from Ukraine of several limitations to simply using indicator data to characterize a country's child welfare system:

- The number of children in residential vs. foster/guardianship care may give an inaccurate impression of the status of children.
- Breaking down an indicator into its components (i.e., "disaggregating") often revealed a different impression.
- Internationally available data may be out of date.
- Trends over years may reflect unintended consequences to policies.
- Trends over years may reflect changes in definition, not simply changes in policy.
- The indicators reflecting children without permanent parents may not include so-called "street children," which may be more numerous than the number of children actually in state care.
- There may be a problem of double counting in national statistics.
- The total statistical picture of a country may be very complicated and difficult to portray.
- It is very difficult to determine how well policies are actually implemented from looking at statistical indicators alone.

Accomplishments, Limitations, and Agenda for Ukraine

In addition to validating the need for Level 3 and testing the feasibility of the Level 3 procedure, the field test of the model process produced a variety of specific observations concerning the accomplishments, limitations, and future agenda for child welfare reform in Ukraine. These major observations are reported in detail in Chapter 4 for each of the four pillars of policy, services, personnel preparation, and monitoring and evaluation.

Ukraine has made great strides in child welfare reform, especially with respect to policy changes and particularly during the last three years since the Orange Revolution. It is difficult to imagine a more rapid and substantial set of changes that reverse long-standing attitudes and practices, enacted in such a short period of time and with greater enthusiasm, conviction, and optimism than what has happened in Ukraine in the last three years.

At the same time, Ukraine is an example of policies leading public attitudes, not the reverse, and inevitably such rapid and substantial change will be met by some public resistance, be enacted unevenly across several necessary components of government, face implementation problems, and encounter all of the challenges that confront even highly experienced developed countries operating a national child welfare system.

CHAPTER I: Background and Purpose

During the Soviet era, vulnerable families who had difficulty caring for their children because of unemployment, low income, substance abuse problems, or the presence of a child with disabilities were encouraged by the state to relinquish their children to state-operated institutions. As a consequence, a variety of institutions that house true orphans and "social orphans" (a child with one or both parents living but not caring for the child) exist across Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS). These residential institutions vary in quality, but research indicates that children living in such facilities tend to be substantially underdeveloped physically and behaviorally (e.g., St. Petersburg-USA Orphanage Research Team, 2005). Those children who reside in these facilities beyond the first 6 to 12 months of their lives are at higher risk for certain cognitive, social, and behavioral problems even after being adopted into highly advantaged families (Gunnar, 2001; MacLean, 2003; Merz & McCall, 2008). Children who remain in these institutions until 18 years of age are widely believed to be disproportionately represented among adult drug and alcohol abusers, prostitutes, criminals, and the unemployed.

Since the dissolution of the Soviet Union, some of the countries in the CEE/CIS region have begun to reform their child welfare systems and to provide family-care alternatives to institutionalization (e.g., non-relative foster care, guardianship/kinship care, adoption), as well as community-based social services aimed at helping at-risk parents keep their children rather than relinquishing them to state care. Progress in this regard has been very uneven from country to country, and different social, cultural, and political factors influence the nature and extent to which countries are moving to deinstitutionalize their child welfare systems. Further, data and information that would allow for an understanding of child welfare reform are scattered across a variety of databases, websites, country ministries, international agencies, non-governmental organizations (NGOs), etc., with widely ranging definitions and interpretations of key terminologies.

The purpose of this report is to create a strategy for assessing the status and progress of child welfare reform in CEE/CIS countries using the best available quantitative and qualitative information. The assessment focuses on children without permanent parents; care options including residential care, non-relative foster care, guardianship/kinship care, reunification with biological parents, and adoption; and community-based services designed to permit parents to keep their children and to support family-care alternatives. In addition, the project outlines a process by which a country's status and progress can be jointly assessed with quantitative data and qualitative interviews using the available data as a point of departure. To pilot test this process in one CEE/CIS country, USAID selected Ukraine, a country that has been engaged in very rapid and substantial attempts at child welfare reform over the last three years. The entire project was conducted in two phases, which are outlined below.

Phase I

Details of Phase I are presented in a separate report (University of Pittsburgh Office of Child Development & Creative Associates International, 2007). A summary of the main conclusions is provided below.

Population Focus

The primary focus population of this project is children without permanent parents, which includes true orphans and social orphans. Traditionally in the region, such children were cared for by the state in several types of residential institutions (e.g., orphanages) distinguished by the ages of children and their developmental status (typically developing, moderate disabilities, or severe disabilities). A major component of child welfare reform includes providing family-care alternatives, which may include non-relative foster care, small group-home care, guardianship/kinship care, reunification with biological parents, and adoption. While institutions are traditionally funded and operated by the state, alternative care arrangements may be funded and operated by the state, NGOs, or private families with or without financial and social service support from the state or NGOs. In addition to providing alternatives to institutionalization, child welfare reform also includes providing community-based services aimed at encouraging and supporting parents to keep their children rather than relinquishing them to state or alternative care, along with a variety of health, education, and social services designed to support families and children in alternative care environments.

Initial Purpose

The initial purpose of Phase I was to create a *single* numerical index that would characterize the status and progress of each selected country in reforming its child welfare system (see University of Pittsburgh Office of Child Development and Creative Associates International, 2007). Presumably, this "child welfare index" would be similar in its general character to previously developed numerical indices characterizing the broader concept of "child well-being" (which includes health, education, economical resources, etc.; e.g., Dalirazar, 2002; Bradshaw, Hoelscher, & Richardson, 2006). The first step in creating such an index was to examine numerical indicators, available from international databases (e.g., UNICEF TransMONEE database) of components of the child welfare system and indicators of risk factors linked to children being relinquished to state care. With such indicators (their values and definitions) in hand, it became clear to the Study Team of researchers that extensive analysis was needed to determine the usefulness and rationale of creating a single numerical index.

Strategic Conclusions

After considerable consultation with experts experienced in health, education, and social indicators and analysis by the interdisciplinary Study Team, it was concluded that while developing a single quantitative marker of child welfare is possible, it would be of limited use in understanding child welfare status and progress across the region or in individual countries and would also thus be ill-suited to guiding USAID and others in supporting child welfare reform

and developing new interventions and child welfare systems. Further, a composite index derived from numerous indicators by the typical aggregation methods currently in use for other international indicators was determined to be technically unsound for this topic and not readily interpretable in a straightforward manner for the purpose of this study.

In contrast to a one-time, between-country index, the Study Team proposed to examine across time within each country: 1) a single marker of children without permanent parents; 2) several indicators of alternative care arrangements, and; 3) predictors of child welfare problems. In addition, the Team proposed that the apparent conclusions implied by these statistical results needed to be combined with more qualitative information interpreted by experts and officials directly familiar with the in-country context and history. This multi-level analysis recognizes that, given the inherently context- and interpretation-dependent characteristics of the selected quantitative indicators, evaluating a country's progress in child welfare cannot rely just on a few de-contextualized indicators, but requires triangulating informed opinions and judgments with the statistics to create a best-available profile of the status and progress of each country's reform.

Three Levels of Analysis

In sum, three levels of analysis were proposed:

- *Level 1* – consisting of a single quantitative Marker of Child Welfare that estimates the number and percentage of children without permanent parents in each country who are living in state-supported care. It is composed of indicators available in most, but not all, countries in the region, that specifically measure the number and percentage of children in formal and state-supported non-parental care arrangements (i.e., residential institutions and foster/guardianship arrangements). This indicator can be used as a best-available proxy for the number of children living without permanent parental care (although it does not include "street children"). This Marker, while not a composite of several indicators as has been done in creating child well-being indices, nevertheless reflects directly the fundamental child welfare issue in the region. It can be used for between-country comparisons in a single year or within-country study across several years. While illustrative of broad trends and numbers, this marker by itself is far too broad and ambiguous to guide or assess policies of child welfare reform within countries.

- *Level 2* – consisting of within-country examinations across time of two types of indicators: 1) the number and percentage of children in different care arrangements, and 2) risk indicators that reflect potential direct and indirect causes of children living without parental care. The first type of data can reveal the relative distribution of different care arrangements within a country over time and is likely to be directly informative to child welfare reform. The latter type may provide hypotheses about social conditions that may contribute to the number of children without permanent parents and provide a basis for preventive efforts in the country.

- *Level 3* – consisting of in-depth qualitative interpretation and substantiation of the major trends and patterns in the two previous levels of analysis based on the informed

judgment of experts and professionals familiar with the target country. The framework for this final level of analysis adopts and extends the basic four-pillar model as described by Davis (2006). The four pillars consists of: 1) the policy and legal framework that guides and supports child welfare in the country, 2) the structure and types of programs and services that prevent and support the welfare of children and families, 3) the country's ability to supply professionals and train staff to work in child welfare with acceptable levels of competence, and 4) the monitoring and evaluation procedures that chart and interpret the process and outcomes of child welfare procedures. Level 3 analysis recognizes that progress in child welfare reform is uneven in the region, circumstances and events are often unique to a country, the relevant and necessary information is not found in one place but rather is scattered across various sources, shared indicators lack common definitions, and professionals are needed to interpret the quantitative and qualitative information to assess the status and progress in child welfare reform in each country. The Study Team concluded that Level 3 analysis is necessary to interpret information from Levels 1 and 2 and is crucial to understand and assist in promoting child welfare reform in individual countries.

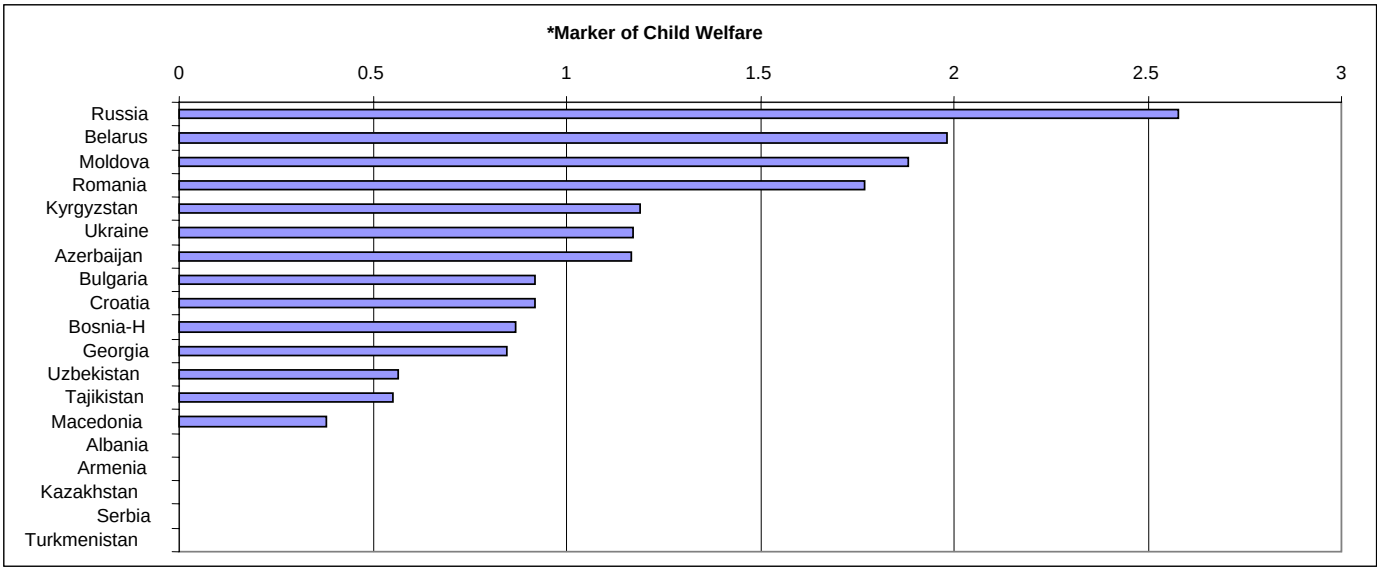
Specific Country Results of Phase I

Work conducted in Phase I of this research produced the Marker of Child Welfare, which was defined as the percentage of all children from birth to 17 years of age who were in institutionalized/residential care or in foster/guardianship care (UNICEF TransMONEE variables (v 8.2 + v 8.7) / v 1.5). Countries in the CEE/CIS region were ranked according to this Marker based on the most recent three valid years, which is presented in Figure 1.

In addition, year-to-year graphs from 1989 to 2005 of the number of children in residential care, foster care/guardianships, and adoptions (domestic plus international) were plotted for each country (these are presented in the Addendum). However, these plots are not readily interpretable without the Level 3 analysis that was conducted in Phase II of this project.

Finally, several direct and indirect risk factors for why parents relinquish children to state care were identified in the TransMONEE database. These indicators fell under five hypothesized categories of plausible causes associated with the separation of children from their parents: 1) financial inability of the family to care for the child; 2) single mothers ill-equipped behaviorally and financially to care for a child; 3) revocation of parental rights due to parental mental health or substance abuse problems as well as child abuse and neglect; 4) children with disabilities especially in cultures in which such children have traditionally been cared for by the state rather than by parents; and 5) problematic adolescent behavior which may produce an unmanageable and undesirable child who is moved from or relinquished by the family.

Figure 1. Countries Ranked on the Marker of Child Welfare



*Percent of all children birth-17 years in institutionalized, residential, foster, or guardianship care (most recent three valid years).

Phase II

Phase II, the primary topic of the current report, had two general purposes:

Analysis of Risk Factor Indicators

The risk factors identified in Level 2 of Phase I were analyzed to determine if year-to-year changes in these risk factors coincided with year-to-year changes in the Marker of Child Welfare, which would suggest the hypothesis that such risk factors might actually contribute to the number of children without permanent parents. The analyses were aimed at reducing the number of risk factors, eliminating those that did not show year-to-year correspondence with the Marker, and identifying those that might overlap and thus be redundant with other risk factors. The Team aimed to test both relations that may appear across countries and those that may be unique to a particular country.

In-country Level 3 Analysis

The second purpose of Phase II was to refine the process of using expert sources to interpret Level 1 and 2 data trends with a qualitative inquiry framed by the four pillars of policy, services, personnel preparation, and monitoring and evaluation (Davis, 2006). This exercise would supplement numerical indicators for a country with qualitative and informed judgment that would build a comprehensive and integrated assessment of the status and progress of a country's child welfare system. Furthermore, the Level 3 process would be tried out in a single country (designated to be Ukraine by USAID) to operationalize and refine the proposed process and to provide concrete examples of the kinds of information that would be produced by the process to better understand and flesh out numerical indicators.

CHAPTER 2: Analysis of Risk Factor Indicators

A complete report of the analysis of risk factor indicators is included in the Addendum, Analysis of Risk Factors for Children Living without Permanent Parents, accompanying this report. This chapter is a brief summary of that Addendum.

Method

The risk factor indicators and Marker of Child Welfare that were analyzed in this phase are listed in Table 1. Several types of data analyses were conducted primarily to determine if year-to-year changes in risk factor indicators were similar to year-to-year changes in other indicators and in the Marker of Child Welfare. In addition, countries were ranked on each indicator and the Marker with respect to their levels of the indicators and Marker in the last few years. Detailed descriptions of these analyses and results are contained in Addendum.

Table 1. Variable Definitions

Marker of Child Welfare

The Marker of Child Welfare is the percent of children (population age 0-17, variable 1.5) who are in residential care (variable 8.2) or in foster care (variable 8.7), which includes kinship and guardianship arrangements.

Risk Factors

Domain I. Financial Inability

1. *Gross domestic product at purchasing-power parity* (variable 10.02)
2. *Registered unemployed aged 15-24* (per cent of total annual unemployed; variable 10.05)

Domain II. Single Motherhood

1. *Non-marital births* (as per cent of live births; variable 2.12 divided by variable 2.1)
2. *Rate of children affected by parental divorce* (per 1,000 population age 0-17; variable 5.10)

Domain III. Revocation of Parental Rights

1. *Children deprived of parental care* (per 100,000 population at age 0-17; variable 8.01)
2. *Crimes against children and youth* (per 100,000 population age 0-17; variable 9.02)

Domain IV. Children with Disabilities

1. *Share of low-weight births* (births under 2,500 grams as per cent of total live births; variable 2.15)
2. *Infant mortality rate* (per 1,000 live births; variable 3.01)
3. *Percent of births attended by skilled personnel* (variable 6.01)
4. *Total number of children with disabilities in residential care* (variable 8.06)

Domain V. Teenage Problem Behavior

1. *Suicide rate for population aged 15-19* (suicide deaths per 100,000 in population aged

15-19; variable 3.22)

2. *Registered juvenile crime rate* (per 100,000 in population aged 14-17; variable 9.04)
3. *Homicides committed by or with participation of juveniles* (as percent of population aged 14-17; variable 9.07, divided by the estimated number of children aged 14-17)
4. *Juveniles placed in correctional institutions* (as percent of estimated population aged 14-17; variable 9.11)

Source

Indicators selected from the TransMONEE database. The TransMONEE variable number is given in each case.

Notes

1. Estimates for missing values were interpolated between valid values. Missing values were not estimated when they occurred at the beginning or end of a country's sequence of available data because inspection of available data indicated that most trends were not smooth enough for this to be done accurately.

2. When an indicator is labeled as a percent, the value given is a percent (e.g., a value of 0.04 means 0.04%, not 4%).

3. The raw number of children with disabilities in residential homes was taken directly from the TransMONEE tables. Normally, rates are preferred over counts, but no satisfactory denominator was available with which to calculate a meaningful rate for this measure (i.e., no estimate of the total number of children with disabilities).

4. For rates of juvenile homicides and juvenile incarceration, some estimation was required. It was assumed that in the Trans-MONEE database "juvenile" means "ages 14 through 17," but no population figures were available for this age range, only for "ages 15 through 17." To estimate the total population of juveniles "ages 14-17," the "15-17" figure was multiplied by 1.33. Furthermore, Bulgaria is excluded from juvenile incarceration, as its definition for this condition is unusual.

5. Data for Serbia did not include Kosovo for some indicators for certain years. Other less frequent omissions were for Trans-Dniester for Moldova, and Abkhazia and Tskhinvali for Georgia. With no separate data for these regions, whatever data were given for the main country were used, without modification.

Results

Correspondences in Year-to-Year Trends

Collectively, these analyses produced several general conclusions:

- *Inconsistency across countries*: Although some indicators were more consistently related to the Marker across countries than others, there was substantial variability between countries in the nature of year-to-year changes between an indicator and the Marker. This is not surprising given the very substantial cultural, social, political, and economic differences between these countries. This means that each country needs to be examined separately for risk factors that pertain to its own situation (see below), lending further support to the necessity of an in-country Level 3 analysis.

- *Discontinuity in correspondence between year-to-year changes in the indicators and the Marker*: Frequently, the relation between an indicator and the Marker was different before approximately 1995-2000 than it was afterwards, and often there were more consistently similar trends after 1995-2000. The recent era corresponds to the years following the fall of the Soviet Union, which led to numerous social,

economic, and political changes in most of these countries which apparently became somewhat more stabilized in the 2000s.

- *Promising indicators*: After the 1995-2000 period, the most promising indicators in terms of following the same year-to-year relative changes as the Marker of Child Welfare in many (but not all) countries included the following:
    - The percentage of non-marital births.
    - The percentage of children affected by parental divorce.
    - The percentage of low-birth-weight births. An increasing number of children born with low-birth-weights may be associated with more cases of children with disabilities who are then relinquished by their parents.

Between-Country Rankings

Countries were ranked on the indicators relative to each other, portraying which countries had relatively high rates of each risk factor during the most recent few years.

There was a tendency for the countries that ranked highly (i.e., poorly) relative to other countries in the Marker of Child Welfare to also rank highly (i.e., poorly) with respect to *non-marital births and divorce rates affecting children, deprivation of parental rights, crimes against children and youth, and teenage problem behavior*. This provides some suggestive evidence that these kinds of risk factors may contribute to higher rates of the Marker of Child Welfare. However, while these are reasonable hypotheses, it is not necessarily the case that high rates on an indicator actually cause children to be relinquished to the state.

Statistical Dossiers for Individual Countries

Dossiers were created for each individual country with adequate data on risk factor indicators. These dossiers included: 1) a narrative summary and interpretation of the statistical status of the country; 2) year-to-year plots of the number of children in residential and foster care (which includes guardianship) and the number of adoptions (domestic plus international) per year; 3) standardized year-to-year plots of indicators and the Marker; and 4) year-to-year plots of the rate of children per thousand for selected indicators. These dossiers are included in the Addendum.

Caution: The dossiers and other information in Addendum I provide a statistical portrait using the indicators of the TransMONEE database for each country having sufficient data available. While they may offer some hypotheses about contributors to children living without permanent parents, the Level 3 analysis reported below suggests that such data can give misleading impressions and the interpretation of such data requires Level 3 analysis.

CHAPTER 3: Level 3 In-Country Analysis of Indicators and the Four Pillars

The purpose of the in-country analysis (Level 3) was to use the Marker and indicators as a starting point to collect additional quantitative and especially qualitative information for clarification, substantiation, and interpretation of data trends. This process provides in-depth information on the status and progress of a country's child welfare system, especially with respect to the four pillars of policies, services, personnel preparation, and monitoring. This chapter describes the methods that were used, which constitute the "model process," and an analysis of its benefits and limitations. We also present results that illustrate the limitations of simply looking at numerical indicators to assess a country's child welfare system, which constitute a justification for employing Level 3 analysis.

The Process

The case study for the Level 3 analysis was done in Ukraine. Several information gathering procedures were employed.

Cultural and Political History

Brief cultural and political histories were obtained from several sources. These materials indicated that Ukraine underwent a very substantial political revision with the Orange Revolution in November 2004, and child welfare reform became a political priority in the country thereafter. This fact alone meant that nearly all of the indicator data available to us at the time which pertained to the years 1989 through 2005 does not necessarily reflect the current emphasis on child welfare reform and certainly cannot readily predict the future trends.

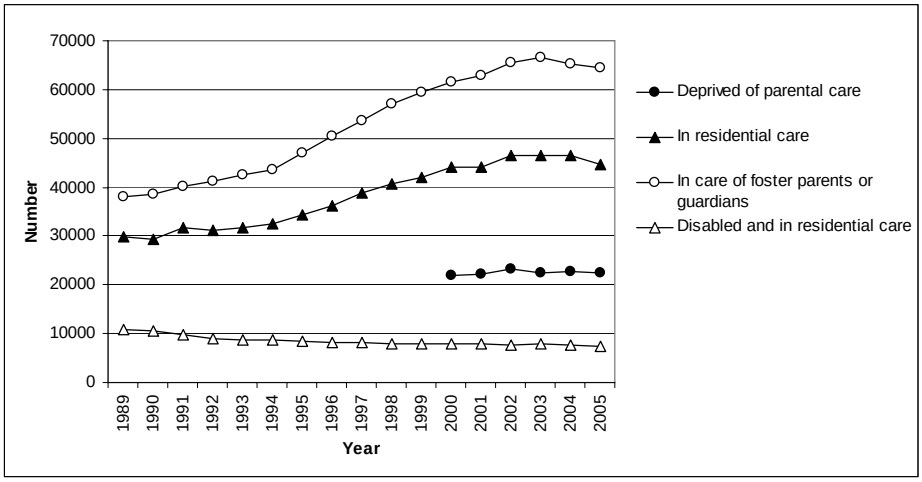
Indicators

Nevertheless, the breakdown of children into placement types and the risk factors for Ukraine were the initial points of departure. Plots of these indicators are given in Figures 2 and 3. A major task of the in-country procedure was to validate, contradict, qualify, explain, and understand these graphs, as well as to update them.

Background Information

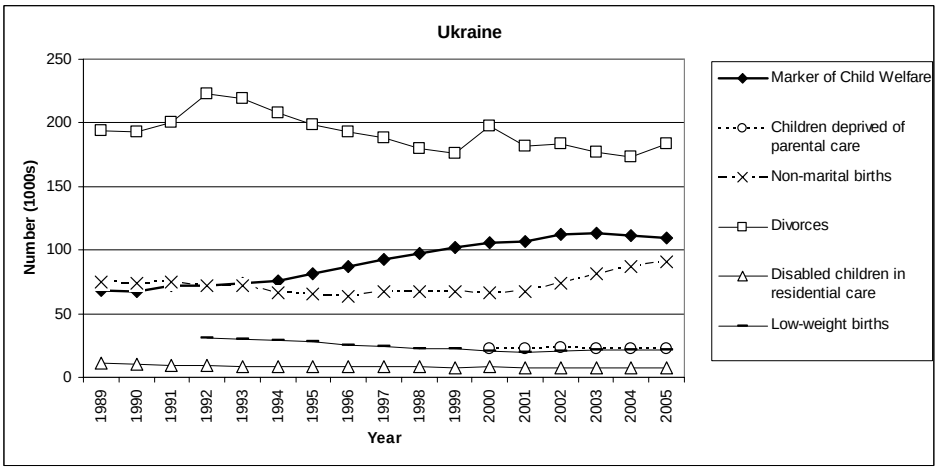
Our consultants, principally Victor Groza of Case Western Reserve University and Alyona Gerasimova of Holt International (Ukraine), provided us with a variety of background articles which we supplemented with our own research. These articles are listed in Appendix A. These materials provided information about policies, numbers of children in various care arrangements, pilot programs that attempt to demonstrate how the child welfare system may be changed, new family-care alternatives to residential institutions, and other issues.

Figure 2. Year-to-Year Plots of Children Without Permanent Parental Care in Various Circumstances (Ukraine)



Note: "Children deprived of parental care" is not the Marker of Child Welfare used elsewhere in this report; rather, it is a TransMONEE measure (Table 8.1) that has the approximate meaning of children removed from parental care.

Figure 3. Year-to-Year Plots of Selected Risk Factors and the Marker of Child Welfare (Ukraine)



Comprehensive Interview

Starting with the indicators, modified by the recent political history and supplemented with information obtained in articles and from consultants, a single comprehensive interview was designed that covered the major aspects of child welfare in Ukraine, including: 1) the status of children without permanent parents; 2) sources or reasons why children are relinquished to the care of the state; 3) residential care; 4) family-care alternatives; 5) domestic adoption; and 6) children with disabilities. This interview is included in Appendix B and some of the questions are supplemented with information we obtained from our background research.

Identification of Individuals to be Interviewed

Our consultants suggested individuals whom they thought should be interviewed. They included representatives from the four Ministries that have some responsibility for children without permanent parents, the UNICEF Child Protection Officer, five Oblast (a geographical subunit analogous to an American state) officials, and directors of six service programs, both government and privately funded, that constituted the examples of emerging programs available in Ukraine. Several were innovative demonstration programs funded by USAID through Holt International. A list of the scheduled interviewees is given in Table 2, which includes their titles and Ministries or organizations, plus their areas of expertise.

The interview was then parceled into sub-interviews tailored specifically for each of the interviewees, with questions matching their responsibilities and expertise (see italic material in Table 2). It was then determined that each question in the interview was covered at least once in the individual interviews. A chart was created to determine how many different interviewees would be asked the same questions to provide corroboration of answers.

Interdisciplinary Team

The University of Pittsburgh Office of Child Development Team that conducted this project was interdisciplinary and had experience with one or another aspect of child welfare in the Russian Federation, San Salvador, Nicaragua, and China. The team included specialists in children with disabilities, special education, child development, psychology, school-age education, statistics and indicators, and applied developmental psychology. These diverse perspectives enriched the gathering of background information and the development of the interview.

Three individuals were selected to visit Ukraine. Collectively, the trio represented nearly all of the areas of topical expertise listed above, which meant that the visiting team had independent expertise in nearly all of the areas covered by the interview. Further, one person was in charge of conducting the interview using the individual sub-interview as a basis, another was responsible for asking probes and taking a more global approach to questions, and the third took notes.

The Interviews

The interviews and visits consumed five full consecutive days. A van and driver provided transportation, which was indispensable in conducting this many visits in this short of time, given the traffic of Kyiv. The Team was usually accompanied by a translator; a representative of Holt International, which arranged the interviews, schedule, and other local logistics; and Tetyana Rastrigina of USAID (Ukraine). The visit began and ended with discussions at the USAID Mission (Ukraine).

Table 2. Interviewees and Topics

(Roman type gives interviewee's position and area of expertise; italicized type gives the segments of the interview relevant to interviewee's responsibilities.)

1. **Andriy Haidamashko** - UNICEF Child Protection Officer, data, overall situation.
   1.8 (data trends), 1.10 (no documents); 5.3 (termination parental rights); 2.1 – 2.5 (sources), 2.7 (HIV), 2.9 (future), 2.11 (blueprint).

2. **Halyna Postoliuk**, Director, Hope & Homes for Children (UK NGO) – family-based alternatives, de-institutionalization , children in institutions, role of NGOs.
   4.0 – 4.16 (family-care); 2.8 (family support), 2.9 (NGOs), 2.11 – 2.12 (blueprint).

3. **Irina Zvereva**, Director, Child Wellbeing Fund (formerly Christian Children's Fund) - family-based alternatives, introduced PRIDE (training for foster parents), responsible parenting and community-based social services.
   4.7 (non-relative foster care, training), 4.8 – 4.16 (foster infrastructure), 5.6 (training adoptive parents), 2.8 (family support, parents keep children), 4.5 (reunification, training).

4. **Natalia Lukyanova**, Director, State Social Services and
   Irina Pinchuk, Deputy Director, State Social Services, Ministry of Family, Youth, & Sports Affairs.
   1.5 (residential care, number), 1.6 (foster/guardian/numbers), 1.9 (distribution of services), 1.10 (no documents), 1.11 (priorities); 2.1 – 2.7 (sources), 2.8 (family support services, keep children), 2.9 (future), 2.11 (blueprint); 4.1 – 4.16 (family-care).

5. **Lyudmyla Volynets**, Director, State Department on Adoption and Child Protection, Ministry of Family, Youth, & Sports; Co-Chairperson of the All-Ukraine Public Organization Child Protection Service – government policies, regulations, legislation, "money follows the child"; all kinds of benefits for families, children; reform of residential care facilities, adoption, child protection.
   2.8 (policies to help parents keep children); 2.10 (children's allowance), 2.11 – 2.12 (blueprint, money follows child); 3.6 (mixed homes); 3.7 – 3.8 (future of residential care); 5.0 (adoption), 5.17 (Volynets quote on unadoptables), 5.7 (financial support), 5.9 (process of adoption).

6. **Nadiya Komarova**, Head of the Social Work Department, State Institute of Family & Youth, Ministry of Family, Youth, & Sports – training for social service providers and parents, children with special needs.
   4.12 (professionals for family-care, training), 4.5 (reunification, training), 4.6.3 (training kinship parents), 4.7.4 (training, foster parents) 5.11 (professionals in adoption); 6.0 (disabilities).

7. **Serhiy Andriyash**, Head of Department, Kyiv Oblast Administration Department of Children – "money follows the child" experiment in Kyiv Oblast, reasons for children being institutionalized, services for children in institutions.
   2.1 - 2.7 (sources), 2.11.5 (money follows child); 3.1 – 3.8 (residential care)

8. **Lyudmyla Nikolaienko**, Director, Oblast Administration Regional Center for Social Services – family support services.
   2.8 (support to keep children); 4.5 (support for reunification), 4.6.3 (support for kinship), 4.7.5 (support for foster parents), 5.6-5.8 (support of adoptive parents); 6.1.2, 6.1.5 (support for disabilities).

9. **Olha Shiyan**, Head of Department, Ministry of Education.
   3.2, 3.3 (children in Children's Home, Boarding Schools), 3.4.9 (educ. of disabilities), 3.5.7 (educ. in shelters), 3.6.8 (educ. in mixed homes), 3.8.2 (plans for residential).

10. **Nadiya Chernukha**, Director, Charitable Foundation "Peremoga" – family preservation program in Brovarskoy rayon, family support services for vulnerable families with children under 6 (therapeutic classes for children, home visiting, parent education), HIV.
    Describe own program; 2.7 (HIV as source), 2.8 (support to keep children), 2.9 (future); 4.5 (support for reunification), 4.6.3 (support for kinship), 4.7.5 (support for foster parents), 5.6-5.8 (support of adoptive parents); 6.1.2, 6.1.5 (support for disabilities).

11. **Marek Vnuk**, President, International Charitable Foundation "Sunshine" – street children rehabilitation and placement into family type environment or transition to independent living.
    Describe own program; 1.8 (street children), 1.10 (undocumented); 4.5 (reunification); 4.6 (kinship), 4.7 (foster care).

12. **Oksana Boiko**, Head of Rayon Department of Children – finding placements for children deprived of parental care.
    4.6 (kinship care), 4.7 – 4.16 (non-relative foster).

13. **Ruslan Maliuta**, Vice-President, International Charitable Foundation "Father's Home" – adoption programs, rehabilitation programs for street children and abuse and neglect victims, family-based care models.
    Describe own program; 5.1 – 5.2 (adoption), 5.5 – 5.8 (adoptive parents), 5.9 – 5.17 (process of adoption), 1.8 (street children).

14. **Raisa Kravchenko**, Director, "Dzherela", Rehabilitation Center for Children with Disabilities – Rehab programs for children with mental disorders, parent support groups, advocacy.
    Describe own program; 6.0 (disabilities).

15. **Valentina Pedan**, Head of Department of Child Health Care, Ministry of Health.
    1.5 – 1.51 (numbers in Baby Homes); 3.1 (Baby Homes), 3.2.8 (medical care in children's Homes), 3.3.7 (medical care in Boarding Schools), 3.4.9 (medical care in disability institutions), 3.8 (future, improvements to residential care).

16. **Mykola Kuleba**, Head of Department, Kyiv City Department of Children – family-based alternatives, HIV.
    (HIV as source); 4.6 (kinship), 4.7 (foster), 4.8 – 4.12 (foster infrastructure), 4.13 – 4.16 (future of family care).

An Analysis of the Process

The Model Process

We believe the process we followed that is described above worked well and provided the kind of information that was desired (see Chapter 4).

For example, a major reason for conducting the Level 3 analysis was the contention made in Phase I that indicators by themselves were not very informative or interpretable; they needed to be supplemented with qualitative information that could only be obtained through intensive visits and information gathering. This assertion was emphatically validated by the field test. Numerous examples are given in Chapter 4.

While the procedures described above seem geared specifically to Ukraine, they are actually applicable to all countries in the region. The major elements of a general model Level 3 process include:

1. Study background information on the cultural, political, and economic history of the country.

2. Obtain year-to-year plots of the status of children without permanent parents and risk factors to be used as one basis for discussion, and that discussion would in turn validate, contradict, qualify, explain, and interpret these year-to-year plots.

3. Obtain as much background information on child welfare issues in the country—policies, services, personnel preparation, monitoring/evaluation—through documents and consultants, including those operating in the country. This information was used to identify issues specific to the country.

4. Develop a single comprehensive interview. We present a general interview in Appendix C that can serve as a starting point to be expanded and made specific to each country. For example, the interview expanded to fit Ukraine is in Appendix B. The difference between the general and country-specific interviews reflects the contribution of background information on the particular country.

5. Identify potential interviewees and create a schedule for the in-country visitation. Interviewees should represent key informants in the domains of policy, services, personnel preparation, and monitoring, including those responsible for current services as well as model demonstration services. In-country professionals are necessary to identify and schedule interviewees.

6. Segment the single interview into parts appropriate for the expertise and responsibilities of each interviewee. Determine that each major topic will be addressed by someone, and that major questions of opinion will be asked of two or more interviewees.

7. Conduct the interviews with a combination of an interdisciplinary external team who are knowledgeable about various aspects of child welfare plus local professionals.

8. In the report, identify key accomplishments and areas needing improvement across all sectors of the system, including an eye toward long-term planning issues often overlooked by governments.

Pros and Cons of the Process

After the visit, the Study Team analyzed the advantages and potential limitations of the Level 3 process.

Advantages

The approach has several advantages.

- *The process produces a comprehensive, integrated, "big picture" look at a country.* Most people who work in a country operate primarily in separate units (e.g., "silos") and rarely have the opportunity to see all aspects of the child welfare system in a comprehensive and integrated manner. Both our NGO collaborator and the USAID officer were eager to accompany us to the interviews, because this represented a rare opportunity to integrate information from a large group of stakeholders. The opportunity to interview representatives from all of the relevant Ministries and to visit several demonstration programs on the frontier of innovation and change in the country provided a comprehensive, balanced, and integrated view of the child welfare system in Ukraine.

- *Independent visitors in collaboration with local professionals provided a balanced, objective, and informed view of the country's child welfare system that neither a totally internal nor totally external review would likely have produced.* Professionals from the USAID Mission and Holt International provided invaluable local data and information as well as helped identify contacts, scheduling, and local arrangements. In addition, the presence at interviews of local experts from USAID and Holt perhaps helped to keep interviewee responses accurate and balanced; occasionally these experts provided qualifications and additional information during the interview. Their involvement may also have contributed to the fact that interviewees were exceedingly gracious in giving the visiting Team substantial amounts of time and flexibility in scheduling.

- *An interdisciplinary team enriches the information obtained.* The team that conducted this Level 3 analysis had expertise in child welfare, child development, organizational management, early childhood special education, children with disabilities, school-age education, database technology, and social indicators and statistics. These diverse perspectives enabled the team to insightfully probe an interviewee's responses and to place that information into a broader professional context.

- *A common interview protocol permitted some degree of cross-validation of some points that were asked of several interviewees.* The single comprehensive interview, which was parceled into sections for different interviewees, not only provided the basis of integrating information obtained from different interviewees on different topics, but also permitted asking the same questions of different interviewees for the purpose of obtaining cross-interviewee validation. The team encountered very little disparity and contradictions in general information between sources, although precise consistency on specific numerical indicators was not always present. In only one instance was numerical information withheld from the team (one government official had data on the distribution of children in various facilities but was reluctant to share it).

- *Background research and information helped to target the interview questions and stimulate relevant probes to produce more insightful information.* Literally knowing what some of the answers to the interview questions were likely to be, as well as having other background information on the child welfare system before creating the interview, permitted the Team to probe more insightfully and to ask for clarification when initial responses seemed different than the background information. The difference between Ukraine Specific Interview (Appendix B) and the General Interview (Appendix C) illustrates the contribution of the background research.

Potential Limitations

The approach has a variety of potential limitations. Two that are inherent in the approach include:

- *Interviews produce information that people claim is accurate.* The primary information obtained in this process is what a variety of people in responsible positions say is the case, and thus it has the potential of being influenced by their perspective, their role, and in the extreme, their bias or political point of view. Having background information, asking the same question of different interviewees, and having local experts present during the interviews, mitigates against this potential limitation. Indeed, the Team felt that all interviewees were frank, forthright, and honest; never did the team members have the impression that they were "getting the party line," and no one avoided directly answering a challenging question. People were remarkably welcoming and most expressed some criticism of one or more aspects of the system, including those under their own responsibility.

- *It is difficult to determine the prevalence of certain conditions.* The directors of NGOs operating pilot demonstration programs and their services were highly competent and professional, but the team was told (by sources other than the NGO directors themselves) that these NGOs were unusual and that this level of competence was not widespread. The foster family the team visited was superb and the social worker visited them twice a month after placement of the child, but the Team is uncertain how prevalent these circumstances are.

Three other limitations could be corrected if the process were implemented in other countries:

- *More time might produce more detailed and comprehensive information.* The Team interviewed numerous individuals representing the government and directors of model programs in a tightly organized week. This, plus the background work before the visit, seemed sufficient to obtain the general, comprehensive, and integrated picture of child welfare described in the next chapter. At the same time, a greater depth of understanding in any area would require more time and closer work with local authorities and professionals. However, this is not an argument for "infinite" time investment. By the second half of the week, themes and answers already began to be repeated and convergences appeared.

- *Major cities may not be typical of rural areas.* The Team visited demonstration projects primarily in the Kyiv area and was frequently told that services were more sparsely distributed, of lower quality, and less innovative in rural areas of the country, which were not visited. It is reported by many sources that the different regions of the country varied in culture, social economic status, and local governmental capacity in terms of money and people.

- *The Team did not visit standard, residential care facilities operated by the government.* While the Team did see two new family-like, age-integrated residential facilities funded primarily by the government and NGOs, they did not visit a typical Baby Home or *Internat* (orphanage), although the Team had experience with such facilities in the Russian Federation, Latin America, and China.

CHAPTER 4: A Case Study Illustrating the Level 3 Procedure in Ukraine

The procedure that was described in Chapter 3 was piloted in the country of Ukraine, which provides an illustrative example of the kinds of information that may be collected by this process. This pilot test also yielded a snapshot of the status and progress of child welfare in Ukraine, which is potentially useful for USAID/Ukraine, the Government of Ukraine, and other organizations working on child welfare in Ukraine, as well as being illustrative of issues in child welfare reform in many other countries in the E&E region.

The Team learned a great deal about many aspects of child welfare in Ukraine, but rather than describing the entire child welfare landscape in Ukraine, this chapter focuses first on illustrating the need for Level 3 analysis in the interpretation of the indicator data, and second, on major accomplishments, limitations, and future agenda for Ukrainian child welfare grouped under the four pillars of policy, services, personnel preparation, and monitoring.

The Limits of Indicator Data

The Study Team argued in Phase I that in-depth qualitative information obtained in-country was necessary to interpret the indicator data. Below are several kinds of limitations on indicator data that may exist in general followed by specific illustrations from Ukraine that were uncovered during the Level 3 interviews and analysis. In brief, plotting indicators across years and comparing levels and trends can give a somewhat misleading impression of the status and progress of a country's child welfare system:

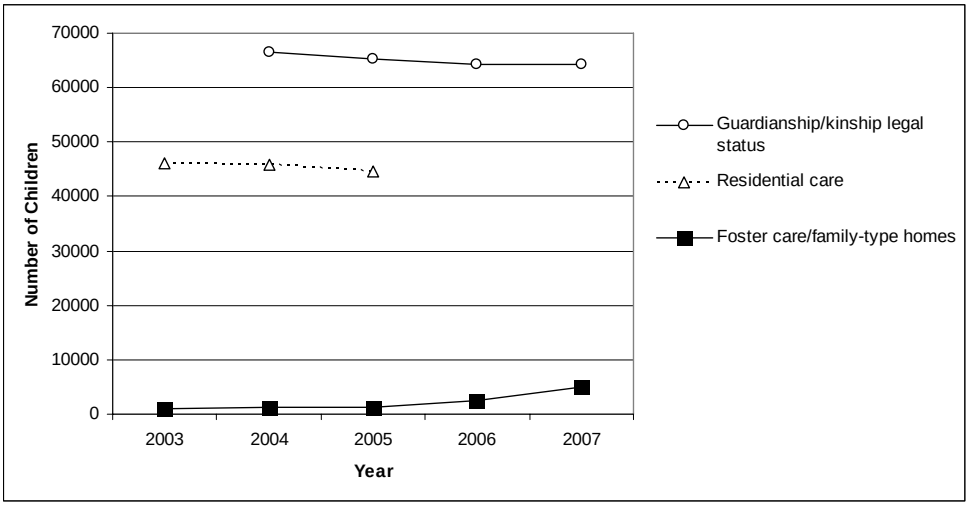
- **The number of children in residential versus foster/guardianship care gives an inaccurate impression of the status of children in Ukraine.** Figure 2 displays the total number of children residing in residential care and the number of children in foster/guardianship arrangements. The impression is that more children are in alternative-care environments than in institutions. These numbers, however, are not accurate. Figure 2 represents what might be called the "legal custody" arrangements, but a significant portion of children in "legal custody" of a relative (e.g., guardianship) actually reside day-to-day in institutions (15% by one estimate). Further, those children are double counted, because they are represented both in the guardianship figure and the institutional residency figure. Thus, the indicators given in Figure 2 overstate the number of children actually residing in alternative care arrangements.

- **Breaking down an indicator into its components (i.e., "disaggregating") often reveals a different impression than simply examining the aggregate indicator**.

    - *Foster care vs. guardianships*. Figure 2 shows rather large numbers of children in "foster/guardianship" arrangements, a reporting category used for all countries included in the TransMONEE database. Figure 4 presents the number of children actually residing in foster care plus family-type

homes, the number of children under guardianship/kinship care (many of which may nevertheless reside in institutions), and the number residing in institutions. This information was released by the government one week before the Team's visit.

Figure 4. Living Arrangements for Children without Parental Care in Ukraine.



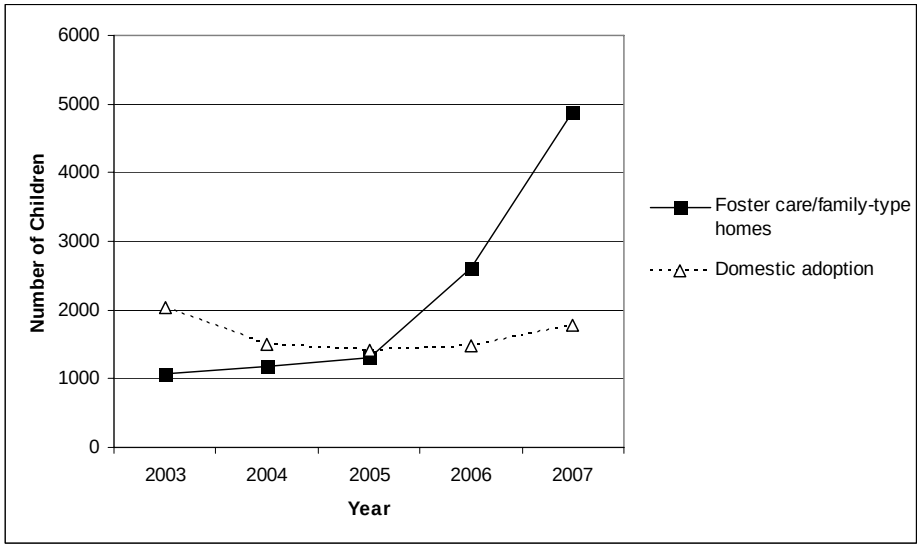
Number of children having guardianship/kinship legal status (many do not reside with guardian or kin but in institutions), number in foster care or family-type homes (both from the Ministry for Family, Youth, and Sports, April 17, 2008), and the number residing in residential care (from TransMONEE).

- *The disaggregated graph shows very few children actually residing in foster care and family-type homes (although the number has increased in the last three years).* Even in 2007, the number of children in foster care and family-type homes (4,882) is less than 5% of the 103,000 children without permanent parents, but approximately 44,700 reside in institutions—just the opposite impression given by the aggregated indicators. Statistics on the number of children actually residing with guardians was not available. Thus, while the indicators give the impression that foster care is growing, and numerically larger than residential care, the in-country interviews confirmed that foster care still constitutes a small proportion of the overall population of children without parental care.

- **Internationally available data may be out of date**. Almost all of the change in child welfare policies and practices in Ukraine has occurred since 2005, the last year of available data from UNICEF.

  - *For example, foster care/family-type homes increased during 2005-2007, but not domestic adoptions.* Figure 5 shows the dramatic rise in the number of children in foster care and family-type homes (provided by the Ministry of

Figure 5. The number of children in foster care/family-type homes and the number of domestic adoptions (Ministry of Family, Youth, and Sports, April 17, 2008).



Family, Youth, and Sports, April 17, 2008) during the last three years (2005-2007), a nearly four-fold increase, which is not comprehensively reflected in indicators from world organizations, including UNICEF, that tend to be two or more years behind. Domestic adoptions have not risen compared to foster care from 2005 to 2007, perhaps because financial incentives were offered *only* to foster families, not adoptive parents. However, legislation is in progress to equalize the financial incentives. Therefore, not only can the internationally available indicators not reflect trends during the last two years, they do not necessarily accurately forecast future trends that may be influenced by pending legislation.

- **Trends over years may reflect unintended consequences to policies**. For example, more benefits are paid to unmarried than married women who give birth. Figure 3 shows an increasing rate of births to unmarried mothers. This is especially true for those over 20 years of age (i.e., it is not associated with more births to teenagers). Although there may be many contributors to this increase, one possibility is that there are more total government benefits for single mothers than for married mothers, and some cohabitating couples were remaining unmarried to obtain these financial benefits. In addition, benefits favored "birthing" vs. "keeping" the child. There are no data available, but several sources indicated that a portion of mothers were keeping the children long enough to receive the benefits, and once the benefits expired, they proceeded to relinquish the child to state care. The mothers who kept the children long enough to receive the benefits and then relinquished them to state care were mostly marginalized women.

- **Trends over years may reflect changes in definition, not simply changes in policy**.

- *The number of adoptions does not necessarily reflect adoptions only of children without permanent parents.* Prior to 1996, "adoption" included adoption by a step-parent, but this is no longer the case. The government also does not trust the early international adoption data, because there were no official statistics obtained before 1996 and there was a moratorium on international adoption between 1994 and 1996.

- **The indicators reflecting children without permanent parents do not include so-called "street children**." Such children are not part of a government program and, therefore, are not counted. It was estimated by one interviewee that approximately 140,000 street children existed in Ukraine in 2005, which is more than the 103,000 children in state care in 2007. Thus, if this estimate is correct, the total number of children without "functional parental care" could approach 250,000, more than double the figure given by the Marker, and that the magnitude of this issue is far greater than any other numerical discrepancy the Team encountered with the rest of the indicators.

- **There seems to be a problem of double counting in national statistics**.

  - *A child may be considered institutionalized every time he or she enters the institution*. Therefore, if he/she enters, leaves, and re-enters the institution within a year, this is counted as two children in residential care in that year.

  - *Children frequently qualify under two or more categories*. Children who change placements or status within a year or children who receive special services (e.g., children with disabilities) may also be double counted. For example, children in legal guardianships who actually reside in institutions are counted in both indicators. Thus, the actual number of children in aggregate categories is often not accurately determined, in this case an overestimate. A child with disabilities may be counted in the Ministry of Education's tally of children with disabilities receiving certain educational services as well as being a resident in a given institution.

- **The total statistical picture of a country may be very complicated and difficult to portray**. Given the information above, it is very difficult to construct an accurate and detailed picture of child welfare. The Team also had the impression that representatives of the Ministries themselves did not always have specific numbers. Additionally, one minister was unwilling to share data tables that were internally produced and on her desk during the interview. Because the number of children in various situations is so closely linked to funding and policy decisions, data may be viewed as a proprietary asset of a ministry rather than a tool to arrive at a commonly stipulated body of factual information.

- **It is very difficult to determine how well policies are actually implemented from looking at statistical indicators alone**. Davis (2006) observed that a major problem in all five countries she examined was the disparity between the policy and its implementation. While indicators can sometimes reflect how many people actually

receive specific services, they do not reflect the quality of those services. Only in-country on-site interviews and observations can make such qualitative determinations.

Accomplishments, Limitations, Agenda

This section describes Ukraine's major accomplishments, limitations, and future agenda. The points listed below all derive from the interviews, but they have been selected, interpreted, and placed into broader contexts by the Study Team. These points are organized under the four pillars of policy, services, personnel preparation, and monitoring.

Policy

This section describes some of the accomplishments and limitations of government policies with respect to child welfare. Most of the recent changes in Ukrainian child welfare have been instigated and driven by government policy, so this pillar has been crucial to Ukraine's recent reform efforts.

After the Orange Revolution, President Yushchenko (and his wife) made children without permanent parents a national policy priority. A great many policies have been passed, are in waiting (i.e., have passed a first "reading" and await a second "reading" before being enacted), and are still being proposed. These policies have been aimed primarily at providing family-care alternatives to residential institutional care for the nation's 103,000 children without permanent parental care. The President has held four national conferences on this topic, prodded Oblasts, and criticized those who were not performing. Also, the Ministry for Family, Youth and Sports, as well as its regional branches (oblast departments for children), is now populated with young, energetic, and committed employees who push for child welfare reform. It is difficult to imagine a more rapid and substantial set of policy changes that reversed longstanding attitudes and practices, enacted in such a short period of time and with greater enthusiasm, conviction, and optimism than what has happened in Ukraine in the last three years.

Ukraine is an example of policies leading public attitudes, not the reverse, and inevitably such rapid and substantial change will be met by some public resistance, be enacted unevenly across the several necessary components of governments, face implementation problems, and encounter all of the challenges that confront even highly experienced developed countries operating a national child welfare system. The issues cited below should be viewed as growing pains and inherent difficulties; they should not distract from recognizing the immense Ukrainian efforts at reform pursued with such vigor and commitment in so short a time.

The major policy achievements, limitations, and future agenda fall under five categories including alternative family-care arrangements and institutions, governance by multiple Ministries, funding issues, child status, and children with disabilities.

Alternative Family-Care Arrangements and Institutions

A major emphasis has been the adoption of policies that promote family-type care arrangements as alternatives to residential institutions. There have been some clear achievements

in this domain, but also some growing pains, limitations, and issues remaining for a future agenda.

- **The government gives high priority to children without permanent parents, but public priorities may be lower.** For example, the President's conferences on child welfare are not widely covered in the media.

- **Foster care, adoption, and other family-type care are now the preferred alternative care arrangement to institutions**. A new Department on Adoption and Child Protection has been created within the Ministry of Family, Youth and Sports to oversee this emphasis. In addition, policy directs that there be fewer than 50 children in residential institutions, although achieving this goal faces resistance from current residential staff and will need to be supported by financial incentives.

- **Some efforts are being made to prevent children from coming into state care**. Family planning programs have begun to decrease unwanted pregnancies, although there are economic limitations and some cultural values in parts of Ukraine that favor having children. There are also pilot demonstration programs and some government attempts to provide social services to high-risk women who are otherwise likely to relinquish their children with the aim of having them keep their children.

- **Public awareness campaigns have been partly successful at promoting public acceptance of family-care alternatives, but they also have produced undesirable consequences that need solutions.** To convince people that children should not be reared in institutions, public awareness campaigns emphasized how terrible institutions were for children. Consequently, according to one Minister, residential staff felt maligned and became defensive, digging in their heels to preserve the institutions, their jobs, and their dignity. Furthermore, such staff have the potential of resisting family-care alternatives in a system in which institutions are funded on a per capita basis. Some acceptable and socially desirable alternatives for residential staff (e.g., incentives to become a foster parent) may be needed to provide employment alternatives for residential care staff if the residential population of children is to be substantially reduced. In addition, for the large numbers of children who inevitably will "graduate" from residential facilities into adult life, the public awareness campaigns have inadvertently created a widespread stigma that could hamper these children's progress in education, employment, and social settings. The stigma is so deeply felt that one government official made a point to introduce to our Team a young successful adult who was a "graduate" of a state-run institution to illustrate that "institutions *can* have good outcomes." This gesture is a reminder of the deeply-held stigma and low expectations faced by children who graduate from institutions.

- **Foster care may have been overemphasized**. Reportedly, local governments were given a quota by the national government for the number of foster children to be placed. As a result, foster care may sometimes be portrayed in an idealistic fashion or even "sold" to foster parents, leading in some cases to disillusionment, inappropriate expectations, and ultimately the return of children to the system.

- **The policy priority and new funding is nearly all directed at family-care alternatives, while the majority of children without permanent parental care still reside in institutions.** While a 10-year national plan exists, some interviewees believe that the plan does not provide enough clarity of where the country will be in 10 years in terms of this reform. In addition, clarity is missing in terms of concrete steps to be taken within the 10-year period. Finally, a short-term plan on improving the care of children at residential institutions is not available. However, if future expectations are for substantial increases in family-care alternatives and reductions in the population of children in residential care, an assumption is being tacitly made that the majority of children will soon be cared for in family-care alternatives and most institutions can be closed. The questions are "if" and "when." Can the vast majority of the 103,000 current children without permanent parents, most of whom now reside in institutions, be absorbed by new family-care alternative environments, and how rapidly can that transition be made?

- **It is likely that thousands of children will continue to be housed in institutions in the foreseeable future**. While there is a plan to reduce the size of institutions to 50 children, there is no plan to improve the quality of behavioral care provided in these institutions. Not only could they be improved in terms of the daily quality of caregiver-child interaction and developmental support, but such children reportedly are given no preparation for independent living, are not prepared with job skills, and do not even realize that they will need to go to work and earn a living.

- **Some interviewees complained that there was no clear long-term strategy for where the country should be in 10 to 20 years with respect to child welfare**. While the number of children in foster care and family-type homes has nearly quadrupled in the last three years, the number of such children in 2007 is 4,882, less than five percent of the 103,000 children without permanent parents. How many such alternative-care arrangements and how rapidly these arrangements can be implemented is open to question relative to the total need. In none of the interviews, even with the most ardent reformers, did the Team hear a clear statement of long-term objectives, whether it be complete de-institutionalization or a dramatic reduction of children needing non-parental care of any form. As a result, solutions for certain inevitable circumstances apparently have not been planned, many of which are mentioned in this report—for example, training of parents to handle the behavioral problems of once-institutionalized children; the likely limits on the number of foster and adoptive parents; no provision to improve orphanages that are likely to house the majority of children for some time to come; taking pilot demonstrations to scale which requires different skills, procedures, and incentives.

Governance by Multiple Ministries

- **Children without permanent parental care are handled by four different Ministries**. The Ministry of Health operates 48 baby homes with approximately 3,606 children from birth to 3 years of age; the Ministry of Education and Science operates 109 children's homes (*Internat*s) for children 3 to 6 years of age and 54

boarding schools for children 6 to 17 years of age; the Ministry of Labor and Social Policy operates 56 institutions for children with special needs; and the Ministry of Family, Youth, and Sports operates 96 temporary shelters for street children, runaways, delinquents, and victims of abuse and neglect and now has within it an office in charge of Adoption and Child Protection.

- **Some roles of agencies overlap**. This produces the possibility that either no single Ministry is fully responsible for performing the function or that Ministries compete.

- **Three types of proposals were heard by the team to deal with the multiple ministry issue**: 1) Clearly define responsibilities of each; 2) Have one ministry in charge of all facilities and services; or 3) Have one ministry that directs and monitors the others with respect to child welfare. The Ministry of Family, Youth, and Sports is progressively being given this last type of responsibility.

- **Parents and children, however, need a one-stop shop that at least coordinates, if not delivers, health and mental health care, as well as social services**. The same admonition is made in many other more developed countries.

Funding Issues

The funding system needs further development to effectively implement new policies. Several interviewees complained about the gap between well-intended policies and the ability of the government's funding system to effectively implement those policies. Further, there are many separate funding streams from different Ministries and from national versus local sources, which can lead to neglect, competition, and incompatible policies and practices.

- **The allocation of funding to different care alternatives is not totally consistent with the policy priorities**. The policy is to favor adoption, kinship care, foster care, family-type homes, and then institutional care, in that order. There is no preference for reunification because the other alternatives can only occur after parental rights are terminated. But incentives do not uniformly align with policy. For example, Table 3 presents the team's best understanding of actual and proposed incentives for different types of parents. It can be seen that foster parents are well compensated, getting a salary, pension contribution, and child allowances. Even biological parents receive child allowance payments that double from the first to the second to the third child. In contrast, adoptive parents receive nothing, so there is no incentive for families to adopt instead of having another child or for foster parents to adopt a child placed in their foster care. Under proposed legislation, adoptive parents would at least receive the child allowances that biological parents receive. This represents an example of uneven growth in which policy priorities are not always matched with financial incentives.

Table 3. Financial Incentives for Alternative Care Arrangements

Biological Parent
1. "Child Allowance" – 12,500H ($2,500) for first child, 25,000H ($5,000 for second child, 50,000H ($10,000) for third child—paid over 1-3 yrs.
2. Leave – 3 months paid leave, 12 months unpaid.
Adoptive Parent
1. "Child Allowance" – same as biological parent.
2. Monthly payment but only for children under 12 mos.
Foster Parent
1. Salary and pension contribution (30% of two minimal living allowances).
2. Child allowances (two minimal living allowances).
Kinship/Guardianship Parent
1. Child allowances and maintenance ($100-$200/month if child lives with them).
Reunification with Biological Parent
1. No incentives.

- **Categorical and line-item rigidity sometimes prevents the best interests of the child from being served**. Historically, corruption was rampant in the Soviet system and in Ukraine earlier in this decade, and reports indicate that money is still mishandled, both criminally and through simple ineptitude and mismanagement. Therefore, it is reasonable for the government to attempt to ensure accountability by specifying how funds can be spent and on what. An overly targeted and specified budget system, however, often interferes with service providers being able to serve the best interests of the children. This is a common problem in child welfare systems in most countries, but it seems extreme in Ukraine.

- **The policy of "money following the child" has restrictions that sometimes limit its usefulness**. **This policy, tried only in Kyiv, essentially allocates an amount of money to care for a child, and that amount goes with the child to support whatever care arrangement the child is in.** Local NGOs reported that government funding that follows the child tends to be overly restrictive by line-item and that funding cannot be flexibly applied towards the child's needs nor toward the necessary infrastructure improvements to serve the family-care systems.

- **Some policies lack sufficient funding (e.g., "unfunded mandates")**. Some policies required actions or services for which funding is insufficient, a situation that exists in other countries. For example, there are numerous mandated services for children with disabilities, but limited funding prevents the services from being delivered.

- **Some laws need standards of implementation to guide appropriate allocation of resources as well as monitoring and quality control**.

- **Integration of services and flexibility of funding to meet the best interests of children can often happen more easily and to a greater extent at the local level**. Federal policies and allocations, however, do not permit much flexibility.

- **Some budget procedures seem unnecessarily complicated**. For some financial support, the national government determines the amount of allocation each month, and the locality cannot count on a consistent, continuing level of funding.

- **A new system of funding currently under consideration is designed to rectify some of these problems**. National money will go to local budgets based on the number of children without permanent parents in that region. The region will identify the nature of the placements, so if more children are placed into foster care than are placed in institutions, the region will save money. Funds will be transferred monthly, so the region can change the funding quickly to match the local circumstances. The government is now trying to educate officials in Oblasts and Rayons (akin to counties) on how to make the system work for their areas.

Child Status

Child status determines which children are eligible for which services, and many children are eligible for none.

- **Approximately 25 percent of all children in Ukraine do not have documents (e.g., birth certificate, registration papers), and they are ineligible for any kind of service**.

- **Of children in institutions, only true orphans (an estimated 7 to 10%) and those whose parental rights have been denied or formally relinquished (20 to 25%) can go to foster care or be adopted**. Actually, there are 12 categories of children, only six of which are adoptable. There is a lack of timely legal and administrative procedures to move children rapidly toward a status that permits adoption or family-care. While legal designation of status is intended to protect children and parental rights, it is perceived by government and NGOs alike as an obstacle to providing sensible and timely alternative care arrangements for children.

As a result, a relatively small percentage of the total number of children without permanent parents are eligible to be placed in foster care, and since adoptive parents prefer young and healthy children, only a small percentage of these children are "adoptable." If fostering and adoption are to become more prevalent, it is possible that changes will need to be made in the criteria, definitions, and process of determining the status of children.

Children with Disabilities

Care for children with disabilities is not a national priority. There are now about 168,000 children with disabilities, 89 percent of whom live in families, while the most severe reside in institutions.

- **The number of children with disabilities being sent to live in institutions is decreasing**. This seems to be less a function of deliberate government policy and

more the consequence of the public awareness campaign suggesting that institutions are undesirable places for children.

- **The institutions for children with disabilities are mandated to provide a great many services, but funding is so limited that most such services are not actually offered**. There is likely only one staff member specially trained to care for children with disabilities for every 50 children in the institution, so it is nearly impossible to deliver the kinds of personalized and specialized services that are mandated. With some exceptions, the attitudes of institutional staff are to provide such children with three meals and a bed and not much else.

- **The law that is intended to reduce the size of residential institutions to less than 50 children does not apply to institutions for children with disabilities**.

- **Adoption of children with disabilities is unlikely, because most parents do not relinquish parental rights and because people are generally unwilling to adopt children with disabilities in a culture that long shunned such children**. While it costs approximately $1,000 per month to keep a severely disabled child in a residential facility, the government only allocates approximately $100 a month for families to keep their child with disabilities. Approximately 10 percent of foster parents have children with disabilities, in part because they are paid twice as much as a parent would be paid to keep their own child with a disability. The argument is that parents can hold full-time jobs to supplement the low payments. Otherwise there are no financial incentives for parents to keep their children with disabilities and there are relatively few services to them to help support them or care for their children on a non-residential basis.

- **There have been a few experiments with inclusive services (services that mix children with disabilities with typically developing children)**. But even teachers who specialize in children with disabilities are not trained to deal with this circumstance.

- **While training for professionals working with children with disabilities is said to be adequate, the salaries are so low that such people often do not take positions in the profession**.

Services

Services include those activities provided by professionals or non-professional staff within the components of the child welfare system. They are often referred to as Social Services, and most are administered by the Department of Social Services.

The Department of Social Services has 27 regional offices and more than 1,000 service offices around the country with approximately 5,000 staff. They have recently doubled the number of social workers, but they claim this is only approximately 50% of their estimated current need. Social Services targets services to the following groups: 1) families in crisis; 2) mothers

intending to give up their babies; 3) rehabilitation for children with disabilities; 4) social dormitories for children who leave other facilities; and 5) child care centers for children with HIV. The national budget funds the facilities, which are locally maintained. Social Services attempts to prevent children from being relinquished to the state by going to hospitals, mother-child centers, and other places where high-risk mothers are located and working with these women. If the child is ultimately given up to the state, Social Services attempts to find foster placements, as well as provide training and maintenance support; if the child stays in an institution, Social Services is responsible for the transition to independent life or to a social dormitory.

The issues in Ukraine for social services fall into three categories: 1) Services for alternative-care parents, 2) reintegration of children into society, and 3) NGOs.

Services for Prevention and Alternative Care Parents

The Department of Social Services is responsible for preventive services and services for foster and adoptive parents.

- **Preventive services are just now being developed**. Several excellent pilot demonstration programs of preventive services aimed at helping parents keep their children rather than relinquishing them to state care have been developed and are displaying promising results. However, cultural traditions work against the success of preventive services. There is a tendency to blame women for having children out of wedlock, and many families do not accept an unmarried daughter who has a child. Medical staff often encourage at-risk women to give up their children, especially those with disabilities, and mothers who themselves were reared in an orphanage frequently see it as a natural and accepted environment for children they bear who they cannot support. Family planning programs to prevent abortions and unwanted pregnancies have recently been approved. Social Services reports that they provide "preventive services," but it was not clear of what such services consist.

- **In general, the foster care initiative is heading in the right direction**. While some countries in the region are simply offering salaries and/or stipends to people to rear a foster child, Ukraine has moved in a more modern direction, mandating extensive training, which also serves as a selection process, and offering some monitoring and supportive social services to foster parents.

- **The foster care system has many of the needed components**. Training is mandated for foster parents, with the government providing 32 hours of training in approximately eight sessions and some NGOs providing 10 sessions of 2½ to 3 hours each coupled with two home visits, home assignments, and self-assessment. Trainers then recommend some parents to be foster parents, so the training plus recommendations provides a selection function. Foster parents are supposed to be visited by social services once a month, but this component may be the least developed, especially since there are no standards to guide monitoring or the provision of services for fostering families experiencing difficulties.

- **Social Services is less ready to deal with the inevitable problems of foster care**. Fostering a child who has likely been abused or neglected and who resided in an institution for four to 13 years is associated with having to deal with higher rates of a variety of child behavioral problems, some of which can be very challenging. While the training program for parents is extensive, it is largely book learning; facing an actual child with challenging behaviors often requires on-site assistance and support of a specialized nature, not simply social support for the parent (i.e., "hand holding"). Neither the training of social service workers (see below) nor the social service system seems specifically prepared to support foster families facing these challenges.

    - *While foster parenting is perceived as permanent, in fact it is not*. One Minister reported that a single *Internat* had 30 children who had been placed in foster care who were returned to the *Internat* within a single year by foster parents. While the Team has no information on the prevalence of failed fostering, experience in other countries suggests this is an issue that must be planned for.

    - *Currently, social workers or foster parents pick the children to be fostered, so it is likely that children currently being fostered are among the "best" in residential care.* Inevitably, all the "best" children will be placed and children who have some behavioral risks or disabilities will need to be fostered if the foster care system is to account for a substantial number of children currently in residential care.

    - *Social workers are supposed to monitor foster children and parents and visit at least once a month, but this depends on the social worker's case load*. There are no standards for monitoring, so social workers themselves largely dictate its nature and tend to focus on health rather than behavior.

- **Older children in general are not a priority in Ukraine**. All of the emphasis is on adoption and foster care, which tend to occur for younger children. In addition, there is no training for people to work with older children.

- **Specialized foster care and support services for foster, adoptive, or biological parents having children with disabilities do not seem to exist**. Generally, children with severe disabilities have been largely left out of the recent child welfare reforms. Despite updated legislation and regulations, the actual services and placements of children with disabilities have seen little change.

- **There are no training or support services specifically aimed at adoptive parents**. The Ministry for Family, Youth and Sports emphasizes foster training for parents of children of all ages, including infants and young children (two to 36 months, but most are older than nine months) who may not present challenging behaviors at any higher rates than would be expected of biological children. Parents do adopt older children and may need training and supportive services (reports indicate that some adopted children are "returned" to the system).

- *The domestic adoption process often makes parents feel uncomfortable*. There are no separate courts or judges (such as family courts), so judges are accustomed to dealing with criminals, not parents wanting to adopt. A judge may ask a parent, "Can you prove that you are better than an institution for this child?"

- *At present, there is no specific recruitment, selection, matching, or training of adoptive parents*. While training for adoptive and kinship parents is being developed, it will be voluntary. There are no legally sanctioned "facilitator" services, whether by government or NGOs, that help to recruit and support prospective parents.

- *The secrecy of adoption limits certain services*. Parents have the right, but are not mandated, to have adoption kept secret, which is a culturally accepted attitude. Apparently, adoption carries negative connotations for the parents and the child, perhaps because of cultural preferences for bloodlines, the perception that the orphanage child is inferior, or embarrassment over infertility issues. Historically, institutionalized children have been portrayed as damaged, delinquent, or even criminal. The secrecy attitude limits giving training to adoptive parents and even providing services to them after adoption.

- **Increased public awareness may be needed to secure more foster and adoptive parents from the community**. Currently, most foster and adoptive parents are social workers, teachers, "pedagogists," or workers in institutions and shelters. A survey indicated that about 50 percent of Ukrainians had positive attitudes about adoption, but only nine percent to 11 percent said they would adopt. Some government officials believed this represented a large likely pool of adoptive parents, but fewer than 5,000 have actually adopted. It seems more needs to be done to recruit foster and adoptive parents.

Reintegration of Children into Society

Social Services is responsible for reintegrating children who age out of institutions at 18 years of age into society, but the task seems daunting relative to the professional services available.

- **Few institutionalized children who age out are prepared for independent living.** Most have no place to go, no financial support, and no services to help them live independently.

Non-Governmental Organizations (NGOs)

The Study Team visited several demonstration programs operated by NGOs. The staff was highly competent, and the programs were state-of-the-art. They were creative, comprehensive,

and entirely consistent with the new priorities of the government. Several were "halfway houses" for children and youth who may have been removed from their parents or who were found on the streets. These centers attempted to reunify the child with the family or find foster parents; some even had a type of residential foster apartment. They may provide training for parents, drug and alcohol abuse rehabilitation services, and various therapeutic experiences for children, including medical care, education, life skills, and preparation for independent living for older children. These demonstration programs tended to be located in rural areas, because the directors claimed this allowed them to more easily work in the community, with parents, and with other organizations.

- **The vast majority of NGOs are one- or two-person shops operated on a shoestring budget and ineffectively managed (the NGOs the Study Team visited were said to be rare).**

- **The government does not support NGOs or pay them to provide services**. Indeed, despite the policy of the "money following the child," this policy applies only if the child is cared for by government agencies, not NGOs.

- **NGOs must raise money from many non-governmental sources**. One NGO was funded by the European Union, Netherlands, Switzerland, and religious groups, and although it provided foster parent training and training to social workers, it was not extensively supported by the Ukrainian government. Another NGO said that it did not get more than 15 percent of its budget from any single source and 60 percent of the budget came from outside Ukraine.

- **The pilot demonstration projects operated mostly by NGOs were excellent, but bringing them to scale across the country will present new challenges**. Funding for innovative demonstration service projects tends to attract the very best organizations and people to apply and receive grants to support creative projects. Generally, they have highly experienced, dedicated, effective managers and service providers who operate efficient and effective programs. Taking their program as a model to be replicated in numerous other sites by other individuals often requires special procedures to motivate the directors and staff, to modify programs to fit local circumstances, to implement programs with fidelity to key components of the original, to supervise staff, and to maintain quality control over the long term. Plans and technical assistance should be established now for this second generation of program development.

Personnel Preparation

This was one of the weakest pillars in the child welfare system. Personnel preparation refers to the training of professionals, who are usually given a degree or certificate, but it can also include informal training of non-professionals.

- **College-level personnel preparation curricula are not well-matched to the demands made on personnel by the child welfare system**.

- *College-level preparation is too theoretical and not very practical*. Professionals, especially social workers, are trained "on-the-job" and, to their credit, they seemed quite willing to be trained and to take advantage of technical assistance. Social Services provides practical training, but each Social Services department trains their own. Only through some pilot demonstration projects do social service workers receive interdisciplinary training.

- *Pedagogists, who hold many of the professional positions in institutions and family-care alternative systems, were not well trained in the special psychological needs of institutional children and foster parents.*

- *The directors and staff of NGOs operating pilot demonstration programs were highly competent, but the prevalence of these skills appears quite limited.*

- *Train-the-trainer strategies are just starting; thus, there are still few trained professionals available to train and supervise new staff.*

- **Recruitment and retention of professional personnel in government services is poor due to the low status and salary accorded these professional positions**. One interviewee described them as "the poor serving the poor." The 5,000 social service workers are estimated to be only 50% of the current need, but with very low salaries, the field is unlikely to entice more. If the foster care system expands, Social Services does not have the personnel to serve an increased number of clients. Of course, the same situation exists to some extent in other countries.

- **Standards for services are now being developed, but are not yet completed**. This means that there are not standards approved by the legislature that can guide and justify appropriations for services, nor are there standards to guide supervision, follow-up, monitoring, and quality control. However, the standards currently under development must be passed by the Ministry of Labor and Social Policies, which is responsible largely for other issues (e.g., geriatric services) and does not have much expertise in this area.

- **Specialized training appears to be limited**. Training to educate and provide appropriate therapy for children with disabilities seems limited and personnel are not prepared to handle the typical problems that occur in post-institutionalized children. While social workers provide "therapeutic services," it is not clear what those "services" are.

Monitoring and Evaluation

Monitoring and evaluation refer to having data collection systems in place that can describe the number of children in various care alternatives and the process and outcome of service delivery.

- **While the directors of the Department of Social Services recognized the need for monitoring, it is only in the earliest phases of development**.

- **Existing databases are not child-focused or linked to one another**. There are two national databases (data are also collected by local branches of the Ministry for Family, Youth and Sports, as well as oblasts' departments for children and social services) currently available and relevant to child welfare. One, operated by Social Services under the Ministry of Family, Youth, and Sports, tracks 82,000 families at-risk for relinquishing or losing their parental rights and monitors 149,000 children within these families. This is mostly a database for "prevention services" and does not track children who are already without permanent parental care. The other database is operated by a parallel department within the same ministry, Department of Adoption and Child Protection, which monitors all children without parental care, including those in residential care, foster care, and most importantly, those who are eligible for foster care or adoption. These two databases are not, however, linked with each other. Children do not "flow" to and from either database.

- **The goal should be to develop a single, national, "follow-the-child" database using the child/family as the unit that spans particular services, specific Ministries, and the specific legal status of the child**. A single database would provide the source for statistical data to inform policymaking and also allow the Ministries to work together based on a common set of facts rather than working separately. It should be noted that integrated databases are not common even in developed countries and face issues of confidentiality and other problems. Yet, few developed countries have the kind of political will and support Ukraine enjoys at present on the issue of child welfare reform.

- **Is anyone monitoring the data on child welfare across or within ministries**? While the Team learned that there is a Department of Statistics within the government, it was not clear that anyone was actually monitoring the numbers across different components of the entire child welfare system to determine an integrated, comprehensive perspective based on data. Data appear to be collected within Ministries and within services, but it is not clear that someone is watching either the global picture or the picture within Ministries.

- **Recent policies appear to be having a beneficial effect, but they need to be viewed within the total scope of child welfare in Ukraine**. Interviewees cited decreased populations of children in specific residential institutions, increased foster care placements, increased families retaining children, and increased numbers of adoptions, which presumably reflect the newly enacted policies aimed at increasing family-care alternatives. Some of these, however, were reports of specific institutions or a particular region of the country, although some information appears to be available for the entire country. While these are very promising trends, they need to be assessed in the context of the total child welfare picture in Ukraine—typically, these figures represent only a small portion of the 103,000 children without permanent parents.

CHAPTER 5: Conclusions

The purpose of this report is to create a strategy for assessing the status and progress of child welfare reform – specifically, children who are in state care and lack permanent parental care – in CEE/CIS countries using the best available quantitative and qualitative information. This study was conducted in two sequential phases, and the conclusions that follow stem from both phases.

- A single quantitative Marker of Child Welfare that reflects the number of children in state care who lack permanent parents can be created by adding the number of children in institutional care to the number in foster/guardianship arrangements. However, this Marker is approximate, because it does not include street children and may or may not include children in boarding schools. Furthermore, it would be of limited use in understanding child welfare status and progress toward reform within or between countries because it is too general. It is also too approximate to be used as a guide for USAID and other organizations in supporting welfare reform and developing new interventions and child welfare systems.

- Indicators of the number and percentage of children in different care arrangements – typically the number of children in residential care – in guardian/kinship care, in foster care/family-type homes, and who are adopted each year can be plotted over time to display an approximate picture of the extent to which a country deinstitutionalizes its care arrangements. Again, however, it is necessary to be aware of the specific definitions of each of these indicators and how those definitions may have changed from year to year to appropriately interpret these data.

- Certain risk factors or indicators of reasons why children enter state care may also be plotted year-to-year along with the Marker of Child Welfare, and corresponding trends between these risk factors and indicators on the one hand and the Marker of Child Welfare on the other may provide hypotheses about some of the reasons for increases or decreases in the number of children without permanent parental care in a country. These might include the number of children affected by divorce, non-marital births, children deprived of parental care, low-weight births, and the children with disabilities in residential care.

- Countries in a region can be ranked on the Marker of Child Welfare and year-to-year plots of the Marker can be compared for different countries. However, the historical, economic, cultural, and political circumstances may differ so greatly from country to country that comparisons between country rankings are of relatively limited utility, especially if the focus is on child welfare reform within a country.

- A substantially more detailed and useful portrait of the status and progress of child welfare reform in a specific country can be obtained by starting with the quantitative indicators described above supplemented with substantial qualitative information obtained within the country. A comprehensive set of questions has been created by this project designed to inquire about the "four pillars" of policy, services, personnel

preparation, and monitoring/evaluation with respect to children without permanent parents who are in a variety of types of alternative care arrangements. Answers to these questions can be obtained from knowledge of written materials, in-country professionals working in these areas, directors of alternative care facilities, and government ministers and staff who have responsibility for one or another child welfare domain.

- While these questions could be answered by USAID staff and professionals working in the country, a field test conducted by a collaborative team composed of international specialists and local professionals who interviewed local policy makers, service professionals, and parents provided more probing questioning, objectivity, and a broader interpretive perspective. Five intensive days of such interviews identified the major accomplishments, challenges, and future agenda in child welfare reform in the country.

- Obtaining accurate and unbiased answers to the questions could be obtained in different ways, but this information is necessary to accurately interpret the quantitative indicators as well as providing information on quality of services in personnel preparation, challenges in implementing policies and professional practices, emerging policies and social problems, financial and administrative practices, and numerous other elements in child welfare that are crucial to its progress and effectiveness. As a result, appropriate agenda for further progress can be formulated that fit the specific circumstances of the country.

APPENDIX A. Background Articles

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APPENDIX B. Ukraine Interview Questions

1.0.0 Children Without Permanent Parental Care

1.1.0 UNICEF data on Ukrainian children in residential, foster, guardianship care shows increasing numbers of such children from 1989, leveling off after 2003. Is this consistent with Ukrainian government statistics? In your experience?
1.1.1 Why is this the case?
1.1.2 Why has the number leveled off in the last few years?
- More family support services and family-care alternatives?

1.2.0 Does the country's rapid economic growth have anything to do with this issue?
The gross national product has increased substantially, but so has the number of children in institutions and foster care—one might have thought that as the economy improved, fewer parents would relinquish their children, but this does not seem to be the case. What is the explanation for this?
1.2.1 Has economic growth been unevenly distributed and low-income people have not benefited?
1.2.2 Is there a contrast effect—low-income people feel worse off because they see more people who are wealthy?

1.3.0 Are there any historical, social, and cultural factors that explain why parents voluntarily give up their children?
1.3.1 Communist tradition that the state will care for children if parents cannot?
1.3.2 Cultural preference to rear one's own children = "bloodlines" and aversion to rearing someone else's child (e.g., foster care, adoption) because they have "bad genes?"
1.3.3 Other reasons?

1.4.0 UNICEF's data show children in residential care increasing over the years, but leveling off since 2002. *(No foster care before 2005; residential care only way to protect children from abuse and neglect. Did abuse/neglect increase before 2002?)*
1.4.1 Why has the number of children birth to 7 yrs. increased 40% from 2000-2004?
1.4.2 Why has the number of children 7 – 17 yrs. increased even more—65%?

1.5.0 What is included in "residential care" and approximately how many children are in each type of residential care? *(150-300).* (See 3.0.0 for more detailed questions).

1.5.1 Ministry of Health, Baby Homes—birth to 3? (2005: 48 "Baby Homes" for 3,606 children)
1.5.2 Ministry of Education, Institutions for children 3-6 years of age? (109 "children's homes")
1.5.3 Ministry of Education, Boarding schools (54 boarding schools, children 6-17)
1.5.4 Ministry of Labor and Social Policy, Children with special needs (56 institutions)
1.5.5 Ministry of Family, Youth, Sports, Shelters for children (temporary [< 3 mos.] care for street children, victims of abuse and neglect, out-of-control-96 shelters)

1.5.6 Ministry __ ? Mixed type homes (from 2006: children 3 to 16 yrs., mixed ages; community schooling <100 or <150 kids per home??)

1.6.0 The UNICEF data indicate that the number of children in foster care/guardianship/kinship arrangements has also increased, leveling off after 2002. What types of arrangements are included in this category and approximately how many children are in each? (See 4.0.0 for more detailed questions). (Ministry of Children, Youth and Sports, December 31, 2007, 1617 foster families [non-relative, guardianship??], raising 2561 children).

1.6.1 Non-relative foster care? Number of non-relative foster parents? Number of children in their care?

1.6.2 Kinship/relative care (called guardianships?). Does this include reunification with the biological parent? Number of parents? Number of children?

- Is a child considered in kinship care if relatives take some responsibility, but the child actually lives in an institution?

1.6.3 Small group homes. Are these institutions? Number of homes? How many children per group home and how many caregivers? Community-based? Use local school? *(300 homes, 1960 children; December 2007).*

1.6.4 Family-type home (FTH) — 5-10 children; 2005: 149 homes, 1025 children?

1.7.0 How old are most of the children when they first come to state care?

1.7.1 Infants in the first year or two of life? Preschool aged? Mid-childhood? Adolescence?

1.8.0 Are there significant numbers of children without permanent parents who are not in residential or foster/guardianship care? How many?

1.8.1 How many homeless or street children presumably living on their own on the street? *(Estimates >100,000, 2/3 runaways from institutions)*

1.8.2 How many minority children in the country (Roma, Tatar?)

1.9.0 To what extent are facilities and services for children without permanent parents evenly distributed across all areas of Ukraine, or are such facilities and services concentrated in Kyiv? *(Most in Eastern part of country).*

1.9.1 What happens to children who are without permanent parents and live in underserved rural areas?

1.9.2 Do they get moved to facilities in larger cities, thus making reunification more difficult?

- Are they more or less likely to be placed in a family-care alternative?

1.10.0 It has been said that some 25% of Ukrainian children have no documents and as a result these children are not eligible for any support or program provided by the government. Is this indeed the case? *(Many in institutions, can't be placed out.)*

1.10.1 Is it approximately 25%?

1.10.2 Are these children NOT counted in the number of children in residential or foster/kinship care?

1.10.3 Are there any plans or proposals to make these children eligible for services?

1.11.0 How much attention and priority does the issue of children without permanent parents receive in Ukraine?

1.11.1 What are the several national priorities and where does children without permanent parents rank among them?

1.11.2 For the government? What are the signs that this issue is important for government? (e.g., policies and regulations passed; presidential/government speeches?)

1.11.3 For the general public? (e.g., media stories? Concerned citizen groups? NGOs? Advocacy efforts?)

1.11.4 What is the attitude of society toward such children? Are these children perceived as victims and in need of help, or are they something that government must deal with?

2.0.0 What are the major sources or reasons children come into these forms of care?

2.1.0 Non-marital births are increasing.
2.1.1 To what extent do such women give up their children?
2.1.2 Of all children who come into state care how big a source is this?

2.1.3 Is this tendency for single parents to give up there children increasing, decreasing, or remaining the same?
2.1.4 Are single mothers encouraged to give up their children—by hospital and medical staff? By society?

2.2.0 The number of children affected by divorce has also increased; Ukraine has the highest among CIS/CEE countries and substantially higher (180 per 1000) than the number of children in state care (110 per 1000).
2.2.1 To what extent do such women give up their children?
2.2.2 How big a portion of children given to the state is this?
2.2.3 Is the tendency for divorced mothers to give up children increasing, decreasing, or remaining the same?

2.3.0 Children may be abandoned.
2.3.1 To what extent is this a major source of children cared for by the state?
2.3.2 Is the number of abandoned children increasing, decreasing, or remaining the same?

2.4.0 Children may be orphaned by the death of their parents.
2.4.1 To what extent is this a contributor?
2.4.2 Is this tendency increasing, decreasing, or remaining the same?

2.5.0 Parents may have children taken away from them involuntarily because of child abuse and neglect, drug and alcohol problems, mental health. This looks to be approximately 15% of children in care—is that correct?
2.5.1 Is this tendency increasing, decreasing, or remaining the same?
2.5.2 What are the laws and policies on child abuse and neglect and removing children from such families, and to what extent are these laws/policies enforced?

2.6.0 Children with disabilities.
2.6.1 Are most children with disabilities given up to the state rather than reared by their parents? *(Encouraged to give them up – by whom?)*
2.6.2 Do they all go to institutions or are any placed in family-care arrangements? *(Institutions worst of all.)*
2.6.3 Is this tendency increasing, decreasing, or remaining the same?

2.7.0 How many children with HIV are given up per year?
2.7.1 Is the rate increasing (*Yes*).
2.7.2 What is being done to prevent HIV?

2.7.3 What is being done to help parents keep HIV children?

2.8.0 What is done to encourage and support parents to keep their children rather than to give them to the state to rear? *(Not much yet.)*

2.8.1 Support services for teenage mothers, single mothers—family support services, home visitors, child care, community/social networks and self-help? *(Almost none.)*

- How widespread are such services or only in the USAID/Holt Families for Children Program, Every Child, Hope and Homes, other NGO sites?
- Are these plans and funding to expand the USAID/Holt program to more sites—the entire country?

2.8.2 Any financial incentives? (e.g., payments for as long as the parent rears their child up to a certain length of time?) *(No.)*

2.8.3 What are the challenges in implementing and getting parents to use such supports and services? Lack of tradition? Fear of government/authorities by parents? *(Lack of services; Soviet system based on punishment, not support.)*

2.9.0 What is expected to happen in the future? The number of children without permanent parents has leveled off in recent years; do you expect this to continue, will it decline?

2.9.1 What is being done to reduce this number? *(Expanding family-based services.)*

2.9.2 What could be done to change this trend? *(Train more professionals, expand services, increase public awareness.)*

2.9.3 What is the relative role of government versus non-government efforts in this regard?

- How accepted is the idea of government-NGO partnerships?
- Do government and NGOs work together and collaborate on these issues?

2.9.4 What are the challenges and problems in trying to reduce the number of children without parents?

2.10.0 We understand the government pays parents a "children's allowance" when a child is born. Is this true, and how does this work?

2.10.1 How much money is given for the first, second, third, additional births? *($1800, $3600, $5400.)*

- Do they actually receive the payment?

2.10.2 Must the woman be married to receive the allowance? *(No.)*

2.10.3 How long must the woman retain the child before the allowance is paid to her? A single payment or several payments as long as she raises the child? *(Several.)*

2.10.4 Some people have suggested that woman are having children simply to obtain the children's allowance and then giving the children up, and some then have additional children to obtain the children's allowance again. To what extent is this true?

- What is the evidence, if any, that this is or is not happening to any substantial extent?

- If this seems like a problem, what is being done to minimize it?
- What could be done to minimize it?

2.11.0 We understand there is a plan, or blueprint, for the legal and policy basis for family-

based care (e.g., foster, kinship, adoption, reunification, family-type homes) in Ukraine. What are the major parts of this plan?

2.11.1 What is the order of preference for different types of placement? (e.g., reunification, kinship/guardianship, adoption, non-relative foster care?)

2.11.2 Target youngest children (how old) into family care first? *(Yes, 2 mos.)*

2.11.3 Specific target groups (e.g., HIV, low-income, single parents, children with disabilities, racial/ethnic minorities?)

2.11.4 How is the plan being funded?

2.11.5 Money follows the child? Describe.

- What are the goals of this policy?
- How is it implemented?
- Is it achieving goals? Evidence? *(Yes, fewer children go to institutions -- ?)*

2.12.0 How is the plan or blueprint being implemented?

2.12.1 Is there a single government office in charge of this plan? (e.g., Ministry of Family, Youth, and Sports?)

2.12.2 Are there national guidelines for studying and training foster families? Massachusetts Approach to Partnership in Parenting curriculum for foster, kinship, adopted, biological parents? *(Mandatory preservice training for foster; nothing for adopted.)*

2.13.0 Is there a significant problem of trafficking and prostitution among children?

2.13.1 What is the nature of this problem?

2.13.2 Are there any policies and services aimed at reducing this problem or helping these children?

3.0.0 Residential Care

Please describe the nature of the several residential facilities that care for children without permanent parents.

3.1.0 Ministry of Health/48 Baby Homes, 3,606 children, birth – 3 years of age:
- 3.1.1 Range and average number of children per institution?
- 3.1.2 Typical age at entrance and length of stay of children?
- 3.1.3 Typical size of a group/ward, number of caregivers per ward?
- 3.1.4 Homogeneous age grouping?
- 3.1.5 Periodic graduations to new caregivers?
- 3.1.6 Primary caregivers? What is their work schedule?
- 3.1.7 Background and training of caregivers?
- 3.1.8 Specialized staff for medical care? Are they visitors or full-time in-house staff members?
- 3.1.9 Are there written standards of care? Are they implemented? Are they monitored and enforced?

3.2.0 Ministry of Education and Science/109 Children's Homes, 3 – 6 years of age:
- 3.2.1 Range and average number of children per institution?
- 3.2.2 Typical age at entrance and length of stay of children?
- 3.2.3 Typical size of a group/ward, number of caregivers per ward?
- 3.2.4 Homogeneous age grouping?
- 3.2.5 Periodic graduations to new caregivers?
- 3.2.6 Primary caregivers? What is their work schedule?
- 3.2.7 Background and training of caregivers?
- 3.2.8 Specialized staff for medical care? Are they visitors or full-time in-house staff members?
  - How are education professionals trained? Specifically in early childhood education and development?
  - Are children given any preschool education? What is its nature? Is it provided in these homes or do they attend schools in the community? If in home, what is the training of staff?
- 3.2.9 Are there written standards of care? Are they implemented? Are they monitored and enforced?

3.3.0 Ministry of Education/54 boarding schools, children 6- 17 years of age:
- 3.3.1 Range and average number of children per institution?
- 3.3.2 Typical age at entrance and length of stay of children?
- 3.3.3 Typical size of a group/ward, number of caregivers per ward?
- 3.3.4 Homogeneous age grouping?
- 3.3.5 Primary caregivers? What is their work schedule?
- 3.3.6 Background and training of caregivers?
- 3.3.7 Specialized staff for medical and educational care? Are they visitors or full-time in-house staff members?

- Do children receive education within the Boarding School or do they go to regular schools in the community?
- If within Boarding School, haw are the educational staff trained? How comparable is the education to community schools?
- Are staff specifically trained in children of abuse or behavioral control or management?

3.3.8 Are there written standards of care? Are they implemented? Are they monitored and enforced?

3.4.0 Ministry of Labor and Social Policies/ 56 institutions for children with special needs (See Section 6.0.0):

3.4.1 Definition of special needs/disability that qualifies a child to be assigned to this institution?

3.4.2 Range and average number of children per institution?

3.4.3 Typical age at entrance and length of stay of children?

3.4.4 Typical size of a group/ward, number of caregivers per ward?

3.4.5 Homogeneous age grouping?

3.4.6 Periodic graduations to new caregivers?

3.4.7 Primary caregivers?

3.4.8 Background and training of caregivers?

3.4.9 Specialized staff for medical and educational care? Are they visitors or full-time in-house staff members?

- Do children receive education within the institution or do some go to community schools?
- If in institution, are some staff specially trained in special education? Number per institution? Nature and extent of training?

3.4.10 Are there written standards of care? Are they implemented? Are they monitored and enforced?

3.5.0 Ministry of Family, Youth, and Sports/96 shelters for children (temporary [< 3 mos.] care for street children, child abuse and neglect, runaways, out-of-control, delinquent):

3.5.1 Range and average number of children per institution?

3.5.2 Typical age at entrance and length of stay of children (< 3 mos.)?

- Where do children go after 3 mos.?

3.5.3 Typical size of a group/ward, number of caregivers per ward?

3.5.4 Homogeneous age grouping?

3.5.5 Primary caregivers? What is their work schedule?

3.5.6 Background and training of caregivers?

3.5.7 Are specialized staff for medical and educational care? Are they visitors or full-time in-house staff members?

- Do children receive education within the shelter, or do they go to regular schools in the community?
- If within Boarding School, what is training of staff? How comparable is the education to community schools?
- Are some staff specifically trained in children of abuse. behavioral control or management?

3.5.8 Are there written standards of care? Are they implemented? Are they monitored and enforced?

3.6.0 Mixed-type homes (which Ministry?); (children 3-16 yrs. of age, mixed)

3.6.1 While children are eligible for these homes?

3.6.2 Range and average number of children per institution?

3.6.3 Typical age at entrance and length of stay of children?

3.6.4 Typical size of a group/ward, number of caregivers per ward?

3.6.5 Homogeneous age grouping? No, mixed. Age range in a group—3 to 16 yrs.?

3.6.6 Primary caregivers? What is their work schedule?

3.6.7 Background and training of caregivers?

3.6.8 Are there specialized staff for medical and educational care, are they visitors or full-time staff members?

- Do children receive education within the Home or do they go to regular schools in the community?
- If within Boarding School, what is training of staff? How comparable is the education to community schools?

3.6.9 Are there written standards of care? Are they implemented? Are they monitored and enforced?

3.7.0 Is there a single government office that oversees and coordinates the operation of all of these facilities, keeps track of the children, monitors standards and quality; or is this done within each of these separate ministries? *(No, and that's why no data.)*

3.8.0 What is the future of residential care? *(2007, National Program to Reform Residential Care.)*

3.8.1 Are there plans to reduce the number of children and perhaps the number of residential care facilities, and what will determine when and to what extent this will happen? *(Maximum size is 50; community-based – what does that mean???)*

3.8.2 Are there any current or planned efforts to improve the quality of care in residential facilities?

- President Yushchenko has announced plans for certain programs and services for children in residential care—what are some of these specific programs and services, what are priorities, how will they be funded, and how will they will be implemented and when?
- Will improvements be in facilities, staffing, or the quality of the behavioral care children receive?

3.8.3 What are the challenges or barriers to improving residential care?

4.0.0 Family Care Alternatives for Children

Describe the types of family-care alternatives in Ukraine. Approximately how many children and of what ages are in each type of family-care? (Ministry of Children, Family and Sports, December 31, 2007, 1617 foster families [non-relative, guardian?] raising 2561 children.)

4.1.0 Non-relative foster care:
- 4.1.1 Number and ages of children?
- 4.1.2 Typical age of children? Age range?
- 4.1.3 How many children per family (include foster parent's own children?)?
- 4.1.4 How long do children typically stay in a foster family? How many different placements before 18 yrs.?

4.2.0 Relative/kinship care (guardianship?):
- 4.2.1 Number of relative/guardianship families? Number of children?
- 4.2.2 Typical age of children? Age range?
- 4.2.3 How many children per family (include foster parent's own children?)?
- 4.2.4 How long do children typically stay in relative/kinship care? How many different placements before 18 yrs.?

4.3.0 Reunification with biological parents:
- 4.3.1 Number of reunifications (per year)?
- 4.3.2 Typical age of children? Age range?
- 4.3.3 How many children per family (include parent's other children?)?
- 4.3.4 How long do children typically stay in their biological families?

4.4.0 What determines whether a child goes to reunification, kinship care, adoption, foster care? Is there a legal preference or priority for these alternatives? (see also 2.11.0)
- 4.4.1 Do all children go to residential care first, or do some go directly to family care?
  - At what age?

4.5.0 Reunification:

- 4.5.1 How is it determined when or under what circumstances a biological parent is ready to have their child reunified with them?
- 4.5.2 Are there any financial or other incentives for parents to take their own children back into their homes? Any support payments? Over what period of time?
- 4.5.3 Are there any support services or training to help this parent adjust to and provide adequate parenting to their child before and after reunification? What does it consist of?
  - Who are the trainers and support personnel?
  - What is their background? How are they trained? Who trains the trainers and how are they trained?
- 4.5.4 Is there any monitoring of such parents after reunification to determine if the child is being adequately cared for?

- What is such monitoring supposed to consist of?
- What does it actually consist of?

4.6.0 Kinship/guardianship care:

4.6.1 How does a relative come to receive a child? Do they simply volunteer, are they selected?

4.6.2 Are there any financial or social incentives to encourage relatives to take a child? Support payments? Over what period of time?

4.6.3 Are they given any preparation, training, support services before or after the placement? What does it consist of?

- Who are the trainers or support personnel?
- What is their background? Who trains them?
- Who trains the trainers?

4.6.4 Is there any monitoring to determine that the child is being adequately cared for?

- What is such monitoring supposed to consist of?
- What does it actually consist of?

4.7.0 Non-Relative Foster Care:

4.7.1 How are foster parents recruited and selected?

4.7.2 What are the financial and social incentives for non-relative foster parents? How are they paid—salary, per child, both? How much are they paid?

4.7.3 What is the nature of the arrangement that is made when a non-relative foster parent takes a child—length of time the child must remain in the foster home?

4.7.4 Are foster parents prepared and trained for their roles?

- What is the nature and extent of any training?
- Who trains them?
- Who trains the trainers?

4.7.5 Are there any support services for foster parents (e.g., home visitors, hotlines, specialized services)? What do they consist of?

- What is background or qualifications of support staff?
- Who trains them?

4.7.6 Are foster parents monitored to determine that they are providing adequate care?

- What is this monitoring supposed to consist of?
- What does it actually consist of?

4.7.7 Are the children assessed periodically for their medical, psychological, and developmental status; by whom? how often?

4.7.8 How many non-relative foster children are adopted by their foster parents?

- Is this encouraged?
- Are there incentives of disincentives (payment stops?) to do this?
- How do these adoptions work out?

4.7.9 What policies exist to encourage a child to stay with one foster family?

- To be adopted out of foster care?

4.8.0 How is the foster care system funded?

4.8.1 What are the legal and financial resources provided by government and non-government entities to recruit, keep, train, and support foster care families for children?

4.9.0 Are there enough foster parents to meet the need?
If not, what is being done and what is proposed to increase the number of foster parents?

4.10.0 Is foster care progressively gaining acceptance both by government and by society?

- What has happened to promote acceptance?
- What are the barriers to increase acceptance?

4.11.0 To what extent are there parents who are "fostering for the money," and how is this possibility being handled or minimized?

4.12.0 Who are the professionals responsible for implementing the family-care alternative placements?

4.12.1 What is the nature of the training they receive?

- Is it adequate training?
- Are there plans to increase its quality?

4.12.2 Are there sufficient numbers of adequately trained people to operate the system today and in the future?

- What is being done or proposed to increase the number of such professionals if needed?

4.13.0 What is planned for the future to promote and support non-relative foster care?

4.14.0 What are the barriers to moving toward family-care over institutionalization, and what is being done or proposed to be done to overcome those barriers?

4.15.0 What exists or is planned to improve the administrative, support, and monitoring operations that support family-care alternatives?

4.16.0 What are the government's and non-government agencies plan to fund family-care alternatives?

5.0.0 Domestic Adoption

5.1.0 Domestic adoptions dropped substantially in 1998-1999, and afterward they have declined slightly each year to the present. What are the reasons for this pattern?
While international adoptions increased between 1996 and 2001, they have decreased since then in parallel with the decrease in domestic adoptions, so international adoptions cannot be the only explanation for the decline in domestic adoptions.

5.2.0 What are the social and cultural barriers to domestic adoptions?
5.2.1 Social resistance to raising "someone else's child?"
5.2.2 Strength of "blood" relationships and belief in "bad genes" or orphaned children?
5.2.3 Residuals of belief that "the state will raise children without parents?"
5.2.4 Other?

5.3.0 Under what circumstances are legal rights terminated?
We understand the following—are they correct?

- Biological parents give written permission with 2 mos. of birth, but can cancel until court decree becomes effective (how long does this take?).
- Adoption proceeds if parents are not known; they are missing, disabled, or rights involuntarily terminated; do not live with child for 6 mos. or within 2 mos. if child is abandoned.
- During interim, child is placed in hospital, shelter, or baby home.
- No limit on number a parent may adopt; single parents may adopt.

5.4.0 Parents ineligible for adopting. Are we correct? Disabled and can't provide care, their parental rights terminated, health problems, substance users, no permanent resident, same sex couples?

5.5.0 Are there priorities or preferences for certain types of parents—biological, relatives, foster parents?
5.5.1 Are parents selected on some basis other than their relationship to the child?

5.6.0 Are parents prepared in any way for adoption—parent training? Describe.
5.6.1 Who trains parents? Background, training?

- Who trains trainers and how are they trained?

5.7.0 Are adoptive parents provided any financial support?
5.7.1 One-time child allowance? Any continuing financial support?
5.7.2 Do they actually receive the money?

5.8.0 There once was a National Adopters Support Project that proposed many financial incentives for adoptive parents; we understand it was not passed, is this correct?
5.8.1 Are there any new proposals to provide encouragement for adoption?

5.9.0 Describe the process of adoption.

5.9.1 What government unit is in charge? (*2006: State Dept. in Adoption and Child Protection in Ministry of Family, Youth and Sports*)
5.9.2 What procedures are involved?
5.9.3 How long does the process take?
5.9.4 Are there procedures that delay adoption?
5.9.5 Does it cost the adoptive parent?
5.9.6 To what extent is the process of adoption—court proceedings—difficult for adoptive families (families are asked many questions, made to feel uncomfortable, judges need training on how to support families)?
5.9.7 Is there a "trial period" in which the child lives with the adoptive parents before the adoption is finalized? What must happen to make the adoption final and how long does this usually take?
5.9.8 Can any child be adopted if a parent wants him or her?

- In fact, which children tend to be adopted?
- What are the predominant ages of the children when adopted?
- Are HIV children adopted?
- Are minority children (Roma, Tatar) adopted?

5.10.0 In 2005 the Ukrainian president urged that the procedure of adoption be simplified.
5.10.1 What was proposed?
5.10.2 Has progress been made in this regard?
5.10.3 And are there significant barriers to progress in this regard?

5.11.0 Who are the professionals involved in adoption?
5.11.1 What are their qualifications and how are they trained?
5.11.2 What are their responsibilities?

5.12.0 Once adoption is finalized, is there any monitoring of parents and children?
5.12.1 Who does this monitoring?
5.12.2 What is it supposed to consist of and how often is it done?
5.12.3 What does it actually consist of and how often is it actually done?

5.13.0 Are there any support services (e.g., home visits by a parenting specialist, telephone "hotlines" to answer parents' questions) provided to adoptive parents after adoption?
5.13.1 What are the barriers and challenges in providing such services?
5.13.2 Would social workers view adoptive parents who wanted support services as being inadequate parents?
5.13.3 Would parents be concerned that they might be viewed as inadequate parents, that the adopted child might be taken away, or that they would not receive another child for adoption?
5.13.4 Would parents be concerned that someone would find out that their child is adopted (a violation of the "secrecy of adoption")?

5.14.0 What is currently being done or could be done to promote domestic adoption?
5.14.1 Advertising of available children?
5.14.2 Developing a socially/culturally positive attitude toward adoptions?

5.14.3 Outreach to infertile couples through medical or fertility clinics?
5.14.4 Financial incentives that might make adoption as attractive as foster care or having ones own children?
5.14.5 How could financial incentives be structured to prevent people from "adopting for the money" in the same way some might "foster children for the money?"

5.15.0 We understand there is a principle of "secrecy of adoption."
5.15.1 Exactly what information must be legally kept secret?
5.15.2 What information is not necessarily secret but parents and others desire it to be secret?
5.15.3 How does the secrecy of adoption promote or limit the likelihood of adoption?

5.16.0 What are the non-governmental activities and organizations doing to promote, support, or conduct domestic adoption?
5.16.1 Is there any coordination or cooperation between government and NGO activities?
5.16.2 How are NGOs funded? All private or some government money?

5.17.0 Lyudmyla Volynets (Co-chairperson of the All Ukraine Public Organization Child Protection Service) stated in an interview with Zerkalo Nedeli (26 October 2007) that "only 26% of the approximately 102,000 parentless children are adoptable….and only 10% of those 26% are at the age desired by potential adopters."
5.17.1 What makes the other 74% unadoptable?
5.17.2 What happens to them?
5.17.3 What could be done to make them more adoptable?

6.0.0 Children with Disabilities

6.1.0 The number of children with disabilities in residential care has steadily (although only slightly) declined since 1989. At the same time, the total number of children in residential care (and foster and guardianship) has increased substantially. Why has the number of children with disabilities in residential care decreased?

6.1.1 What is counted (or not counted) in the UNICEF number?

6.1.2 Are there substantial numbers of children with disabilities who do not go to residential facilities? *(Yes.)*

- How are these children cared for? By their parents, relatives, non-relative foster care, small group homes? *(Parents, relatives.)*

6.1.3 Are fewer children being diagnosed with disabilities (a decline in the tendency to "over diagnose" that has existed historically)? *(Don't think so.)*

6.1.4 Are more parents keeping, rather than giving up, their children with disabilities?

6.1.5 Are there more incentives provided now for parents to keep their children with disabilities, including financial, medical, and behavioral support services? *(No.)*

- What are these incentives?
- Do parents actually receive these incentives?

6.2.0 What is the definition of children with disabilities, and which such children are eligible for which kinds of benefits?

6.3.0 Do most children with disabilities go to residential facilities that are primarily designed for and take only children with disabilities, or are they integrated with typically developing children in residential facilities? *(No integration.)*

6.4.0 Are children with certain types of disabilities given higher priority than others—HIV? Why? *(HIV.)*

6.4.1 Are there separate residential facilities for children with specific kinds of disabilities (e.g., HIV, mild vs. severe)?

6.5.0 Describe the care the children with disabilities receive in residential care facilities? (see 3.4.0) *(Hardly any.)*

6.5.1 Are the staff specially trained to care for children of all ages with disabilities? *(No.)*

- What does this training consist of?
- Who trains these personnel?

6.5.2 What is the philosophy or attitude toward such children by residential care staff? Is there a belief that "nothing can be done to help these children—there is no cure for cerebral palsy and most other disabilities?" *(Yes.)*

6.5.3 What kind of specialized services are provided within residential facilities for children with disabilities? *(Not many.)*

6.6.0 Are there written standards of care in residential facilities for children with disabilities? *(No.)*

6.6.1 What are these standards like?

6.6.2 How are they monitored and enforced?

6.7.0 What is the likelihood that a child with disabilities ever leaves the residential facility or system? *(Not likely.)*

6.7.1 Are any such children adopted or placed in family-care arrangements or specialized small group homes? *(Not often.)*

6.7.2 Are they ever integrated with typical children—in their care facility, in school? *(Hardly ever.)*

6.7.3 What happens to these children when they turn 18 years of age? Do they go to adult institutions for people with disabilities or are they released to live independently in society? *(Go to adult institution.)*

6.8.0 Is there sufficient preparation of professionals to deal with children with disabilities? *(No.)*

6.8.1 Are educational institutions providing adequate-to-high-quality preparation?

- Which institutions? How many?

6.8.2 Are there sufficient numbers of specialized personnel? Are people interested in being trained in this area?

6.8.3 Are there incentives to enter this profession and reasonably well-paying jobs to employ graduates?

6.9.0 Other than providing funds for residential facilities, is there any other funding available to support children with disabilities and their parents? *(Some. Ask which.)*

6.10.0 Are children with disabilities in general an important and visible public priority? *(No.)*

APPENDIX C. Outline of Model Level 3 Interview for Assessing the Status of Children without Permanent Parents

1.0.0 Children without Permanent Parental Care

1.1.0 Understanding the UNICEF indicator data.*

1.1.1 Are the year-to-year trends in UNICEF data for the number of children in residential and foster/guardianship care consistent with government statistics? Exactly who is included in the residential and foster/guardianship categories (e.g., numbers reflect "legal" but not necessarily "residential" status of children?

1.1.2 What historical, cultural, economic, policy, or other factors explain the year-to-year changes in these indicators?

1.2.0 Precisely what does "residential care" include? (See Section 3.0.0 for additional questions).

1.2.1 How many facilities and children are in each type of residential care? How many children and their ages in a typical facility of each type? What component of government has financial and policy responsibility for each type of residential care?

1.3.0 Precisely what is included in foster care/guardianship/kinship arrangements—non-relative foster care, kinship/relative care, small group homes, family-type home? (See Section 4.0.0 for additional questions).

1.3.1 How many facilities and children are in each type are there? How many children and what ages are in a typical facility of each type? What component of the government has financial and policy authority over each type?

1.4.0 How old are most of the children when they first come into state care?

1.5.0 Are there significant numbers of children without permanent parents who are not in residential or foster/guardianship care (e.g., homeless or street children)?

1.5.1 Approximately how many such children are there? Is the number of such children increasing, decreasing, remaining about the same?

1.6.0 Are there particular groups of children who are disproportionately represented in the number of children without permanent parents and those who are specifically in one form of state care or another (e.g., HIV/aids, ethnic minority, low income, rural vs. urban)?

1.7.0 To what extent are facilities and services for children without permanent parents

*This question is intended to be accompanied by a graph of the UNICEF data mentioned in the question, which is contained for data up to 2005 in the Addendum to this report.
evenly distributed across all geographic areas of the country, or are such facilities and services concentrated in major cities?

1.7.1 What happens to children who are without permanent parents and live in underserved geographical areas? Do they get moved to facilities in larger cities, thus making reunification or contact with their parents more difficult?
1.7.2 Are they any more or less likely to be placed in family-care alternatives?

1.8.0 Are there significant numbers of children who have no documents?

1.8.1 If yes, what is the estimate of the number of such children?
1.8.2 Are these children eligible for any placement or any services?
1.8.3 Are these children counted in the number of children in residential or foster/kinship care?
1.8.4 Are there any plans or proposals to make these children eligible for services?

1.9.0 How much attention and priority does the issue of children without permanent parents receive in the country?

1.9.1 What are the several national priorities of any kind, and where does children without permanent parents rank among them?
1.9.2 What are the signs that this issue is important for the government (e.g., policies and regulations passed; presidential/government speeches; etc.)?
1.9.3 What are the signs that this issue is important for the general public (e.g., media stories, concerned citizen groups, NGOs devoted to this issue, advocacy efforts)?
1.9.4 What is the attitude of society toward such children? Are these children perceived as victims and in need of help, or are they something that government should deal with rather than be of concern to citizens?

2.0.0 What are the Major Sources or Reasons Children Come into Alternative Forms of Care?

2.1.0 The UNICEF data provide year-to-year trends for several indicators that reflect reasons why children may be without permanent parental care, including the number of non-marital births, the number of children affected by divorce, the number of children involuntarily removed from parents, the number of children with disabilities, etc. Do these data seem to coincide with government statistics?*

2.1.1 Are these data consistent with government statistics?
2.1.2 What are the definitions of these various factors – who is included and who is not?
2.1.3 What are the historical, cultural, economic, policy, and other factors that likely explain the year-to-year trends in these risk factors?

2.2.0 Consider non-marital births in particular. What is the explanation for the year-to-year changes in this risk factor?

2.2.1 To what extent do such women give up their children?
2.2.2 Of all the children who come to alternative care, how big a source is this?
2.2.3 Is this tendency for single parents to give up their children increasing, decreasing, or remaining the same?
2.2.4 Are single mothers encouraged to give up their children, perhaps by hospital and medical staff? By society? By their parents?
2.2.5 Does the government provide more benefits to a mother who is single than one who is married, and if so, does this encourage mothers to remain single rather than become married?

2.3.0 Consider the number of children affected by divorce. What is the explanation for the year-to-year change in this risk factor?

2.3.1 To what extent do such women give up their children to alternative care?
2.3.2 How big a portion of children given to alternative care does this represent?
2.3.3 Is the tendency for divorced mothers to give up children increasing, deceasing, or remaining the same?

2.4.0 Children may be abandoned. To what extent is this a major source of children in alternative-care facilities?

2.4.1 Is this trend increasing, decreasing, or remaining the same?

2.5.0 Children may be orphaned by the death of their parents. To what extent is this a contributor?

2.5.1 Is this tendency increasing, decreasing, or remaining the same?

2.6.0 Parents may have children taken away from them involuntarily because of child abuse and neglect, parental drug and alcohol problems, parental mental health issues.

2.6.1 How large a percentage of the total number of children in alternative care does this seem to be?

2.6.2 Is this tendency increasing, decreasing, or remaining the same?

2.6.3 What is the explanation for year-to-year changes in this risk factor?

2.6.4 What are the laws and policies on child abuse and neglect in removing children from families, and to what extent are these laws/policies enforced and contribute to these trends.

2.7.0 Children with disabilities are frequently given to alternative care, and the UNICEF data indicate the percentage of children in institutions who have disabilities.

2.7.1 What percentage of children with disabilities are given up, and of those what percentage of children with disabilities reside in institutions, family-care arrangements, or reared by their parents?

2.7.2 Is the tendency to give up children with disabilities increasing, decreasing, or remaining the same?

2.8.0 How many children are born with HIV each year, and how many of them are given up to alternative care?

2.8.1 Is the rate of children born with HIV increasing, decreasing, or remaining the same, and is the percentage of such children who are given to alternative care arrangements increasing, decreasing, or remaining the same?

2.8.2 Is the percentage of children with HIV/aids who are given to institutions vs. family care arrangements changing from year to year?

2.8.3 Is the government taking steps to prevent children being born with HIV?

2.8.4 Is anything being done by the government to help parents keep HIV children?

2.9.0 What is done, if anything, to encourage and support parents to keep their children rather than give them to alternative care arrangements to be reared?

2.9.1 Are there support services available for teenage and single mothers aimed at helping them keep their children, such as family support services, home visitors, child care, community/social networks, and self-help groups?

2.9.2 How widespread are such services, and approximately what percentage of teenage and single mothers and HIV mothers actually have such services available to them and how many use them?

2.9.3 Are there pilot projects demonstrating such services, and have they been successful? Do they have the potential of being cost-efficient? Are there plans to expand such services?

2.9.4 Are there any financial incentives for parents, single parents, HIV parents, parents of children with disabilities to keep their children rather than relinquishing them to other forms of care? If so, are these one-time payments or are they paid in installments over a specified period as long as the parent keeps the child?

2.9.5 What are the challenges in implementing and getting parents to use such supports and services? Less tradition? Fear of government/authorities by parents?

2.10.0 Does the government pay parents a "children's allowance" when a child is born to encourage parents to have children and replace the population? If so:

2.10.1 How much money is given for the first, second, third, and additional births? Do people actually receive the payments?

2.10.2 Must a woman be married to receive the allowance?

2.10.3 Is this a one-time payment or is it paid in installments over a specified period of time and for as long as the woman is rearing the child?

2.10.4 Is there any evidence that women are having children simply to obtain the children's allowance and then giving the children up (and then perhaps having additional children to obtain the children's allowance again)? To what extent is this the case?

2.10.5 If this is a problem, is anything currently being done or proposed to be done to minimize it.

2.11.0 What is expected to be done in the future to lessen the number of children without permanent parents?

2.11.1 What is currently being done to reduce this number?

2.11.2 What has been proposed or could be done to reduce this number?

2.11.3 What is the relative role of government vs. non-government efforts to reduce this number?

2.11.4 How accepted is the idea of government-NGO partnerships, and do government NGOs work together on these issues?

2.11.5 What are the challenges and problems in trying to reduce the number of children without permanent parents?

2.12.0 Is there a plan for the legal and policy basis for placing children without permanent parents in care arrangements?

2.12.1 Is there an order of preference for different types of placements (e.g., reunification, kinship/guardianship, adoption, non-relative foster care, residential institution)?

2.12.2 Are there specific groups of children that the policies target, such as the youngest children, HIV children, children of single parents, children with disabilities, racial/ethnic minority children)?

2.12.3 How are these policy priorities being funded?

2.12.4 Does the government fund care facilities or does the government provide money for children and that money follows the child wherever the child is placed?

2.12.5 If the government funds facilities, how is the amount of money determined and distributed (e.g., facilities are funded regardless of the number of children, facilities are funded on a per-capita basis)?

2.13.0 How are these policies being implemented?

2.13.1 Is there a single government office in charge of this system or are separate components of government in charge of different aspects? If the latter, are their efforts coordinated and by whom? (See Section 3.2.0).

2.13.2 To what extent do government policies affect the number of children without permanent parents and their distribution to different care facilities.

2.14.0 Is there a significant problem of trafficking, exploitation, and prostitution among children?

2.14.1 What is the nature of this problem and what is the estimated extent?
2.14.2 Are there any policies and services aimed at reducing this problem and helping these children?

3.0.0 Residential Care

3.1.0 For each type of residential care facility, provide the following information:

3.1.1 The government component responsible for funding and operating the facility.

3.1.2 The number of such facilities, the number of children currently residing in such facilities, and their age range.

3.1.3 The range and average number of children per individual facility of this kind.

3.1.4 The typical age and length of stay of children in this kind of facility.

3.1.5 The typical size of a group or ward, and the number of caregivers per ward during the day.

3.1.6 Are children homogeneously grouped by age or gender?

3.1.7 Do children periodically move to new groups and new caregivers as a function of their age or developmental status?

3.1.8 Are there primary caregivers assigned to a group who as a set essentially work every day, or do caregivers tend to work long shifts and then are off for one or more days?

3.1.9 What is the background and training of caregivers?

3.1.10 Are there trained professional staff to administer specialized care (medical care, educational care, specialized therapeutic services, music/physical education, etc.), and are they visitors or full-time, in-house staff?

3.1.11 What educational experiences are provided for the children? Are they given in-house, and if so, what is the educational background of the teachers? Or is education provided outside the residential facility (e.g., in schools in the community)?

3.1.12 Are there written standards of care, are they implemented, and are they monitored and enforced?

3.1.13 Are children who spend their first 18 years of life in an institution given specialized training in independent living to prepare them to be released into society and to live independently? What actually happens to institutionalized children once they reach the age of 18?

3.2.0 If different components of government are financially and programmically responsible for different types of residential facilities, is there a single government office that oversees and coordinates the operations of all of these facilities, keeps track of the children, and monitors standards and quality, or is this the responsibility solely of each separate government component?

3.2.1 How well does this work? Do separate government components collaborate with each other? Are there conflicts over which component has what authority? Do components with overlapping authority tend to leave that responsibility to the other component of government?

3.2.2 What component(s) of government keeps track of the number and status of children without permanent parents? Is the tracking system aimed at the number of children in specific facilities (e.g., specific residential facilities, alternative care environments), receiving specific services, or with specific types of children on the one hand, or is it organized around individual children/families and tracking them through different facilities, services, and status across time?

3.3.0 What is the future of residential care?

3.3.1 Are there plans to reduce the number of children in residential care and perhaps the number of residential care facilities, how is this being done or proposed to be done, and what will determine when and to what extent this will happen?

3.3.2 Are there any current or planned efforts to improve the quality of care in residential facilities? If so, what are some of these specific programs and services, what are the priorities, how will they be funded, and how will they be implemented and when? Will the improvements be made in the physical facilities, staffing, or the quality of the behavioral care children receive in these facilities?

3.3.3 What are the challenges or barriers to improving the quality of residential care?

4.0.0 Family Care Alternatives for Children

4.1.0 For each type of family care alternative in the country (e.g., non-relative foster care, relative/guardianship care, family-type group homes, reunification with biological parents) provide the following information:

4.1.1 The number of such facilities and the number of children cared for in these facilities.

4.1.2 The component of government responsible for funding and operating this type of care.

4.1.3 The age range of children in this type of care.

4.1.4 The number of children per family/facility including the parent's own children.

4.1.5 The length of time children typically stay in this arrangement, and the number of different placements they typically experience before age 18.

4.2.0 What determines whether a child goes to reunification, non-relative foster care, kinship/guardianship care, or adoption? Is there a legal preference or priority for these alternatives?

4.2.1 Do all children go to residential care first, or do some go directly to family-care alternatives and at what ages?

4.3.0 Reunification with biological parents:

4.3.1 What services are provided and what is their prevalence to help biological parents keep and rear their own children without placing them in any alternative care arrangement?

4.3.2 Once a child leaves the family, are there any financial or other incentives for parents to take their own children back into their homes?

4.3.3 Are there any support services or training to help a parent adjust to and provide adequate parenting to their child before or after reunification? What do these supports consist of? Who are the trainers and support personnel? What is their background and how are they trained? Who trains the trainers and how are they trained?

4.3.4 Is there any monitoring of such parents after reunification to determine if the child is being adequately cared for? What is such monitoring supposed to consist of and what does it actually consist of? How frequently are such parents visited and over what length of time?

4.4.0 Kinship/guardianship care:

4.4.1 What percentage of those children who are said to be in kinship/guardianship care actually reside with their relative and what percent actually reside in an institution or other form of care while the relative maintains legal but not residential custody?

4.4.2 How does a relative come to receive a child? Do they simply volunteer, are they selected, what are the eligibility criteria?

4.4.3 Are there any financial or social incentives to encourage relatives to take a child? Support payments? Over what period of time?

4.4.4 Are guardianship parents who will rear children in their homes given any preparation, training, and support services before or after the child is placed in their home? What do these services consist of, who are the trainers or support personnel, and what is their background? Who trains the trainers?

4.4.5 Is there any monitoring to determine that the child is being adequately cared for? What is such monitoring supposed to consist of and what does it actually consist of? How many home visits are actually made and over what period of time after placement?

4.5.0 Non-relative foster care:

4.5.1 How are foster parents recruited and selected?

4.5.2 Are there any financial or social incentives to encourage people to take a child? Support payments? Over what period of time?

4.5.3 What is the nature of the arrangement that is made when a non-relative foster parent takes a child—length of time the child must remain in the foster home?

4.5.4 Are foster parents who will rear children in their homes given any preparation, training, and support services before or after the child is placed in their home? What do these services consist of, who are the trainers or support personnel, and what is their background? Who trains the trainers?

4.5.5 Is there any monitoring to determine that the child is being adequately cared for? What is such monitoring supposed to consist of and what does it actually consist of? How many home visits are actually made and over what period of time after placement?

4.5.6 Are the children assessed periodically for their medical, psychological, and developmental status? Who conducts this monitoring? How often is it actually done?

4.5.7 How many non-relative foster children are adopted by their foster parents? Is this encouraged? Are there incentives or disincentives (e.g., payment stops?) to do this? How do these adoptions work out?

4.5.8 What policies exist to encourage a child to stay with one foster family? To be adopted out of foster care?

4.6.0 How is the foster care system funded?

4.6.1 What are the legal and financial resources provided by government and non-government entities to recruit, keep, train, and support foster care families for children?

4.7.0 Are there enough foster parents to meet the need?

4.7.1 What is currently being done to recruit sufficient numbers of foster parents?

4.7.2 If there are not enough, what is proposed or needs to be done to increase the number of foster parents?

4.8.0 Is foster care progressively gaining acceptance both by government and by society?

4.8.1 What has been done to promote acceptance?

4.8.2 What are the barriers to increasing acceptance?

4.9.0 If foster parents are paid, to what extent are there parents who are "fostering for the money," and how is this possibility being handled or minimized?

4.10.0 What is the component of government responsible for implementing the family care alternative placements and who are the professionals responsible for actually executing the system?

4.10.1 What is the nature of training they receive? Is it adequate, and if not, are there plans to increase its quality?

4.10.2 Are there sufficient numbers of adequately trained people to operate the system today and in the future? What is being done or proposed to be done to increase the number of such professionals if needed?

4.11.0 What is planned for the future to promote and support non-relative foster care?

4.12.0 What are the barriers to moving toward family care over institutionalization, and what is currently being done or proposed to be done to overcome those barriers?

4.13.0 What exists or is planned to improve the administrative, support, and monitoring operations that support family-care alternatives?

4.14.0 Are there "family-type small group homes" for children that represent "halfway houses" between the typical institution and foster care?

4.14.1 How prevalent are these facilities (e.g., a few demonstration projects, many facilities?)?

4.14.2 How are such small group homes structured (e.g., number of children per home, staffing, eligibility of children, ages of children)?

4.14.3 Do these homes also take steps to reunite children with their biological parents, arrange for foster care or provide in-house foster care, promote adoption?

4.14.4 How are these small group homes funded (government, non-government, both; separately or combined funding in a single institution?)?

4.15.0 What are the government's and non-government agencies' plans to fund family-care alternatives? Does the government support financially or in other ways non-government organizations in providing non-relative foster care? Does the government cooperate in other ways with non-government organizations?

5.0.0 Domestic Adoption

5.1.0 The UNICEF data display year-to-year changes in domestic adoptions.

5.1.1 What are the reasons for this pattern of change if any?
5.1.2 Are there any changes in the definition of adoption (e.g., including or excluding adoption by stepparents)?*
5.1.3 The UNICEF data also portray international adoptions. What are the reasons for changes in this indicator?

5.2.0 What are the social and cultural barriers to domestic adoptions (e.g., social resistance to raising "someone else's child," strength of "blood" relationships, belief in bad genes of orphaned children, residual belief that "the state will raise children without parents," other)?

5.3.0 What must be the status of children before they are eligible for domestic adoption? International adoption?

5.3.1 Under what circumstances are legal rights terminated (parent voluntarily terminates rights, parent does not visit child in alternative care for a specific period of time, parent is missing or disabled, child was abandoned?)?
5.3.2 What form of care exists for children between physical relinquishing the child and the termination of parental rights? How long does this typically take?

5.4.0 What are the criteria for parents to be eligible to adopt (or ineligible—disabled, unable to provide care, their own parental rights were once terminated, health problems, substance abuser, not a permanent resident, same sex couples, too many children already?)?

5.5.0 Are there priorities or preferences for certain types of parents to adopt (e.g., biological relatives, foster parents)?

5.6.0 How are parents selected (on bases other than their possible relationship to the child)?

5.7.0 Are parents prepared in any way for adoption, such as parent training?

5.7.1 Who trains the parents and what is their background?
5.7.2 Who trains the trainers and what is their background?

5.8.0 Are adoptive parents provided any financial incentives or support (one time child allowance, continuing financial support)? Do they actually receive the money?

5.9.0 Are there any support services provided to adoptive parents after adoption (e.g., home visits by a social worker or parenting specialist, telephone "hotlines" to answer parents' questions, specialized services to help parents cope with children's behavioral problems?)?

5.9.1 What are the barriers and challenges in providing such services (e.g., parents do not want it known that they adopted the child)?

5.9.2 Would social workers view adoptive parents who wanted support services as being inadequate parents?

5.9.3 Would parents be concerned that they might be viewed as inadequate parents, that the adopted child might be taken away, or that they would not receive another child for adoption?

5.10.0 Once adoption is finalized, is there any monitoring of parents and children?

5.10.1 If so, who does this monitoring?

5.10.2 What is it supposed to consist of, and what does it actually consist of?

5.11.0 Who are the professionals involved in executing the adoption process?

5.11.1 What are their responsibilities?

5.11.2 What are their qualifications, what is their training and background?

5.12.0 Describe the process of adoption.

5.12.1 What government unit is in charge?

5.12.2 What procedures are involved, and how long does the process take?

5.12.3 Are there procedures that delay or prolong the adoption process?

5.12.4 Does it cost the parent to adopt, or is the adoptive parent provided some incentive or financial support from the state?

5.12.5 To what extent is the adoption process, especially the court proceedings, difficult for adoptive families (e.g., families are asked many questions, are they made to feel uncomfortable in the court proceeding, etc.)?

5.12.6 Is there a "trial period" in which the child lives with the adoptive parents before the adoption is finalized? What must happen to make the adoption final, and how long does this usually take?

5.12.7 Can any child be adopted if a parent wants him or her?

5.13.0 What could be done to simply and speed the adoption process (speed the change of status in children, minimize bureaucracy, obtain more parents to adopt?)?

5.14.0 What was done, currently is being done, or could be done to promote domestic adoption?

5.14.1 Public information campaigns to develop positive attitudes towards adoptions? Advertising of available children?

5.14.2 Outreach to infertile couples through medical or fertility clinics?

5.14.3 Financial incentives that might make adoption as attractive as foster care or having one's own children? How could such financial incentives be structured to prevent people from "adopting for the money"?

5.15.0 Is there a legal or cultural principle of "secrecy of adoption"? If so:

5.15.1 Exactly what information must be legally kept secret versus what information do people tend to prefer to be secret?

5.15.2 How does the secrecy of adoption promote or limit the likelihood of adoption?

5.16.0 What are government and non-government responsibilities with respect to promoting, supporting, and placing children in domestic adoption?

5.16.1 Is there any coordination or cooperation between government and NGO activities?

5.16.2 How are NGOs funded? Does the government provide any support to NGOs for their activities in promoting and implementing domestic adoptions?

5.17.0 Are there substantial numbers of children who are "unadoptable," because of age, health status, disabilities, ethnic group, and other reasons?

5.17.1How are these children currently cared for—in institutions?

5.17.2Are any fostered and are there any incentives for foster parents to take hard-to-place children?

5.17.3 Are there any plans to promote the adoption or fostering of such children?

5.17.4 If there will always be a large number of such children, are there any plans to improve the facilities and behavioral environments of where such children reside?

6.0.0 Children with Disabilities

6.1.0 The UNICEF data portray year-to-year changes in the number of children with disabilities who are in residential care. What is the explanation of any major changes from year-to-year in this number?*

6.1.1 What is counted or not counted in the UNICEF number? What is the definition of a child with disabilities? Who are included or excluded from this number?

6.1.2 Are there substantial numbers of children with disabilities who do not go to residential facilities? How many such children are there, and what is the nature of their disability? How are these children cared for (by their parents, relatives, non-relative foster care)?

6.1.3 Are fewer children being diagnosed with disabilities today than previously, when there might have been a tendency to "over diagnose" to quality children for state care?

6.1.4 Are more parents keeping, rather than giving up, their children with disabilities? Which children do they tend to keep, and why have any changes occurred in this regard?

6.1.5 Are there now more incentives provided for parents to keep their children with disabilities, including financial, medical, and behavioral support services? What are these incentives and services?

6.2.0 Are there different formal/legal categories of children with disabilities?

6.2.1 Do children in these different categories tend to be cared for in different environments?

6.2.2 Are such children or their families eligible for different kinds of benefits and services?

6.2.3 How many children are in each category?

6.3.0 Do most children with disabilities who go to residential facilities go to ones that are primarily designed for and take only children with disabilities, or are some (how many and with what type of disability) integrated with typically developing in some residential facilities?

6.4.0 Are children with certain types of disabilities given higher priority or special treatment than others, for example, children with HIV? Why?

6.4.1 Are there separate residential facilities for children with specific kinds of disabilities (e.g., HIV, mild versus severe disability?)?

6.5.0 Describe the care the children with disabilities receive in the different kinds of residential care facilities that take children with disabilities.

6.5.1 Are the staff specially trained to care for children of all ages and with all types of disabilities? What does this training consist of, and who trains these personnel? How many such specially trained staff members tend to exist in residential or serve non-residential facilities per number of children in that kind of facility or care arrangement?

6.5.2 What is the predominate philosophy or attitude toward children with disabilities held by residential care staff? Is there a belief that "nothing can be done to help these children" so children are given primarily three meals and a bed, or do staff make a variety of attempts to improve the behavioral abilities of such children?

6.5.3 What kind of specialized services are mandated within residential care facilities for children with disabilities, and how many are actually provided?

6.5.4 What kinds of specialized services are available to parents who rear at home their own children or foster children with disabilities, how prevalently available are such services, and to what extent are they actually used?

6.6.0 Are there written standards of care in residential facilities that take children with disabilities?

6.6.1 If so, what are the standards like and are they monitored and enforced?

6.7.0 What is the likelihood that a child with disabilities ever leaves the residential facility or system?

6.7.1 Are such children adopted, placed in family-care arrangements, or specialized small group homes, and how many of them are placed in these facilities?

6.7.2 Are they ever integrated with typical children, in their care facility, in school, in other contexts?

6.7.3 What happens to these children when they turn 18 years of age? Do they go to adult institutions for people with disabilities (which ones do?) or are they released to live independently in society (which ones are?)? Are they provided with any specialized training to live independently, and what does this consist of?

6.8.0 How are professionals prepared who will serve children with disabilities?

6.8.1 Do educational institutions provide adequate to high-quality preparation? Are there enough such institutions?

6.8.2 Are these educational programs producing sufficient numbers of specialized personnel? Are there enough people interested in being trained in this area?

6.8.3 Are the salaries and other incentives to enter this profession sufficient to attract and employ these graduates, or do they take other kinds of jobs?

6.8.4 Other than providing funds for residential facilities, does the government provide any other funding to support children with disabilities or their parents?

6.9.0 What is the public attitude toward children with disabilities?

6.9.1 Are they perceived as equal members of society or does society prefer to keep them hidden? Does society see them as innocent victims and worthy of help and support? Does society have any priority for helping such children?