# A SNAPSHOT OF ALTERNATIVE CARE ARRANGEMENTS **IN ARMENIA**







Based on SOS Children's Village's assessment of a state's implementation of the UN Guidelines for the Alternative Care of Children.











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In 2011, SOS Children's Villages International, along with child rights experts Nigel Cantwell and Prof. June Thoburn, developed an assessment tool to measure a state's implementation of the UN Guidelines for the Alternative Care of Children. This tool is meant to be used as research foundation for countries participating in the SOS Children's Villages global advocacy campaign: Care for ME! *Quality Care for Every Child.* 

The assessment tool is a long and complex diagnostic instrument. Undoubtedly, many states will not have sufficient data available to answer all the questions contained in the assessment and no single state will have implemented all the provisions for family support and alternative care as laid out in the UN Guidelines for the Alternative Care of Children. Nevertheless, SOS Children's Villages national associations were ask to complete as much of the tool as possible, given the available data in their country. The three main steps for completing the assessment are:

- 1. Desk research of existing secondary and meta data, from state, non-state and international sources;
- 2. Interviews with key service providers, service users and management; and
- 3. Compilation of the final report, including this summary.

A full version of the original data can be made available upon request. Requests can take up to 90 days to complete the request. Please contact Emmanuel.sherwin@sos-kd.org for further assistance and questions.

The target groups of this study are: can be defined as:

**Children in alternative care**: Those children and young people who, for any number of reasons, live outside their biological family and are place in formal or informal care arrangements such as residential care, SOS families, foster care or kinship care.

**Children at risk of losing parental care**: children whose families are in difficult circumstances and are at risk of breaking down. They may be experiencing any number of challenges including, but not exclusively: material poverty, substance abuse, poor parenting skills, disability and behavioural issues.

A full version of the original data can be made available upon request. Please contact <a href="mailto:Emmanuel.Sherwin@sos-kd.org">Emmanuel.Sherwin@sos-kd.org</a> for further assistance and questions.

#### **Next Steps**

SOS Children's Villages calls on all states, civil society partners, inter-governmental agencies, human rights institutions and individuals, to use the data contained in this report to defend the rights of children and families. To work together or individually to bring about a lasting change in a child's right to quality care. If possible, in each of the countries where the assessment was carried out, SOS Children's Villages, in cooperation with key partners, will initiate an advocacy campaign on one or more of the recommendations contained within the report. Please contact the SOS Children's Villages national office if you wish to know more, support or become involved in the campaign.

#### **Disclaimer:**

While all reasonable efforts have been made to ensure the accuracy and legitimacy of the data in this report, SOS Children's Villages cannot be held liable for any inaccuracies, genuine or perceived, of the information retrieved and presented in this document. The purpose of this report is to offer an insight into the state's attitude and recourse to alternative care and any human rights violations therein. SOS Children's Villages will not assume responsibility for the consequences of the use of any information contained in the report, nor for any infringement of third party intellectual property rights which may result from its use. In no event shall SOS Children's Villages be liable for any direct, indirect, special or incidental damage resulting from, arising out of or in connection with the use of the information.



## **Executive summary**

Armenia is signatory to the *United Nations Convention on the Rights of the Child* (UNCRC) and the *Hague Convention on International Adoption*. Since the ratification of the UNCRC, the government increased efforts to ensure the respect of children's rights in every aspect of life and set up the main directions of government and civil society action. Special attention is given to protection of children in especially difficult circumstances.

In supporting these commitments, the government, with the assistance of the World Bank, UNICEF, USAID and the EC has initiated extensive reforms involving the main actors in the welfare system that are responsible for supporting vulnerable children and their families, including the:

- National Commission on Child Protection (NCCP), which aims to ensure unified government policy on child protection and rights at the national level.
- Child Protection Units (CPUs) at the regional administration level with responsibility for implementing policy aimed at the protection of families, women and children and state target programmes.
- Territorial Offices of Social Services (TOSS) at sub-regional level, with primary responsibility for identifying poor families, conducting case management, developing and implementing individual programmes for social-psychological rehabilitation, as well as providing required assistance, including financial assistance.
- Guardianship and Trusteeship Committees (GTCs) at community level headed by the community mayor, they address the needs of children without parental care, including identifying guardians.

In 2011, the government, with the support of UNICEF, introduced a new model to integrate social services in line with the Council of Europe Guidelines on the reform of social services. This has led to TOSS being integrated into the system and given specific responsibilities in relation to children's rights and protection. These developments have improved the efficiency of the CPUs and addressed weaknesses of the GTCs, which included the high number of volunteers, lack of professional capacity and skills, and lack of accountability. The reform will not be successfully implemented without the redistribution of resources by territory, and the creation of community-based services through the development of territorial social plans: at the moment these are being piloted in Lori and Tavush. Another key element of the reform is a focus on providing services that guarantee the social inclusion and independence of vulnerable children and families, and in doing so promote deinstitutionalisation.



There are 11 types of childcare and protection institution approved by the government that provide various services to children. Based on 2010 figures, there were 5,093° children in institutional care, of which 4,723 were in public and 370 in private intuitional care. There were 2,667 disabled children in public intuitional care, while 694 children were living in boarding schools supported by the government, 23 were in foster care, 52 in guardianship care and 120 were adopted, either domestically or internationally. There were 34 juveniles in closed (locked) institutions.

As part of the reform, the government has reorganised residential institutions and appointed the Ministry of Labour and Social Affairs (MLSA) to manage the system. It also redefined types of childcare and child protection institutions and their admissions criteria, reorganised special educational schools and approved the welfare standards for the care of children in institutions.

Significant investment has been made in the development of this programme to provide alternatives to residential care. This has included the creation of state funded day-care centres for vulnerable children, leaving care support and the provision of aftercare services for children leaving institutions or foster care. However, the government is challenged to sustain these initiatives and programmes: recently this year the provision of housing to care leavers was suspended and no new children were placed in foster families after the pilot (run by UNICEF) was handed over to the government. Regardless of developments of non-governmental organisations, UN agencies remain the key players in child protection, as well as the main providers of services.

The lack of effectiveness of reforms is mainly due to the fact that policy is not reflected in budget planning documents and is therefore unsustainable. The National Action Plan (NPA) continues to be the mechanism through which child protection obligations are realised. An updated plan for 2012–2016 will focus on child protection, the promotion of community-based family support initiatives for vulnerable groups and family-based care alternatives.



#### **Results**

The Family Code and the Law on the Rights of a Child both emphasise that family-based care options, such as adoption, kinship care and foster care should be the first choice and only where these options are not available should institutional care options be considered. However, in practice, clearly defined mechanisms and measures to ensure this do not exist. Residential care remains the main alternative care option.

As children placed in residential care come from socially vulnerable families, it is difficult for them to visit their children, who are often located in institutions some distance from their homes. This is one of the main reasons connections between children and families are weakened making the process of reintegration more difficult.

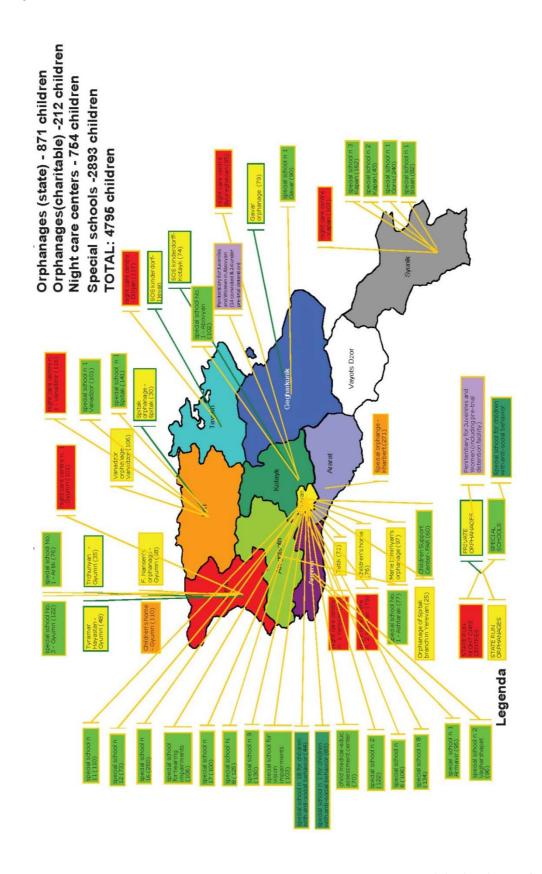
As part of the state deinstitutionalisation strategy, the conditions for placing children in residential care facilities were tightened, but a lot still depends on the recommendations provided by the GCTs, who are generally not professionally competent and lack qualifications to make such recommendations. This is exacerbated by legislative and regulatory gaps related to childcare and protection, and the lack of implementation mechanisms for applying the legislation.

There is no clarity in the authorisation and licensing procedures for private and public orphanages, institutions providing temporary care and day-care centres and there are no clear procedures for quality control of services. There are also no systems for monitoring children after placement in alternative care or when they leave alternative care – a clear gap in the child protection system.

Family-based alternative care, vi and family support services are poorly developed and not accessible nationwide. While the range of services is appropriate coverage across the country is insufficient. The first chart below represents different types of service – state and non-state – across the country, vii and the second represents the population density. The combined picture clearly shows that that there are certain areas, specifically to the south of the country, that are not covered by either state or non-state interventions.

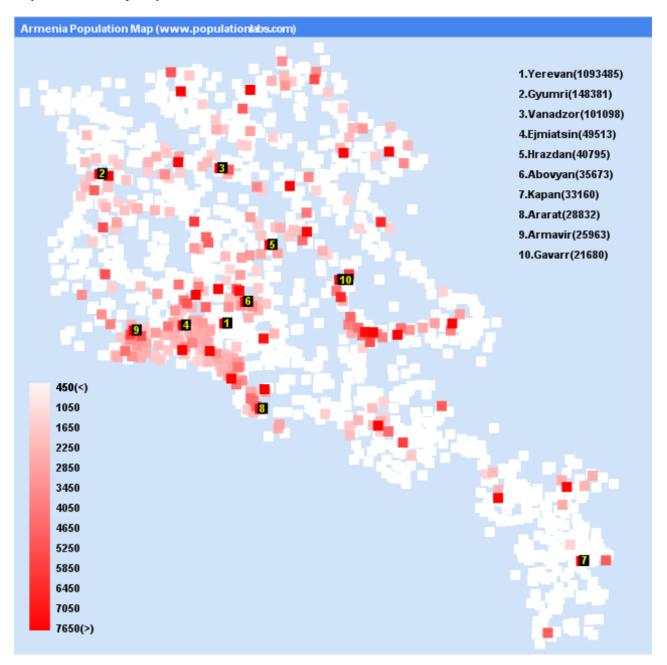


Map of day care centres<sup>viii</sup>





#### Population density map – Armeniaix



Although various structures and services have been established at different levels as part of the social protection system, poor coordination between different levels of authority and various care structures and stakeholders has led to overlapping services that compete instead of complementing to each other. Above all, this does not enable adequate referral and continuum of services for targeted populations. Thus, there is an obvious need within the system for protection of children's rights to revise the roles and responsibilities, as well as scope of powers of various actors.



#### Recommendations

- 1. Pilot innovative community-based preventative services for children at risk of losing parental care and their families.
- 2. Advocate for the development of legislation requiring the provision of community family support services specifically targeted at vulnerable children and families to avoid the need for residential care.
- Advocate for the identification and addressing of legislative gaps and discrepancies in childcare and protection, in particular related to the accountability of decision-makers/ guardians.
- 4. Civil society should advocate for scaling up contemporary social services that meet the needs of children and families. These services should be universally available and accessible to those who need them.
- 5. Implement family support and parental skills development projects. Improve parental education opportunities, focusing on families at risk. Civil society should advocate for the creation of parental skills development courses based in communities.
- 6. Conduct public awareness-raising initiatives on relevant child protection legislation and policy, as well as on services available to increase public demand and encourage the correct implementation of a national policy and action plan.
- 7. Civil society organisations should lobby the government to revise the functions of GTCs to minimise their role and decision-making power on vulnerable children and their families. To ensure quality assistance to vulnerable populations and professional case management, collaborate and support the work of Integrated Social Services, as an existing professional and qualified workforce.
- 8. Civil society should engage international experts to support the government in the development and operationalization of a comprehensive monitoring and follow-up system of children placed in alternative care.
- 9. Support targeted research around foster care and in collaboration with other actors engage in promoting foster care development in the country.
- 10. Initiate and implement targeted projects in developing institutionalised children's life skills and resilience. Also, the practice of sharing advice/ mentoring from young people with experience of leaving care with others could be beneficial.



- 11. Advocate for making relevant clarifications in the legislation and legislative regulations on after-care support to avoid misinterpretations. Advocate for after-care interventions to be clearly articulated in the *National Plan of Action*. Support the government in developing a monitoring system to track the quality implementation of required after-care support.
- 12. In collaboration with other stakeholders develop operational guidelines for the practical application of the standards in care facilities.



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# **Glossary**

**Child left without parental care** is a child under the age of 18, whose parents are dead or missing, or are deprived of parental rights, due to being considered incapable, avoiding their responsibilities or for the protection of the rights and interests of the child.

**Children in especially difficult circumstances** face situations that limit their welfare and cannot be overcome by the child due to disability, lack of self-sufficiency, illness, loss of parental care, poverty, family conflict, cruel treatment, abuse, helplessness, social isolation, accident or disaster, criminal investigations or imprisonment.

**Children's homes/orphanages** are social protection institutions providing 24-hour care and protection for children without parental care.

**Child support centres** are social protection institutions that ensure temporary residential care of children in difficult circumstances, carry out psycho-social rehabilitation work with children and their family members until children are returned to their parents, or until a foster or guardianship family is identified.

Children's night care and protection institutions are social protection residential institutions that assist families experiencing hardship: school-age children spend five nights a week at the institutions and weekends and vacations with their families.

**Special boarding schools** are residential facilities that provide care and education for children with special educational needs.

**Foster care** means that children are placed by a competent authority with families other than their own that have been selected, qualified, approved and supervised for providing such care.

Guardianship/ trusteeship care is a formally established form of kinship care, which is family-based care within children's extended families or with close friends of the family known to them.

Family type children's homes are services provided by SOS Children Villages' families and youth facilities, where three-levels of care are provided – children's home for 3–13-year-old children, youth care for 13–18-year-olds, semi-independent living for 18–23-year-olds.

**Children's day-care centres** are community-based services that provide care, professional sociopsychological, educational and legal services to children in difficult situations and their families.



<sup>&</sup>lt;sup>i</sup> The original version of the tool can be found here: http://www.sos-childrensvillages.org/What-we-do/Child-Care/Quality-in-Care/Advocating-Quality-Care/Pages/Quality-care-assessment.aspx

<sup>&</sup>lt;sup>ii</sup> Previously since the reforms of 2005 the system for child protection was mainly described as three-tier, which included NCCP, CPUs and GTCs.

The methodology presented to the Ministry of Territorial Administration is planned to be approved within 2012.

These include: orphanages; children's social-medical rehabilitation institutions; child support centres; children's night care and protection institutions; special boarding schools; foster care; guardianship/ trusteeship care; family type children's homes; children's day-care centres; inclusive schools/ kindergartens; community boards linked to community justice centres (CJC) that work with first-time juvenile offenders.

<sup>&</sup>lt;sup>v</sup> TransMONEE database, 2012.

vi SOS Children's Villages Armenia is the biggest actor providing long-term family based care for children without parental care.

vii Source: UNICEF, 2011, Towards Alternative Child Care Services in Armenia: Costing Residential Care Institutions and Community Based Services.

Towards Alternative Child Care Services in Armenia: Costing Residential Care Institutions and Community Based Services, UNICEF July 2010.

ix Source: http://www.populationlabs.com/Armenia Population.asp.