

Annex 6.2 Case Studies

1. Moldova



Moldova is a lower-middle-income country with population of 3.5 million, 25 % of whom live on less than US\$2 per day. The immediate and underlying causes of children's placement in alternative care were household poverty, violence, abuse and neglect, migration for work, lack of access to social services, alcohol and drug abuse, and anti-social behaviour of children, including dropping out of school and coming into conflict with the law.

The Moldovan government and local authorities, with support from international partners and non-governmental organizations (NGOs), have made great efforts to reform its childcare system that prevents unnecessary family separation and promotes family-type alternative care. With their effort, the number of children living in residential institutions decreased from 17,000 to 4,515.54 between 1995 to 2012, by 2013 7,000 children were living in family-based alternative care; 21 residential institutions had been closed. There were 1,200 trained Moldovan social workers, at least one in each community; 105 foster carers were employed by local authorities; numerous services had been established, and policy and legislation had been strengthened.

Moldova has a comprehensive legal, normative and technical framework in support of a positive and consistent approach to the care of children, including gatekeeping. It has numerous and integrated laws, policies, strategies, action plans, practical guides and regulations that prioritize the prevention of family separation and the best interests of the child, promote care reform and deinstitutionalization, and provide a solid foundation for high-quality processes, structures and services associated with care, although some further revisions are required. Moldova's National Strategy on Integrated System of Social Services (2009a) defines gatekeeping as "a set of actions taken by competent bodies aimed at preventing child separation from the family and community by all means", while The Practical Guide for the System for Prevention of Child Separation from the Family outlines the function and responsibilities of Gatekeeping Commissions.

The Ministry of Labour, Social Protection, Family and Child oversight and coordinate the gatekeeping. There are also national and regional Councils for the Protection of Child Rights, made up of representatives from government and NGOs, which monitor and evaluate adherence to national legislation, including care, and oversee local programs for children and families. At the district (raion) and local (primaria) levels, o government Guardianship Authorities oversee and coordinate the gatekeeping. Alternative care services for children include Guardianship; Foster-care (emergency placement for infants, short-term emergency, long-term placement and pilot respite foster-care for children with disabilities); Family-type homes; Small group homes; and Residential institutions.

There is a dedicated mechanism for gatekeeping in the form of the district-(raion)-level Gatekeeping Commissions. These are made up of a chair (the deputy district president), a secretary (non-voting), two members appointed by the District Council (who cannot be members



of local authority education or social assistant departments, to ensure independence), two professionals (e.g. a psychologist, psychiatrist, doctor or teacher), two members of a local social welfare NGO and two independent members who have authority in the community and “are adequate to promote the rights of the child. All Gatekeeping Commissions operate voluntarily, with no financial remuneration given to members.

Once a community social assistant (CSA) is made aware of a child at risk of any welfare problem either by actively seeking them out or through a referral from the child, family or someone in the community – they make an initial assessment within either 72 or 24 hours, depending on the level of concern. They collect information on the child’s living conditions, familial relationships, household composition, health and education status, family income, employment and social behavioural problems. This involves the child, his/her parents and others in the family. The assessment report with recommendations for action is prepared. If the initial assessment raises child protection concerns, the CSA must undertake a more detailed and complex assessment within ten days. This again involves the child, his/her parents, others in the family and members of their extended social network.

The assessment is carried out through home visits and by using information requested from other specialists such as the police, family doctor and local school. If necessary, an Individual Care Plan is then prepared with a timetable and the roles and responsibilities of each service provider. If there is a concern of immediate risk to the life or health of the child, the CSA requests permission from the local mayor in their capacity as representative of the local Guardianship Authority for emergency removal of the child. The court must be notified of any such removal within three days. If a case is not an emergency, but is deemed to be complex or cannot be adequately resourced at the community level, the CSA can refer to a supervising social assistant within the SAFPD at the district level.

If at any point during an assessment and review process it is decided that placement in alternative care is required, the supervising social assistant refers the case to a specialist in child rights protection for consideration to the district Gatekeeping Commission. The Gatekeeping Commission conveys a regular (often monthly) basis and also additional emergency meetings as necessary. Parents and/ or family members or other legal guardians are asked to attend meetings with the child of concern, who is also encouraged to participate.

All information previously gathered through assessments and all documents in a child’s case file are provided to the commission, and the case is presented by the community social assistant. The commission assesses the case and recommends action to ensure the care of the child. They must be satisfied that they have sufficient information on which to base their decision. The commission does not have final authority, but rather passes its recommendations back to the district Guardianship Authority for a final decision, including whether to pass the case to the judiciary for legal rulings on the removal of parental rights, child custody and issues of adoption. The commission is responsible for monitoring and evaluating follow-up to each case, and must receive regular reports from the case manager until the case is closed and the child is no longer deemed to be at risk.

Children and young people also have a particular role in gatekeeping. There are Advisory Boards of Children (ABCs) in three pilot areas. The role of the advisory boards is to inform the local authorities (and national authorities, too) on the needs of children in alternative care, as well as to be involved in monitoring children’s rights in alternative care. In one pilot area, children



sometimes participate in Gatekeeping Commission sittings for the approval of foster carers, foster-care and discussions related to the development of new services.

2. Brazil



Brazil is an upper-middle-income country, with a population of 191 million. Among them just over 30 % are children. In 2010 there were 37,861 children registered as living in formal alternative care, including 36,929 children living in 2,624 residential care facilities, and 932 in foster care. Of those in residential care, 64 % were living in small group homes, 17 % in transit centres and 14 % in children's villages. There are also many children in extended family or kinship care for whom there are no government data available as this is not classified as alternative care in Brazil. Poverty, violence in the home and substance abuse drives many children onto the streets and into alternative care. In addition, neglect, sexual abuse and abandonment are key causes of children being placed into formal care by the authorities. Cultural norms and values associated with violence, gender and race are the causes of neglect and abuse of children.

The Government of Brazil has taken great steps in transforming its work with vulnerable children and families. It has worked towards moving away from residential care to a stronger focus on families. This is supported by comprehensive legal and policy frameworks and action plans designed to strengthen the capacity of families to thrive and to care for their children effectively.

Poverty, and its impacts on care and protection, are responded to through social programs. Work is also being done to reintegrate children living or working on the streets or in residential care with their families, or to find them a foster-care placement or new permanent home when appropriate. There is also greater investment in family-based alternatives for children who cannot be cared for at home. There is now a legal limit of two years on the length of time children may be in alternative care, unless there are reasons for a longer stay.

Brazil has an extensive legal and working framework relating to the care of children, including gatekeeping. Numerous laws, policies, regulations, strategies and action plans are made to strengthen families and prevent unnecessary separation, prioritize family-based alternative care, pursue reintegration, and promote the participation and best interests of the child. The roles and responsibilities for ensuring the care of children, including gatekeeping, are set out. In particular, the Statute of the Child and Adolescent calls for interdisciplinary assessments and responses. It is set to provide placements into alternative care, including foster care, can only be



authorized by the judiciary, and must be provided only in exceptional circumstances and as a temporary measure with a maximum of two years, unless it is proved to be in the child's best interests to remain longer. Alternative care provision under Brazilian law must be kinship care or in small-scale residential facilities housing no more than 20 children.

The Ministry of Social Development and Hunger Alleviation is responsible for the coordination and oversight of child protection and social welfare issues, including gatekeeping. Within this, the Secretariat of Social Assistance oversees the provision of social welfare support and the care of children. Resources are allocated via reference centres of Brazil's municipalities. These are divided into Social Assistance Reference Centers (SARC) with a team of social assistants and psychologists dedicated to prevention work with children and families; and Specialized Social Assistance Reference Centers (SSARC) with teams of social workers, psychologists and lawyers, responding to cases of abuse and where there is heightened risk of family separation, or if a child is already without parental care.

There is a range of services for the care of children aimed at preventing unnecessary separation and supporting the reintegration of children outside of parental care into a family setting. These include cash transfers and other social benefits, employment and housing support, targeted services such as counselling, alcohol and drug addiction therapy, outreach to children living or working on the street, parent craft support, daycare for young children, and short-term foster-care services. Several alternative care services provide short-term residential care while a permanent solution is found; foster care and family-like care (children's villages); small group homes and supervised independent living. Small group homes make up more than 50 per cent of alternative care arrangements for children. There are several information systems, including a national case management database that records details of individual children who have come into contact with a gatekeeping mechanism.

There is a dedicated mechanism for gatekeeping. Tutelage Councils autonomous and non-judiciary statutory bodies at the municipal level which receive complaints of child-rights violations; oversee case management; and make referrals to the judiciary authority is available in every municipality to look for legal orders concerning the placement of children into alternative care, guardianship and adoption. A public defender is a legal representative acting on behalf of the child or adolescent. They initiate and monitor actions for custody and guardianship. A public prosecutor is a legal representative acting on behalf of the state in cases of the removal of parental rights being considered. They present recommendations to the Court of the Child and Adolescent for the placement of a child in guardianship or alternative care, and request investigations, police interventions and other measures in child abuse cases.

Anyone can report their concerns about a child to the local authorities. The Tutelage Council has the primary responsibility to receive reports. However, social assistants also receive reports while working in the community. Concerns can be reported in person or by phone, including through a dedicated hotline service. A councilor from the Tutelage Council carries out a basic assessment and prepares a report. If there are already concerns about serious violations, a lawyer will also be a member of the assessment team. It is also recorded on the nationwide Information System for Childhood and Adolescence. If the child is assessed as not being at risk of harm, the council can immediately direct the case to the social welfare support services (SARC). If there are more complex concerns, the council will undertake a more assessment in partnership with SSARC or a non-governmental provider. The assessment findings are discussed between



council members and the social assistance staff assigned to make agreed recommendations. By legislation and regulations, all attempts should be made whenever possible to provide the support that would enable the child to remain with his or her family. This might include referral to local services and social benefit schemes such as Problems Emergency protection Community-based services Accompaniment to Bolsa Familia Tutelage Council Court of Child and Adolescent Assessments and referrals Assessments and referrals Support to court and social assistance High Complexity, through care Aftercare Medium Complexity: Family-based services Supervision Guardianship Foster care Institutional care Adoption Basic Protection: Assessment and services community level Source: Family for Every Child, Improving Social Work in Brazil.

Making Decisions for the Better Care of Children, an Individual Plan of Support is implemented by staff of the Secretariat of Social Assistance and overseen by the council. If the council decides that a child should be removed from parental care, it refers the case to the public prosecutor. They then present the case to the Court of the Child and Adolescent, along with all original assessment reports, findings and recommendations, and any other of the child's documents. The judge can request further information before reaching a decision. In principle, the child should be represented by a public defender although, as stated earlier, this role is often under-resourced. If the judge recommends that the child should remain with their family, they also stipulate what additional support must be provided. Children can only be placed in alternative care through a judicial order. In emergencies, a child can be placed in care without these procedures, pending court approval within 24 hours. Decisions are based on the assessed risk of harm to the child, together with the availability of local services. If a child cannot remain in parental care, kinship placements are preferred. If it is in the best interests of the child to be cared for outside of the family, the judge can choose between residential care in community-based group homes, foster-care or supervised independent living.

3. Rwanda



Rwanda is a low-income country, with an estimated population of 11.5 million almost half of whom live below the poverty line. 90 % of the population is engaged in agriculture. Rwanda has been significantly affected by HIV and AIDS and is currently ranked 21st in terms of prevalence; 2.9 % of the adult population is living with the virus. The importance placed on family-based care for orphans was significant following the genocide in 1994. The Government of Rwanda,



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

Informal kinship care is the common form of alternative care in Rwanda. Although precise numbers of children are not known, in 2010, 22 % of households nationwide contained children who had been informally 'fostered' by grandparents, uncles, aunts and another extended family; of these, 3 % were double orphans. Formal alternative care is far less common. In 2012 there were 3,323 children registered as living in 33 residential care facilities, not including facilities for children with a disability. This was down from 12,704 children in 77 centres in April 1995. In addition, there were 1,196 children registered within 25 residential centres for street children, 117 children living with their mothers in detention and 19 children in formal foster care. The causal factors attributed to children being separated, or becoming at risk of separation, from parental/family care include the death of parents, poverty, divorce, single parents lacking family support or abandoned by partners, intra-familial conflict, domestic abuse, a parent/guardian in prison, physical, mental or other health concerns, large numbers of children in a household, and unwanted pregnancies. All these factors are compounded by limited or no access to local social support services.

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

The Ministry of Gender and Family Promotion (MIGEPROF) oversees and coordinates the gatekeeping by the implementation of policy and programs for children and families, including



coordinating governmental and non-governmental organizations and the implementation of the Plan of Action for Orphans and Vulnerable Children through a minimum package of integrated services. There is a National Commission for Children, answerable to the ministry, with a legal mandate to oversee and coordinate the care reform strategy and the child protection system more broadly. Within this role, it coordinates the implementation of the child-care reform strategy through the Tubarerere Mu Muryangyo programme; builds professional skills associated with care and protection, and mobilizes and monitors resources. There is also a Program Coordination Team made up of members of the National Commission for Children, UNICEF, Hope and Homes for Children and Global Communities, which promotes cohesion and coordination in support of the Tubarerere Mu Muryangyo programme.

Services associated with gatekeeping are provided through a combination of state, voluntary and civil society resources. They report to the district-level Vice-Mayor of Social Affairs and collaborate with the Family Promotion Officer within the Ministry of Gender and Family Promotion. Working together with mandated civil society organizations, their role is to conduct the deinstitutionalization process assessments; provide support to families to prevent separation; refer children and families to support services; support family reunification; oversee the placement of children into alternative care and monitor each case, and to train and support volunteers.

There are also child protection committees being established at all levels. These are made up of government and voluntary representatives, some of whom receive a small amount of financial support from the state. They conduct awareness raising on child protection issues, including care, identifying vulnerable children, providing support to children and families, making referrals to the gatekeeping system, allocating emergency funds for child protection, and monitoring and evaluating child-rights violations. Finally, there are volunteer 'cadres' at the sector and village levels who serve as community-based health-care workers, psychosocial workers and social workers working on a range of welfare issues, as well as on various child protection networks. There is also a considerable number of national and international NGOs operating across Rwanda, providing child protection and care services funded by government and donor assistance. There is a range of services that seek to strengthen families as health insurance initiatives covering 85 and 96 % of the population, a cash transfer, and a Genocide Survivors Support and Assistance Fund. Through this fund, many families at risk of separation receive a monthly economic allowance, livelihood support, educational scholarships and/or medical assistance. Vulnerable families also receive support on employment, food security and loans with the support of international NGOs.