



CHILD RIGHTS SITUATION ANALYSIS

of children at risk of losing parental care & children who have lost parental care

2012



A loving home for every child

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1 INTRODUCTION

The study was conducted by Georgian Association of Social Workers in consultation with the key stakeholders in the field who greatly contributed to the value of the paper.

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2 ACRONYMS

CWPAP	Child Welfare and Protection Action Plan
ECD	Early Childhood Development
FG	Focus Group
FSBS	Family Substitute Services
FSP	Family Strengthening Program
FSPS	Family Support Services
GASW	Georgian Association of Social Workers
IDP	Internally Displaced Person
MoLHSA	Ministry of Labour, Health and Social Affairs
PCRLPC	Parents of the Children at Risk of Losing Parental Care
PDO	Public Defender Office
SGH	Small Group Home
SOS CVP	SOS Children Village Programme
SSA	Social Service Agency
TSA	Targeted Social Assistance
YC	Youth Care
YF	Youth Facility

3 EXECUTIVE SUMMARY

Child Rights Situational Analysis aimed to study child right violations from the perspective of children themselves and their caregivers¹ and/or stakeholders. For achievement of better possible results mixed methods approach was used. The target of comparison is spelled across 2 levels: comparing situation by description of existing differences and similarities in the country from the child rights perspective among various target groups of children under the category of children deprived of parental care and children at risk of losing parental care and by comparing the given situation to ideal-type situation stated in UN CRC.

The study is based on the participatory approach. It carries two-fold participatory elements: with service users and service providers. Within the study 88 meetings with 692 persons (523 children and 169 adults) were arranged in the capital and 10 regions of the country. Besides, 7 expert interviews and consultative meetings were held with stakeholders.

The focal target of the enduring child welfare reform appeared to be children in child care institutions, victims of domestic violence, children living in the families in severe socio-economic situation. The reform counts numerous accomplishments for child well-being. Among them deinstitutionalization of children from large size care institutions, development of alternative out-of-home care services, legislation supporting establishment of various forms of alternative care services, Child Care Standards, the Government Child Welfare Action Plans, Child Protection Referral System, well operational Child Care and Guardianship Councils, annually increasing amount of social workers in the system. Nonetheless, the reform is unbalanced policy towards different target groups of the children. Child Welfare services remain underdeveloped in terms of balanced responsiveness towards various target groups of children, geographic coverage, and quality. Another drawback of the reform is absence of mandatory leaving care arrangements procedure ensuring that children are fully prepared for independent living. Despite the enhancement of Family Support Services it is limited to handful of quite effective programs, like food voucher² and technical aid sub-program,³ day care centers, Reintegration Fund⁴ which is managed by the NGOs, it is not enough to address the problem of children at risk of losing parental care. The fact that crucial role of social work service is underlined in Family Support Services⁵ (FSPS) justifies the rational for enhancing this component in Family Substitute Services⁶ (FSBS) that will prove for both efficiency and effectiveness.

The study revealed an interesting tendency: the longer children stay in the care system the fewer contacts they maintain with the biological families; more children are enjoying service environment the less attached they become to their biological parents. Though the situation of most of the children in care system has been improved in many respects, the fact that fear of *ambiguous future* and *lack of contact with biological parents* appeared in high indicators among children in Family Substitute Services is worth of attention. On the background of these fears non existence of policy for aged out children's discharge from the care system gains more weight.

¹ For the purposes of this study all parents and caregivers will be presented as *caregivers*, despite the fact are they biological family member or not.

² Food support for children at risk of losing parental care for maximum two years.

³ Technical aid for disabled children: wheelchairs, equipment for people with hearing or visual impairment etc.

⁴ Reintegration fund is managed by the Save the Children and Children in Georgia. The fund supports children in reintegrated families with food, furniture, technical equipment and material for house repairment,

⁵ Term *Family Support Services* comprise of children at risk of losing parental care and embrace all family strengthening services i.e. reintegration, family strengthening programs, day care centers (including disabled children), IDP children for their eligibility to state assistance.

⁶ Term *Family Substitute Services* embrace all out of home care services i.e foster care, small group home, institution

Study showed that both social workers and caregivers are motivated cohorts of child welfare system; however social workers service provision is disproportionate to service users despite the level of need. Evidenced incidence of effective collaboration both between the beneficiaries and social workers and caregiver and social workers puts social work at the cutting edge of the struggle for service perfection and demonstration of greater potential for more robust intersectoral collaboration.

Intersectoral collaboration is improved on vertical axis, however not willingly strong on horizontal one. Often resources are scattered around the same objective. Not well established partnership between Public Defender Office (PDO) and NGO sector exemplifies it. On the one hand, non-governmental sector considers PDO as controlling body instead of advocating for changes with unified efforts for the best interest of children. On the other, Government friendly policy of I/NGOs victimizes the critical thinking or/and reflection of other stakeholders.

It is amazing how aptly interviewed children identified the factors for their separation from biological families, the aspects for improvement for their survival and development. Though the majority of services practice child friendly policy there is need for further enhancement in this regard. The widest gap to be filled for both categories of children is child participation – listening to children’s voices. In respect to child participation and hearing their voices positive factor is existence and applicability of complain procedure in care services. However, it is desirable a) to be applied more often regarded as not only means for self expression but also contribution to service perfection; and b) younger children’s and IDP children participation to be increased.

In terms of participation the IDP children appeared to demonstrate lowest level of participation in self expression amongst all other target groups of children. A trend association is noted between the rights awareness and expectation for the punitive measures against the abuser, despite the low indicators of society’s involvement in reporting on the child discrimination cases and few punitive measures taken by authorities in this regard. Noticeably, children well exercise their decision making power.

There are explicitly expressed needs for children at risk of losing parental care justified both by the children and their parents. Among these needs are the provision of tutorial curricular and extracurricular programs; development of services for disabled and pre school age children; non-cash material support for school age children; leisure and recreational services for children; job counseling services for parents; psycho-social service for both children and their parents. The need for extra tutorial programs was emphasized by the youth is SOS YC. In terms of Child Protection notwithstanding the ongoing reforms in both educational and child care system school environment remains the most discriminatory environment for children. However, the fact that the indicators are much less in care system proved effectiveness of the child welfare reform and emphasizes the apt focus on rights based approach in care provision. The data on child abuse is questionable as there were no cases of, for example, violence on sexual minority and disabled children, usually revealing prevalent tendency. Existing data is not reflecting neglect cases as neglect not being spelt in Georgian legislation as the form of abuse. This is hindering factor for police to issue restrictive orders.

In terms of Special Protection Measures, the fact that children are not familiar about the hotline number in case of their rights violation within the context of still existing non/physical strategies of disciplinary practices, are not informed about who is their legal representative, are not well aware about their rights for alcohol consumption and engagement in economic activities undermining their development accentuates the need for strengthening special protection measures. Remarkably, almost all children expressed high motivation to enhance their academic achievement except children in/from the street who consider their duty to earn for themselves and their families.

Based on the findings of the analysis the following recommendations were developed:

1. State Resources to be balanced towards all children in need.
2. Intersectoral collaboration to be strengthened both between state and non-state actors (state social services and non-state care service providers) and within state actors (social workers and police in case of child protection referral procedures) and within non-state actors (between various service providers).
3. Child care monitoring system to be operational for the assurance of child oriented service provision.
4. Family Strengthening Policy to be developed to avoid separation of the children at risk of losing parental care from their families. Parents to be supported by material resources, psycho-social and job counseling services.
5. Parenting skills strengthening programs to be intensified.
6. To support children in care system and at risk of losing parental care with their demand for additional tutorial and sports and cultural services.
7. To provide additional training to care givers in child disciplining, child empowerment and achievement of positive results.
8. To lobby simplification of financial accountability procedures for non-state service providers. Strengthening links between the children and their biological families to be facilitated.
9. Increase public awareness about child abuse and neglect and child protection referral procedures to minimize child abuse/neglect.
10. Full-fledged statistics pertaining to cases of child abuse and neglect to be maintained.
11. Lobby for the recognition of *neglect* as a form of abuse in the legislation to be initiated
12. Special protection measures to be reinforced
13. Advocacy skills of child care workers to be strengthened both on individual and structural level.
14. Public discussion (via television shows, public meeting etc) for struggle against the discriminatory approach towards children in or from the care system to be launched.
15. National policy for preparation of ageing out children for independent life to be developed.
16. Additional tutorial services to be provided for youth near ageing out of care services.
17. It is desirable that children's voices/complaints to be heard and regarded as not only means for self expression but also contribution to service perfection; It is important younger and IDP children's participation to be facilitated.
18. National policy for sibling groups to be developed.
Child welfare stakeholders forum to be strengthened.

4 RESEARCH METHODOLOGY AND METHODS

4.1 Methodology

The intention of the research is descriptive in character attempting to present child right violations from the perspective of children themselves and their caregivers and/or stakeholders. Desk review of existing relevant studies and policy documents was conducted. For achievement of better possible results mixed methods approach was used. The rationale behind the decision is to counterbalance the strengths over the weaknesses of both methods in pursuit of completeness resulting in all-inclusive interpretation of the data in the study and credibility assuming that mixing will warranty integrity of findings.

The target of comparison is spelled across 2 levels: comparing situation by description of existing differences and similarities in the country from the child rights perspective among various target groups of children and by comparing the given situation to ideal-type situation stated in CRC.

The study is based on the participatory approach. It carries two-fold participatory elements: with service users and service providers.

4.2 Methods

Within the Quantitative part of the research questionnaires were developed for various target groups of children and care givers. Among children the following sub groups were formed: Children in Family Substitute Services i.e. children deprived of parental care and Children in Family Support Services i.e. children at risk of parental care deprivation of parental care. For the purposes of the research and in order to capture the specifics of services provided by the beneficiary organization another sub group was formed – Children in SOS Children Village Programs (SOS CVP) Services. Among Caregivers the following sub groups were formed: Caregivers of Family Substitute Services, Caregivers/parents in Families, SOS CVP caregivers.

For the children aged >13 years old the following questionnaires were developed with mere differences that was unavoidable due to the specifics of the care form (see Annex 1):

- Questionnaire for children in SOS Families
- Questionnaire for children in Small Group Home (SGH)
- Questionnaire for children in SOS Youth Facilities Questionnaire for children in Foster Care
- Questionnaire for children in Care Institution
- Questionnaire for children in Reintegration
- Questionnaire for IDP children
- Questionnaire for children in Day Care Centers⁷

For children aged 6-12 years old “Attitude Cards” (Hill,1997) were used in order to avoid predisposition to losing their interest to complex questions and extensive response choices (see Annex 2). Each card was listing the things that would make child happy or sad, agreeing on or disagreeing with the proposed situation. Their attitudes should be expressed by indicating either on the Happy or Sad emotions. Sentence prompts were helpful in enabling children to express feelings that might otherwise be difficult.

For children aged 10 - 13 years old “Attitude Cards” were supplemented by “Decision Making Chart” (Thomas and O’kane,1998) – a participatory technique facilitating children’s views about decision-making processes and how these affected them (see Annex 3). To add a zest to the qualitative portion of the study Sentence Completion instrument, as an effective adapted interview method, was applied to this age group.

The questionnaire for Children in Family Substitute Services served to find out the following: beneficiaries current situation, details of their placement in the service, their attitudes towards the separation with the parents, their role in this process, which is the desired living environment for them, the forms of their relationships with their parents, their level of awareness about their rights and responsibilities, what are the forms of disciplining in the service they live, their expectations and requests/demands from service providers and the state, needs for service improvement.

The questionnaire for Children in Family Support services served to find out the following: beneficiaries current situation, which is the desired living environment for them, their level of

*I am happy because:
„i am here not in the street“*

„I am eating very tasty food“

“I won’t be happy until i have electricity”

⁷ questionnaire for children in Day Care was applied to the category of children at risk of losing parental care, target group of disabled children among them

awareness about their rights and responsibilities, what are the forms of disciplining in their family, their expectations and requests/demands from service providers and the state.

„I want to change hospital rules and have pets here“

For the caregivers the following questionnaires were developed with mere differences that was unavoidable due to the specifics of the care form (see Annex 4):

- Questionnaire for caregivers in SOS CVP
- Questionnaire for caregivers in SGHs
- Questionnaire for caregivers in FC
- Questionnaire for parents of children in FSP
- Questionnaire for parents of reintegrated children

The questionnaire for caregivers served to find out the following: their attitudes towards the role of caregiver, the difficulties they face in care provision, how they see their role in child up-bringing, their level of awareness about child's rights and responsibilities, what forms of disciplining they apply, their vision about the service provision obligation, the forms of collaboration with social workers .

The questionnaire presented both closed and open-ended questions (40 in total). Finally three types of information was collated via questionnaires: This information was gathered based on questions evaluating the knowledge, attitudes, feelings and psychographic and demographic questions.

In the qualitative part of the research Focus Group discussions were led both with the beneficiaries and the service providers (for FG composition details see Annex 5). In addition, in-depth interviews were conducted with the main stakeholders in the child welfare domain.

„I want to stay here when i am 18 not to move anywhere“

Pursuing to achieve depth in understanding meanings of the questions/answers in the questionnaire, and to avoid acquiescence bias (that in case of children may be greater because of power imbalance) or social desirability bias (especially in case of children having relatively low status) the respondents were filling the questionnaire initially in researchers' attendance (in case of the vaguennes they were clarifying the question) followed by focus group discussion. Focus group discussion was partially structural with predominantly open ended questions that gave the space to raise issues that the participants want to discuss. It was accompanied by projective techniques that allowed the in-depth discussion. For optimizing responses from children researchers used unambiguous instructions at the start of the interview, avoided leading questions, explicitly permit "don't know" responses to avoid best guesses, interviewed children on their home territory if possible.

Focus Group (FG) discussions only with service providers were applied in cases when respondent children were not accessible or the study instrument was not appropriate (children infected with HIV/AIDS, children with mental health problems) for the target group.

The focus group discussions were led in Georgian language by two persons: the researcher and the assistant. In order to ensure the processing and analyses of the data the recording was conducted by the research assistants. All the records were prepared as the minutes. As the venue offices of Georgian Association of Social Workers or partner organizations were utilized.

For the validity data drawn from several sources (e.g. questionnaire and FG transcripts, "attitude Cards" and Decision-making Charts) and several individuals (FG members and senior decision makers, FG members of caregivers and of Social Workers) was triangulated. To analyze the collated information, quantitative and qualitative data analysis methods were

used. For Statistical processing of qualitative data “The Statistical Package for Social Sciences” (SPSS) was employed. In particular, descriptive statistics methods (frequencies) as well as cross tabulation and Pearson chi-square tests of independence were used. This latter analysis shows whether the groups (FSBS, FSPS, SOSS⁸) differ significantly on specific questions. For qualitative analysis The post-coding and rubric for scoring of qualitative results was employed for data preparation.

4.3 Coverage

The study used stratified probability sampling procedure with purposive sampling technique using respondents experience as choice criterion. Sample size was estimated based on Krejcie and Morgan table (Sarantakos, 2005). Therefore sample size for children is 523, for caregivers 122. Within the study 88 meetings with 684 person (523 children⁹ and 161 adults) were arranged in the capital and 10 regions of the country (for details of conducted meetings see Annex 6, for details about interviewed organizations see Annex 7). Besides 7 expert interviews and consultative meetings were held with stakeholders.

4.4 The Principles, Based on Which the Child Rights Situational Analysis was Analyzed.

Child Rights Situational Analysis was analyzed based on two principles:

1. Analysis of description of existing differences and similarities in the country from the child rights perspective among various target groups of children classified under 3 categories: Children in Family Substitute Services i.e. children deprived of parental care and children in Family Support Services i.e. children at risk of Losing Parental Care. For the purposes of the study and in order to capture the specifics of services provided by the beneficiary organization another sub group was formed – Children in the services of SOS CVP.
2. Comparing the given situation to ideal-type situation stated in UN CRC which is a suitable lens for analysis.

The first part of the analysis provides an opportunity to: learn children’s attitudes about their life, their feelings, wishes and expectations. The second part of the analysis provides us with the opportunity to analyze the existing situation and based on it to identify the problem areas from child rights perspective the country based on the UN CRC requirements.

5 COUNTRY INFORMATION

Georgia is located in the South of Caucasus, bounded to the west by the Black Sea, bordering Russia from the North, Armenia from the South, Turkey from the South-West, and Azerbaijan from the South-East. The capital of Georgia is Tbilisi. Population of the country is 4 497.6 thousand persons, out of which 2 391.7 thousand persons represent urban and 2 105.5 rural population. Out of total population 1 172.7 thousand persons live in the capital. Children comprise 1 064.7 out of total population¹⁰.

⁸ SOSS will be applied for all SOS service for children

⁹ out of this 52 children from Tbilisi SOS CVP and 37 from Kutaisi SOS CVP

¹⁰ <http://geostat.ge>

I want changes
because:

“when i have good
house i’ll be happy”

“my mother will
caresses me not quarrel
with me”

“i do not want to live in
Tserovani, i had so
beautiful house
I do not like my life”

Georgia's HDI value for 2011 was 0.733, revealing increasing tendency of 4.0 per cent or average annual increase of about 0.6 per cent (from 0.707 in 2005). This indicator is positioning the country at 75 out of 187 countries and territories¹¹. According to National Statistics Office of Georgia Infant Mortality rate was 12.9 percent in 2012¹².

After the Rose Revolution (2002) until the 2008 August conflict the Georgian economy grew by 9.7 percent a year on average. Followed the conflict, GDP annual growth rate dropped to 2.1 percent. According to the official statistics over a fifth (22.1 percent) of the Georgian population lived in poverty and a tenth (9.4 percent) in extreme poverty (UNICEF 2010). World Bank Poverty Assessment (2009)¹³ provided similar estimations¹⁴. However between 2009 and 2011 poverty in Georgia has decreased. The number of households below the relative poverty line fell by 2 percentage points from 24 percent to 22 percent. The percentage of children living in poor households fell by three percentage points from 28 percent to 25 percent (UNICEF 2012).

Despite improvements, poverty among children was found to be higher than the national average. The poor households comprise of 28 percent of children. These households include 12.7 percent of the population, 13 percent of all children and 17.7 percent of all pensioners (UNICEF 2010). The consumption-based total poverty rate among children was 28 percent rather than 23.7 percent of the general population, and the extreme poverty rate was 12 percent among children rather than 9.3 percent¹⁵ of the general population (UNICEF, Situational Analysis of Children in Georgia 2009). This difference persisted in 2011 (UNICEF, 2012).

The total rural poverty at 30 percent was much higher than the urban poverty at 18 percent, and the extreme rural poverty at 12 percent was almost twice the extreme urban poverty at 7 percent. One of the south western regions of Georgia - Adjara has the lowest official poverty rate in the country (13 percent) in contrast with the eastern region Mtskheta-Mtianeti which is the poorest (37 percent). The households that have the highest risk of poverty face those households who do not have earners, do not own land, are not composed of only pensioners, and have three or more children (UNICEF 2010).

Economic inequality in per capita expenditure distribution between the richest and the poorest, as measured by the Gini coefficient for income in 2011 was 0.48 (UNICEF, 2012).¹⁰ According to the 2011 survey report, average household monthly income in Georgia during 2011 was 374 GEL as compared to 322 GEL in 2009. On average, income increased by 15 percent from 2009 although when *adjusted for inflation, income actually decreased by 2 percent*. Consumption figures are higher than reported income. Average monthly household consumption was 441 GEL in 2009 and 542 GEL in 2011. When adjusted for inflation, there

In these change will help me:

“social workers”

“nobody because nobody is interested in myself”

“SOS mother”

“aliens”

¹¹ <http://hdrstats.undp.org/counties/profiles/Geo.html> It is misleading to compare values and rankings with those of previously published reports, because the underlying data and methods have changed, as well as the number of countries included in the HDI.

¹² WHO is not providing 2012 data. The rate in 2010 was 11.2 however according to WHO it was 15 in the same year. <http://apps.who.int/ghodata/?vid=9100&theme=country>

¹³ The World Bank Poverty Assessment for Georgia is based on the 2007 Living Standards Measurement Survey (LSMS) and uses consumption per adult equivalent (PAE) as a basis for poverty measurement. Total monthly household expenditure is expressed in per adult equivalent terms using a scale adopted specifically for Georgia. While males aged 30-39 equals one adult, children aged 0-3 years equal 0.98 adults, children 4-6 (0.9), children 7-12 (0.89), and children 13-17 (0.96). WB uses an absolute poverty line and per adult equivalent consumption.

¹⁴ 23.7 per cent of the Georgian population was poor and 9.3 per cent was extremely¹⁴ poor in 2008.

¹⁵ Bradshaw, Jonathan – Chzhen, Yekaterina – Gugushvili, Dimitri and Hoelscher, Petra for University of York and UNICEF, (2008), *Chapter 4: Child Poverty in Georgia*, p. 2

was a 5 percent (from 441 to 462 GEL) increase in average monthly total household consumption in Georgia.

Subsistence minimum for working age male is 149 GEL, for average consumer 132 GEL and for average family 250 GEL (National Statistics Office, 2012) 20 percent of all households experience material deprivation, 24 percent experience housing deprivation. In 2011, 42 percent of households in Georgia had at least one member with some kind of health insurance. The overall percentage of people with health insurance increased from 23 percent to 30 percent and percentage of children with health insurance increased from 24 percent to 28 percent in the period from 2009 to 2011, respectively (UNICEF, 2012).

Despite the economic slowdown in 2008 the government has increased social expenditure in total public expenditure. Nevertheless, Georgia is one the lowest social spenders in the CEE/CIS region. Spending for social protection program is 4.7 percent of GDP (World Bank, 2012). Georgia's Social Protection system comprises of several social benefits: pensions, IDP/refugee assistance, Targeted Social Assistance (TSA), social benefits for disabled. The share of pensions is 987 m GEL, comprised of 690 m GEL for old age pensions and 119 m GEL for disability pensions. TSA expenditure is 140 m GEL. Health expenditure is 277 m GEL of which 121 m is spent on medical insurance and 156 m on disease specific treatment. Georgia's health spending which is at less than 2 percent of GDP is about half the regional average and also low by global standards (World Bank, 2012).

The TSA is the main cash benefit to which families with children are eligible. The assistance is proxy-means tested based on the self-referral procedure. Households with a score below 57,001 are entitled to cash assistance and health insurance, for those scoring between 57,000 and 70,001 assistance is limited to free health insurance only (http://ssa.gov.ge/index.php?lang_id=GEO&sec_id=35). The cash benefit is 30 GEL for the first member of the household and extra 24 GEL for each additional household member. If TSA were removed, poverty rates would rise for everyone, especially for children. Without TSA, extreme child poverty would rise by more than 65% (UNICEF, 2010).

In a month i want:
“to change my attitude towards education”
“to have a good friend”
“to have more toys”
“not annoy anybody”
“to have a beautiful dress”
“to go in 5 star hotel”

6 DESCRIPTION OF CHILD WELFARE REFORM

The enduring Child Welfare Reform intends the development of the system which will serve to the best interest of children at risk or deprived of parental care. The focal target of the reform appeared to be children in child care institutions, victims of domestic violence, children living in the families in severe socio-economic situation. The reform counts numerous accomplishments for child well-being. Among them deinstitutionalization of children from large size care institutions (for recent trends see table 1), development of alternative out-of-home care services (for recent trends see table 2), legislation supporting establishment of various forms of alternative care services, Child Care Standards, the Government Child Welfare Action Plans, Gatekeeping Policy Guideline Principles, Child Protection Referral System, well operational Child Care and Guardianship Councils, annually increasing amount of social workers in the system.

Supposedly the most critical parties UNICEF and Public Defender's representative evaluated reform as the “consecutively developing” (Ana Arganashvili, 2012) and well coordinated (Natia Partskhaladze, 2012). However, noticed that consolidated state-donor collaboration is

often maintained to the expense of rational criticism. In general, all stakeholders are welcoming “strong political will” of the Georgian government to address the needs of most vulnerable children (Leslie Orr is, 2012). Nevertheless, the same stakeholders unanimously think that Child Welfare services remain underdeveloped in terms of balanced responsiveness towards various target groups of children, geographic coverage, and quality. The head of the Social Affairs Department at Ministry of Labour, Health and Social Affairs (MoLHSA) said that urgent needs of most vulnerable were satisfied in the shortest time at the fastest pace often at the expense of quality, now time came for wider amplification of child rights (Gia Kakachia, 2012). However, Ms. Arganashvili thinks that reinforcement of rights based approach was reasonably manageable within the reform as it is resource neutral i.e. to listen to the child, not to insult children or to better coordinate the protection system. For the unification of vision on child rights and development child welfare system the *Coalition for the Welfare of Children and Youth* was established in 2012 embedding all stakeholders. The stakeholders are unanimous in the desire to unite under the auspices of one institution all child care services too that currently are operational under different sectors (central government municipality, the church).

The rational development of the reform is often hindered by the recurrent changes in the senior management. The obvious example of this is delayed development of certain procedures without which the system would not be able to address the existing flaws in the system. The new Child Welfare and Protection Action Plan (CWPAP) is also a good example of this (see Annex 8). The plan presents four directions: Support to Families with Children and Prevention of Child Abandonment; Child Protection from Neglect and Abuse; Provision of High Quality Alternative Care Services to Children in the State Care System; System Reforms. The plan is enforced during 2012-2015. Obviously it is a logical continuation of previous plan, with renewed and additional emphasis on preventive services, palliative services for disabled children, development of intercountry adoption procedures for Georgian citizens, establishment of continuous education for social workers, development of social work supervision mechanism, development of interagency collaboration mechanism for social workers in different sectors, improvement of quality control on child welfare services. However, it is regretful that political will was immature in terms of establishment of these initiatives earlier despite the stakeholders’ persistent advices and endless consultations.

One of the weakest sides of the reform is unbalanced policy towards different target groups of the children. The reform is focused on the deinstitutionalization of the children and development of alternative care services¹⁶ for children facing risk of institutionalization however leaving out of the scope of the reform children living in the street, children with mental health problems, children of minority groups. Another drawback of the reform is absence of leaving care policy. There is no mandatory leaving care arrangements procedure in place ensuring that children are fully prepared for independent living. However, fractional initiatives were addressing this problem, i.e. financial assistance for aged out adolescent for several months; however after the end of the assistance no monitoring or further needs assessment of these adolescents was conducted. One good initiative as chief specialist of Social and Programs Division of Social Affairs Department at MoLHSA, Salome Chichinadze mentioned was launched within partnership format between the Ministry of Youth and Sport and UNECEF. This partnership was expanded and encompassed various stakeholders. The aim of this plan was to meet various needs of the youth, vulnerable among them. However,

Adults should address children:
 “by name”
 “son, daughter”
 “as good person”
 “clever, beautiful and kind”
 “little and lovely”
 “little nestling”
 “angel”
 “as friends”
 “love” “lovely”
 “beautiful”
 “naughty”

¹⁶ Foster Care service is developed in all regions of Georgia, SGH service is developed in all regions except SAmtskhe-Javakheti.

the project has not developed further the policy paper. The other good news concerning this target group is newly launched EU project administered through UNICEF. The aim of the project is several fold aiming at solving educational, health and registration problems of these children. Within the project new social work service personnel is hired under auspices of MoLHSA SSA. Ms. Aslanishvili, UNICEF Juvenile Justice Officer expressed hope that within the lifetime of the project these children will finally appear in the alternative care system. It is worth mentioning also the working group comprised of main stakeholders (SOS Children's Villages among them) working on the development of National Youth Conception. The group is at the stage of development draft concept aiming to present to beneficiary ministries.

The achievement of the reform is adoption of the Gatekeeping Policy Guideline Principles in November 2012. The document emphasizes the importance of a) control over entrance/discharge of children from the care system and b) prevention of institutionalization and strengthens families with children at risk of losing parental care. The documents introduces three levels of child care need or harm risk: the first level - when case is reported however the assessment revealed no need of social worker intervention due to non existence of harm risk/need of care. It embraces only information delivery and/or referral to existing social services. The second level - when the need for care or harm risk is identified. It embraces social work service provision to support families with children and offering all existing social services aiming at keeping the child with the family. The third level - when the need for care and/or harm is obvious and child needs social work service intervention and replacement in safe environment.

Obvious success of the reform is development of Child Protection Referral System, which followed the issue of the Law of Georgia on Elimination of Domestic Violence, Protection of and Support to Its Victims.¹⁷ The law introduced new measures for protection of women and children from domestic violence. It introduced a protective order and restrictive order issued by courts. Followed the execution of the law the government order signed by three ministers (Ministry of Education and Science, Ministry of Health, Labor and Social Affairs and Ministry of Internal Affairs) referral procedures for child protection has been developed. The order mandates social workers and the police to provide immediate protection for victims of violence and ensure their safety. Followed the law state shelters have been established however other social services have not set up. Protection of children from abuse and neglect appeared in the CWPAP 2008-12 and 2012-2015 as a separate goal. In 2009 Child Care Standards were adopted. The standards also address child protection measures for support and safety of children introducing IV standards on Child protection obliging child care services responsible for child protection and safety.

The weak point of the child protection system remains issue of restrictive order especially in case of neglect. the Law fails to introduce neglect as the form of abuse and correspondingly police fails to think otherwise. Therefore often there is disagreement between the social worker and the police in classifying the fact of violence. Despite the corresponding training provided to police capacity of police in exerting child friendly approaches remains limited. Another weakness of the system is mandatory reporting system. This is evidenced by the amount of referrals to police and Social Service Agency (SSA). Ms.Nino Nutsubidze, Save the Children representative mentioned referrals were more active during the pilot phase.

However, It is not arguable that there is advancement in addressing child abuse and neglect in Georgia. If there were no fact of bringing child abuse and neglect cases to the court several years ago, currently the situation has been changed. According to Social Service

In a year I want:
"to be courageous"

"to have shoes for
school"

"institution no to be
closed"

"alien to visit us"

¹⁷ The law was adopted in 2006, by the Parliament of Georgia.

Agency there were 29 referrals in 2010 and 35 in 2011 about child abuse in Tbilisi. In the whole country respectively the figures are increasing with 90 referrals in 2010 and 142 in 2011. As for the current year till the end of September there were 138 referrals. However, FG members emphasize the decrease in referrals in comparison to the intensity during the pilot phase. According the Ministry of internal Affairs there were 3 restrictive orders issued in 2010, 9 in 2011, and 5 in the current year till the end of September. As for protective orders, according to the Tbilisi City Court records, in 2010 the court reviewed five and issues 3 protective orders. In 2011 the court reviewed thirteen cases of violence and issues 11 protective orders. It is noteworthy to mention there are no referrals recorded for the abuse of disabled children in the Social Service Agency neither incidents of service delivery from the State Shelter for the Victims of Domestic Violence and Trafficking. Generally violence against disabled children is in excess in comparison to abled ones. Another are for improvement in Child Protection system is the development of monitoring mechanism for the execution of restrictive and protection orders.

When child does not like something:

“tells to SOS mother”

“tells to social worker”

“he is nervous”

Despite the enhancement of Family Support Services it still remains as weak point of the reform. Maintaining reactive policy it is limited to handful of quite effective programs, though not enough. Among them are food voucher and technical aid sub-program, day care centers, Reintegration Fund which is managed by the NGOs. Noteworthy that several studies revealed socio-economic problems of the family as the precondition for child's placement in the care system. *Research into the Impact of the Assistance Provided to Children and Households With Children in Georgia* (2010) revealed the following factors for child institutionalization: problems of child nutrition in the family, out of wedlock birth, single parenting, busy job, unemployment. Lately conducted study by Save the Children *Needs Assessment for Reintegrated Parents* revealed housing as a leading problem for families with reintegrated children, followed by economic problems due to lack of income, unemployment, material deprivation (Save the Children, 2012). However, the study states that often parents lack parenting skills and there are cases of mental disorders. The greatest problem of reintegrated children is education related: there cases when children are not enrolled in education system in accordance with their age, they have low academic performance and are not equipped for school. All named problems appropriate for the need of well developed family support services. Newly conducted discussion paper *Georgia: Reducing Child Poverty* reveals the need for additional social protection measures for the children and recommends the state to investment in the family support measures (UNICEF, 2012). The Head of the TFS, Ms. Maguli Shagashvili identified as the area for improvement the absence of pre school services for disabled children, shortage of day care services which are operational only in certain locations of the country (for the geographic coverage of day care centers see Annex 9). She also mentioned that absence of the monitoring system of day care services reflect on the quality of service. UNICEF Child protection officer complained about the underdeveloped inclusive education system for disabled. One important drawback of the reform is absence of services for children with mental health problems that results in the placement of these children in the services where there are not adequate resources for the fulfilment of their needs. This appears as quagmire for both other beneficiaries and service providers and fuels the deterioration of the service. There is need for special medical, psychiatric and community services for these children,

Stakeholders agree that one of the determiners of the success of the reform is social work service. Which despite the annual increase in numbers still remains incompatible with the need and service quality assurance. Currently in Georgia social workers are mainly functioning on the micro level. There is obvious need for expansion of mid level social work management. This was emphasized by the Operations Director of World Vision Ms. Lesley Orr.

Table 1. Number of children in large size state care institutions

Remaining Large Size Child Care Institutions				
Name of the Institution	Number of Children	Male	Female	Age of Children
Tbilisi Infant House	73	44	29	0-6
Telavi Child Care Institution	18	14	4	11-18
Kojori Child Care Institution	18	10	8	11-18
Kojori Care Institution for Disabled Children	22	13	9	8-18
Senaki Care Institution for Disabled Children	28	21	7	7-18
Total	159	102	57	

Table 2: Number of children now in formal alternative care settings

Name of the Institution	Number of Children	Male	Female	Age of Children
Small Family Group Home	316	134	122	6-18
Foster Care	1010	505	505	0-18

7 CHILD RIGHTS SITUATIONAL ANALYSIS STUDY RESULTS

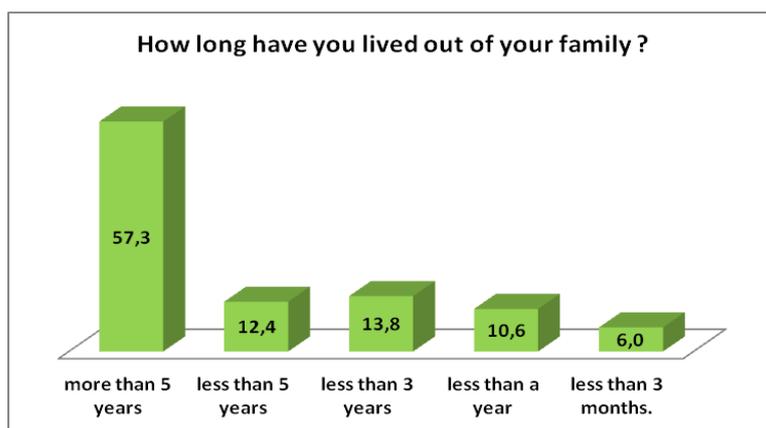
Informed consent of participant children and their parents or legal representative was obtained either directly by research team members or via their legal representatives. Explanation of the purpose of the research was provided to all study participants. The information depicted the length of the study, description of the procedures and anticipated benefits from the study to avoid inappropriate expectations. The information encompassed the statement that the participation is voluntary. It ensured confidentiality of revealed information during the focus group discussions.

7.1 Quantitative part of the study

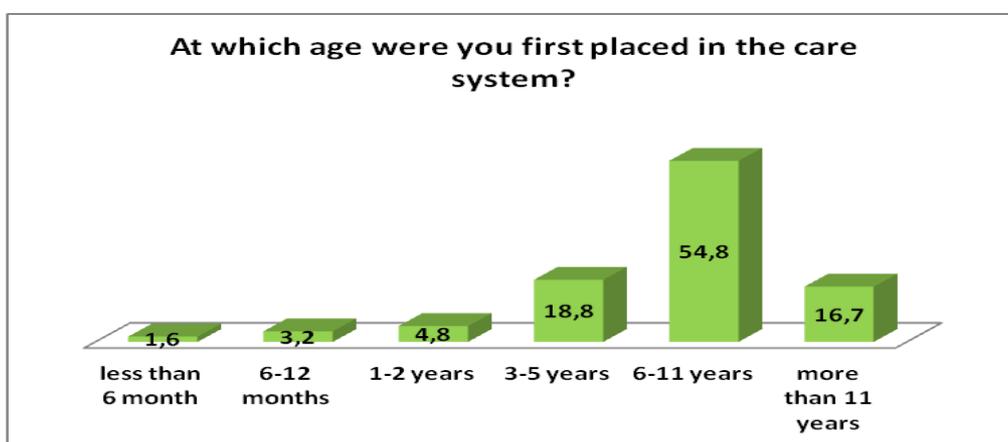
7.1.1 Survival and Development art.6,7,8,23,27,28,29

Children's Profile

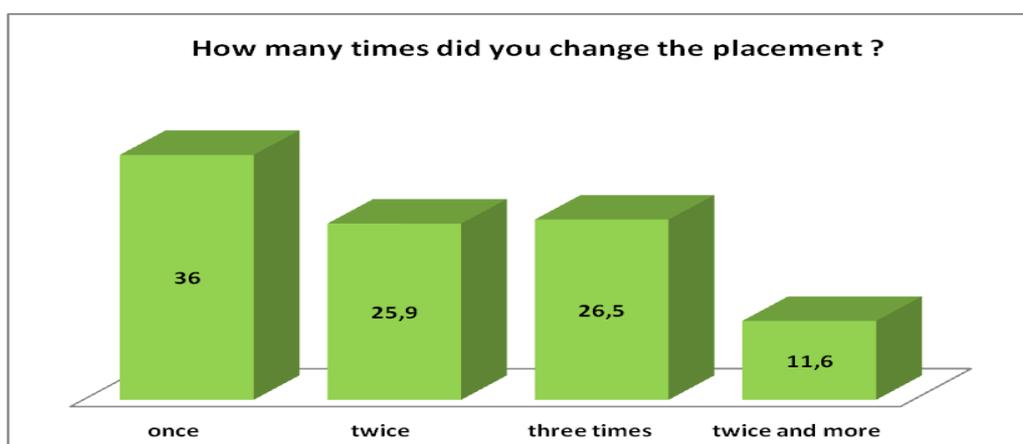
Children over 13 years old on the question **how long have you lived out of your family** 57.3 % answered *more than 5 years*, 12.4% answered *less than 5 years*, 13.8% answered *less than 3 years*, 10.6% *less than a year*, and 6% *less than 3 months*.



On the question **at which age were you first placed in the care system** 1.6 % answered *less than 6 month*, 3.2% answered *6-12 months*, 4.8% answered *1-2 years*, 18.8% answered *3-5 years*, 54.8% answered *6-11 years*, and 16.7% *more than 11 years*.



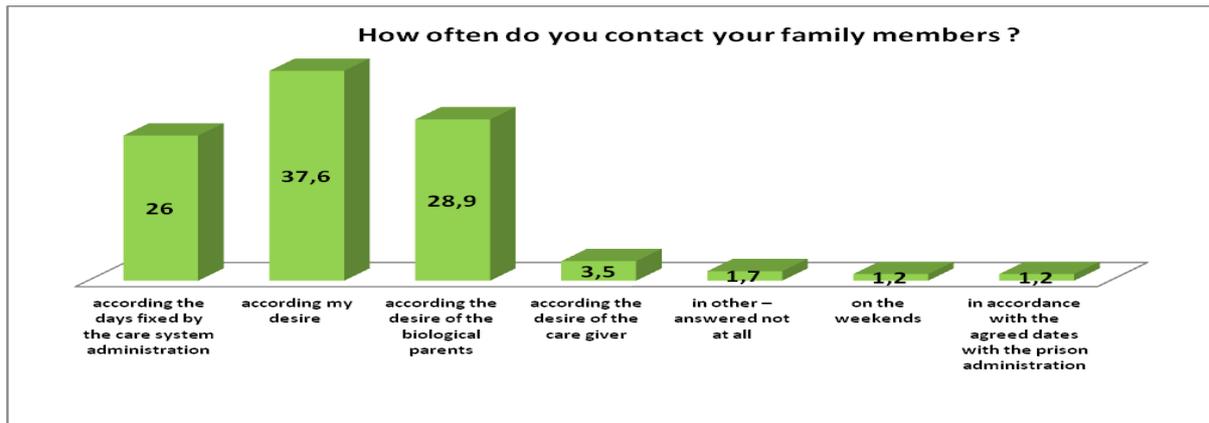
On the question **how many times did you change the placement** 36% answered *once*, 25.9% answered *twice*, 26.5% answered *three times*, 11.6% answered *twice and more*. Chi-square analysis show that children in FSBS changed the placement >2 and this data differ from other groups. Person Chi square (measure of association) is big (chi square = 25.292) and approaches significance ($p=0$).



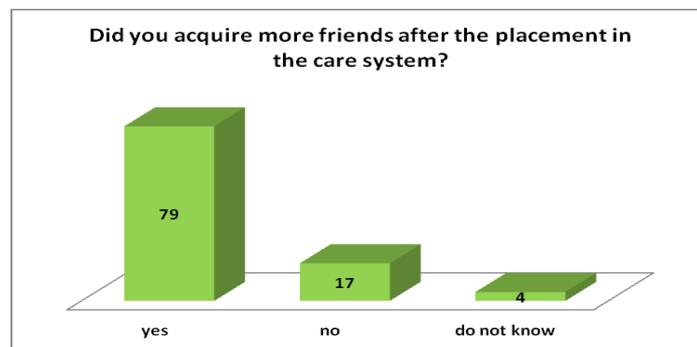
On the question **did you easily adapt to care environment** 65.4% of children answered *yes, in a few months*, 5.4% *yes, in a year*, 4.4% *yes, in several years*, 8.8% *could not adapt*, 5.9% *it is difficult for me to answer*, in other – 4.4% stated *in several days*, 3.4% *in a week*, 1% *in several weeks*, 0.5% *easily with care givers*, *not easily with children*, 0.5% *easily at the beginning, but have problems now*.

Social Contacts

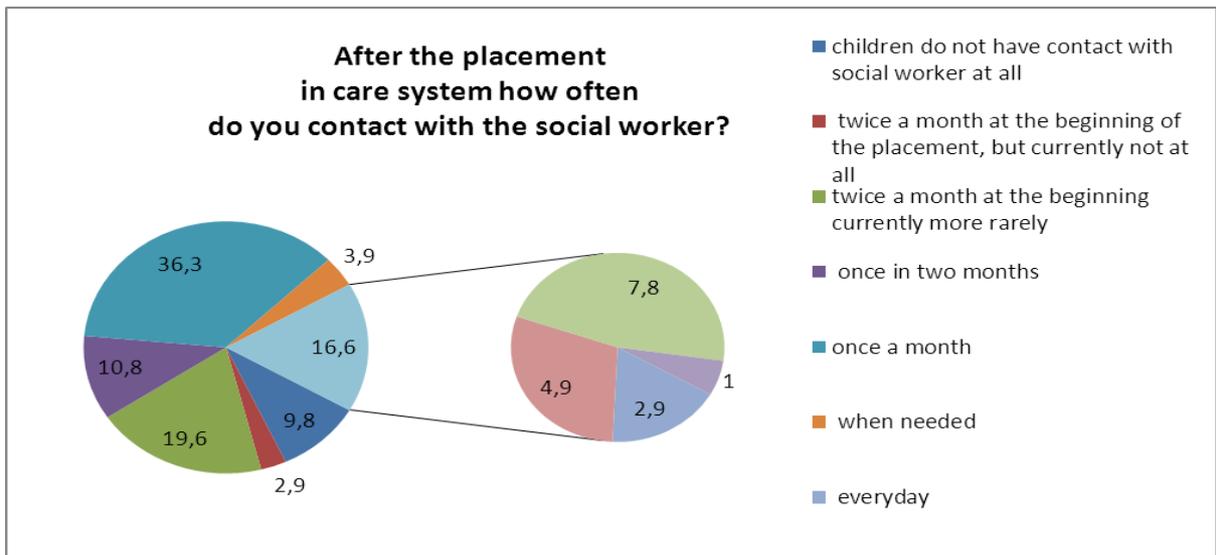
On the question **how often do you contact your family members** 26% said *according the days fixed by the care system administration*, 37.6% said *according my desire*, 28.9% *according the desire of the biological parents*, 3.5% *according the desire of the care giver*, in other – 1.7% answered *not at all*, 1.2% *on the weekends*. By the Children in FSBS the highest percentage among the answers given was *according parents desire* by 35.4%, by the children in SOSS *according my desire* by 53%. Person Chi square (measure of association) is big (chi square = 17.069) and approaches significance (p=0.009).



On the question **did you acquire more friends after the placement in the care system** 79% answered positively, 17% negatively, 4% *do not know*. Majority of the negative answers were from children in FSBS.

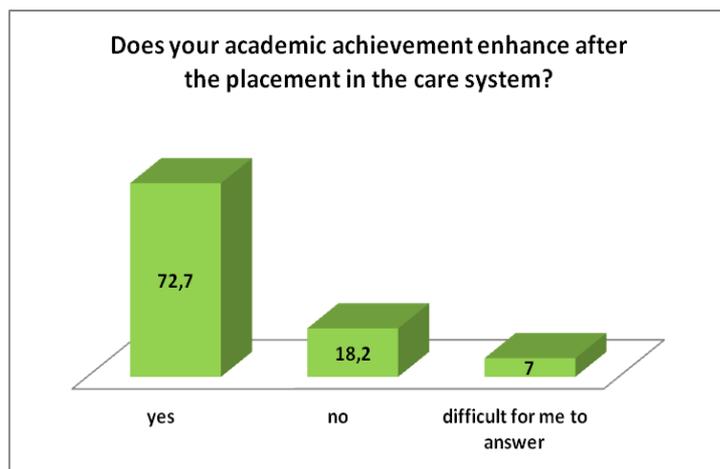


On the question **after the placement in care system how often do you contact with the social worker** 9.8% of children answered that *they do not have contact with social worker at all*, 2.9% answered *twice a month at the beginning of the placement, but currently not at all*, 19.6% *twice a month at the beginning currently more rarely*, 10.8% answered *once in two months*, 36.3% *once a month*, in other 3.9% answered *when needed*, 2.9% *everyday*, 4.9% *often*, 1% *do not know*, 7.8% *weekly*. Majority of children in FSBS answered *once a month* by 37.9%, children in SOSS answered *they do not have contact with social worker at all* by 100%, among their answers children in FSPS stated *twice a month at the beginning currently more rarely* by 33.3%.



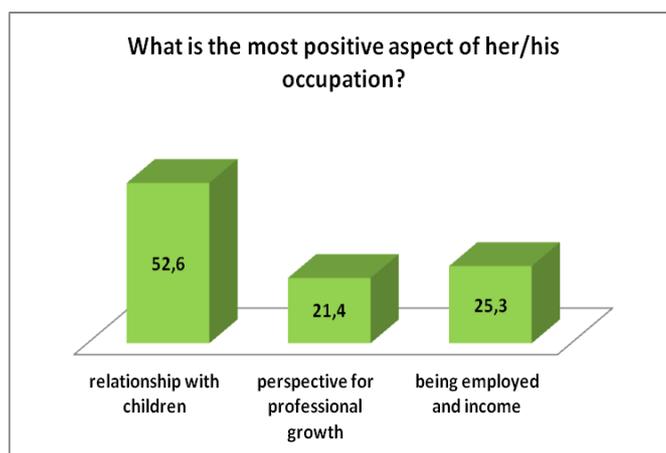
Academic Achievements

On the question **does your academic achievement enhance after the placement in the care system** 72.7% answered positively, 18.2% negatively, 7.% *it is difficult for me to answer*.

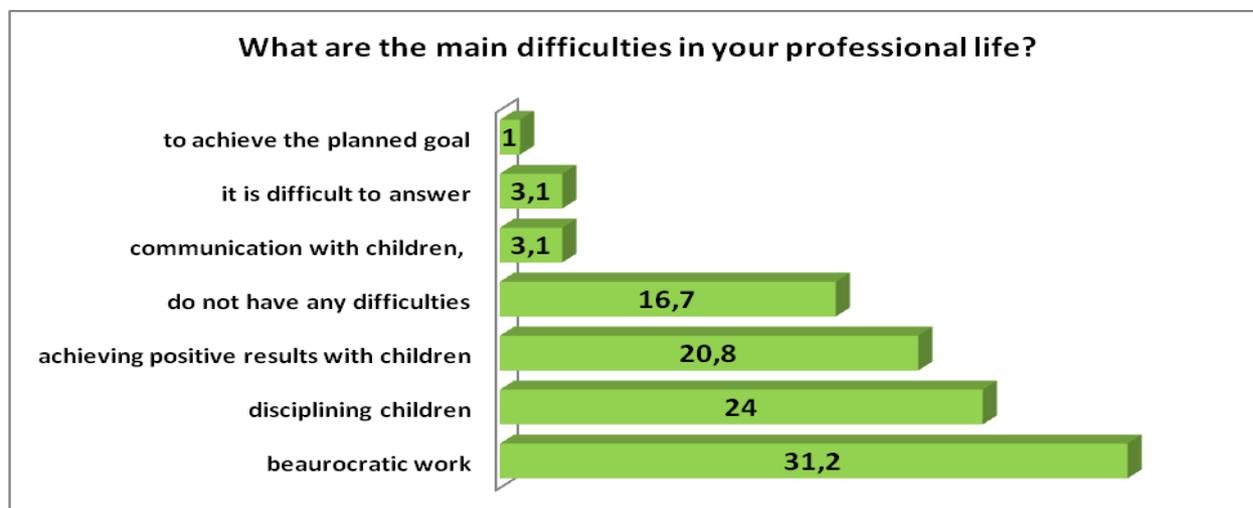


Caregivers' Profile

The caregivers of all types of services appeared to be occupied in the child welfare domain for more than 4 years. However, recently employed caregivers are also prevalent. Great majority of them appeared to be happy with their occupation (73%). Only insignificant amount stated opposite (1.2%). 52.6% thinks that **most positive aspect of her/his occupation** is *relationship with children*, 21.4% think *perspective for professional growth*, 25.3% *being employed and income*.



On the question **what are the main difficulties in your professional life** majority with 31.2% answered *beaurocratic work*, 24% *disciplining children*, 20.8% *achieving positive results with children*, 16.7% *do not have any difficulties*, 3.1% *communication with children*, 3.1% *it is difficult to answer*, 1% *to achieve the planned goal*. Interestingly, services differ in identification of the most problematic issue: as appeared the most problematic issue for caregivers in FSBS is *child disciplining* (by 30.3%), for SOSS parents *beaurocratic work* appeared to be more painful (by 53.3%). On the question to parents of children at risk of losing parental care **who assisted you in crisis situation** 27% answered *friends and relatives*, 26.1% *SOS representative*, 40% *social workers*. On the question to the same target group **what assisted you in crisis situation** 28% answered *friends and relatives*, 20% *employment*, 32% *SOS representative*, *psychologist* 4%. On the question to the same target groups **what is the role of the child in family crisis situations** 68.9% answered the *child has to continue education*, 24.4% *child has to support family as s/he can*, 2.2% *child has to support family financially*.

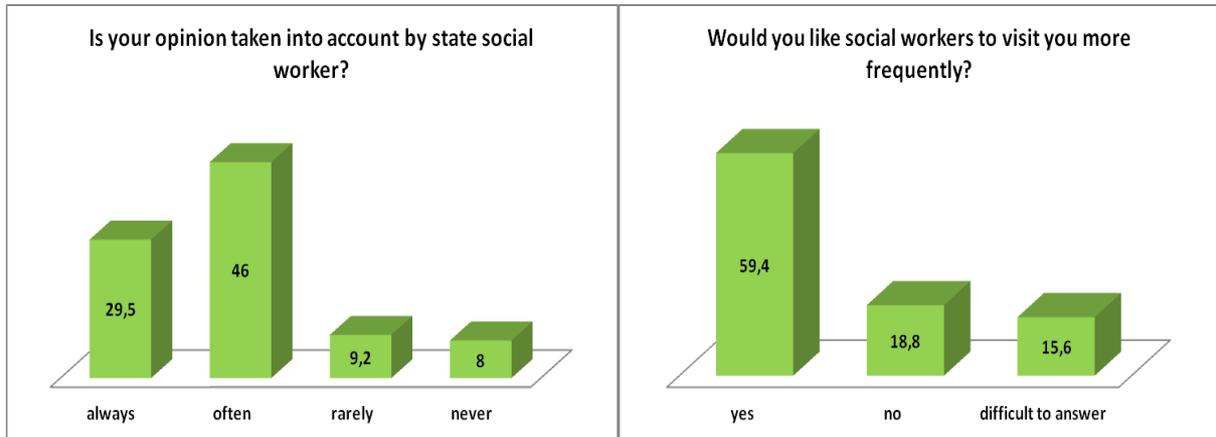


Contact with Social Workers

On the question **is your opinion taken into account by state social worker** 29.5% answered *always*, 46 % *often*, 9,2% *seldomely*, 8% *never*. The highest percentage by caregivers in FSBS was given to the answer *often* (58.2%), by SOSS caregivers to the answer *seldom* (28.6), by FSPS caregivers *always* (72.7%). Chi-square analysis show that all three groups differ from each other. In particular, caregivers in FSPS¹⁸ answer more often *always* than caregiver in SOSS. Caregivers in FSBS answer more often *often* than other groups. Caregivers in SOSS answer more often *never* than other groups. Person Chi square (measure of association) is big (chi square = 49.123) and approaches significance (p=0).

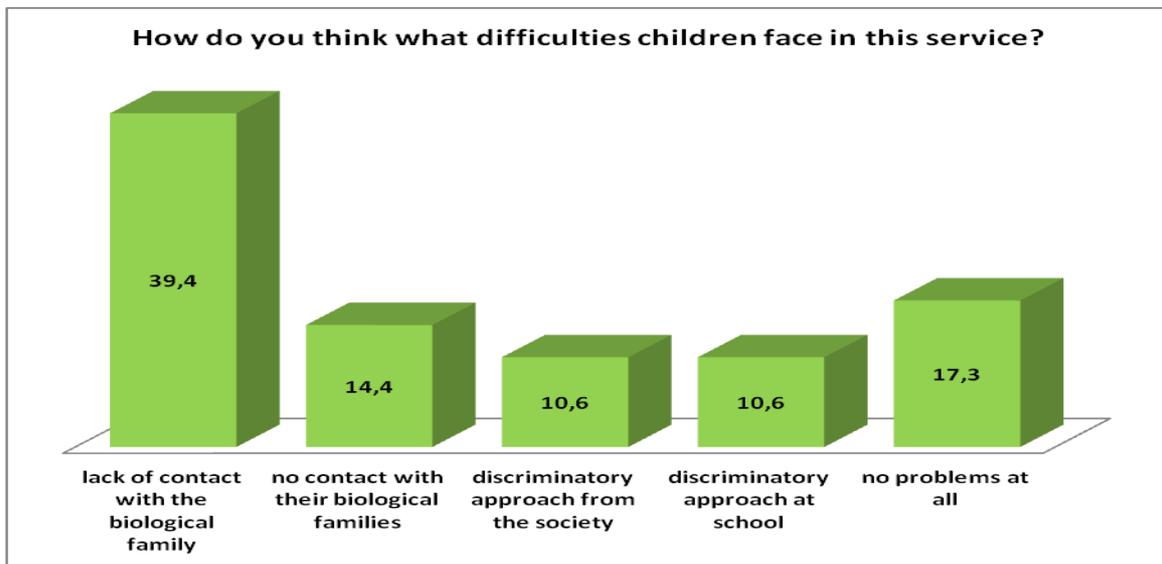
¹⁸ Caregivers in FSPS are caregivers in day centers and parents of children at risk of losing parental care (parents of FSP, IDP and disabled children parents of children from extremely poor families).

On the question to parents of children at risk of losing parental care **would you like social workers to visit you more frequently** 59.4% answered positively, 18.8% negatively, 15.6% said *it is difficult for them to answer*.



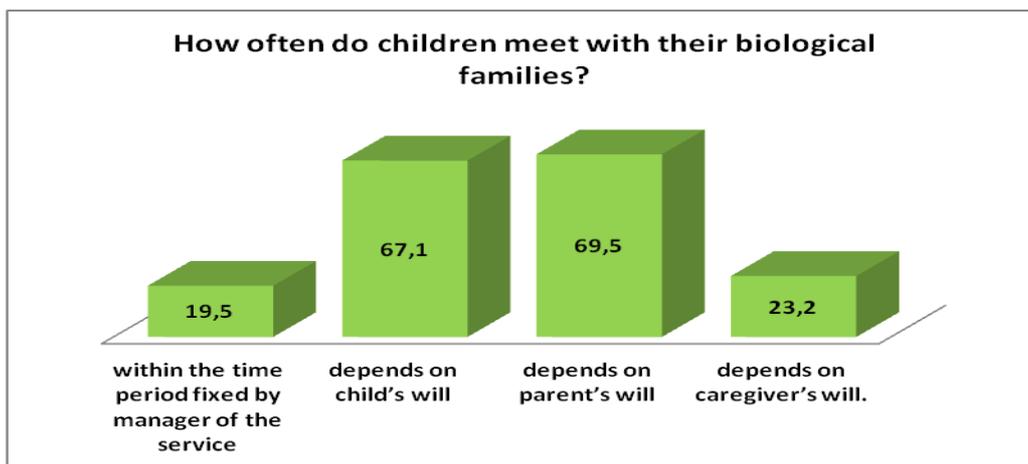
Caregivers Perception about Children

On the question **how do you think what difficulties children face in this service** 39.4% answered *lack of contact with the biological family*, 14.4% answered *no contact with their biological families*, 10.6% *discriminatory approach from the society*, 10.6% *discriminatory approach at school*, 17.3% answered *no problems at all*. On this question among other answers children answered with the highest indicator *on lack of contact with the biological family*.

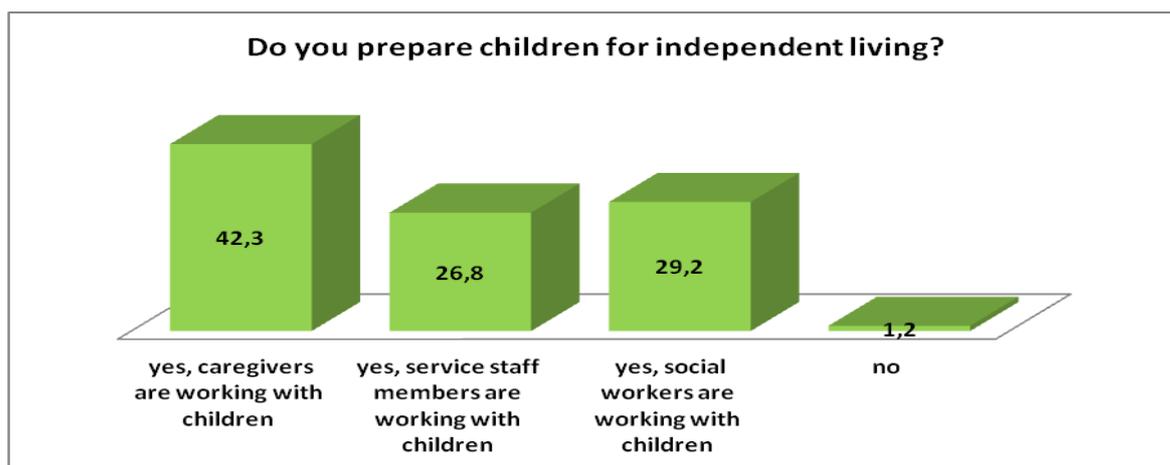


Preparation for Leaving Care

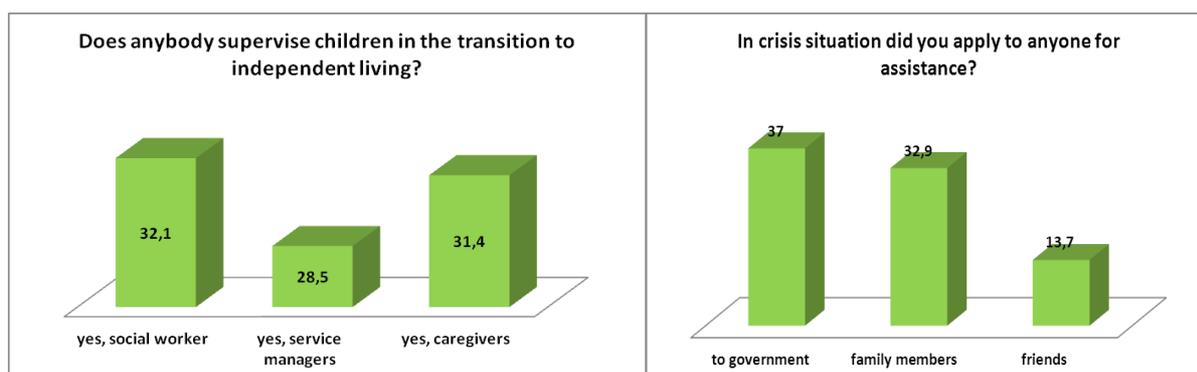
On the question **how often do children meet with their biological families** 19.5% of caregivers answered *within the time period fixed by manager of the service*, 67.1% said *depends on child's will*, 69.5% said *depends on parent's will*, 23.2% said *depends on caregiver's will*.



On the question **do you prepare children for independent living** 42.3% answered yes, *caregivers are working with children*, 26.8% answered yes, *service staff members are working with children*, 29.2% yes, *social workers are working with children*, only 1.2% answered negatively. Interestingly, social workers involvement in the process is minimized in case of SOS service, while active in case of FSBS, coming after the caregivers. 64% of caregivers consider 4 years enough for preparation for independent life. However, while clarifying the degree of readiness 75.9% of them think that they are *partially ready*, 13.9% thinks *that they are not ready*. Only 8.9% thinks that *children are ready for independent life*.



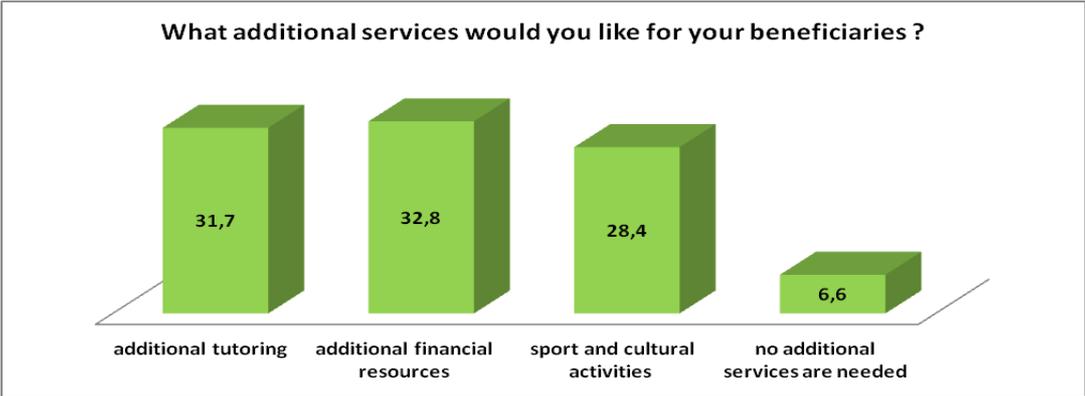
On the question **does anybody supervise children in the transition to independent living** 32.1% of caregivers said yes, *social worker*, 28.5% said yes, *service managers*, 31.4% said yes, *caregivers*. In case of SOSS key role for supervision plays service manager (43.6% as oppose to 16.4% in case of social workers), in case of FSBS social worker (by 41.1% as oppose to 20% in case of service managers).



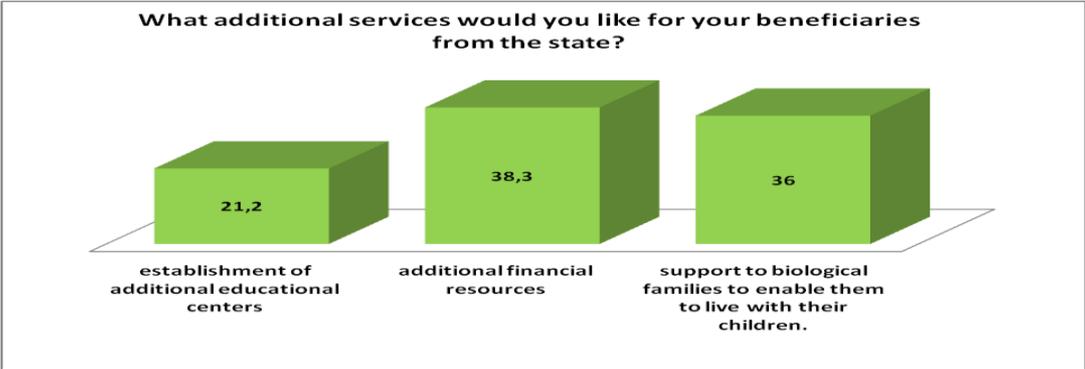
On the question (to parents of children at risk of losing parental care) *in crisis situation did you apply to anyone for assistance* the highest indicator received from both parents of reintegrated children and parents from family strengthening program was *yes, to government* by 37%, followed by *yes, family members* by 32.9% and *friends* by 13.7%. On the question to the same target group *who assisted you in crisis situation* the highest score among all answers received social worker in both groups (by 40.6%). On the question *did you ever think to place your child in the institution*, only 18.5% of caregivers in FSPS replied positively.

Needs Identified

On the question **what additional services would you like for your beneficiaries** 31.7% of respondents answered *additional tutoring*, 32.8% *additional financial resources*, 28.4% *sport and cultural activities*, 6.6% *no additional services are needed*. SOSS caregivers identified additional tutoring followed by sport and cultural facilities as the most important (by 40.8 % and 34.7% respectively), FSBS answered additional financial resources followed by additional tutoring (by 37% and 27.2% respectively). However, there is difference between Kutaisi and Tbilisi SOS caregivers responses: Kutaisi SOS caregivers underlined additional tutoring among other answers as the most needed additional service by 58.8%, while Tbilisi SOS caregivers named sport and cultural facilities by 40.6%. Parents in FSP within their responses prioritized *additional financial resources* was responded by 33%, followed by *additional tutoring* by 31%, *Sports and cultural activities* by 26%. The respond *no additional services are needed* was relevant for 9.5% beneficiaries.



On the question **what additional services would you like for your beneficiaries from the state** 21.2% of caregivers said *establishment of additional educational centers*, 38.3% *additional financial resources*, 36% said *support to biological families to enable them to live with their children* (interestingly enough among other answers Foster Parents responded predominantly by this respond – 46.5%). Parents in FSP within their responses prioritized *additional financial resources* by 44.4%, followed by *establishment of additional educational centers* by 20%, and *support to biological families* by 24.4%.



The desire to receive **additional training in child related issues** expressed 75% of FSBS caregivers.

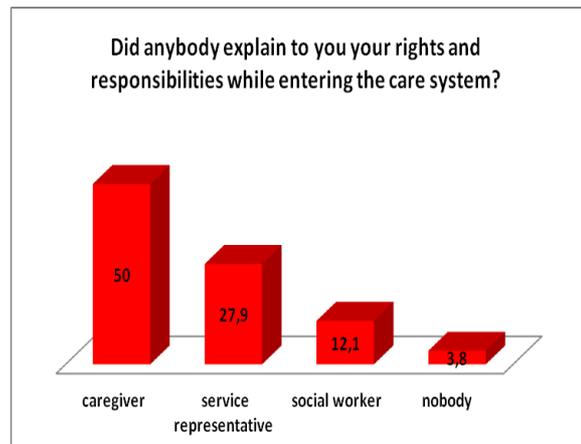
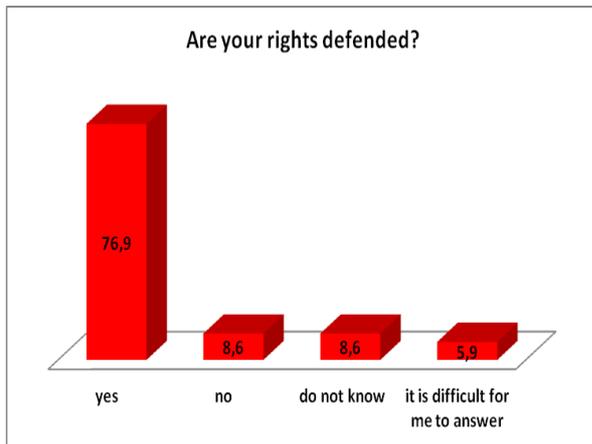
conclusion:

- Given the length of children’s placement in out of home care services, high incidence of replacement within the care system, not high percentage of their contact with biological families necessitates strengthening of family support services.
- Caregivers long experience in the care system, their motivation in care provision, properly identified problems for better result achievement is reason for optimism.
- Intensified collaboration between the caregivers and social services proved effective nevertheless disproportional involvement of social workers with various care providers and beneficiaries was revealed.
- Discriminatory approach from the society accentuates the necessity for interference.
- Majority of parents of children in FSBS have low motivation to fulfill their parenting responsibilities.
- Additional financial assistance, educational and social work services are identified as need for the children both in care system and in families at risk of separation with their children.
- The caregivers request for additional training holds promise.

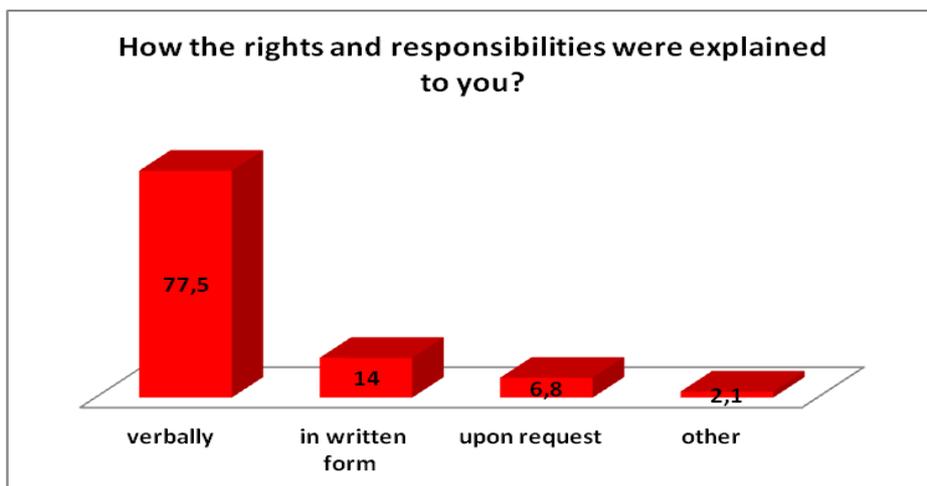
7.1.2 Protection and non-discrimination art. 2,5,9, 17, 19,20, 32-36, 37

Children’s Perception about thier Rights Defence

Children over 13 years old on the question **are your rights defended** 76.9% positively, 8.6% negatively, 8.6% *do not know*, 5.9% *it is difficult for me to answer*. Majority of negative answers were from FSPS. The main context where they encounter violation of their rights is school environment by 28.6%. Person Chi square (measure of association) is big (chi square = 41.483) and approaches significance (p=0.002). On the question **did anybody explain to you your rights and responsibilities while entering the care system** 50% answered *caregiver*, 27.9% *service representative*, 12.1% *social worker*, *nobody* 3.8%.

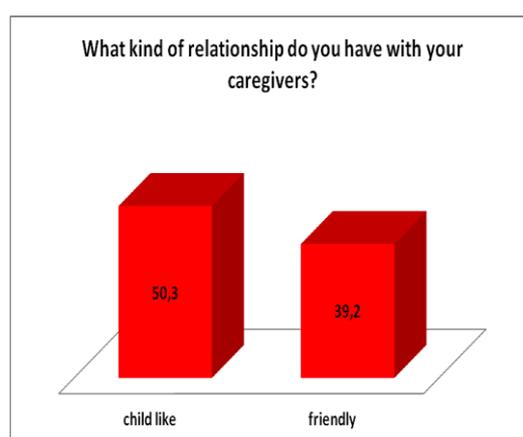
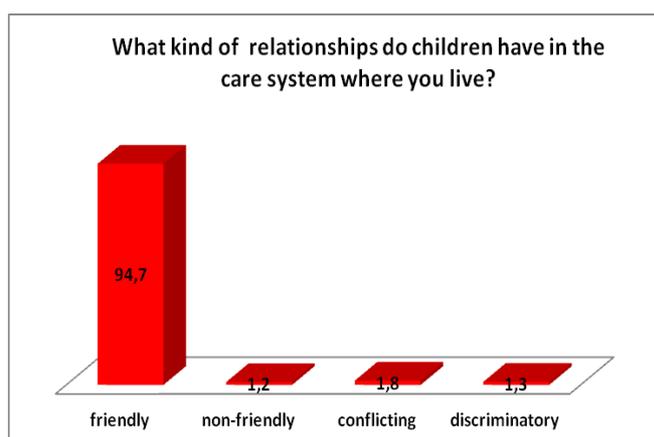


On the question **how the rights and responsibilities were explained to you** 77.5% answered *verbally*, 13,6% *in written form*, 6.8% *upon request*, 2.1% *other*. Majority of responses within in *written form* fall under SOS services.

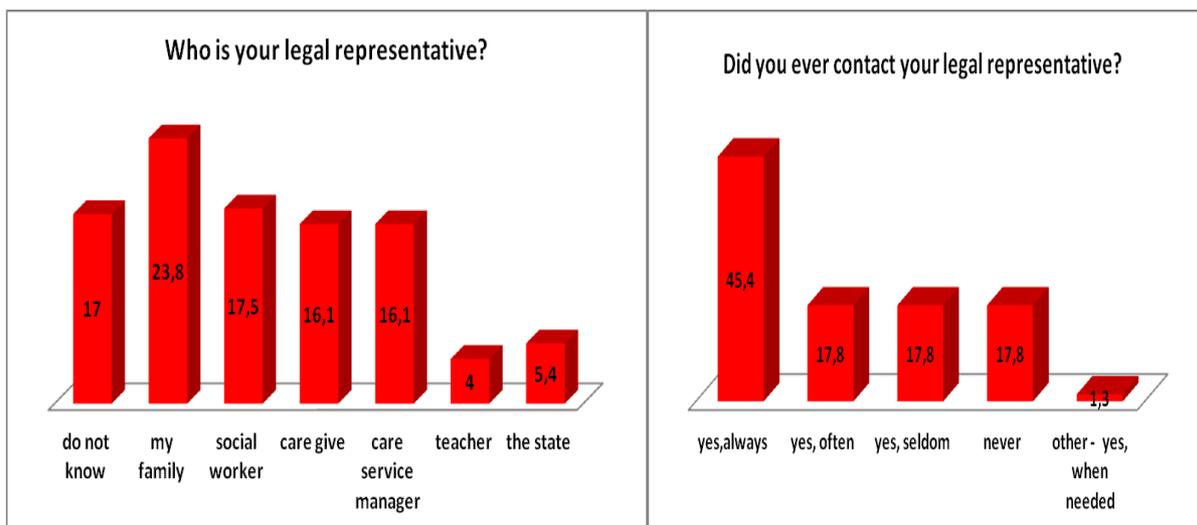


Social Contacts

On the question **what kind of relationships do children have in the care system where you live** 94.7% answered *friendly*, 1.2% *non-friendly*, 1.8% *conflicting*, 1.3% *discriminatory*. On the question **what kind of relationship do you have with your caregivers** among answers *parent and child like*, *friendly*, *often have conflicts*, *conflicting*, *can not get along*, *it is difficult for me to answered* and *other*, the highest percentage received *parent and child like* and *friendly* by 50.3 % and 39.2% respectively.

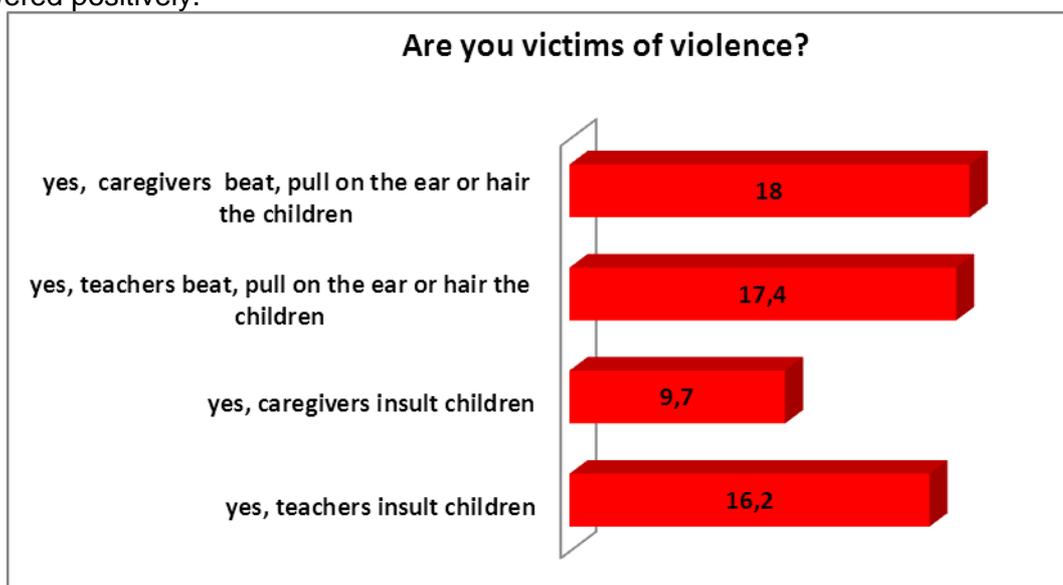


On the question **who is your legal representative** 17 % answered *do not know*, 23.8% answered *my family*, 17.5% *social worker*, 16.1% *care give*, 16.1% *care service manager*, 4% *a teacher*, 5.4% *the state*. On the question **did you ever contact your legal representative** 45.4% answered *yes, always*, 17.8% *yes, often*, 17.8% *yes, seldom*, 17.8% *never*, in *other - yes, when needed* by 1.3%.



Child Abuse

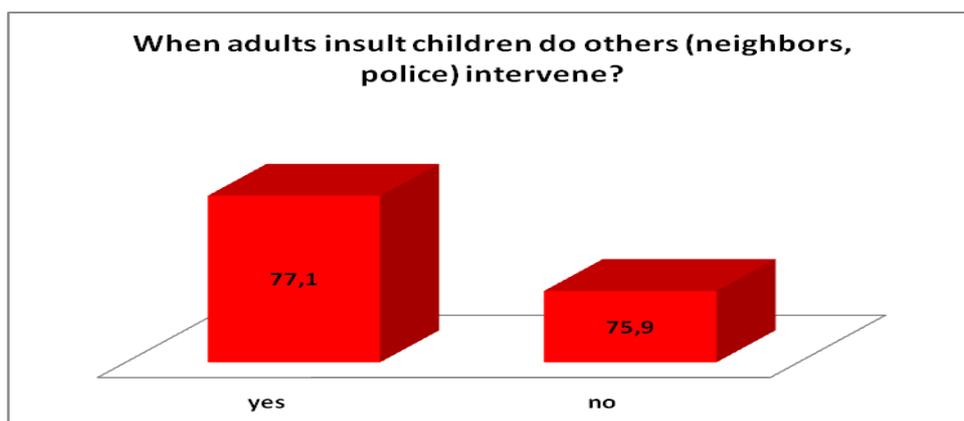
Children 6-12 years old on the question **do teachers insult children** only 16.2% answered positively and among them prevailed children in FSBS. **On the same question about the caregivers** only 9.7% answered positively. On the question **do teachers beat, pull on the ear or hair the children** 17.4% gave positive answers. Among them predominated children from FSPS (especially children in day care and IDP children). On the same question 18% of children answered positively about caregivers. On the question **are adults (teachers, police, caregivers) dismissed from work if they insult children** 63.6% of children answered positively.



On the question **do adults call children "children from orphanages"** 32% of children answered positively.

Child Protection

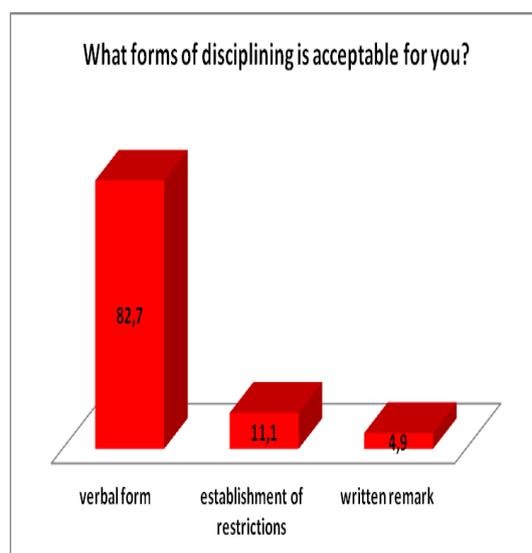
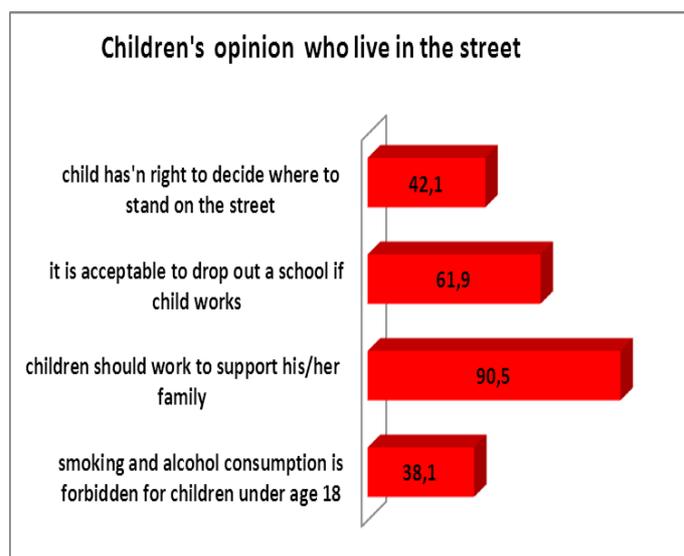
On the question **when adults insult children do others (neighbors, police) intervene** 77.1% of children answered positively. None of negative answers was received from the children in SOSS. Person Chi square (measure of association) is big (chi square = 6.424) and approaches significance (p=0.04). On the same questions about the parents, 75.9% answered positively.



On the questions **do journalists ask children when they are taking their photos**, majority answered positively, only 24.6% answered negatively. Among negative answers children in FSPS (predominantly children in Day Care Children and IDPs) prevailed.

On the question **is smoking and alcohol consumption forbidden for children under age 18** only 38.1% answered positively. On the question **should children work to support his/her family** 90.5% answered positively. On the question **is it acceptable to drop out a school if child works**, 61.9% answered positively. On the question **has child right to decide where to stand on the street** 42.1% of children answered negatively¹⁹.

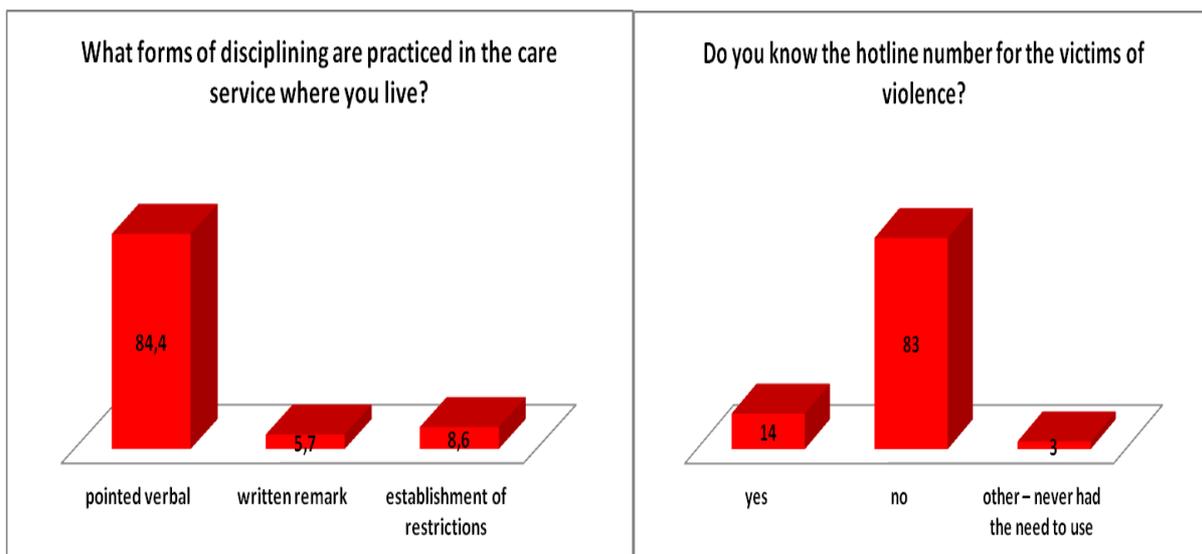
On the question **what forms of disciplining is acceptable for you** verbal form appeared the most acceptable by 82.7%, *establishment of restrictions* received 11.1%, and *written remark* 4.9%.



On the follow up question **what forms of disciplining are practiced in the care service where you live** 84.4% pointed *verbal*, 5.7% *written remark*, 8.6% *establishment of restrictions*. Majority of “written form” responses on the both questions were from children in SOSS.

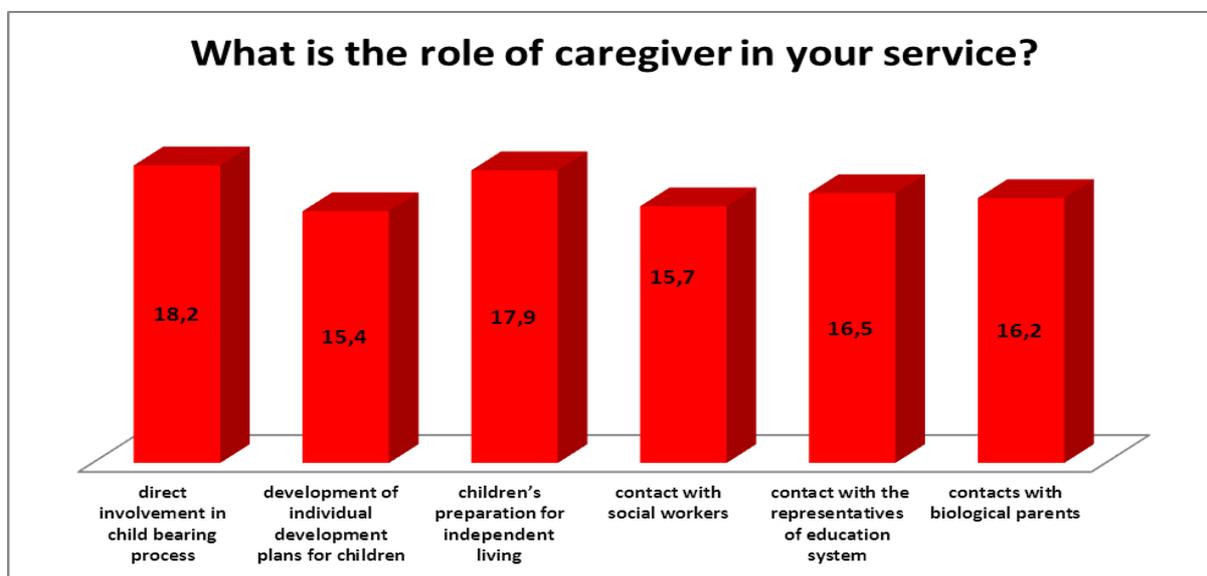
On the question **do you know the hotline number for the victims of violence** 14% answered *positively*, 83% *negatively*, 3% *in other – never had the need to use*.

¹⁹ These questions were put to children living in the street.



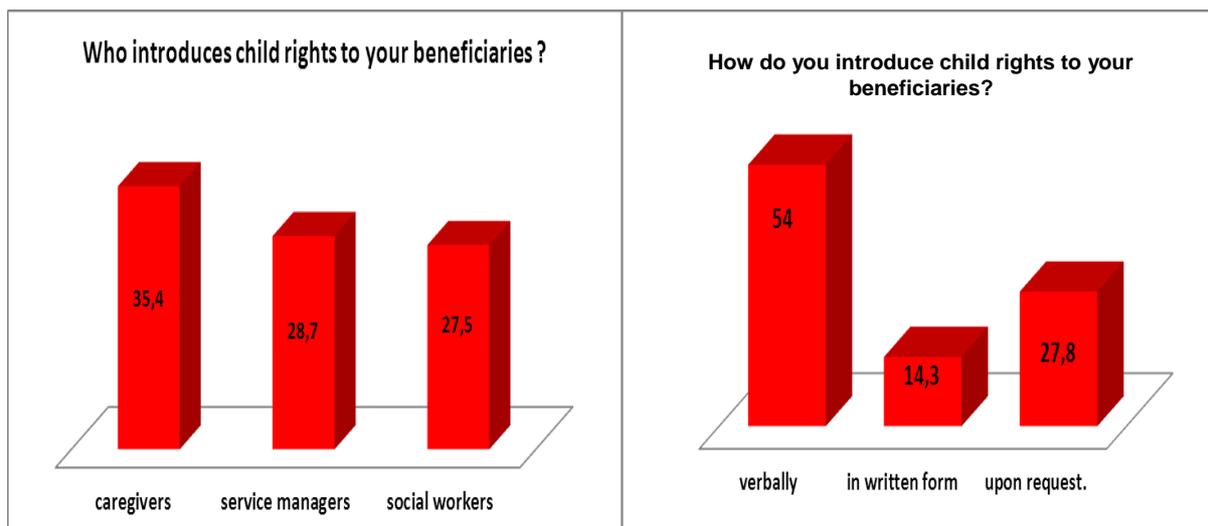
Caregivers' Profile

The caregivers of all types of services on the question **what is the role of caregiver in your service** by 18.2% of caregivers answered *direct involvement in child bearing process*, 15.4% answered *development of individual service plans for children*, 17.9% *children's preparation for independent living*, 15.7% *contact with social workers*, 16.5% *contact with the representatives of education system*, 16.2% *contact with biological parents*. Among all answers *contact with social worker* received less percentage than other options for SOS caregivers (by 11.9%) when caregivers in FSBS services revealed higher percentage among the answers in seeing *contacting social worker* as their role (by 17.3). Caregivers in FSBS consider as their role *contact with biological families* by more than 17% as oppose to 13.8% stated by SOS caregivers.



Caregivers Perception about Children's Rights

On the question **who introduces child rights to your beneficiaries** 35.4% said that *caregivers do*, 28.7% said *service managers do*, 27.5% *social workers do*. Main difference between care sub-groups was the involvement of social worker in the process: in FSBS the level of social work involvement is higher, while in SOSS lower (67.3% and 48% respectively). On the question **how do you introduce child rights to your beneficiaries** 54% answered *verbally*, 14.3% *in written form*, 27.8% *upon request*.



On the question **do children help you in chores** majority of caregivers in FSPS answered positively. On the question **what is the role of the child in family crisis situations** 24.4% of caregivers in FSPS answered that *children should help families as they can*, however, 68.9% stated that *they should not quit school*.

96.3% of caregivers said that **their beneficiaries have contact with their legal representatives**, however on the same question to children only 17% of them answered that *they do not know who is their legal representative*, 23.8% said *my family*, 17.5% said *social worker*, 16.1% *caregiver*, 16.1% *care service manager*, 4% *a teacher*, 5.4% *the state*. The obvious unfamiliarity in this issue was revealed during the FG discussions.



Conclusion:

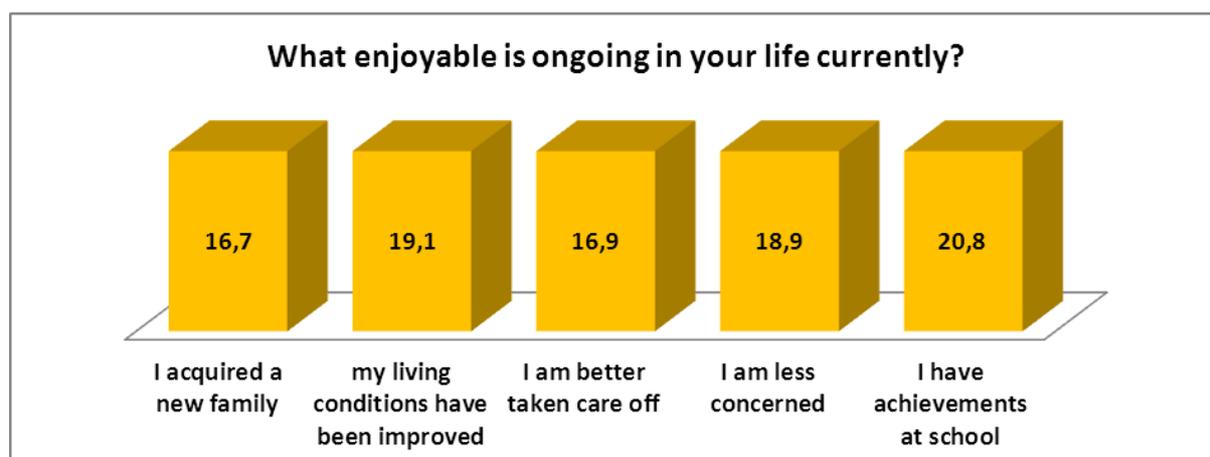
- Notwithstanding the ongoing reforms in both educational and child care system school environment remains discriminatory environment for children. However, the fact that the indicators are much less in care system proved effectiveness of the reform and emphasizes the apt focus on rights based approach in care provision.
- The unacceptability of discriminatory behavior towards children within the ongoing educational and child welfare reforms, the enhancement of the children's awareness about their rights explains high indicator of children's expectations that child rights violation should be addressed appropriately (despite the low indicators of society's involvement in reporting on the child discrimination cases and few punitive measures taken by authorities in this regard).

- The low involvement of social workers and teachers in preparation of children for independent living emphasizes the need to assist child care system workers in realization of their supreme role in care provision.
- The fact that crucial role of social work service is underlined in FSPS justifies the rational for enhancing this component in FSBS. The high indicator that parents are not intending to place their children in institutions despite the manifold socio-economic problems increases the probability that assistance will be both efficient and effective.
- The fact that children are not informed about hotline number in case of their rights violation within the context of still existing non/physical strategies of disciplinary practices, unawareness about who is their legal representative, their rights about alcohol consumption and engagement in economic activities undermining their development accentuates the need for strengthening special protection measures.

7.1.3 Participation art. 12, 18, 29

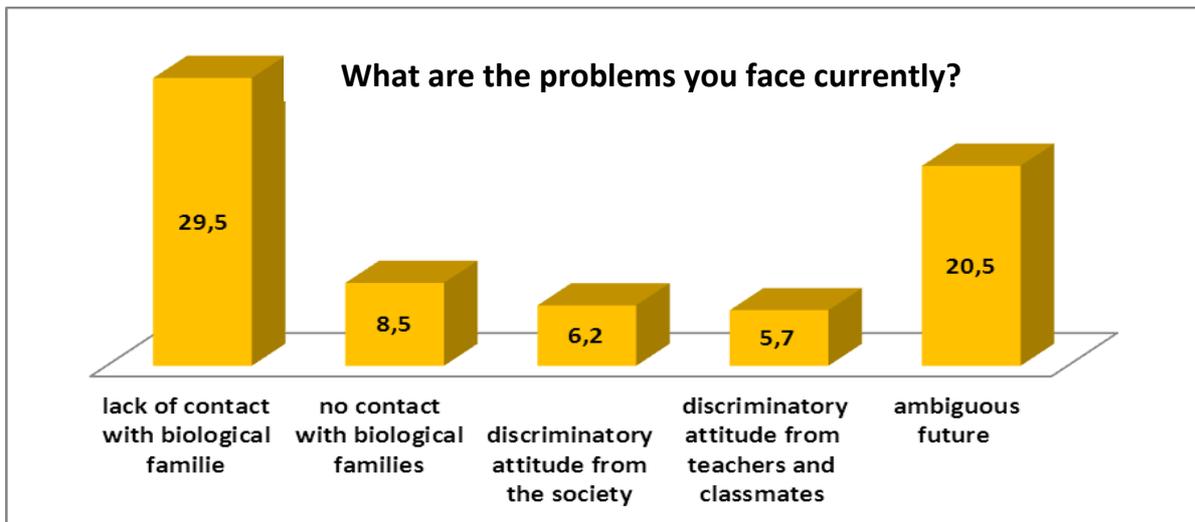
Children's Profile

Children over 13 years old on the question **what enjoyable is ongoing in your life currently** 16.7% of children answered that *they acquired a new family*, 19.1% answered that *their living conditions have been improved*, 16.9% answered that *they are better taken care off*, 18.9% answered that *they are less concerned*, 20.8% answered that *they have achievements at school*.

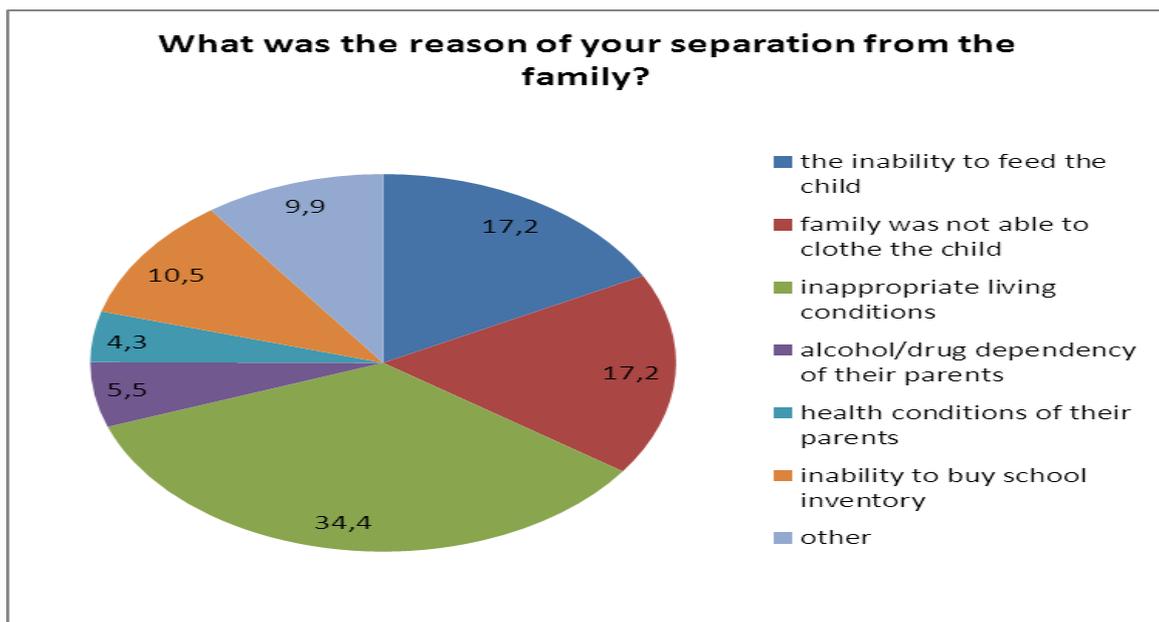


Interestingly, children in FSBS gave high percentage to *improvement of living conditions* among the answers, children in SOSS gave the highest to *being less concerned* by 29%, children in FSPS gave the highest percentage to *achievement at school* by 31.6%.

On the question **what are the problems you face currently** 29.5% answered lack of contact with biological families, 8.5% *no contact with biological families*, 6.2% indicated *discriminatory attitude from the society*, 5.7% *discriminatory attitude from teachers and classmates*, 20.5% *ambiguous future*. Remarkably, the highest indicator among the answers children in FSBS pointed *lack of contact with biological families* by 44%, children in SOSS *ambiguous future* by 20%, children in FSPS *discriminatory attitude from the society* by 12.8%.



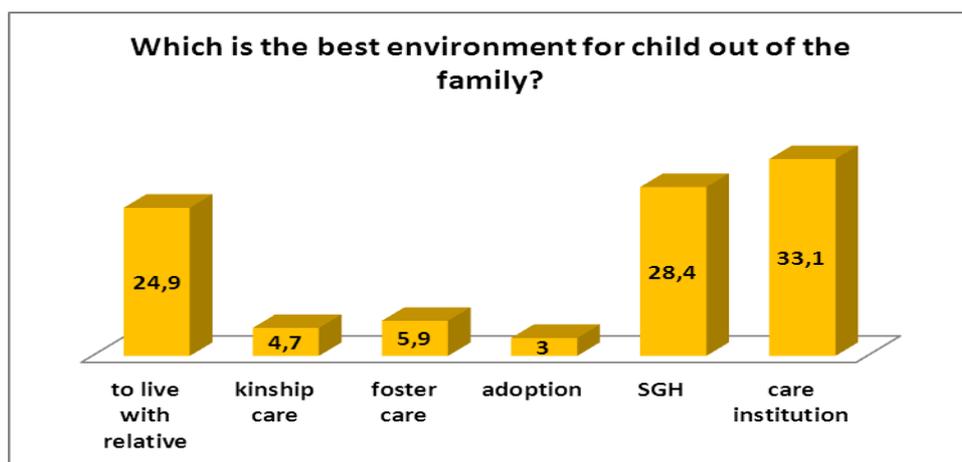
On the question **what was the reason of your separation from the family**, 17.2% named *the inability to feed the child*, 17.2% said that *family was not able to clothe the child*, 34.4% named *inappropriate living conditions*, 5.5% named *alcohol/drug dependency of their parents*, 4.3% named *health conditions of their parents*, 10.5% *inability to buy school inventory*, in other – 5.5% named *closure of the care institution*, 0.8% *poverty*, 0.8% *parent’s divorce*, 0.8% *my bad behavior*, 0.8% *mother’s death*, 0.8% *mother’s imprisonment*, 0.4% *problems with grandfather*.



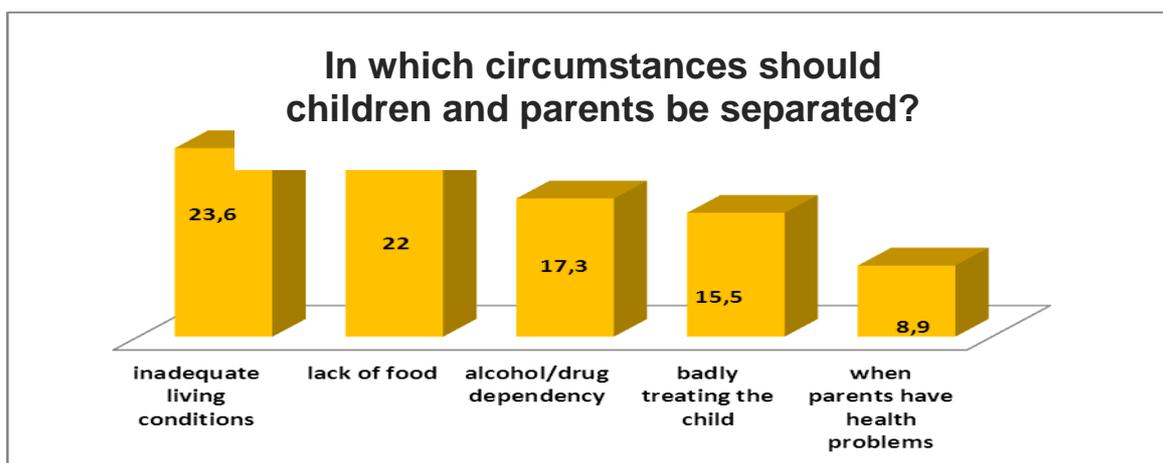
Children’s Views about Living out of the Family Environment

On the question **which is the best environment for child out of the family** 24.9% answered to live *with relative*, 4.7% *in kinship care*, 5.9% *in foster care*, 3% named *adoption*, 28.4% named *SGH*, 33.1% named *care institution*²⁰. Chi-square analysis show that children in FSPS answer relative, children in the other groups named the form of care where they live. Person Chi square (measure of association) is big (chi square = 71.232) and approaches significance (p=0).

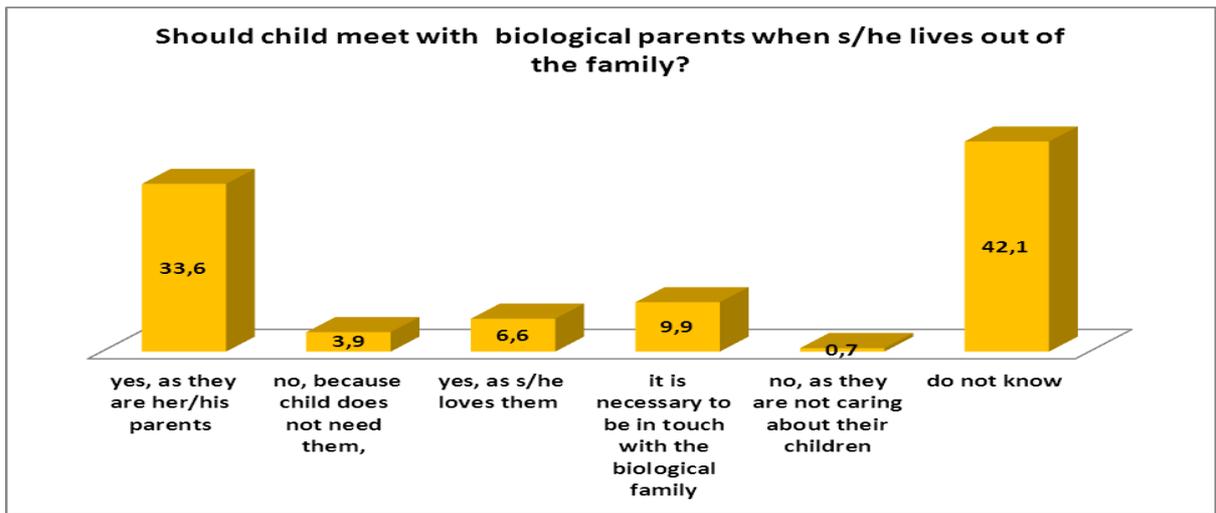
²⁰In the questionnaires for children in SOS CVP instead of *care institution* was listed SOS CVP



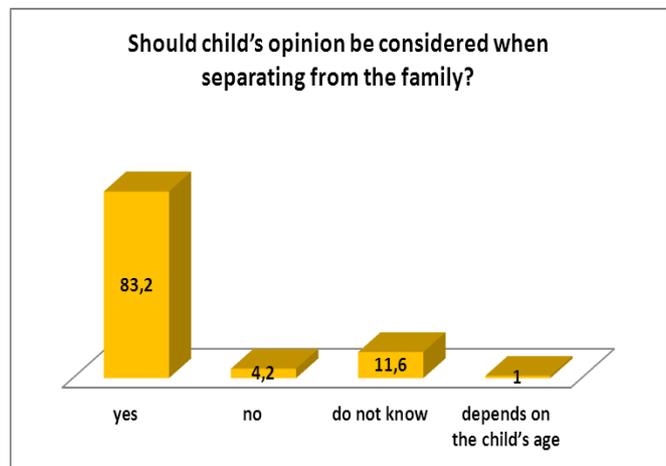
On the question **in which circumstances should children and parents be separated** highest response indicator fall on inadequate living conditions (by 23.6%), followed by lack of food (by 22%) and alcohol/drug dependency (17.3). Surprisingly, the response *badly treating the child* received 15.5%. The answer when parents have health problems received 8.9%. Interestingly, children in FSBS highly scored inadequate living conditions by 27% among the answers, the same answer was scored the highest by children in SOSS by 20.6%, but children in FSPS gave the highest score to badly treating the children by 38.5%.



On the open-ended question **should child meet with biological parents when s/he lives out of the family** 33.6% answered yes, as they are her/his parents, 3.9% no, because child does not need them, 6.6% answered yes, as s/he loves them, 9.9% thinks that it is necessary to be in touch with the biological family, 0.7 answered no, as they are not caring about their children, 42.1% said they do not know. Among do not know answers prevailed SOSS children by 76.8%.

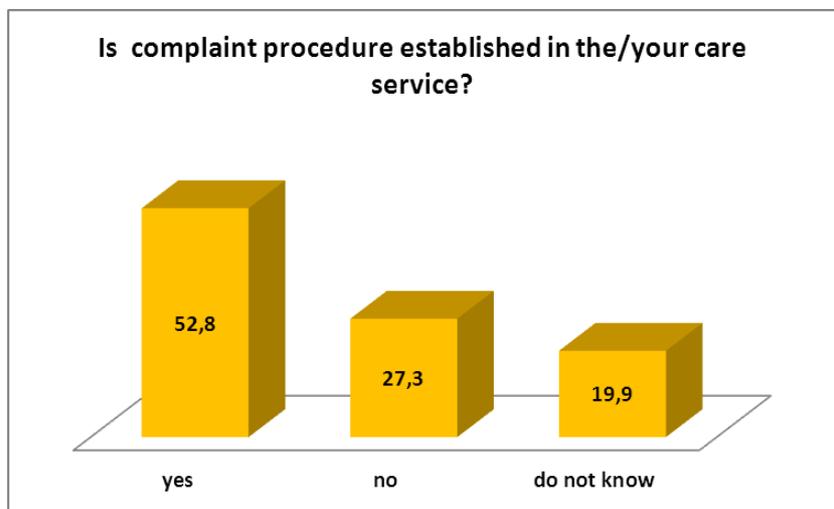


On the question **should child's opinion be considered when separating from the family**, 83.2 answered positively, 4.2% negatively and 11.6% *do not know*, and 1% in other - *depends on the child's age*.

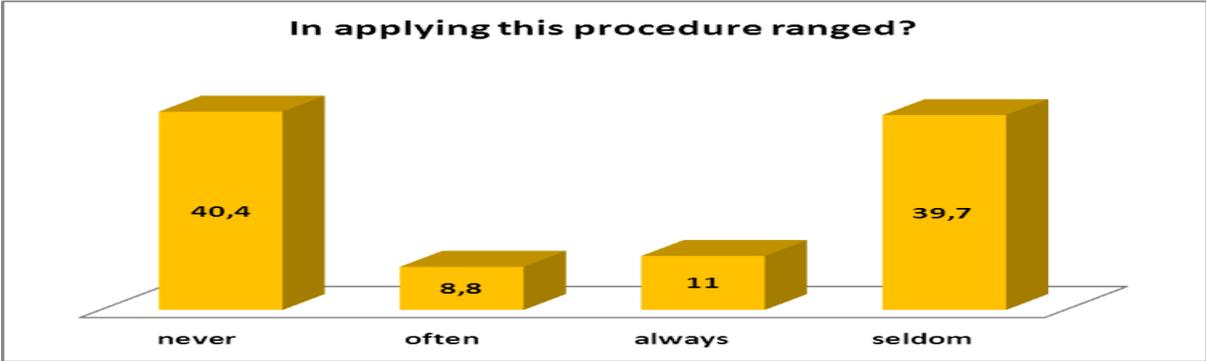
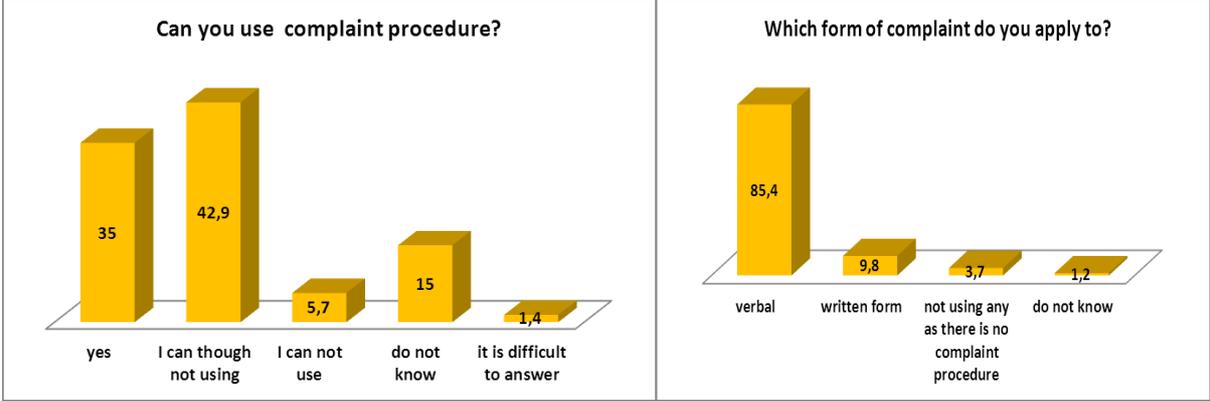


Complaint Procedure

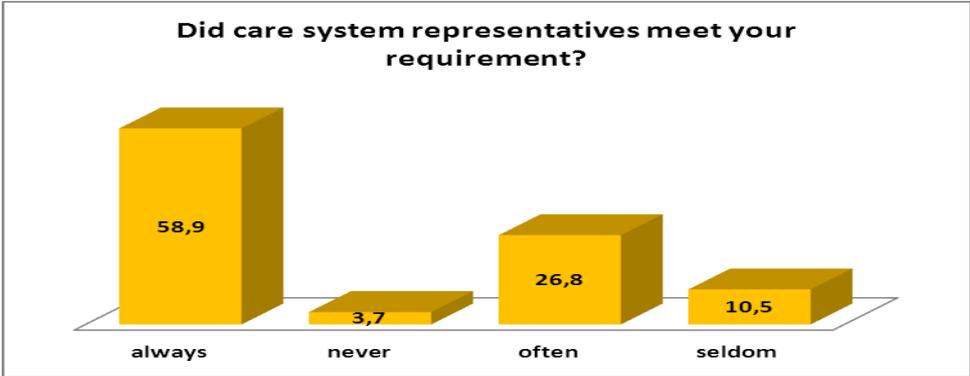
On the question **is complaint procedure established in the/your care service**, 52.8% answered positively, 27.3% negatively, 19.9% *do not know*.



On the question **can you use complaint procedure** 35% answered positively and stated that they *do use*, 42.9% said *they can though not using*, 5.7% *i can not use*, 15% *do not know*, 1.4% *it is difficult to answer*. Chi-square analysis show that children in SOSS more often give *can though not using* than *yes I do use* answers than children in FSBS. Person Chi square (measure of association) is big (chi square =17.266) and approaches significance (p=0.002). On the question **which form of complaint do you apply to** 85.4% answered *verbally*, 9.8% *in written form*, 3.7% *not using any as there is no complaint procedure*, 1.2% *do not know*. Frequency **in applying this procedure** ranged from 40.4% *never* to 8.8% *often*. *Always* received 11% and *seldom* 39.7%.



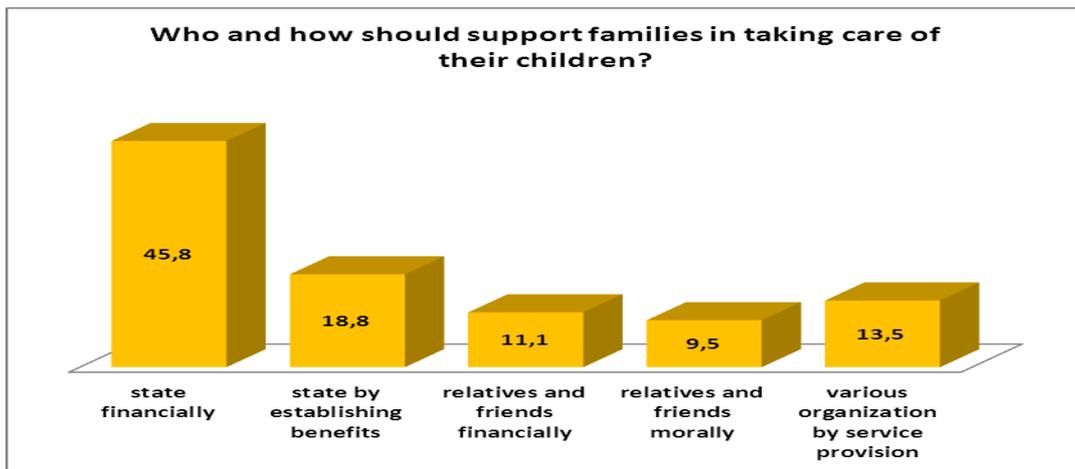
On the question **did care system representatives meet your requirement** the answers varied from 58.9% *always* to 3.7% *never*. *Often* was answered by 26.8% and *seldom* by 10.5%. Chi-square analysis show that complains of children in FSBS are *seldom* or *never* taken into account. Person Chi square (measure of association) is big (chi square =13.295) and approaches significance (p=0.039).



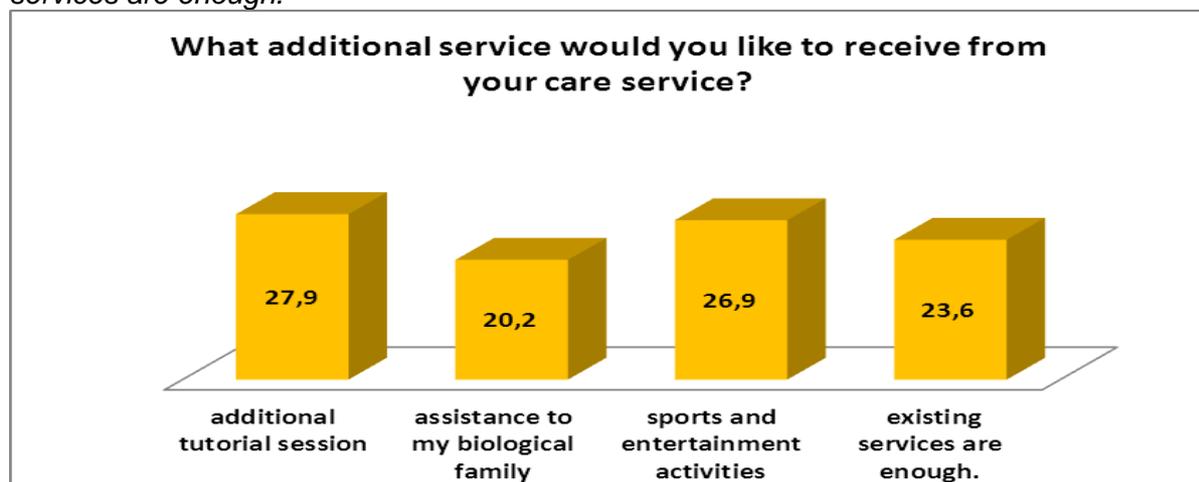
Children’s Demands

On the question **who and how should support families in taking care of their children** 45.8% answered *state financially*, 18.8% answered *state by establishing benefits*, 11.1%

relatives and friends financially, 9.5% relatives and friends morally, 13.5% various organization by service provision.

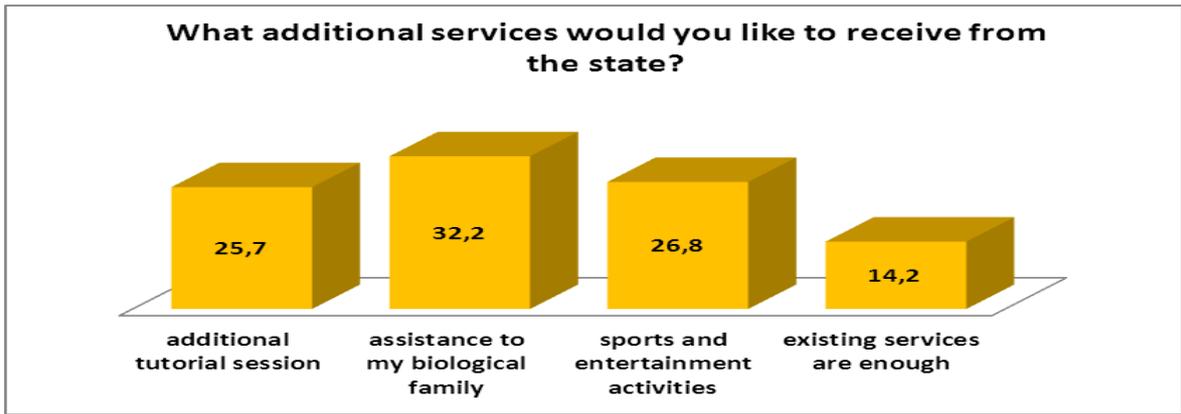


On the question **what additional service would you like to receive from your care service** the following answers were identified: 27.9% *additional tutorial session*, 20.2% *assistance to my biological family*, 26.9% *sports and entertainment activities*, 23.6% *existing services are enough*.

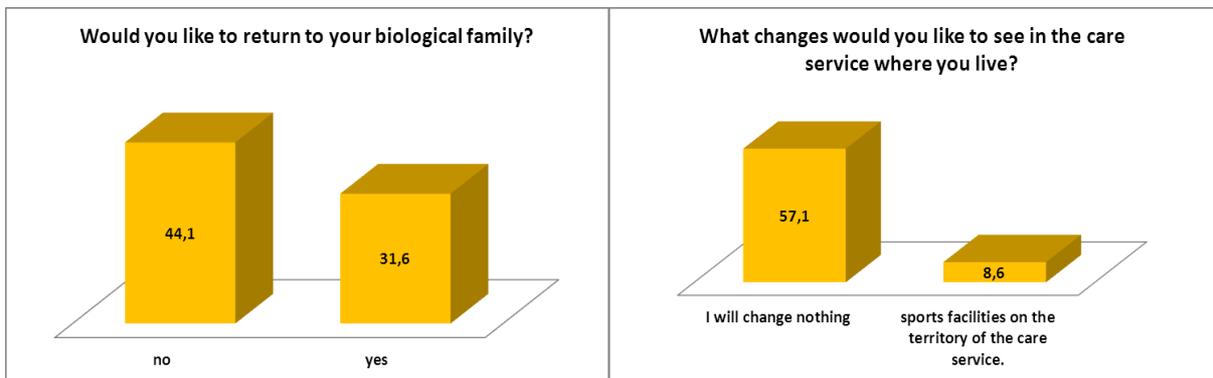


Children in FSPS identified by 26.9% *assistance to my biological family* as the most desired service while children in SOSS only by 8.1%. *Additional tutoring* was identified as the most desired additional service by children in SOSS. This response was identified at the lowest indicator (3.4%) by institutionalized children.

On the question **what additional services would you like to receive from the state** 25.7% responded *additional tutorial session*, 32.2% *assistance to my biological family*, 26.8% *sports and entertainment activities*, 14.2% *existing services are enough*. As we see main difference in anticipation of additional services from service providers and state by the children from different service groups is *assistance to biological families*.

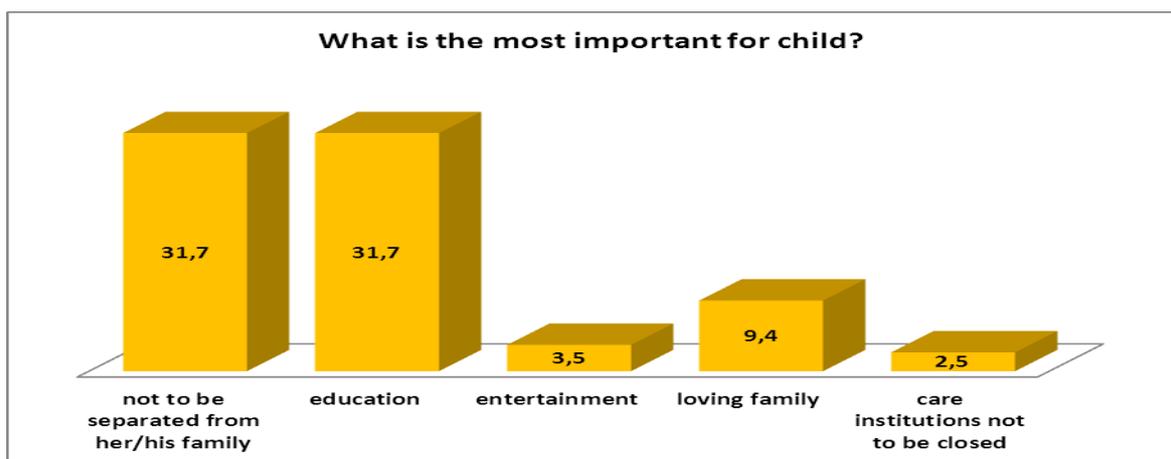


On the question **would you like to return to your biological family**, surprisingly enough 44.1% answered negatively, and only 31.6% answered positively. Majority of negative responses were received from the children in SOSS.



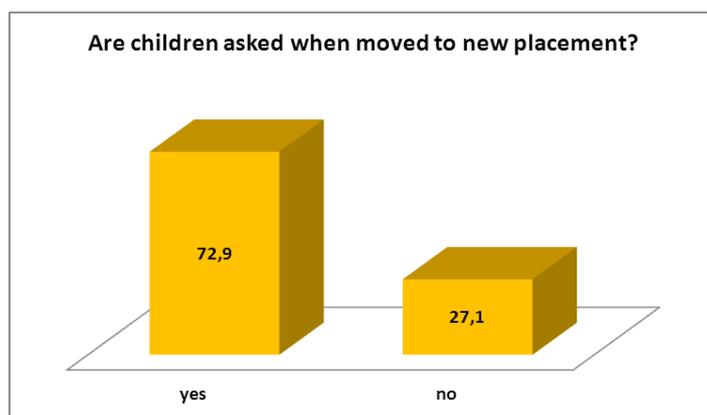
On the question **what changes would you like to see in the care service where you live** 57.1% responded that *they will change nothing*. Only 8.6% named *sports facilities on the territory of the care service*.

On the open-ended question **what is the most important for child** 31.7% answered *not to be separated from her/his family*, 31.7% *education*, 3.5% *entertainment*, 9.4% *loving family*, however, 2.5% reported *care institutions not to be closed*.

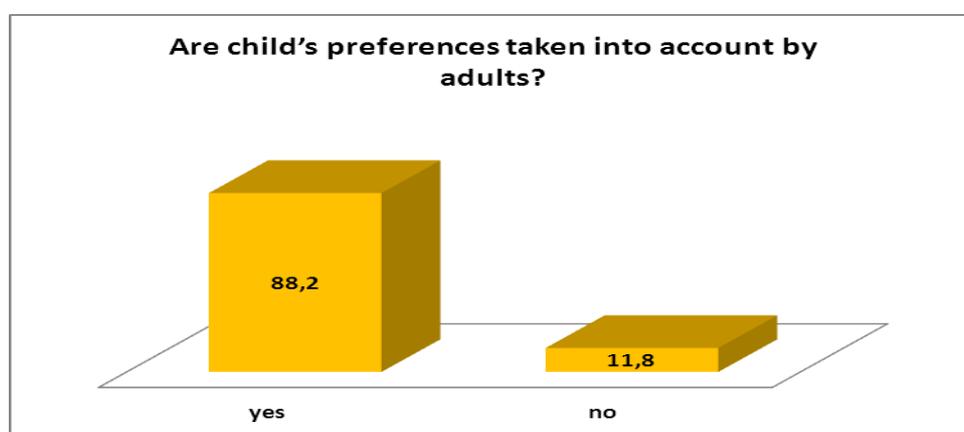


Children's Opinions

Children 6-12 years old on the question **are children asked when moved to new placement** 72.9% answered positively, 27.1 % negatively, however within negative answered prevailed children in FSBS (especially IDP and disabled children).



On the question **are child's preferences taken into account by adults** 88.2% answered positively, however within 11.8% negative answers prevailed children in FSBS (predominantly IDP children).

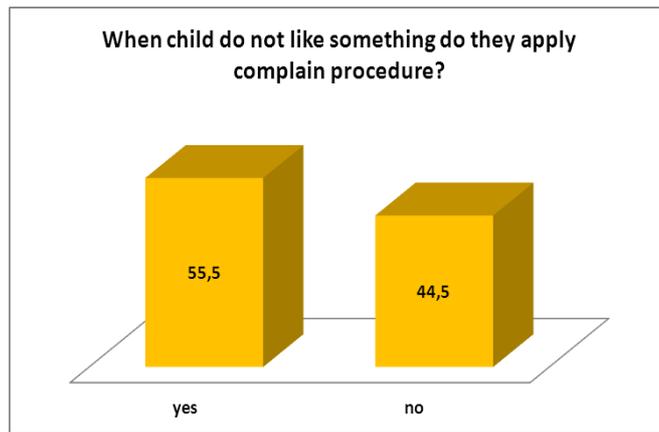


On the question **do teachers love all the children equally** 75.8% answered positively, greatest portion of negative answers stated children in FSBS group (predominantly IDP children). **On the same question about the caregivers** 86.7% answered positively.

On the question **do children themselves choose playground** 83.3% of children gave positive answers.

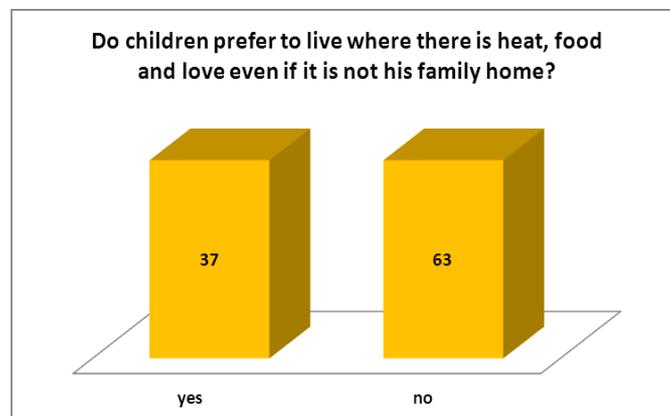
Complaints Procedure

On the question **when child do not like something do they apply complain procedure** 55.5% answered positively, 44.5% negatively. Among negative answers prevailed children in FSPS (predominantly children from Day Care centers and IDP children). Person Chi square (measure of association) is big (chi square =9.298) and approaches significance ($p=0.01$).



Children's Preferences

On the question **do children prefer to live where there is heat, food and love even if it is not his family home** 37% answered positively, 63% negatively. Expectedly, negative responses were expressed from children in FSPS and FSBS. Though majority of children in SOSS answered positively.



On the question **is it better to be at home rather than at street** 95.2% answered positively. On the question **do you go to school** 52.4% answered negatively. On the question **do you every day go to school** only 10.5% answered positively²¹.

Children's Decision Making Power

In order to identify decision making power of children aged 10-13 on the question **does the child has a say who should they live with** 4.6% answered *i have no say*, 27.7% *i have some say*, 67.8% *a lot of say*.

On the question **do their parents have a say where should they live** appeared that 11% have *no say*, 31.8% *have some say*, 57.1% *a lot of say*.

On the question **do their family members have a say where should they live** appeared that 23.7% *have no say*, 51.3% *have some say*, 25% *a lot of say*.

On the question **do their social workers have a say where should they live** answers received were: 41.6% *have no say*, 31.4% *have some say*, 27.6% *have a lot of say*.

On the question **do their teachers have a say where should they live** answered received were: 83.7% *have no*, 9.2% *have some say*, 7.2% *have a lot of say*.

On the question **does the child has a say who she/he should make friend with** 1.9% answered *i have no say*, 13% *i have some say*, 85.1% *a lot of say*.

²¹ This question was applied to children living in the street only

On the question **do their parents have a say who she/he should make friend with** appeared that 28.6% *have no say*, 44.2% *have some say*, 27.3% *a lot of say*.

On the question **do their family members have a say who she/he should make friend with** appeared that 41.2% *have no say*, 38.6% *have some say*, 20.3% *a lot of say*.

On the question **do their social workers have a say who she/he should make friend with** answers received were: 64.2% *have no say*, 21.7% *have some say*, 14.2% *have a lot of say*.

On the question **do their teachers have a say who she/he should make friend with** answered received were: 69.9% *have no*, 21.6% *have some say*, 8.5% *have a lot of say*.

On the question **does the child has a say how they should behave in public** 2.6% answered *i have no say*, 28.1% *i have some say*, 69.3% *a lot of say*.

On the question **do their parents have a say how they should behave in public** appeared that 7.2% *have no say*, 28.9% *have some say*, 63.8% *a lot of say*.

On the question **do their family members have a say how they should behave in public** appeared that 12.6% *have no say*, 43.7% *have some say*, 43.7% *a lot of say*.

On the question **do their social workers have a say how they should behave in public** answers received were: 37.1% *have no say*, 34.3% *have some say*, 28.6% *have a lot of say*.

On the question **do their teachers have a say how they should behave in public** answered received were: 28.5% *have no*, 40.4% *have some say*, 31.1% *have a lot of say*.

On the question **does the child has a say how she/he decorates the room** 4.2% answered *i have no say*, 27.4% *i have some say*, 68.4% *a lot of say*.

On the question **do their parents have a say how s/he decorates the room** appeared that 23.4% *have no say*, 45.5% *have some say*, 31.2% *a lot of say*.

On the question **do their family members have a say how she/he decorates the room** appeared that 43.4% *have no say*, 41.4% *have some say*, 15.1% *a lot of say*.

On the question **do their social workers have a say how she/he decorates the room** answers received were: 67.6% *have no say*, 17.1% *have some say*, 15.2% *have a lot of say*.

On the question **do their teachers have a say how s/he decorates the room** answered received were: 81.6% *have no*, 9.2% *have some say*, 9.2% *have a lot of say*.

On the question **does the child has a say how she/he will dress** 3.9% answered *i have no say*, 19.6% *i have some say*, 76.5% *a lot of say*.

On the question **do their parents have a say how will they dress** appeared that 19.6% *have no say*, 39.9% *have some say*, 40.5% *a lot of say*.

On the question **do their family members have a say how will they dress** appeared that 36.2% *have no say*, 36.2% *have some say*, 27.6% *a lot of say*.

On the question **do their social workers have a say how will they dress** answers received were: 72.4% *have no say*, 14.3% *have some say*, 13.3% *have a lot of say*.

differ from each other. In particular, caregivers in SOSS answer more often *yes*, than caregivers in FSBS who answer more often *no* than caregivers in SOSS. Person Chi square (measure of association) is big (chi square = 10.987) and approaches significance ($p=0.012$).

They said that 75.3% of complains are expressed *verbally*, 22.5% *in written form*. The majority of answers *in written form* came from SOSS. The complains are expressed very seldom by 59%. On the question **whether complains are taken into account**, 65.3% gave positive answer. Mainly the answers on this question coincide with those of children.

Conclusion:

- It is pleasurable that situation of most of the children in case system has been improved in many respect. However the fact that fear of *ambiguous future* and *lack of contact with biological parents remain* high among children in FSBS is worth of attention.
- Striking is the preference for SGH and institutional care over Foster Care (FC) among care forms and is an interesting topic for further research.
- The factors identified from children as a cause for their departure from their family environment coincides with the evidences of researches and justifies the lack of material resources as precondition for child's separation from the family.
- In respect of child participation and hearing their voices positive factor is existence and applicability of complain procedure in care services. Noteworthy, the IDP and younger children's level of participation in self expression is almost lowest among all other target groups of children.
- Almost all children expressed high motivation to enhance their academic achievement except children in/from the street.
- The children's explicit preference for living in comfortable environment in care service over their family one echoes previous studies and provides reason for cautiousness (Partskhaladze, 2012).
- As for decision making power, it obviously is exercised and practiced.
- The majority of the achievements can be ascribed to the rightly focused child care reform, care service providers efforts and the constructive environment where children live however not balanced among all children in need.

7.2 Qualitative part of the study

7.2.1 CHILDREN LEAVING CARE SYSTEM

Youth Care embraces two components: Youth Facilities and Semi-independent Life component. Both are important and exclusive components of Georgian Child Care System.

The adolescents in YC participated both in FG discussion and structured interviewing. Both the Focus Group discussions and survey revealed that adolescent in youth facilities think that they live "better than some children in their families". However some of them consider 16 years an early age for such change, they prefer to leave SOS families at the age of 18. Caregivers agree with children and think that not all children are ready for replacement at the age of 16. Currently the service provider is offering psychologist's service which is in charge of assessment of child's readiness but caregivers think that it would be more efficient if caregivers' opinion is considered and they are actively involved in the assessment process identifying child's readiness for discharge from the SOS CVP. They consider that children are not ready not only psychologically but also with regards of independent living skills, e.g. budget management. Often they are out of petty cash earlier than planned and often visit CVP for food.

The youth themselves associate the move to Youth Facility (YF) with development of various skills: social, independent living skills. On the question **what skills did you develop after the placement in the youth facility** the answers received were: *became more independent*

by 17%, more progressed by 11%, developed budgeting skills by 12%, only 2% answered *nothing has changed*. On the question **what kind of relationship do adolescents have in SOS YF** among answers they selected friendly by 95.7%. On the question **while living in SOS YF did you easily adapt to the environment** 81% answered *yes, in a few months*. The percentage of positive answers on the question **did you acquire more friends after the placement in the SOS YF** was high – 95.2%.

On the question **what would you change in SOS YF** majority of children (66.7%) answered *nothing*. However those who live in the center located in peripheral rayon wish to move in the more central part of the city. Some do not like location, neighborhood, others go to school in the center and long commute is tiring for them.

On the question **what are the problems you face currently** 50% answered *lack of contact with biological families*, 16.7% answered *ambiguous future*. This was the main concern of foster children. However on the question **would you like to return to your biological family** 91.7% answered *no, because i prefer to stay here*. On the open ended question **what is the most important thing for child** 38.9% answered *learning*, 33.3% answered *to live in family environment*.

On the question **what additional service would you like to receive from SOS YF** 10.7 % answered additional tutorial sessions, 17.9% sports and entertainment activities, 6.1% existing services are enough, 0% assistance to my biological family. Interestingly, on the same question children in SOS CVP answered by 14.3%, children in SGH 66.7%, children in institution by 19%. On the question **what additional service would you like to receive from the State** 14.9% answered additional tutorial sessions, 12.9% sports and entertainment activities. 8.1% existing services are enough, 3.6% assistance to my biological family. The differences in expectations to receive additional services from state and SOS service is indicates maturity in the realization of accountability issues and realistic expectations of the adolescent in YC.

The role of social worker is not known to adolescents in YC, some of them even do not know neither social workers not the role of social work service.

After the YF children meeting certain requirements are eligible for semi-independent life component. The semi-independent life program is accessible for children from YF if they are students of high or vocational educational system and/or are employed. The program supports children deprived of parental care to move towards independent living by providing housing, communal expenses (up to 215 GEL) and assistance from key caregiver in case of any need. The assistance is tailored based on individual needs. Further to that the organization provides youth with the housing opportunity if they are willing to, have income and saving record (which s/he practices while being in the semi-independent living program). In this case the organization co-shares costs associated with the housing covering 60-70% of the cost of the house while leaving the responsibility for 30% coverage to the youth.

7.2.2 CHILDREN AT RISK OF LOSING PARENTAL CARE

The focus group discussions with parents of children at risk of losing parental care offered an useful avenue for critical reflection on risks of losing parental care and risk management mechanism. The members of focus groups represented families below poverty line, single headed families or families with multiple children and homeless families. These discussions with parents receiving cash or non-cash state or non-state assistance revealed various acknowledged and unconscious needs. Both involved in family support programs and/or recipients of state subsistence allowance emphasized importance of support in child bearing in various respects. They realize that very often to meet basic needs in family leaves the welfare of children as a peripheral matter.

The parents emphasized the violation of their children's rights to receive proper education due to inability to purchase books or other school equipment, or attend additional educational session in the disciplines of their particular interest or due to academic delay. They also expressed lack of information about existing educational resources or exchange study programs. The opportunity for high education is limited because the education received at school is not enough and their capacity to support their children is limited, both intellectually to assist children at home (the programs are renewed daily) and financially to assist children by providing additional tutoring. Neither sports activities - dance, swimming, tennis etc. are accessible for their children.

The parents emphasised the violation of their children's rights to receive proper health care. Though majority of them receive state health insurance programs the insurance does not stretch over the medical services they need. Besides there are several barriers to services: accessibility, information about providers, restriction in choice in selection of the provider, transportation cost to regional centres where the hospitals or certain ambulatory services are located etc.

Majority of focus group members were unemployed for more than 5 years, some are employed and have income less than 250 GEL. Despite their motivation to work, they are quite sceptical to their opportunities to get employed. They said they have feeling that it is not worth to try. Some of them failed on job interviews after several attempts. They have feeling that job vacancy announcements are formality employers need to follow, in practice only referent groups of employers are hired. Besides they think that the most explicit hindering factor for them is low self confidence, lack of competence in CV creation, insufficient information about job interview process. They think job counselling will increase their employability. They said sometimes their children are more effective in job search and some of them at the age of 16 are helping families with the earning they get by helping young children in preparation of school tasks, or baby-sitting with neighbours children for several hours a day. The parents think that in this age this is normal and can not be considered as labour exploitation. The participants expressed willingness to have access to informational leaflet or newspaper about available services and job vacancies. Some expressed eagerness to have opportunity for internship or apprenticeship that will support their efforts to get the job.

The other hindering factor is the fear to lose subsistence allowance and/or other state benefits (health insurance, communal and transportation by-passes) in case of legal employment, As soon as system identifies welfare beneficiary as income earner s/he automatically loses the allowance. Despite quite low subsistence allowance in multimember families it ensures maintenance of the feeling of social security though it is quite distanced from social welfare and decent living conditions. Majority of focus group members expressed eagerness to work at least 300 GEL salary and part-time work responsibility is acceptable (e.g. work every second day, or half day every working day) as they have family responsibilities too.

One of the problems identified by the parents is severe living conditions. Some families do not have bed or writing table, gas stove or heater. In almost all families there is a problem of separate corner or room for children. The parents worry that their children do not have opportunities to study in privacy or invite friends at home even seldom.

Majority of FG members are not informed about the available resources in their rayon or city. They have not heard about social work service the child welfare fraction of which currently is operating in each rayon. But those who had received such service emphasized usefulness of such support. Majority of participants had not ever applied the state for assistance when they need certain things for child: furniture, school equipment, leisure or recreational needs, The most participants were not informed about summer camp state program. The focus group served for this type of information exchange too. The participants expressed desire to get

involved in such programs because they realize that leisure/recreation activities are important for child well-being and they could not offer much in this regard. The children do not have opportunity to visit theatre/cinema or other cultural activities.

Besides hardship FG members never considered to place their children in the institution or any alternative service. They identified as their strength the resilience skills they have and the hope that seldom fades. However, there is explicitly felt need for psychological assistance especially in crisis situations. They think that it will be good that they receive cash or voucher and the choice of certain specialist service is upon them. On the question which was the hardest stage of parenting they unanimously answered unexceptionally all stages were very difficult, however the most challenging is the stage when the future of their children depend on present state of their parents, their ability to give good education which unfortunately is not possible.

7.2.3 HIV/AIDS

Focus group discussion with the service providers revealed the situation of children infected with HIV/AIDS. Georgia is not involved in benchmarking of data on the HIV/AIDS infected children, however based on the recently conducted Needs Assessment held by the local organization Real People - Real Vision there are registered 54 children infected with HIV/AIDS in Georgia, out of which 35 are up to 15 years old. There are few but dedicated NGOs working on the problems of HIV/AIDS infected people, children among them. The main problem faced by these children is social exclusion and discriminatory attitude towards them due to the fact that they are HIV/AIDS positive. The interviewees recalled the incidence when the child was rejected to be involved in the kindergarten due to the fact that his/her parent was infected. Another case also speaks for itself as mother and child were not allowed to use the same kitchen facility as the other family members.

Currently despite the multivariate needs only assistance provided to families who have HIV/AIDS infected child is medical treatment and 40 GEL purchasing power voucher on food products that they can use only in one supermarket chain which is not considered to have the most reasonable prices. Whereupon there might be other providers near their home location and with more reasonable prices (wherewithal with more effective purchasing power of the voucher).

The stakeholders concerns are related to the increasing incidents of the infected and the forthcoming treatment policy for the HIV/AIDS infected. Currently the medicines are provided by the Global Fund, whose commitment and contribution is near the end in the country and is expected to move into sustainable mode under the responsibility of the national government, however the stakeholders doubt that the low amount of beneficiaries in comparison with the other wide spread diseases in the country (TB and Hepatitis) the beneficiaries will receive the apt attention and resources.

Another thought-provoking issue is the access to the health file or information by the child him/herself. Currently in Georgia HIV/AIDS infected children are not informed about the fact that they are HIV/AIDS positive though under the treatment. The child, being rights bearing person needs to be informed about his/her health condition in a way appropriate for his age and/or development and circumstances. This is mainly based on the understanding that providing this information will be harmful for the child and his/her life functioning. Nonetheless there is a methodology (East Europe and Asia for AIDS HIV ECO- 7–12) informing about the best forms and circumstances to notify the child about his/her health condition. Endorsement of this or development of comparable methodology will resolve the problem.

The local NGOs ardently working on the problems of HIV/AIDS infected consider their work effective based on the positive informal feedback and continuous relationships with the

beneficiaries post service delivery. Also beneficiaries' friends are often referred to these services.

7.2.4 MENTAL HEALTH

FG members consider as an achievement opening of the child department in the mental health clinic where experienced professionals offer services to children with mental health problems. However they think that there are more children not approaching them. FG members consider the low awareness of the population about the mental illnesses and prevailing fear of the treatment and specifically of hospitalization as the main problem. Very often neither parents nor service providers do realize what difficulties their children/beneficiaries face. Often they fail to acknowledge the problem. Service providers for the children deprived of parent care are usually reluctantly admitting such children in their services and with equal reluctance do address the mental health needs of the children in service. Normally they lack the potential for the management of "difficult" behavior or even to identify the problem. The infrastructure is not child-friendly for the children with mental problems, some requiring larger space or special equipment.

The explicit cautiousness is expressed underneath the protection of "normal" children – how normal children will benefit from the service if child with mental problems is placed there. Therefore often policy of "evading" is present.

Another problem is the non-existence of cronic department for the children with mental problems, with the well-functioning rehabilitative service. There are no day care centers with professional human resources able to provide adequate service for children with mental problems benefitting the psycho-therapeutic and socio-emotional functioning of these children.

Children who visit Focus Group members' centers are mainly having mild mental retardation or autists or daun syndrom. Very often the reason lies in the flawed attitude of the parents towards their children and their mental problems. The FG members clearly realize the importance of mid-chain between the often busy doctors, "scared" service providers and "unprepared" parents. They think that social workers as a result of the insights their micro level work and education provides needs to be actively involved in the post or pre and even inpatient therapy process. However, as they observed, social workers are sometimes very radical, either totally supporting the child or their parents. This is not win-win situation and very often victimizes the child.

There is no network for mental health related problem management which will spell out basic manipulations within and across the systems. The FG members have their explanation for the absence of such network. They think that the establishment of such network is quite resource intensive and politically unreasonable. They think it will be good if interagency collaboration is organized and structured infringing the informal contacts which due to the ongoing organizational and structural changes in the system limited the capacity for help as well as for sustainability.

As we see several crucial components are missing. Problems are on the personal and structural level. Service providers, state or non-state and parents readiness to meet the needs of the children with mental problems is of equal value as professional and lay support is of complimenting potential to meet the needs of the children with mental problems.

7.2.5 CHILDREN WITH DISABILITIES

FG comprised of parents and service providers for disabled children of state and non-state organizations. All members while welcoming new initiatives of the government for the support of the developmental needs of these children expressed some concerns and desires for the benefit of children with disabilities.

FG members consider as a great achievement “Baby Book” providing the developmental markers and service availability for child healthcare that is disseminated to parents at maternity hospitals. Regretfully, Early Childhood Development program delivery is limited to the capital and Kutaisi, Batumi will be added soon. Government Action Plan for Child Welfare and Protection for 2012-2015 years is also providing reason for optimism aiming to expand accessibility for the services for disabled children on ECD services²².

FG members consider that parent empowering initiatives and strengthening of parent support groups remains as the widest gap of the policy. FG members said that majority of the parents of disabled children represent low socio-economic group of the society. They face many psycho-social problems. FG members think they are depressed not only by the condition of the disabled child but also by the manifold socio-economic problems they face. The parents are so deeply drawn in their problems that they are reluctantly participating in the planned activities in their centers/services. However if all the expenses are covered by the center/service their level of participation increases. Parents very often consider the rehabilitation programs provided at the service centers enough for their children’s development. Therefore children are never advancing after they leave the center or during the vacation. Therefore, for example, post vacation period FG members consider as a drawback for the children in terms of developmental progress and they need to restart the program from the very beginning.

Parents low level of awareness about the disability and in some cases low cognitive abilities hinder to realize the child’s existing developmental problems and potential for progress. Sometimes despite the exhaustive explanations by the service staff they even do not admit that their child has any problem at all. Therefore despite the benevolence of service workers to advice parents special program for parent education and support is of crucial importance.

FG members consider home care service establishment is a good idea however for the parents of their beneficiaries even 1 GEL per hour is not affordable in majority of cases. They underlined the need for user-focused day care service and mentioned the working hours of day centers that are absolutely ignorant to the needs of service beneficiaries: the working hours of the day care center coincide or even end earlier than working hours of the parents of these children.

FG members who were parents of disabled children consider increased tendency of placement of disabled children in Foster Care however complained about the miserable state assistance that is provided to them which is not compatible with the assistance foster parents receive if they foster their disabled children. All FG members think that if the half of the amount is provided to biological parents of these children they will themselves take better care for their children. The rationale behind such diversification of the assistance is not convincing for FG members.

Other central problem considered by FG members is the fact that the teachers are not informed about the special needs of the disabled children. Currently one day first aid training for certain diseases is provided by the Ministry of Education and Science of Georgia however it is not covering the whole country. They think that it is important that even teen classmates should have this capacity.

²² Government Action Plan for Child Welfare and Protection 2012-2015, Goal 1, Objective 1.7.3

FG members are concerned about the low level of awareness about disability in the society despite the increasing coverage of the topic via media. Some people remain skeptical about the inclusion of these children in the mainstream education and social and even family life. Very often explicit cautiousness is expressed beneath the patronage of “normal” children and other family members whose lives are “ruined” if the disabled child lives in the family.

Another issue for discussion is health insurance for disabled children. All disabled children have health insurance however coverage is not high as the insurance cover the services that are rarely demanded and does not stretch to their needs (e.g. stomatologic needs). There are some other problems concerning health insurance and quality of service delivery: if parents do not have the insurance card on hand they are refused to service as insurance agency staff is reluctant to look after the insurer information in the data-base and the parents are not exercised in their right enabling them to effectively stand for their requirement. Besides, very often pediatricians are not aware about the special treatment the disabled child needs due to the peculiarities of the disability.

Service providers measure the effectiveness of their services differently. Some have questionnaires that parents and beneficiaries themselves (if able) fill, some conduct telephone survey with the parents. The greatest measure for success is that children don't like weekends and vacations. This definitely gives the service providers a legitimate say for the benefit of the service however delineates the need for after care support.

FG members mentioned also the rigidity of regulations in certain respect. An example of this is the case of one beneficiary couple who got married at one of the centers for disabled. The lady gave birth to a child but they were not allowed to keep the child in the community center with them. The justification behind was that the situation in the center will not be beneficial for the child development. The child was placed in the SGH in the same region. By the efforts of the dedicated service providers the regulation was changed however to the moment it was resolved they failed to re-assure the parents who were already firmly convinced that SGH is a better environment for growth for their child. Now service providers are working with them and before they are ready to accept the child some more time will be lost. This case was brought for clarification to the head of Guardianship and Care Division of SSA Ms. Eter Tskhakaia and she thinks that existing services definitely do not meet the requirement for child upbringing however this element of care needs to be realized and addressed appropriately.

7.2.6 VIOLENCE AGAINST CHILDREN

FG members were consolidated around the view that children in Georgia are exposed to abuse and neglect in their families and out. Bullying towards the sexual minority groups are even supported in certain cases. They regretfully mentioned that despite some progress in child protection system, there are still some gaps that needs to be adressed otherwise both the identification of the vilence and the service provision is hindered.

The main problem, according to the group members is cultural appropriateness for violence. The parents do not realize they are abusers due to the lack of awareness about the violence and its forms. Often a parent considers explicit violence, from verbal insult to physical, as an act of child disciplining. There cases when a parent has a partner in the same room with the child or does not allow the child in for certain hours when she/he has a partner not admitting it is any kind of abuse.

The excessive amount of children victims of violence in comparison with the service providers makes hardly possible separation of victims from the abuser. The state mechanism is not flexible for teenage children victims, as there placement in the shelter without parent is not allowed. There are no provisions specified in the law as regards the placement of the

child if both parents are abusers or if one of the parents is an abuser whereas the other lives abroad.

The children victims of violence have serious problems with education. They often change schools or have high drop out incidents. They need extra help to meet academic requirements; however the newly established *Resource Persons* institute restricts teachers after class stay in order to avoid the corruption not admitting that some teachers are willing to do it without any extra charge from child's family. FG members think that it will be good to restore the around the clock pre-school and school services. This will enable parents to start employment and provide better care for the dependents without obliging themselves to stay with the abuser. This very approach is counter state policy, however stakeholders think it is demand-based.

State social workers are not motivated to assist families in conflict via other measures like, the family conferences, and therapy or consultancy sessions. Their assistance is restricted to the fulfillment of the court orders; however there are cases when they have capacity to assist the family pre court process. However, as head of Guardianship and Care Division of SSA Ms. Eter Tskhakaia stated any referral about child abuse to SSA via hotline or written form should be addressed by the state social workers. It means that the situation described by FG members is either single case of violation of professional function or violation of referral procedure.

The greatest problem underlined by the FG members is with the police, as they do not consider neglect as the form of abuse. The following example reinforces the concern: in case of severe neglect of the disabled child by the disabled parent social worker decided to place the child in the care institution. The child had terrible living conditions. The mother was against the separation considering the child as source of income for herself. Social worker did not succeed to assure the police that the case was obvious neglect and restrictive order needed to be applied, however the police was reassuring the social worker that as there are no bruises he was not eligible to issue the restrictive order²³.

Focus group discussion with children revealed the precedence of corporal punishment at schools. Some children stated that violation of children's rights was diminished after the establishment of *Resource Persons* institute at school that has contracted the teachers' power. During one of the FG with children some children were telling the about the incidence of yelling at children or other forms of violence at school when one of the group members shouted at those expressing themselves "it is not your business if the teacher decides to yell at you". Some children recalled the incidence of humiliation when teacher insults not only the child but also his/her parents. Some of the children complained about the violence towards them from schoolmates calling them "children from orphanages". It explicitly reveals the need for preparatory work in education system.

7.2.7 SEXUAL MINORITIES

FG members think that the rights of sexual minority children are violated in many respects in Georgia. Their right to education is violated due to the hostile attitudes, bullying towards them in the school environment. The right of health is also violated. There were incident of sexually transmitted diseases. The children were not insured and though the information was delivered to the SSA no assistance was provided. The director of the crisis intervention center paid for their medical treatment out of her pocket.

²³ This is real case shared during the Social Workers Focus Group discusion, however to the comprehensive review of the problem was brought here.

The FG members recalled two cases when children living in the crisis intervention center are out of service, nobody is working with their families for their reintegration as even the information about their families is disguised. Very often they are beyond the scope of attention of child rights defenders though in the most vulnerable situations. FG members said that the children are not feeling secured even with the police not considering them as protectors of their rights. Their rights are often violated via TV shows and this is never addressed by any child care expert or social worker or child right defenders. FG members think that even social workers are inert in the defense of their rights either because of cultural bias or overloaded schedule.

7.2.8 ALTERNATIVE CARE SERVICES

Within the study several FG meetings with SGH parents and in-depth interviews with parents of reintegrated and foster children was conducted.

Main problems revealed by the SGH parents were related to financial accountability to state agency. The mechanism was established in order to eliminate corruption; more effectively manage resources collated from various sources, and better monitor the expenditure. However, the procedures appeared to be inflexible and time-consuming. Besides responses on the requirements are quite delayed procedurally. SGH caregivers mentioned that purchasing procedure for state funded goods is very time intensive. Sometimes they are obliged to buy goods on their own resources as the delay in provision is quite discriminatory for children who are not having certain things that their friends already possess. Followed FG discussion meetings with state party representatives gave reason for optimism, as the government also is considering the readdress this policy based on the numerous reasonable complains from the service providers and experts.

Another concern of FG members was related to collaboration between the caregivers and social workers, particularly divisions of functions. Several caregivers complained about the burden caused by the contacts with biological family of the child. However as head of Guardianship and Care Division of SSA Ms. Eter Tskhakaia stated this is purely social worker's responsibility clearly spelled in the document about Collaboration between *Small Family Style Homes and Social Workers*²⁴. It means that either particular social workers do not meet their job requirements or caregivers surpass their responsibilities.

Another concern was related to social workers coverage of the work with beneficiaries. Some SGH caregivers complained that social workers are exclusively working with the children referred from state social services. Though there is much work to be done with all other children too. As the head of Guardianship and Care Division of SSA Ms. Eter Tskhakaia stated the job description obliges the state social workers to work indiscriminately with all children in need. Seemingly, the busy workload does not allow state social workers to spread their services to all beneficiaries in need of it. Besides there is serious problem of travel expenses of social workers.

Caregivers and service managers in the regions complained about the restrictions on leaving care by the beneficiaries during the vacations. They consider this regulation as an obstacle for the family reconciliation. However, it was denied by the caseworkers and service managers in the capital, saying that they never experienced problem when presented request for prolonged days to Guardianship and Care Council. Therefore his issue was also brought by the research team to social workers within social workers FG discussion and the head of Guardianship and Care Division of SSA Ms. Eter Tskhakaia who defined that in the Rule of Enrolment and Discharge of Beneficiaries in the Care System²⁵ explicitly states no restriction in the amount of days spent with the parents. It reveals either flawed

²⁴ document was adopted in 2012

²⁵ Rule N 52 about Enrolment and Discharge of Beneficiaries in the Care System, article 7

information management among social workers and within social services or Service workers within the system are not up-dated in the existing procedures.

SGH caregivers expressed need for financial support needed for unforeseeable expenses, for example excursions, classmates' birthdays, travel expenses for some group gatherings etc. There was an incident when child did not spent 0.20 GEL in school canteen for several days, when asked how he could keep it for so many days he responded that he was visiting school canteen for several days, was standing in line in the canteen for several days with the same amount of money though not buying anything to show that he also had money. This issue was brought by research team to the head of Social Affairs Department at MoLHSA, Mr. Gia Kakachia who stated that he is informed about the problem and thinks that the funding per child in SGH services needs to be rediscussed.

Some FC parents complained that the child was not accepted adequately in the school as the parents of other children and some teachers were not welcoming due to social unacceptability of the children's parents. The child went under the harsh pressure. This and similar cases reveal the need for the preparatory work with the community where child should be placed.

7.2.9 SOCIAL WORK SERVICE

FG discussion with state and non-state social workers aimed to discuss issues concerning their role in alternative services and service characterization from child rights perspective.

FG discussion to state and non-state social workers revealed a sea difference in functions. However, detailed description of social workers functions is not the purpose of this chapter, it will reveal the results of the FG discussion only.

SOS Social Work service is located within the Family Strengthening Programme (FSP). The social workers conduct case management for the cases based on self referral or outreach service for the recipients of subsistence allowance. Each social worker is responsible for maximum 55 cases. They also are part of the FSP multidisciplinary team operating with FSP psychologists and FSP employment consultants who are fulfilling their function after the State refers their beneficiaries seeking employment or psycho-social assistance. SOS social workers are not involved in provision of social work service to the beneficiaries referred to SGH in SOS CVP in Tbilisi, however they are in Kutaisi. These cases are retained under the responsibility of state social workers. However, state social workers are unevenly involved in their service provision to the SHG beneficiaries in general (other than SOS SGHs). for Example, in SOS SG families they only work on children who are pending reintegration. However in case of other children living in small group homes (community integrated SOS SGHs among them) they do monitoring and consider it sufficient. However, they (state social workers) are providing their services intensively in some CARITAS small group homes. CARITAS is requesting state social work service and state social workers are legal representatives of their children. The regulation for collaboration was developed by CARITAS and it entails minimum 4 visits from state social workers. They think that SGHs which are less developed need more intensive visits of state social workers.

State Social Workers are employers of MoLHSA SSA. Their functions are not limited to child welfare domain, within which beside the case management function they are responsible for the child and family assessment in family disputes and execution of court decision concerning fulfillment of parental responsibilities in separated families. Apart from child related functions they also are responsible for the assesment of the elderly for inrolment in the elderly institution and appointment of guardians for adults.

SOS social workers consider as FSP strength parenting trainings. Parents' incentive to get involved in the collaboration varies depending on the type of offer. As social workers

observed material assistance enhances their motivation for collaboration, in case of in-kind services like psychological assistance they are more reluctant. There were cases, though few, when SOS social workers were obliged to cancel contract due to categorical refusal for collaboration, when the need for psychological assistance was obvious. In this social workers of both sectors are consolidated in vision, state social workers also think that sometimes time spent on the empowerment of mother, development of her skills is spent in vain, and it is better to direct resources towards foster parents. However, children's preferences need to be acknowledged. SOS social workers think that very often child rights are violated by decision of adults. Good example of this are cases when parents were obliged to cease kindergarten service because of losing eligibility for this service automatically when they got legal employment.

As for participatory decision making in planning the services SOS social workers think that their role is crucial as they are actively in touch with the beneficiaries. Several decisions are made based on the recommendation that they developed via the consultations with the beneficiary families. Good example of this is the maintenance of diagnostic component in the program though without the component of purchasing medicines. SOS decision makers at the beginning were thinking whether it is worth to offer only the diagnostic assistance without further treatment however, social workers reinforced their decision that resources for purchasing the medicines for treatment are more easily available for their beneficiaries than diagnostic expenses.

State social workers expressed great regret for operational regulation restricting eligibility for state reintegration allowance to state voucher holders while keeping their siblings who are on SOS balance non-eligible for it²⁶. However, here is space for advocacy with mutual state and non-state stakeholder efforts. Another example depicting social workers' weak advocacy role is the following example: SOS CVP children face a problem with the bus stop which is far away from the service infrastructure. State social workers do not consider advocacy for this issue in municipality as their responsibility. However, neither SOS social workers do as they are not involved in the SOS CVP service, leaving the issue for resolving to SOS service managers who despite various efforts did not manage to resolve the problem.

²⁶ After the focus group discussion the situation changed positively. At the period of report finalization this issue is resolved.

8 MAIN FINDINGS AND CONCLUSIONS

1. Main acknowledged achievement of the reform is development of alternative child care services.
2. Main acknowledged problem of the reform is unbalanced coverage of various target groups of children.
3. Intersectoral collaboration is not willingly strong in all direction:
 - Non-governmental sector considers PDO as controlling body instead of advocating for changes with unified efforts for the best interest of children.
 - NGO and state social workers have potential for more robust collaboration.
 - Government friendly policy victimizes the critical thinking or/and reflection of other stakeholders.
4. Service Reality
 - Majority of services practice child friendly policy.
 - There is need for tutorial programs.
 - There is need for pre-school services.
 - services for disabled children do not have potential to stretch over the need of these beneficiaries: non existence of special aid for disabled children remains as a problematic issue for children and normal functioning of their caregivers; working hours of day care centers does not match with the needs of its beneficiaries.
5. Family Support Services
 - the factors identified from children as a cause of their departure from their family environment coincides with recent studies and strengthens the theory “children know best” e.i. listening to children’s voices is crucial.
 - The parents of the children at risk of parental care identified lack of material resources as the greatest problem they face.
 - Both parents of the children at risk of parental care and children emphasized the demand for tutorial, sport and cultural activities.
 - The parents of the children at risk of parental care identified their extreme need for assistance in informed job seeking.
 - The fact that crucial role of social work service is underlined in FSPS justifies the rational for enhancing this component in FSBS.
 - The high indicator that parents are not intending to place their children in institutions despite the manifold socio-economic problems increases the probability that assistance will be both efficient and effective.
6. Family Substitute Services
 - the children’s explicit preference for living in comfortable environment in care service over their family echoes previous studies²⁷ and provides reason for cautiousness
 - It is pleasurable that situation of most of the children in care system has been improved in many respect. However, the fact that fear of *ambiguous future* and *lack of contact with biological parents remain* high among children in FSBS is worth of attention.
 - Magnitude of difference between SOS and similar services are due to dedicated caregivers and nature of environment children grow up; however children expressed less attachment to biological families.
 - The longer child stays in the system the fewer contacts s/he maintains with the biological parents.
 - Striking is the preference for SGH and institutional care over FC among care forms and is an interesting topic for further research.
7. Social Work Service
 - social workers are motivated cohort of child welfare system
 - social workers in state and non-state sector have diverse practice

²⁷Partskhaladze, N. (2012). SOS Children's Village programme Tbilisi alignment project feasibility study

- social workers service provision is disproportionate to service users despite the level of need. However, evidenced incidence of effective collaboration both between the beneficiaries and social workers and caregiver and social workers puts social workers at the cutting edge of the struggle for service perfection
8. Child Care Workers
- caregivers are motivated cohort of child welfare system
 - SOS CVP caregivers are much respected and loved by the beneficiaries
 - The caregivers expressed problems with achieving positive results, disciplining them, and expressed willingness for additional training.
 - Advocacy skills of child care workers are not adequate neither on the individual nor on the structural level.
 - financial accountability of non-state service providers to state is not considered as good practice as is very resource intensive
9. Child Protection
- Notwithstanding the ongoing reforms in both educational and child care system school environment remains discriminatory environment for children. However, the fact that the indicators are much less in care system proved effectiveness of the reform and emphasizes the apt focus on rights based approach in care provision.
 - The data on child abuse is questionable as there were no cases of, for example, violence on sexual minority and disabled children. Usually, the statistics of the abuse on the latter target group is prevalent in general statistics.
 - Child protection system lacks child-oriented services, services for children living in the street are not tailored in accordance with their needs.
 - The issue of restrictive orders is hindered due to the law awareness of the police about the child protection issues and neglect not being spelt in Georgian legislation as the form of abuse.
10. Special Protection Measures
- The fact that children are not informed about the hotline number in case of their rights violation within the context of still existing non/physical strategies of disciplinary practices, unawareness about who is their legal representative, their rights about alcohol consumption and engagement in economic activities undermining their development accentuates the need for strengthening special protection measures.
 - Almost all children expressed high motivation to enhance their academic achievement except children in/from the street who consider their duty to earn for themselves and their families
 - In respect to child participation and hearing their voices positive factor is existence and applicability of complain procedure in care services. The IDP children's level of participation in self expression is almost lowest among all other target groups of children.
 - a trend association is noted between the rights awareness and expectation for the punitive measures against the abuser, despite the low indicators of society's involvement in reporting on the child discrimination cases and few punitive measures taken by authorities in this regard
 - Children exercise their decision making power
11. Preparation for Independent living
- Youth expressed need for additional tutorial services. Their realistic expectation from service providers and state gives weight to their relevant evaluation of their needs. However SOS is the only provider for leaving care service and the service coverage is limited.
 - Youth expressed willingness to be taken into account their individual characteristics prior the decision to move from SOS families.
 - The low involvement of social workers and teachers in preparation of children for independent living emphasizes the need to assist child care system workers in realization of their supreme role in care provision. The need is reinforced on the background of children's expressed fear of 'ambiguous future'.

- Non existence of policy for aged out children's discharge from the care system is remaining problematic.

12. Various target groups

- child welfare reform fails to form diverse approaches to various age groups of children, for example there is no policy for adolescent care (focus groups with children revealed of this need) however the fact that newly formed coalition aiming at the unification of efforts in child welfare named *Coalition for Welfare of Children and Youth* is optimistic.
- There is no policy for children with mental health problems, despite the Committee on the Rights of Children recommendation to develop community and rehabilitative service, to strengthen parent groups it remains underdeveloped.
- There is no policy for children of sexual minorities, who are often victims of violence from peers and adults.
- There is no national policy for sibling groups.

9 RECOMMENDATIONS

Based on the findings of the analysis the following recommendations were developed:

1. State Resources to be balanced towards all children in need.
2. Intersectoral collaboration to be strengthened both between state and non-state actors (state social services and non-state care service providers) and within state actors (social workers and police in case of child protection referral procedures) and within non-state actors (between various service providers).
3. Child care monitoring system to be operational for the assurance of child oriented service provision.
4. Family Strengthening Policy to be developed to avoid separation of the children at risk of losing parental care from their families. Parents to be supported by material resources, psycho-social and job counseling services.
5. Parenting skills strengthening programs to be intensified.
6. To support children in care system and at risk of losing parental care with their demand for additional tutorial and sports and cultural services.
7. To provide additional training to care givers in child disciplining, child empowerment and achievement of positive results.
8. To lobby simplification of financial accountability procedures for non-state service providers. Strengthening links between the children and their biological families to be facilitated.
9. Increase public awareness about child abuse and neglect and child protection referral procedures to minimize child abuse/neglect.
10. Full-fledged statistics pertaining to cases of child abuse and neglect to be maintained.
11. Lobby for the recognition of *neglect* as a form of abuse in the legislation to be initiated
12. Special protection measures to be reinforced.
13. Advocacy skills of child care workers to be strengthened both on individual and structural level.
14. Public discussion (via television shows, public meeting etc) for struggle against the discriminatory approach towards children in or from the care system to be launched.
15. National policy for preparation of ageing out children for independent life to be developed.
16. Additional tutorial services to be provided for youth near ageing out of care services.
17. It is desirable that children's voices/complaints to be heard and regarded as not only means for self expression but also contribution to service perfection; It is important younger and IDP children's participation to be facilitated.
18. National policy for sibling groups to be developed.
19. Child welfare stakeholders²⁸ forum to be strengthened.

²⁸ See the list of key stakeholders in Annex 10

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ANNEX 1

Annex 1a

Questionnaire for children living in SOS CVP

q.1 Please, indicate your age:

q.2 Please, indicate your sex:

1. female
2. male

A.1 What enjoyable is ongoing in your life currently? (please, indicate as many answers as needed)

1. I acquired a new family
2. my living conditions have been improved
3. I am better taken care off
4. I am less concerned
5. I have achievements at school
6. other (please, indicate)

A.2 What are the problems you face currently? (please, indicate as many answers as needed)

1. lack of contact with biological families
2. no contact with biological families
3. discriminatory attitude from the society
4. discriminatory attitude from teachers and classmates
5. ambiguous future
6. other (please, indicate)

A.3 How long have you lived out of your family?

1. < 3months
2. <1 yaer
3. < 3 yaers
4. < 5 years
5. >5 years

A.4 At which age were you first placed in the care system?

1. < 6 months
2. 6-12 monthsd
3. 1-2 years
4. 3-5 years
5. 6-11 years
6. >11 years

A.5 How many times did you change the placement ?

1. once
2. twice
3. three times
4. four and more times

A.6 How do you think, in which circumstances should children and parents be separated? (please, indicate as many answers as needed)

1. when family has nutritional problems
2. when family a no clothe the child
3. when family has inadequate living conditions
4. when family members have alcohol/drug dependency
5. when family members have health related problems
6. when family members are badly treating the child
7. other (please, indicate)

A.7 How do you think, should child's opinion considered when separating with the family?

7. yes
8. no
9. I do no know
- 10.other (please, indicate)

A.8 Should a child meet with biological parents, when s/he does not live in the family? (please, end the sentnece)

1. yes, because ...
2. no, because
3. I do not know

A.9 How often do you contact your family members?

1. according the days fixed by the SOS administration
2. according my desire

3. according the desire of the biological parents
 4. according the desire of the care giver
 5. other (please, indicate)
- A.10 How do you think, which is the best environment for child out of the family?
1. to live with relative
 2. to live in kinship care
 3. to live in foster care (when child temporarily lives with foster parents)
 4. adoption
 5. to live in small group home
 6. to live in SOS CV
 7. other (please, indicate)
- A.11 How do you think, what was the reason of your separation from the family? (please, indicate as many answers as needed)
1. family had nutritional problems
 2. family could not clothe the child
 3. family had inadequate living conditions
 4. family members had alcohol/drug dependency
 5. family members had health related problems
 6. family could not buy school equipment
 7. other (please, indicate)
- A.12 Do you easily adapted to SOS CVP environment?
1. yes, in a few months
 2. yes, in a year
 3. yes, in several years
 4. could not adapt
 5. it is difficult for me to answer
 6. other (please, indicate)
- A.13 Did you acquire more friends after the placement in the SOS CVP?
1. yes
 2. no
 3. I do not know
 4. other (please, indicate)
- A.14 What kind of relationship do children have in SOS CVP?
1. friendly
 2. non-friendly
 3. conflicting
 4. discriminatory
 5. other (please, indicate)
- A.15 What kind of relationships do you have with mothers/aunts?
1. parent and child like
 2. friendly
 3. often have conflicts
 4. conflicting
 5. can not get along
 6. it is difficult for me to
 7. other (please, indicate)
- A.16 Did anybody explain to you your rights and responsibilities while entering the SOS CVP? (please, indicate as many answers as needed)
1. yes, SOS mother/aunt
 2. yes, SOS representative
 3. Yes, social worker
 4. no
 5. I do not know
 6. other (please, indicate)
- A.17 How the rights and responsibilities were explained to you? (please, indicate as many answers as needed)
1. verbally
 2. in written form
 3. upon request
 4. other (please, indicate)
- A.18 Are your rights defended (in case of positive answers, please, move to question 20)
1. yes
 2. no

3. I do not know
4. it is difficult for to answer
5. other (please, indicate)

A.19 Please, share the incidence of rights violation and reason of it?

A.20 Who is your legal representative? (in case of negative answer, please move to question 22)

1. I do not know
2. my family
3. social worker
4. SOS CVP mother
5. SOS CVP director
6. A teacher
7. The state
8. other (please, indicate)

A.21 Did you ever contact your legal representative?

1. yes, always
2. yes, often
3. yes, seldom
4. never
5. other (please, indicate)

A.22 Is complaint procedure established in SOS CVP?

1. yes
2. no
3. I do not know
4. other (please, indicate)

A.23 Which form of complaint is established? (please, indicate all possible answers)

1. verbal
2. written
3. other (please, indicate)

A.24 Can you use complaint procedure? (in case of negative answer, please move to question 28))

1. yes, I can and use it
2. yes I can, but do not use it
3. I can not
4. I do not know
5. it is difficult for me to answer
6. other (please, indicate)

A.25 Which form of complaint do you apply? (please, indicate all possible answers)

1. verbal
2. written
3. other (please, indicate)

A.26 How often do you apply to it?

1. always
2. often
3. seldom
4. never
5. other (please, indicate)

A.27 Did SOS representatives meet your requirement?

1. always
2. often
3. seldom
4. never
8. other (please, indicate)

A.28 What forms of disciplining is acceptable for you? (please, indicate as many answers as needed)

1. verbal form
2. written remark
3. establishment of restrictions
4. verbal insult
5. physical insult
9. other (please, indicate)

A.29 What forms of disciplining are practiced in SOS CVP? (please, indicate as many answers as needed)

1. verbal remark

- 2. written remark
 - 3. establishment of restrictions
 - 4. verbal insult
 - 5. physical insult
 - 6. other (please, indicate)
- A.30 Do you know the hotline number for the victims of violence
- 1. yes (if you remember, please indicate)
 - 2. no
 - 3. other (please, indicate)
- A.31 How do you think, who and how should support families in taking care of their children? (please, indicate all possible answers)
- 1. state financially
 - 2. state by establishing benefits
 - 3. relatives, friends financially
 - 4. relatives, friends morally
 - 5. various organizations by service provision
 - 6. other (please, indicate)
- A.32 What additional service would you like to receive from SOS CVP? (please, indicate all possible answers)
- 1. additional tutorial sessions
 - 2. assistance to my biological family
 - 3. sports and entertainment activities
 - 4. existing services are enough
 - 5. other (please, indicate)
- A.33 What additional service would you like to receive from the State? (please, indicate all possible answers)
- 1. additional tutorial sessions
 - 2. assistance to my biological family
 - 3. sports and entertainment activities
 - 4. existing services are enough
 - 5. other (please, indicate)
- A.34 Would you like to return to your biological family?
- 1. yes, because . . .
 - 2. no, because.....
 - 3. I do not know
 - 4. other (please, indicate)
- A.35 What would you change in SOS CVP?
-
-
- A.36 Please, end the sentence: for child the most important thing is
-
-

Annex 1b

Questionnaire for youth living in SOS YC

- q.1 Please, indicate your age:
- q.2 Please, indicate your sex:
- 3. female
 - 4. male
- A.1 What skills did you develop after the placement in the youth center?
- 7. become more independent
 - 8. more progressed
 - 9. developed budgeting skills
 - 10. nothing has changed
 - 11. it is difficult to answer
 - 12. other (please, indicate)
- A.2 What enjoyable is ongoing in your life currently? (please, indicate as many answers as needed)
- 1. I acquired a new family
 - 2. my living conditions have been improved
 - 5. I am better taken care off
 - 6. I am less concerned

- 7. I have achievements at school
 - 8. other (please, indicate)
- A.3 What are the problems you face currently? (please, indicate as many answers as needed)
- 11.lack of contact with biological families
 - 12.no contact with biological families
 - 13.discriminatory attitude from the society
 - 14.discriminatory attitude from teachers and classmates
 - 15.ambiguous future
 - 16.other (please, indicate)
- A.4 How long have you lived out of your family?
- 6. < 3months
 - 7. <1 yaer
 - 8. < 3 yaers
 - 9. < 5 years
 - 10.>5 years
- A.5 At which age were you first placed in the care system?
- 7. < 6 months
 - 8. 6-12 monthsd
 - 9. 1-2 years
 - 10.3-5 years
 - 11.6-11 years
 - 12.>11 years
- A.6 How many times did you change the placement ?
- 5. once
 - 6. twice
 - 7. three times
 - 8. four and more times
- A.7 How do you think, in which circumstances should children and parents be separated? (please, indicate as many answers as needed)
- 8. when family has nutritional problems
 - 9. when family a no clothe the child
 - 10.when family has inadequate living conditions
 - 11.when family members have alcohol/drug dependency
 - 12.when family members have health related problems
 - 13.when family members are badly treating the child
 - 14.other (please, indicate)
- A.8 How do you think, should child's opinion considered when separating with the family?
- 17.yes
 - 18.no
 - 19.I do no know
 - 20.other (please, indicate)
- A.9 Should a child meet with biological parents, when s/he does not live in the family? (please, end the sentnece)
- 4. yes, because ...
 - 5. no, because
 - 6. I do not know
- A.10 How often do you contact your family members?
- 6. according the days fixed by the SOS administration
 - 7. according my desire
 - 8. according the desire of the biological parents
 - 9. according the desire of the care giver
 - 10.other (please, indicate)
- A.11 How do you think, which is the best environment for child out of the family?
- 8. to live with relative
 - 9. to live in kinship care
 - 10.to live in foster care (when child temporarily lives with foster parents)
 - 11.adoption
 - 12.to live in small group home
 - 13.to live in SOS YC
 - 14.other (please, indicate)
- A.12 How do you think, what was the reason of your separation from the family? (please, indicate as many answers as needed)
- 8. family had nutritional problems

- 9. family could not clothe the child
- 10.family had inadequate living conditions
- 11.family members had alcohol/drug dependency
- 12.family members had health related problems
- 13.family could not buy school equipment
- 14.other (please, indicate)

A.13 While living in SOS YC did you easily adapt to SOS YC environment?

- 10.yes, in a few months
- 11.yes, in a year
- 12.yes, in several years
- 13.could not adapt
- 14.it is difficult for me to answer
- 15.other (please, indicate)

A.14 Did you acquire more friends after the placement in the SOS YC?

- 5. yes
- 6. no
- 7. I do not know
- 8. other (please, indicate)

A.15 What kind of relationship do adolescents have in SOS YC?

- 6. friendly
- 7. non-friendly
- 8. conflicting
- 9. discriminatory
- 10.other (please, indicate)

A.16 What kind of relationships do you have with mothers/aunts?

- 7. parent and child like
- 8. friendly
- 9. often have conflicts
- 10.conflicting
- 11.can not get along
- 12.it is difficult for me to
- 16. other (please, indicate)

A.17 Did anybody explain to you your rights and responsibilities while entering the SOS YC? (please, indicate as many answers as needed)

- 7. yes, caregiver
- 8. yes, SOS representative
- 9. Yes, social worker
- 10.no
- 11.I do not know
- 12.other (please, indicate)

A.18 How the rights and responsibilities were explained to you? (please, indicate as many answers as needed)

- 5. verbally
- 6. in written form
- 7. upon request
- 8. other (please, indicate)

A.19 Are your rights defended (in case of positive answers, please, move to question 20)

- 6. yes
- 7. no
- 8. I do not know
- 9. it is difficult for to answer
- 10.other (please, indicate)

A.20 Please, share the incidence of rights violation and reason of it?

A.21 Who is your legal representative? (in case of negative answer, please move to question 22)

- 9. I do not know
- 10.my family
- 11.social worker
- 12.SOS YC mother
- 13.SOS YC director
- 14.A teacher
- 15.The state

16. other (please, indicate)
- A.22 Did you ever contact your legal representative?
6. yes, always
 7. yes, often
 8. yes, seldom
 9. never
 10. other (please, indicate)
- A.23 Is complaint procedure established in SOS YC?
5. yes
 6. no
 7. I do not know
 8. other (please, indicate)
- A.24 Which form of complaint is established? (please, indicate all possible answers)
4. verbal
 5. written
 6. other (please, indicate)
- A.25 Can you use complaint procedure? (in case of negative answer, please move to question 28))
7. yes, I can and use it
 8. yes I can, but do not use it
 9. I can not
 10. I do not know
 11. it is difficult for me to answer
 12. other (please, indicate)
- A.26 Which form of complaint do you apply? (please, indicate all possible answers)
4. verbal
 5. written
 6. other (please, indicate)
- A.27 How often do you apply to it?
6. always
 7. often
 8. seldom
 9. never
 10. other (please, indicate)
- A.28 Did SOS representatives meet your requirement?
5. always
 6. often
 7. seldom
 8. never
 17. other (please, indicate)
- A.29 What forms of disciplining is acceptable for you? (please, indicate as many answers as needed)
6. verbal form
 7. written remark
 8. establishment of restrictions
 9. verbal insult
 10. physical insult
 18. other (please, indicate)
- A.30 What forms of disciplining are practiced in SOS YC? (please, indicate as many answers as needed)
7. verbal remark
 8. written remark
 9. establishment of restrictions
 10. verbal insult
 11. physical insult
 12. other (please, indicate)
- A.31 Do you know the hotline number for the victims of violence
4. yes (if you remember, please indicate)
 5. no
 6. other (please, indicate)
- A.32 How do you think, who and how should support families in taking care of their children? (please, indicate all possible answers)
7. state financially
 8. state by establishing benefits
 9. relatives, friends financially

- 10. relatives, friends morally
- 11. various organizations by service provision
- 12. other (please, indicate)

A.33 What additional service would you like to receive from SOS YC? (please, indicate all possible answers)

- 6. additional tutorial sessions
- 7. assistance to my biological family
- 8. sports and entertainment activities
- 9. existing services are enough
- 10. other (please, indicate)

A.34 What additional service would you like to receive from the State? (please, indicate all possible answers)

- 1. additional tutorial sessions
- 2. assistance to my biological family
- 3. sports and entertainment activities
- 4. existing services are enough
- 5. other (please, indicate)

A.35 Would you like to return to your biological family?

- 5. yes, because . . .
- 6. no, because.....
- 7. I do not know
- 8. other (please, indicate)

A.36 What would you change in SOS YC?

.....

.....

A.37 Please, end the sentence: for child the most important thing is

.....

.....

Annex 1 c

Questionnaire for children living in Small Group Homes

q.1 Please, indicate your age:

q.2 Please, indicate your sex:

- 9. female
- 10. male

A.1 What enjoyable is ongoing in your life currently? (please, indicate as many answers as needed)

- 13. I acquired a new family
- 14. my living conditions have been improved
- 15. I am better taken care off
- 16. I am less concerned
- 17. I have achievements at school
- 18. other (please, indicate)

A.2 What are the problems you face currently? (please, indicate as many answers as needed)

- 21. lack of contact with biological families
- 22. no contact with biological families
- 23. discriminatory attitude from the society
- 24. discriminatory attitude from teachers and classmates
- 25. ambiguous future
- 26. other (please, indicate)

A.3 How long have you lived out of your family?

- 11. < 3 months
- 12. < 1 yaer
- 13. < 3 yaers
- 14. < 5 years
- 15. > 5 years

A.4 At which age were you first placed in the care system?

- 13. < 6 months
- 14. 6-12 monthsd
- 15. 1-2 years
- 16. 3-5 years
- 17. 6-11 years
- 18. > 11 years

- A.5 How many times did you change the placement ?
9. once
 10. twice
 11. three times
 12. four and more times
- A.6 How do you think, in which circumstances should children and parents be separated? (please, indicate as many answers as needed)
15. when family has nutritional problems
 16. when family a no clothe the child
 17. when family has inadequate living conditions
 18. when family members have alcohol/drug dependency
 19. when family members have health related problems
 20. when family members are badly treating the child
 21. other (please, indicate)
- A.7 How do you think, should child's opinion considered when separating with the family?
27. yes
 28. no
 29. I do not know
 30. other (please, indicate)
- A.8 Should a child meet with biological parents, when s/he does not live in the family? (please, end the sentnece)
7. yes, because ...
 8. no, because
 9. I do not know
- A.9 How often do you contact your family members?
11. according the days fixed by the SGH administration
 12. according my desire
 13. according the desire of the biological parents
 14. according the desire of the care giver
 15. other (please, indicate)
- A.10 How do you think, which is the best environment for child out of the family?
15. to live with relative
 16. to live in kinship care
 17. to live in foster care (when child temporarily lives with foster parents)
 18. adoption
 19. to live in small group home
 20. other (please, indicate)
- A.11 How do you think, what was the reason of your separation from the family? (please, indicate as many answers as needed)
15. family had nutritional problems
 16. family could not clothe the child
 17. family had inadequate living conditions
 18. family members had alcohol/drug dependency
 19. family members had health related problems
 20. family could not buy school equipment
 21. other (please, indicate)
- A.12 Do you easily adapted to SGH environment?
19. yes, in a few months
 20. yes, in a year
 21. yes, in several years
 22. could not adapt
 23. it is difficult for me to answer
 24. other (please, indicate)
- A.13 Did you acquire more friends after the placement in the SGH?
9. yes
 10. no
 11. I do not know
 12. other (please, indicate)
- A.14 Do you study better after the placement in SGH?
1. yes
 2. no
 3. it is difficult to answer
 4. other (please, indicate)

A.15 What kind of relationship do children have in SGH?

- 11.friendly
- 12.non-friendly
- 13.conflicting
- 14.discriminatory
- 15.other (please, indicate)

A.15 What kind of relationships do you have with caregivers (please, indicate as many answers as needed)

- 13.parent and child like
- 14.friendly
- 15.often have conflicts
- 16.conflicting
- 17.can not get along
- 18.it is difficult for me to
- 25. other (please, indicate)

A.16 Did anybody explain to you your rights and responsibilities while entering the SGH? (please, indicate as many answers as needed)

- 13.yes, SGH caregiver
- 14.yes, SGH representative
- 15.Yes, social worker
- 16.no
- 17.I do not know
- 18.other (please, indicate)

A.17 How the rights and responsibilities were explained to you? (please, indicate as many answers as needed)

- 9. verbally
- 10.in written form
- 11.upon request
- 12. other (please, indicate)

A.18 Are your rights defended (in case of positive answers, please, move to question 20)

- 11.yes
- 12.no
- 13.I do not know
- 14.it is difficult for to answer
- 15.other (please, indicate)

A.19 Please, share the incidence of rights violation and reason of it?

A.20 Who is your legal representative? (in case of negative answer, please move to question 22)

- 17.I do not know
- 18.my family
- 19.social worker
- 20.caregiver
- 21.SGH director
- 22.A teacher
- 23.The state
- 24.other (please, indicate)

A.21 Did you ever contact your legal representative?

- 11.yes, always
- 12.yes, often
- 13.yes, seldom
- 14.never
- 15. other (please, indicate)

A.22 Is complaint procedure established in SGH?

- 9. yes
- 10.no
- 11.I do not know
- 12.other (please, indicate)

A.23 Which form of complaint is established? (please, indicate all possible answers)

- 7. verbal
- 8. written
- 9. other (please, indicate)

A.24 Can you use complaint procedure? (in case of negative answer, please move to question 28))

- 13.yes, I can and use it
 - 14.yes I can, but do not use it
 - 15.I can not
 - 16.I do not know
 - 17.it is difficult for me to answer
 - 18.other (please, indicate)
- A.25 Which form of complaint do you apply? (please, indicate all possible answers)
- 7. verbal
 - 8. written
 - 9. other (please, indicate)
- A.26 How often do you apply to it?
- 11.always
 - 12.often
 - 13.seldom
 - 14.never
 - 15.other (please, indicate)
- A.27 Did SGH representatives meet your requirement?
- 9. always
 - 10.often
 - 11.seldom
 - 12.never
 - 26. other (please, indicate)
- A.28 What forms of disciplining is acceptable for you? (please, indicate as many answers as needed)
- 11.verbal form
 - 12.written remark
 - 13.establishment of restrictions
 - 14.verbal insult
 - 15.physical insult
 - 27. other (please, indicate)
- A.29 What forms of disciplining are practiced in SGH? (please, indicate as many answers as needed)
- 13.verbal remark
 - 14.written remark
 - 15.establishment of restrictions
 - 16.verbal insult
 - 17.physical insult
 - 18.other (please, indicate)
- A.30 Do you know the hotline number for the victims of violence
- 7. yes (if you remember, please indicate)
 - 8. no
 - 9. other (please, indicate)
- A.31 How do you think, who and how should support families in taking care of their children? (please, indicate all possible answers)
- 13.state financially
 - 14.state by establishing benefits
 - 15.relatives, friends financially
 - 16.relatives, friends morally
 - 17.various organizations by service provision
 - 18.other (please, indicate)
- A.32 How often do you contact with social workers after the placement in SGH?
- 1. we do not meet
 - 1. twice a month at the beginning, no not at all
 - 2. twice a month at the beginning, no more seldom
 - 3. once in two months
 - 4. once a month
 - 5. other (please, indicate)
- A.33 What additional service would you like to receive from SGH? (please, indicate all possible answers)
- 11.additional tutorial sessions
 - 12.assistance to my biological family
 - 13.sports and entertainment activities
 - 14.existing services are enough
 - 15.other (please, indicate)

A.34 What additional service would you like to receive from the State? (please, indicate all possible answers)

1. additional tutorial sessions
2. assistance to my biological family
3. sports and entertainment activities
4. existing services are enough
5. other (please, indicate)

A.35 Would you like to return to your biological family?

9. yes, because . . .
10. no, because.....
11. I do not know
12. other (please, indicate)

A.36 What would you change in SGH?

.....

A.37 Please, end the sentence: for child the most important thing is

.....

Annex 1d

Questionnaire for children living in Large Size Care Institution

q.1 Please, indicate your age:

q.2 Please, indicate your sex:

11. female
12. male

A.1 What enjoyable is ongoing in your life currently? (please, indicate as many answers as needed)

19. I acquired a new family
20. my living conditions have been improved
21. I am better taken care off
22. I am less concerned
23. I have achievements at school
24. other (please, indicate)

A.2 What are the problems you face currently? (please, indicate as many answers as needed)

31. lack of contact with biological families
32. no contact with biological families
33. discriminatory attitude from the society
34. discriminatory attitude from teachers and classmates
35. ambiguous future
36. other (please, indicate)

A.3 How long have you lived out of your family?

16. < 3months
17. <1 yaer
18. < 3 yaers
19. < 5 years
20. >5 years

A.4 At which age were you first placed in the care system?

19. < 6 months
20. 6-12 monthsd
21. 1-2 years
22. 3-5 years
23. 6-11 years
24. >11 years

A.5 How many times did you change the placement ?

13. once
14. twice
15. three times
16. four and more times

A.6 How do you think, in which circumstances should children and parents be separated? (please, indicate as many answers as needed)

22. when family has nutritional problems
23. when family a no clothe the child
24. when family has inadequate living conditions
25. when family members have alcohol/drug dependency
26. when family members have health related problems
27. when family members are badly treating the child

28. other (please, indicate)
- A.7 How do you think, should child's opinion considered when separating with the family?
37. yes
38. no
39. I do not know
40. other (please, indicate)
- A.8 Should a child meet with biological parents, when s/he does not live in the family? (please, end the sentence)
10. yes, because ...
11. no, because
12. I do not know
- A.9 How often do you contact your family members?
16. according the days fixed by the care institution administration
17. according my desire
18. according the desire of the biological parents
19. according the desire of the care giver
20. other (please, indicate)
- A.10 How do you think, which is the best environment for child out of the family?
21. to live with relative
22. to live in kinship care
23. to live in foster care (when child temporarily lives with foster parents)
24. adoption
25. to live in small group home
26. other (please, indicate)
- A.11 How do you think, what was the reason of your separation from the family? (please, indicate as many answers as needed)
22. family had nutritional problems
23. family could not clothe the child
24. family had inadequate living conditions
25. family members had alcohol/drug dependency
26. family members had health related problems
27. family could not buy school equipment
28. other (please, indicate)
- A.12 Do you easily adapted to care institution environment?
28. yes, in a few months
29. yes, in a year
30. yes, in several years
31. could not adapt
32. it is difficult for me to answer
33. other (please, indicate)
- A.13 Did you acquire more friends after the placement in the care institution?
13. yes
14. no
15. I do not know
16. other (please, indicate)
- A.14 Do you study better after the placement in care institution?
1. yes
2. no
3. it is difficult to answer
4. other (please, indicate)
- A.15 What kind of relationship do children have in care institution?
16. friendly
17. non-friendly
18. conflicting
19. discriminatory
20. other (please, indicate)
- A.15 What kind of relationships do you have with caregivers (please, indicate as many answers as needed)
19. parent and child like
20. friendly
21. often have conflicts
22. conflicting
23. can not get along
24. it is difficult for me to
34. other (please, indicate)
- A.16 Did anybody explain to you your rights and responsibilities while entering the care institution? (please, indicate as many answers as needed)
19. yes, care institution caregiver
20. yes, care institution representative
21. Yes, social worker
22. no
23. I do not know

24. other (please, indicate)
- A.17 How the rights and responsibilities were explained to you? (please, indicate as many answers as needed)
13. verbally
 14. in written form
 15. upon request
 16. other (please, indicate)
- A.18 Are your rights defended (in case of positive answers, please, move to question 20)
16. yes
 17. no
 18. I do not know
 19. it is difficult for to answer
 20. other (please, indicate)
- A.19 Please, share the incidence of rights violation and reason of it?
-
-
- A.20 Who is your legal representative? (in case of negative answer, please move to question 22)
25. I do not know
 26. my family
 27. social worker
 28. caregiver
 29. care institution director
 30. A teacher
 31. The state
 32. other (please, indicate)
- A.21 Did you ever contact your legal representative?
16. yes, always
 17. yes, often
 18. yes, seldom
 19. never
 20. other (please, indicate)
- A.22 Is complaint procedure established in care institution?
13. yes
 14. no
 15. I do not know
 16. other (please, indicate)
- A.23 Which form of complaint is established? (please, indicate all possible answers)
10. verbal
 11. written
 12. other (please, indicate)
- A.24 Can you use complaint procedure? (in case of negative answer, please move to question 28))
19. yes, I can and use it
 20. yes I can, but do not use it
 21. I can not
 22. I do not know
 23. it is difficult for me to answer
 24. other (please, indicate)
- A.25 Which form of complaint do you apply? (please, indicate all possible answers)
10. verbal
 11. written
 12. other (please, indicate)
- A.26 How often do you apply to it?
16. always
 17. often
 18. seldom
 19. never
 20. other (please, indicate)
- A.27 Did care institution representatives meet your requirement?
13. always
 14. often
 15. seldom
 16. never
 35. other (please, indicate)
- A.28 What forms of disciplining is acceptable for you? (please, indicate as many answers as needed)
16. verbal form
 17. written remark
 18. establishment of restrictions
 19. verbal insult
 20. physical insult
 36. other (please, indicate)
- A.29 What forms of disciplining are practiced in care institution? (please, indicate as many answers as needed)

- 19. verbal remark
 - 20. written remark
 - 21. establishment of restrictions
 - 22. verbal insult
 - 23. physical insult
 - 24. other (please, indicate)
- A.30 Do you know the hotline number for the victims of violence
- 10. yes (if you remember, please indicate)
 - 11. no
 - 12. other (please, indicate)
- A.31 How do you think, who and how should support families in taking care of their children? (please, indicate all possible answers)
- 19. state financially
 - 20. state by establishing benefits
 - 21. relatives, friends financially
 - 22. relatives, friends morally
 - 23. various organizations by service provision
 - 24. other (please, indicate)
- A.32 How often do you contact with social workers after the placement in care institution?
- A.33 What additional service would you like to receive from care institution? (please, indicate all possible answers)
- 16. additional tutorial sessions
 - 17. assistance to my biological family
 - 18. sports and entertainment activities
 - 19. existing services are enough
 - 20. other (please, indicate)
- A.34 What additional service would you like to receive from the State? (please, indicate all possible answers)
- 1. additional tutorial sessions
 - 2. assistance to my biological family
 - 3. sports and entertainment activities
 - 4. existing services are enough
 - 5. other (please, indicate)
- A.35 Would you like to return to your biological family?
- 13. yes, because . . .
 - 14. no, because.....
 - 15. I do not know
 - 16. other (please, indicate)
- A.36 What would you change in care institution?
-
-
- A.37 Please, end the sentence: for child the most important thing is
-
-
-
-

Annex 1e

Questionnaire for children living in Foster Care

- q.1 Please, indicate your age:
- q.2 Please, indicate your sex:
- 13. female
 - 14. male
- A.1 What enjoyable is ongoing in your life currently? (please, indicate as many answers as needed)
- 25. I acquired a new family
 - 26. my living conditions have been improved
 - 27. I am better taken care off
 - 28. I am less concerned
 - 29. I have achievements at school
 - 30. other (please, indicate)
- A.2 What are the problems you face currently? (please, indicate as many answers as needed)
- 41. lack of contact with biological families
 - 42. no contact with biological families
 - 43. discriminatory attitude from the society
 - 44. discriminatory attitude from teachers and classmates
 - 45. ambiguous future

- 46.other (please, indicate)
- A.3 How long have you lived out of your family?
- 21.< 3months
 - 22.<1 year
 - 23.< 3 years
 - 24.< 5 years
 - 25.>5 years
- A.4 At which age were you first placed in the care system?
- 25.< 6 months
 - 26.6-12 monthsd
 - 27.1-2 years
 - 28.3-5 years
 - 29.6-11 years
 - 30.>11 years
- A.5 How many times did you change the placement ?
- 17.once
 - 18.twice
 - 19.three times
 - 20.four and more times
- A.6 How do you think, in which circumstances should children and parents be separated? (please, indicate as many answers as needed)
- 29.when family has nutritional problems
 - 30.when family a no clothe the child
 - 31.when family has inadequate living conditions
 - 32.when family members have alcohol/drug dependency
 - 33.when family members have health related problems
 - 34.when family members are badly treating the child
 - 35.other (please, indicate)
- A.7 How do you think, should child's opinion considered when separating with the family?
- 47.yes
 - 48.no
 - 49.I do no know
 - 50.other (please, indicate)
- A.8 Should a child meet with biological parents, when s/he does not live in the family? (please, end the sentnece)
- 13.yes, because ...
 - 14.no, because
 - 15.I do not know
- A.9 How often do you contact your family members?
- 21.according my desire
 - 22.according the desire of the biological parents
 - 23.according the desire of the care giver
 - 24.when social worker organizes the meeting
 - 25.other (please, indicate)
- A.10 How do you think, which is the best environment for child out of the family?
- 27.to live with relative
 - 28.to live in kinship care (when child temporarily lives with foster parents who are her/his relatives)
 - 29.to live in foster care (when child temporarily lives with foster parents)
 - 30.adoption (when child permanently is adopted by non-biological parents legally, give to child their last name, live together)
 - 31.to live in small group home (when child lives with caregivers and several other children)
 - 32.other (please, indicate)
- A.11 How do you think, what was the reason of your separation from the family? (please, indicate as many answers as needed)
- 29.family had nutritional problems
 - 30.family could not clothe the child
 - 31.family had inadequate living conditions
 - 32.family members had alcohol/drug dependency
 - 33.family members had health related problems
 - 34.family could not buy school equipment
 - 35.other (please, indicate)

- A.12 Do you easily adapted to new environment?
 37.no, i could not adapt
 38.was difficult at the beginning but after several months adapted
 39.was difficult at the beginning but adapted soon
 40.easily adapted
 41.it is difficult for me to answer
 42.other (please, indicate)
- A.13 Did you acquire more friends after the placement in FC?
 17.yes
 18.no
 19.I do not know
 20. other (please, indicate)
- A.14 What kind of relationships do you have with foster parent/?
 25.parent and child like
 26.friendly
 27.often have conflicts
 28.conflicting
 29.can not get along
 30.it is difficult for me to
 43. other (please, indicate)
- A.15 How often do you meet with your social workers after the placement in FC?
 21.we do not meet
 22.twice a month at the beginning, no not at all
 23.twice a month at the beginning, no more seldom
 24.once in two months
 25.once a month
 26.other (please, indicate)
- A.16 Do you study better after the placement in FC?
 1. yes
 2. no
 3. it is difficult for me to answer
 4. other (please, indicate)
- A.17 Did anybody explain to you your rights and responsibilities while entering FC? (please, indicate as many answers as needed)
 25.yes, foster parent
 26.Yes, social worker
 27.no
 28.I do not know
 29.other (please, indicate)
- A.18 How the rights and responsibilities were explained to you? (please, indicate as many answers as needed)
 17.verbally
 18.in written form
 19.upon request
 20. other (please, indicate)
- A.19 Are your rights defended (in case of positive answers, please, move to question 20)
 21.yes
 22.no
 23.I do not know
 24.it is difficult for to answer
 25.other (please, indicate)
- A.20 Please, share the incidence of rights violation and reason of it?

- A.21 Who is your legal representative? (in case of negative answer, please move to question 22)
 33.I do not know
 34.my family
 35.a social worker
 36.a teacher
 37.the state
 38.other (please, indicate)
- A.22 Did you ever contact your legal representative?
 21.yes, always

- 22.yes, often
- 23.yes, seldom
- 24.never
- 25. other (please, indicate)

A.23 If you do not like something, who do you apply to?

- 17.no one
- 18.my foster parents
- 19.other member of the family
- 20.a teacher
- 21.a social worker
- 22.other (please, indicate)

A.24 When you do not like something how do you express your complaint to your foster parents?
(please, indicate all possible answers)

- 13.verbally
- 14.in written form
- 15.other (please, indicate)

A.25 Did foster parents meet your requirement?

- 17.always
- 18.often
- 19.seldom
- 20.never
- 44. other (please, indicate)

A.26 What forms of disciplining is acceptable for you? (please, indicate as many answers as needed)

- 21.verbal form
- 22.written remark
- 23.establishment of restrictions
- 24.verbal insult
- 25.physical insult
- 45. other (please, indicate)

A.27 What forms of disciplining are practiced in foster family? (please, indicate as many answers as needed)

- 25.verbal remark
- 26.written remark
- 27.establishment of restrictions
- 28.verbal insult
- 29.physical insult
- 30.other (please, indicate)

A.28 Do you know the hotline number for the victims of violence

- 13.yes (if you remember, please indicate)
- 14.no
- 15.other (please, indicate)

A.29 How do you think, who and how should support families in taking care of their children? (please, indicate all possible answers)

- 25.state financially
- 26.state by establishing benefits
- 27.relatives, friends financially
- 28.relatives, friends morally
- 29.various organizations by service provision
- 30.other (please, indicate)

A.30 What additional service would you like to receive? (please, indicate all possible answers)

- 21.additional tutorial sessions
- 22.assistance to my biological family
- 23.sports and entertainment activities
- 24.existing services are enough
- 25.other (please, indicate)

A.31 Would you like to return to your biological family?

- 17.yes, because . . .
- 18.no, because.....
- 19.I do not know
- 20.other (please, indicate)

A.32 Please, end the sentence: i would like my foster parent/s to be more

.....

A.33 Please, end the sentence: for child the most important thing is

.....
.....

Annex 1f

Questionnaire for reintegrated children

q.1 Please, indicate your age:

q.2 Please, indicate your sex:

15.female

16.male

A.1 What enjoyable is ongoing in your life currently? (please, indicate as many answers as needed)

31. I again live with my family

32. my parents pay more attention to me

33. I am less concerned

34. I have achievements at school

35. I am again with my old friends

36. other (please, indicate)

A.2 What are the problems you face currently? (please, indicate as many answers as needed)

51.bad living conditions

52.economic problems in the family

53.discriminatory attitude from the society, because i live away from the family

54.discriminatory attitude from teachers and classmates, because i live away from the family

55.ambiguous future

56.other (please, indicate)

A.3 How long have you lived out of your family?

26.< 3months

27.<1 year

28.< 3 years

29.< 5 years

30.>5 years

A.4 At which age were you first placed out of the family?

31.< 6 months

32.6-12 monthsd

33.1-2 years

34.3-5 years

35.6-11 years

36.>11 years

A.5 How many times did you change the placement ?

21.once

22.twice

23.three times

24.four and more times

A.6 How do you think, in which circumstances should children and parents be separated? (please, indicate as many answers as needed)

36.when family has nutritional problems

37.when family a no clothe the child

38.when family has inadequate living conditions

39.when family members have alcohol/drug dependency

40.when family members have health related problems

41.when family members are badly treating the child

42.other (please, indicate)

A.7 How do you think, should child's opinion considered when separating with the family?

57.yes

58.no

59.I do no know

60.other (please, indicate)

A.8 Should a child meet with biological parents, when s/he does not live in the family? (please, end the sentnece)

16.yes, because ...

17.no, because

18.I do not know

- A.9 How do you think, which is the best environment for child out of the family?
- 33.to live with relative
 - 34.to live in kinship care (when child temporarily lives with foster parents who are his relative)
 - 35.to live in foster care (when child temporarily lives with foster parents)
 - 36.adoption
 - 37.to live in small group home
 - 38.to live in the care institution
 - 39.other (please, indicate)
- A.10 How do you think, what was the reason of your separation from the family? (please, indicate as many answers as needed)
- 36.family had nutritional problems
 - 37.family could not clothe the child
 - 38.family had inadequate living conditions
 - 39.family members had alcohol/drug dependency
 - 40.family members had health related problems
 - 41.family could not buy school equipment
 - 42.other (please, indicate)
- A.11 How difficult it was for you to be far from your family?
- 46.it was very difficult
 - 47.it was difficult, but i adapted soon
 - 48.it was not difficult
 - 49.it is difficult for me to answer
 - 50.other (please, indicate)
- A.12 Would you like to return to previous placement?
- 21.yes, because ...
 - 22.no, because ...
 - 23.I do not know
 - 24. other (please, indicate)
- A.13 After reintegration how often do you meet your social worker?
- 27.we do not meet
 - 28.twice a month at the beginning, no not at all
 - 29.twice a month at the beginning, no more seldom
 - 30.once in two months
 - 31.once a month
 - 32.other (please, indicate)
- A.14 Are your rights defended (in case of positive answers, please, move to question 20)
- 26.yes
 - 27.no
 - 28.I do not know
 - 29.it is difficult for to answer
 - 30.other (please, indicate)
- A.15 Please, share the incidence of rights violation and reason of it?
-
-
- A.16 If/when you do not like something how do you express it to your parents? (please, indicate all possible answers)
- 13.verbally
 - 14.in written form
 - 15.other (please, indicate)
- A.17 Do your parents meet your requirement?
- 21.always
 - 22.often
 - 23.seldom
 - 24.never
 - 25.other (please, indicate)
- A.18 What forms of disciplining is acceptable for you? (please, indicate as many answers as needed)
- 26.verbal form
 - 27.written remark
 - 28.establishment of restrictions
 - 29.verbal insult
 - 30.physical insult

51. other (please, indicate)
- A.19 What forms of disciplining are practiced in your family? (please, indicate as many answers as needed)
- 31.verbal remark
 - 32.written remark
 - 33.establishment of restrictions
 - 34.verbal insult
 - 35.physical insult
 - 36.other (please, indicate)
- A.20 Do you know the hotline number for the victims of violence
- 16.yes (if you remember, please indicate)
 - 17.no
 - 18.other (please, indicate)
- A.21 How do you think, who and how should support families in taking care of their children? (please, indicate all possible answers)
- 31.state financially
 - 32.state by establishing benefits
 - 33.relatives, friends financially
 - 34.relatives, friends morally
 - 35.various organizations by service provision
 - 36.other (please, indicate)
- A.22 What additional service would you like to receive from the State? (please, indicate all possible answers)
- 1. additional tutorial sessions
 - 2. assistance to my biological family
 - 3. sports and entertainment activities
 - 4. existing services are enough
 - 5. other (please, indicate)
- A.23 Please, end the sentence: for child the most important thing is
-
-

Annex 1g

Questionnaire for children with disabilities

- q.1 Please, indicate your age:
- q.2 Please, indicate your sex:
- 17.female
 - 18.male
- A.1 What enjoyable is ongoing in your life currently? (please, indicate as many answers as needed)
- 37. I like to go to day care center
 - 38. my parents pay more attention to me
 - 39. I am less concerned
 - 40. I have achievements at school
 - 41. I acquired more friends
 - 42. other (please, indicate)
- A.2 What are the problems you face currently? (please, indicate as many answers as needed)
- 61.bad living conditions
 - 62.the fact, that i am different
 - 63.discriminatory attitude from the society
 - 64.discriminatory attitude from teachers and classmates
 - 65.ambiguous future
 - 66.other (please, indicate)
- A.3 Do you easily adapted to day care center environment?
- 52.yes, in a few months
 - 53.yes, in a year
 - 54.yes, in several years
 - 55.could not adapt
 - 56.it is difficult for me to answer
 - 57.other (please, indicate)
- A.4 What educational accessibility do you have?
- 25.the school is far from the house and it is difficult to get there

- 26. i do not have study area at home
- 27. I need additional tutoring in some subjects
- 28. I do not have opportunity to join some additional educational classes
- 29. I have all conditions to get education
- 30. other (please, indicate)

A.5 Are your rights defened (in case of positive answers, please, move to question 20)

- 31. yes
- 32. no
- 33. I do not know
- 34. it is difficult for to answer
- 35. other (please, indicate)

A.6 Please, share the incidence of rights violation and reason of it?

A.7 If/when you do not like something how do you express it to your parents? (please, indicate all possible answers)

- 16. verbally
- 17. in written form
- 18. other (please, indicate)

A.8 Do your parents meet your requirement?

- 21. always
- 22. often
- 23. seldom
- 24. never
- 58. other (please, indicate)

A.9 What forms of disciplining are acceptable for you? (please, indicate as many answers as needed)

- 31. verbal form
- 32. written remark
- 33. establishment of restrictions
- 34. verbal insult
- 35. physical insult
- 59. other (please, indicate)

A.10 What forms of disciplining are practiced in your family? (please, indicate as many answers as needed)

- 37. verbal remark
- 38. written remark
- 39. establishment of restrictions
- 40. verbal insult
- 41. physical insult
- 42. other (please, indicate)

A.11 Do you know the hotline number for the victims of violence

- 19. yes (if you remember, please indicate)
- 20. no
- 21. other (please, indicate)

A.12 How do you think, who and how should support families in taking care of their children? (please, indicate all possible answers)

- 37. state financially
- 38. state by establishing benefits
- 39. relatives, friends financially
- 40. relatives, friends morally
- 41. various organizations by service provision
- 42. other (please, indicate)

A.13 What additional service would you like to receive from the State? (please, indicate all possible answers)

- 1. additional tutorial sessions
- 2. assistance to my biological family
- 3. sports and entertainment activities
- 4. existing services are enough
- 5. other (please, indicate)

A.14 Please, end the sentence: for child the most important thing is

Annex 1h

Questionnaire for IDP children

q.1 Please, indicate your age:

q.2 Please, indicate your sex:

19.female

20.male

A.1 What enjoyable is ongoing in your life currently? (please, indicate as many answers as needed)

43. I like new living environment

44. my parents pay more attention to me

45. I am better taken care off

46. I am less concerned

47. I have achievements at school

48. other (please, indicate)

A.2 What are the problems you face currently? (please, indicate as many answers as needed)

67.bad living conditions

68.the fact, that i live in the collective center

69.discriminatory attitude from the society because I am IDP

70.discriminatory attitude from teachers and classmates because I am IDP

71.there is no play ground in the collective center where children can entertain

72.ambiguous future

73.other (please, indicate)

A.3 How many times did you change living environment?

60.once

61.twice

62.three times

63.4 and more

A.4 Do you easily adapted to new living environment?

1. yes, in a few months

2. yes, in a year

21.yes, in several years

22.could not adapt

23.it is difficult for me to answer

24.other (please, indicate)

A.5 What educational accessibility do you have?

31.the school is far from the collective cener and it is difficult to get there

32.i do not have study area at home

33.I need additional tutoring in some subjects

34.I do not have opportunity to join some additional educational classes

35.I have all conditions to get education

36. other (please, indicate)

A.6 Are your rights defended (in case of positive answers, please, move to question 20)

36.yes

37.no

38.I do not know

39.it is difficult for to answer

40.other (please, indicate)

A.7 Please, share the incidence of rights violation and reason of it?

A.8 If/when you do not like something how do you express it to your parents? (please, indicate all possible answers)

19.verbally

20.in written form

21.other (please, indicate)

A.9 Do your parents meet your requirement?

25.always

26.often

27.seldom

28.never

25. other (please, indicate)

A.10 What forms of disciplining are acceptable for you? (please, indicate as many answers as needed)

- 36.verbal form
- 37.written remark
- 38.establishment of restrictions
- 39.verbal insult
- 40.physical insult

26. other (please, indicate)

A.11 What forms of disciplining are practiced in your family? (please, indicate as many answers as needed)

- 43.verbal remark
- 44.written remark
- 45.establishment of restrictions
- 46.verbal insult
- 47.physical insult
- 48.other (please, indicate)

A.12 Do you know the hotline number for the victims of violence

- 22.yes (if you remember, please indicate)
- 23.no
- 24.other (please, indicate)

A.13 How do you think, who and how should support families in taking care of their children? (please, indicate all possible answers)

- 43.state financially
- 44.state by establishing benefits
- 45.relatives, friends financially
- 46.relatives, friends morally
- 47.various organizations by service provision
- 48.other (please, indicate)

A.14 What additional service would you like to receive from the State? (please, indicate all possible answers)

- 1. additional tutorial sessions
- 2. assistance to my biological family
- 3. sports and entertainment activities
- 4. existing services are enough
- 5. other (please, indicate)

A.15 Would you like to return to your village?

- 1. yes, because.....
- 2. no, because.....
- 3. I do not know
- 4. other (please, indicate)

A.16 Please, end the sentence: for child the most important thing is

.....

Annex 2

Annex 2a

Questionnaire for young children

Age:

sex: 1. male

2. female

<p>Are children asked when moved to new placement?</p> 	<p>Are child's preferences taken into account by adults?</p> 	<p>Do children themselves choose playground?</p> 	<p>Do teachers love all the children equally?</p> 	<p>Do teachers insult children?</p> 
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<p>Do teachers beat, pull on the ear or hair the children?</p> 	<p>Are adults (teachers, police, caregivers) dismissed from work if they insult children?</p> 	<p>Do caregivers love all the children equally?</p> 	<p>Do caregivers insult children?</p> 	<p>Do caregivers beat, pull on the ear or hair the children?</p> 
<p>Are caregivers dismissed from work if they insult or beat children?</p> 	<p>When parents insult children do others (neighbors, police) intervene?</p> 	<p>When adults insult children do others (neighbors, police) intervene?</p> 	<p>Are social workers, police, dismissed from work if they insult children?</p> 	<p>Do adults call children "children from orphanages"?</p> 
<p>Do journalists ask children when they are taking their photos?</p> 	<p>Do Ministers talk to children when they meet with them?</p> 	<p>When child do not like something do they apply complain procedure?</p> 	<p>When the children do not like something do they tell to social worker?</p> 	<p>Do children prefer to live where there is heat, food and love even if it is not his family home?</p> 

Annex 2b

Questionnaire for young children living in the street

Age:

sex: 1. male

2. female

<p>Are children asked when moved to new placement?</p> 	<p>Are child's preferences taken into account by adults?</p> 	<p>Do teachers insult children?</p> 	<p>Do teachers beat, pull on the ear or hair the children?</p> 	<p>Are teachers dismissed from work if they insult, beat or pull on the ear or hair the children?</p> 
<p>When parents insult children do others (neighbors, police) intervene?</p> 	<p>When adults insult children do others (neighbors, police) intervene?</p> 	<p>Are social workers, police, dismissed from work if they insult children?</p> 	<p>Do adults call children "street children"?</p> 	<p>Do journalists ask children when they are taking their photos?</p> 

<p>Is smoking and alcohol consumption forbidden for children under age 18?</p> 	<p>Do children prefer to live where there is heat, food and love even if it is not his family home?</p> 	<p>Is it better to be at home rather than at street?</p> 	<p>Do you go to school?</p> 	<p>Do you go to school every day?</p> 
<p>Should children work to support his/her family?</p> 	<p>Is it fine if child drops the school because of work?</p> 	<p>Has child right where to stand on the street?</p> 	<p>Do police take child sleeping in the street somewhere where it is warm, food and comfort?</p> 	

Annex 3

Decision Making Chart

	Who should i live with	Who should make friends with	How to decorate my room	How to behave in public	How to dress	How to study	When to play
<input type="checkbox"/> I am a girl <input type="checkbox"/> I am a boy My age is: _							
My Parents							
My Family Members							
My Social Worker							
My Teacher							
Key	• = have no say ^ = have some say # = have a lot of say						

Annex 4

Annex 4a

Questionnaire for SOS CVP Caregivers

q.1 Please, indicate your age:

1. 20–29
2. 30–39
3. 40–49
4. 50–59
5. 60–69
6. 70 <

q.2 Please, indicate your sex:

1. female
2. male

q.3 please, indicate your education:

1. incomplete secondary
2. secondary
3. incomplete high
4. high

5. vocational
6. other (please, indicate)

I Part. Attitudes about professional activity

A.1 How long are occupied you in this field?

1. 0–1 years
2. 2–3 years
3. 3–4 years
4. 4 and more years

A.2 Are you enjoying your work?

1. yes
2. more yes, than no
3. more no, than yes
4. no
5. it is difficult for me to answer

A.3 What is the most positive aspect of your occupation? (*please, indicate as many answers as relevant*)

1. I have relationship with children
2. I have perspective for professional growth
3. I am employed and have income
4. It is difficult for me to answer
5. other (please, indicate)

A.4 What are the main difficulties in your professional life? (*please, indicate as many as answers relevant*)

1. communication with children
2. disciplining children
3. achieving positive results with children
4. beaurocratic work
5. do not have any difficulties
6. It is difficult for me to answer
7. other (please, indicate)

A.5 What is the role of caregiver in SOS CVP? (*please, indicate as many as answers relevant*)

1. direct involvement in child bearing process
2. development of individual development plans for children
3. children's preparation for independent living
4. contact with social workers
5. contact with the representatives of education system
6. contact with biological parents
8. other (please, indicate)

A.6 With whom are you working on the development of individual development plan? (*please, indicate as many answers as relevant*)

1. with children
2. with other parent
3. with social worker
4. with the head of the SOS CVP
9. other (please, indicate)

A.7 Is your opinion taken into account by state social worker?

1. yes, always
2. yes, often
3. yes, rarely
4. never
5. other (please, indicate)

A. 8 How do you think what difficulties children face in this service? (*please, indicate as many answers as relevant*)

1. yes, lack of contact with the biological family
2. yes, no contact with their biological families
3. yes, discriminatory approach from the society, because they do not live in the families

4. yes, discriminatory approach at school
5. no
6. I do not know
7. it is difficult to answer
8. other (please, indicate)

II Part.SOS CVP Procedures/Services

B.1 Who introduces child rights to your beneficiaries? *(please, indicate as many answers as relevant)*

1. caregivers do
2. SOS service managers do
3. social workers do
4. no
5. i do not know
6. other (please, indicate)

B.2 How do you introduce child rights to your beneficiaries? *(please, indicate as many answers as relevant)*

1. verbally
2. in written form
3. upon request
4. other (please, indicate)

B.3 Do beneficiaries have contact with their legal representatives?

1. yes
2. no
3. i do not know
4. other (please, indicate)

B.4 How often do children meet with their biological families? *(please, indicate as many answers as relevant)*

1. within the time period fixed by SOS CVP manager
2. depends on child's will
3. depends on parent's will
4. depends on caregiver's will
5. other (please, indicate)

B.5 Is complain procedure established in SOS CVP?

1. yes
2. no
3. i do not know
4. other (please, indicate)

B.6 What form of complaint is established? *(please, indicate as many answers as relevant)*

1. verbally
2. in written form
3. other (please, indicate)

B.7 Can beneficiary apply to complaint procedure?

1. yes, they can and do
2. yes, they can but do not
3. no, they can not
4. i do not know
5. it is difficult for me to answer
6. other (please, indicate)

B.8 What form of complaint fo beneficiaries apply to? *(please, indicate as many answers as relevant)*

1. verbal
2. written
3. other (please, indicate)

B.9 How often do beneficiaries apply to complaint procedure?

1. always
2. often
3. rarely

4. never
 5. other (please, indicate)
- B.10 Are beneficiaries complains taken into account by representatives of SOS CVP administration?
1. always
 2. often
 3. rarely
 4. never
 5. other (please, indicate)
- B. 11 Do you prepare children for independent living? *(please, indicate as many answers as relevant)*
1. yes, caregivers are working with children
 2. yes, service staff members are working with children
 3. yes, social workers are working with children
 4. no
 5. I do not know
 6. other (please, indicate)
- B. 12 In your opinion, is 4 year sufficient for transition to semi-independent life?
1. yes
 2. more sufficient than no
 3. more insufficient than yes
 4. it is not sufficient
 5. other (please, indicate)
- B. 13 In your opinion, are beneficiaries ready for transition to independent life mode?
1. absolutely
 2. partially
 3. they are not ready
 4. i do not know
 5. other (please, indicate)
- B.14 Does anybody supervise children in the transition to independent living? *(please, indicate as many answers as relevant)*
1. yes, social worker
 2. yes, member of SOS CVP administration
 3. yes, caregiver
 4. nobody
 5. i do not know
 6. other (please, indicate)
- B.15 How/in what form is supervision provided in youth center before s/he moves to semi/independent life? *(please, indicate as many answers as relevant)*
1. telephone communication
 2. visits
 3. control over beneficiaries expenses
 4. other (please, indicate)
- B.16 How often is supervision provided in youth center before s/he moves to semi/independent life? *(please, indicate as many answers as relevant)*
1. according the schedule established by SOS CVP management
 2. depends on need
 3. other (please, indicate)
- B.17 What additional services would you like for your beneficiaries from SOS? *(please, indicate as many answers as relevant)*
1. additional tutoring
 2. additional financial resources
 3. sport and cultural activities
 4. no additional services are needed
 5. other (please, indicate)
- B.18 What additional services would you like for your beneficiaries from state? *(please, indicate as many answers as relevant)*
1. establishment of additional educational centers

2. additional financial resources
3. support to biological families to enable them to live with their children.
6. no additional services are needed
4. other (please, indicate)

Annex 4b

Questionnaire for Small Group Home Caregivers

q.1 Please, indicate your age:

7. 20–29
8. 30–39
9. 40–49
10. 50–59
11. 60–69
12. 70 <

q.2 Please, indicate your sex:

1. female
2. male

q.3 please, indicate your education:

7. incomplete secondary
8. secondary
9. incomplete high
10. high
11. vocational
12. other (please, indicate)

I Part. Attitudes about professional activity

A.1 How long are occupied you in this field?

5. 0–1 years
6. 2–3 years
7. 3–4 years
8. 4 and more years

A.2 Are you enjoying your work?

6. yes
7. more yes, than no
8. more no, than yes
9. no
10. it is difficult for me to answer

A.3 What is the most positive aspect of your occupation? *(please, indicate as many answers as relevant)*

10. I have relationship with children
11. I have perspective for professional growth
12. I am employed and have income
13. It is difficult for me to answer
14. other (please, indicate)

A.4 What are the main difficulties in your professional life? *(please, indicate as many as answers relevant)*

6. communication with children
7. disciplining children
8. achieving positive results with children
9. beaurocratic work
10. do not have any difficulties
15. It is difficult for me to answer
16. other (please, indicate)

A.5 What is the role of caregiver in SGH? *(please, indicate as many as answers relevant)*

7. direct involvement in child bearing process
8. development of individual development plans for children
9. children's preparation for independent living

- 10. contact with social workers
 - 11. contact with the representatives of education system
 - 12. contact with biological parents
 - 17. other (please, indicate)
- A.6 With whom are you working on the development of individual development plan? *(please, indicate as many answers as relevant)*
- 5. with children
 - 6. with other parent
 - 7. with social worker
 - 8. with the head of the SGH
 - 18. other (please, indicate)
- A.7 Is your opinion taken into account by state social worker?
- 6. yes, always
 - 7. yes, often
 - 8. yes, rarely
 - 9. never
 - 10. other (please, indicate)
- A. 8 How do you think what difficulties children face in this service? *(please, indicate as many answers as relevant)*
- 9. yes, lack of contact with the biological family
 - 10. yes, no contact with their biological families
 - 11. yes, discriminatory approach from the society, because they do not live in the families
 - 12. yes, discriminatory approach at school
 - 13. no
 - 14. I do not know
 - 15. it is difficult to answer
 - 16. other (please, indicate)

II Part. SGH Procedures/Services

- B.1 Who introduces child rights to your beneficiaries? *(please, indicate as many answers as relevant)*
- 7. caregivers do
 - 8. SGH service managers do
 - 9. social workers do
 - 10. no
 - 11. i do not know
 - 12. other (please, indicate)
- B.2 How do you introduce child rights to your beneficiaries? *(please, indicate as many answers as relevant)*
- 5. verbally
 - 6. in written form
 - 7. upon request
 - 8. other (please, indicate)
- B.3 Do beneficiaries have contact with their legal representatives?
- 5. yes
 - 6. no
 - 7. i do not know
 - 8. other (please, indicate)
- B.4 How often do children meet with their biological families? *(please, indicate as many answers as relevant)*
- 6. within the time period fixed by SGH manager
 - 7. depends on child's will
 - 8. depends on parent's will
 - 9. depends on ccaregiver's will
 - 10. other (please, indicate)
- B.5 Is complain procedure established in SGH?
- 5. yes

- 6. no
 - 7. i do not know
 - 8. other (please, indicate)
- B.6 What form of complaint is established? *(please, indicate as many answers as relevant)*
- 4. verbally
 - 5. in written form
 - 6. other (please, indicate)
- B.7 Can beneficiary apply to complaint procedure?
- 7. yes, they can and do
 - 8. yes, they can but do not
 - 9. no, they can not
 - 10. i do not know
 - 11. it is difficult for me to answer
 - 12. other (please, indicate)
- B.8 What form of complaint fo beneficiaries apply to? *(please, indicate as many answers as relevant)*
- 4. verbal
 - 5. written
 - 6. other (please, indicate)
- B.9 How often do beneficiaries apply to complaint procedure?
- 6. always
 - 7. often
 - 8. rarely
 - 9. never
 - 10. other (please, indicate)
- B.10 Are beneficiaries complains taken into account by representatives of SGH administration?
- 6. always
 - 7. often
 - 8. rarely
 - 9. never
 - 10. other (please, indicate)
- B. 11 Do you prepare children for independent living? *(please, indicate as many answers as relevant)*
- 7. yes, caregivers are working with children
 - 8. yes, service staff members are working with children
 - 9. yes, social workers are working with children
 - 10. no
 - 11. I do not know
 - 12. other (please, indicate)
- B. 12 In your opinion, are beneficiaries ready for transition to independent life mode?
- 6. absolutely
 - 7. partially
 - 8. they are not ready
 - 9. i do not know
 - 10. other (please, indicate)
- B.13 Does anybody supervise children in the transition to independent living? *(please, indicate as many answers as relevant)*
- 7. yes, social worker
 - 8. yes, member of SGH personnel
 - 9. yes, caregiver
 - 10. nobody
 - 11. i do not know
 - 12. other (please, indicate)
- B.15 How/in what form is supervision provided in youth center before s/he moves to semi/independent life? *(please, indicate as many answers as relevant)*
- 5. telephone communication
 - 6. visits
 - 7. control over beneficiaries expenses

- 8. other (please, indicate)
- B.16 What additional services would you like for your beneficiaries from SGH? *(please, indicate as many answers as relevant)*
- 7. additional tutoring
 - 8. additional financial resources
 - 9. sport and cultural activities
 - 10. no additional services are needed
 - 11. other (please, indicate)
- B.17 What additional services would you like for your beneficiaries from state? *(please, indicate as many answers as relevant)*
- 5. establishment of additional educational centers
 - 6. additional financial resources
 - 7. support to biological families to enable them to live with their children.
 - 12. no additional services are needed
 - 8. other (please, indicate)

Annex 4c

Questionnaire for Foster Parents

- q.1 Please, indicate your age:
- 13. 20–29
 - 14. 30–39
 - 15. 40–49
 - 16. 50–59
 - 17. 60–69
 - 18. 70 <
- q.2 Please, indicate your sex:
- 1. female
 - 2. male
- q.3 please, indicate your education:
- 13. incomplete secondary
 - 14. secondary
 - 15. incomplete high
 - 16. high
 - 17. vocational
 - 18. other (please, indicate)

I Part. Attitudes about professional activity

- A.1 How long are occupied you in this field?
- 9. 0–1 years
 - 10. 2–3 years
 - 11. 3–4 years
 - 12. 4 and more years
- A.2 Are you enjoying your work?
- 11. yes
 - 12. more yes, than no
 - 13. more no, than yes
 - 14. no
 - 15. it is difficult for me to answer
- A.3 What is the most positive aspect of your occupation? *(please, indicate as many answers as relevant)*
- 19. I have relationship with children
 - 20. I have perspective for professional growth
 - 21. I am employed and have income
 - 22. It is difficult for me to answer
 - 23. other (please, indicate)
- A.4 What are the main difficulties in your professional life? *(please, indicate as many as answers relevant)*
- 11. communication with children

- 12. disciplining children
 - 13. achieving positive results with children
 - 14. beaurocratic work
 - 15. do not have any difficulties
 - 24. It is difficult for me to answer
 - 25. other (please, indicate)
- A.5 Did you have experience the situation when foster child left your family prior the end of the contract? *(in case f negative answer, please, move to questions A7)*
- 13. yes
 - 14. no
 - 15. other (please, indicate)
- A.6 What was the reason?
- 1. the problem of communication with child
 - 2. adjustment problems iwth other family members
 - 3. the child's character
 - 4. the child's health
 - 5. my health related problems
 - 6. other (please, indicate)
- A.7 What is the role of foster parent? *(please, indicate as many as answers relevant)*
- 1. direct involvement in child bearing process
 - 2. development of individual development plans for children
 - 3. children's preparation for independent living
 - 16. contact with social workers
 - 17. contact with the representatives of education system
 - 18. contact with biological parents
 - 19. other (please, indicate)
- A.8 With whom are you working on the development of individual development plan? *(please, indicate as many answers as relevant)*
- 9. I do not work on it
 - 10. with children
 - 11. with other parent
 - 12. with social worker
 - 13. with the representative of NGO
 - 26. other (please, indicate)
- A.9 How often do you contact state social worker?
- 1. do not have contact al all
 - 2. twice a month in the beginning, now not at all
 - 3. twice a month in the beginning, now less frequently
 - 4. Once in two months
 - 5. once a month
 - 6. other (please, indicate)
- A.10 Is your opinion taken into account by state social worker?
- 11. yes, always
 - 12. yes, often
 - 13. yes, rarely
 - 14. never
 - 15. other (please, indicate)
- A.11 Do you need additional training for caregiving skills development?
- 1. yes
 - 2. no
 - 3. it is difficult for me to answer
 - 4. other (please, indicate)
- A. 12 How do you think what difficulties children face in this service? *(please, indicate as many answers as relevant)*
- 17. yes, lack of contact with the biological family
 - 18. yes, no contact with their biological families
 - 19. yes, discriminatory approach from the society, because they do not live in the families
 - 20. yes, discriminatory approach at school

21. no
22. I do not know
23. it is difficult to answer
24. other (please, indicate)

II Part. FC Procedures/Services

B.1 Who introduces child rights to your beneficiaries? *(please, indicate as many answers as relevant)*

13. i do
14. family members do
15. social workers do
16. no
17. i do not know
18. other (please, indicate)

B.2 How do you introduce child rights to your beneficiaries? *(please, indicate as many answers as relevant)*

9. verbally
10. in written form
11. upon request
12. other (please, indicate)

B.3 Do beneficiaries have contact with their legal representatives?

9. yes
10. no
11. i do not know
12. other (please, indicate)

B.4 How often do children meet with their biological families? *(please, indicate as many answers as relevant)*

11. they do not meet with them
12. within the time period fixed by SSA
13. depends on child's will
14. depends on parent's will
15. depends on foster parent's will
16. other (please, indicate)

B5. How does the relationship with biological family influence the child?

1. positive
2. more positive, than negative
3. more negative, than positive
4. negative
5. it is difficult for me to answer
6. other (please, indicate)

B.6 Does child complain if s/he does not like something? *(in case of negative answer, please, move to question B.10)*

9. yes, to me
10. yes, to other family member
11. yes, to social worker
12. yes, to biological parent
13. yes, to teacher
14. other (please, indicate)

B.7 What form of complaint does the child apply to? *(please, indicate as many answers as relevant)*

7. verbally
8. written form
9. other (please, indicate)

B.8 How often do beneficiaries apply to complaint procedure?

11. always
12. often
13. rarely
14. never

15. other (please, indicate)
- B.9 Do you take child's complaint into account?
11. always
 12. often
 13. rarely
 14. never
 15. other (please, indicate)
- B.10 Do you prepare children for independent living? *(please, indicate as many answers as relevant)*
13. yes, i am working with children
 14. yes, SSA staff members are working with children
 15. yes, social workers are working with children
 16. no
 17. I do not know
 18. other (please, indicate)
- B.11 In your opinion, are beneficiaries ready for transition to independent life mode?
11. absolutely
 12. partially
 13. they are not ready
 14. i do not know
 15. other (please, indicate)
- B.12 Does anybody supervise children in the transition to independent living? *(please, indicate as many answers as relevant) (in case of negative answer, please, move to question B. 15)*
13. yes, social worker
 14. yes, head of SSA
 15. yes, i do
 16. nobody
 17. i do not know
 18. other (please, indicate)
- B.13 How/in what form is supervision provided before s/he moves to independent life? *(please, indicate as many answers as relevant)*
9. telephone communication
 10. visits
 11. control over beneficiaries expenses
 12. other (please, indicate)
- B.14 How often is supervision provided when s/he moves to semi/independent life? *(please, indicate as many answers as relevant)*
4. according the schedule established by SSA
 5. depends on need
 6. other (please, indicate)
- B.15 What additional services would you like for your beneficiaries from state? *(please, indicate as many answers as relevant)*
9. establishment of additional educational centers
 10. additional financial resources
 11. support to biological families to enable them to live with their children.
 13. no additional services are needed
 12. other (please, indicate)

Annex 4d

Questionnaire for Parents of Reintegrated Children

q.1 Please, indicate your age:

19. 20–29
20. 30–39
21. 40–49
22. 50–59
23. 60–69
24. 70 <

q.2 Please, indicate your sex:

1. female
 2. male
- q.3 Please, indicate your education:
19. incomplete secondary
 20. secondary
 21. incomplete high
 22. high
 23. vocational
 24. other (please, indicate)
- A.1 In crisis situation did you apply to anyone for assistance? *(please, indicate as many answers as relevant)*
13. yes, to family members
 14. yes, to friends
 15. yes, to state social workers
 16. yes, to the representative of educational system
 17. yes, to private sector organization
 18. nobody
 19. other (please, indicate)
- A.2 Who assisted you in crisis situation? *(please, indicate as many answers as relevant)*
16. friends and relatives
 17. the government
 18. SSA
 19. private and nongovernmental organizations
 20. other (please, indicate)
- A.3 What assisted you in crisis situation? *(please, indicate as many answers as relevant)*
27. friends and relative's support
 28. employment
 29. strong neighborhood network
 30. private and non governmental organizations
 31. nothing
 32. other (please, indicate)
- A.4 What is the role of the child in family crisis situations? *(please, indicate as many as answers relevant)*
16. the child has to continue education
 17. the child has to support family as s/he can
 18. the child has to support family financially
 19. It is difficult for me to answer
 33. other (please, indicate)
- A.5 How long is that you are involved in Reintegration Program?
1. 0–1 years
 2. 2–3 years
 3. 3–4 years
 4. 4 and more years
- A.6 How did you learn about the reintegration program? *(please, indicate as many as answers relevant)*
20. from a neighbor
 21. from a friend
 22. from SSA staff
 23. from a representatives of education system
 24. from private or NGO
 34. other (please, indicate)
- A.7 What was the reason for institutionalization of your children? *(please, indicate as many answers as relevant)*
14. poverty
 15. nutritional problems
 16. crisis in family
 17. was not able to buy school inventory for child

18. inappropriate living conditions
35. other (please, indicate)
- A.8 How did you manage to reintegrate your child? *(please, indicate as many answers as relevant)*
16. the reasons for placement were resolved
17. social worker offered support in reintegration
18. friends and/relatives offered support in reintegration
19. I learnt about reintegration assistance
20. other (please, indicate)
- A. 9 How were you involved in the reintegration process? *(please, indicate as many answers as relevant)*
25. absolutely
26. partially
27. I was only asked about my opinion to get involved in the program
28. I was not involved at all
29. other (please, indicate)
- A.10 After the reintegration of the child how often does social worker visit you?
1. no at all
2. once a month
3. twice a month
4. twice a month at the beginning, currently more rarely
5. twice a month at the beginning, currently not at all
- A.11 Would you like social worker to visit you more frequently?
1. yes, because
2. no, because
3. other (please, indicate)
- A.12 What problems do you face currently? *(please, indicate as many answers as relevant)*
1. inappropriate living conditions
2. economic problems in the family
3. discriminatory approach from the society, because of the problems my family face
4. discriminatory approach from the society, because the child was placed out of the family
5. problems concerning child upbringing
6. other (please, indicate)
- A.13 Was it difficult for family members to get along with the child?
1. yes
2. more yes, than no
3. more no, than yes
4. no
5. it is difficult for me to answer
6. other (please, indicate)
- A.14 How do you think what difficulties children face after the return in the family? *(please, indicate as many answers as relevant)*
1. economic problems
2. problems of adaptation with the new environment
3. problems with family members
4. problems with neighbours
5. difficulties to adjust to educational process
6. other (please, indicate)
- A.15 How do you think should help the child to overcome these problems? ? *(please, indicate as many answers as relevant)*
1. we, parents
2. other family members
3. friends
4. social workers
5. teachers
6. other (please, indicate)
- A.16 Does your child progress at school after the reintegration?
1. yes
2. no
3. I do not know
4. It is difficult for me to answer
5. other (please, indicate)

- A.17 How do children help you in chores? *(please, indicate as many answers as relevant)*
1. they do not help
 2. they help in cleaning the house
 3. they help in making the food
 4. they look after their siblings
 5. they look after the elderly a home
 6. they help in shopping
 7. other (please, indicate)
- A.18 Do you think you need additional training in child related issues?
1. yes
 2. no
 3. it is difficult to answer
 4. other (please, indicate)
- A.19 What additional services would you like for your beneficiaries from state? *(please, indicate as many answers as relevant)*
13. yes, additional tutoring session
 14. yes, additional financial support
 15. yes. Sports and cultural activities
 14. no additional services are needed
 16. other (please, indicate)
- A.20 Please end the sentence: for child the most important is

Annex 4e

Questionnaire for Parents in Family Strengthening Program

q.1 Please, indicate your age:

25. 20–29
26. 30–39
27. 40–49
28. 50–59
29. 60–69
30. 70 <

q.2 Please, indicate your sex:

1. female
2. male

q.3 please, indicate your education:

25. incomplete secondary
26. secondary
27. incomplete high
28. high
29. vocational
30. other (please, indicate)

A.1 Did you ever think to place your child in the institution?

20. yes
21. no
22. it is difficult for me to answer

A.2 In crisis situation did you apply to anyone for assistance?

21. yes, to family member
22. yes, to friends
23. yes, to state social workers
24. to the representative of educational system
25. yes, to private sector organization
26. nobody
27. other (please, indicate)

A.3 Who assisted you in crisis situation? *(please, indicate as many answers as relevant)*

36. friends and relatives
37. SOS CVP representatives

- 38. social workers
 - 39. nobody
 - 40. other (please, indicate)
- A.4 What assisted you in crisis situation? *(please, indicate as many as answers relevant)*
- 20. friends and relative's support
 - 41. employment
 - 42. strong neighborhood network
 - 43. private and nongovernmental organizations
 - 44. nothing
 - 45. other (please, indicate)
- A.5 What is the role of the child in family crisis situations? *(please, indicate as many as answers relevant)*
- 25. the child has to continue education
 - 26. the child has to support family as s/he can
 - 27. the child has to support family financially
 - 28. It is difficult for me to answer
 - 29. other (please, indicate)
- A.6 How do children help you in chores? *(please, indicate as many answers as relevant)*
- 19. they do not help
 - 20. they help in cleaning the house
 - 21. they help in making the food
 - 22. they look after their siblings
 - 23. they look after the elderly a home
 - 24. they help in shopping
 - 25. other (please, indicate)
- A.7 How long is that you are involved in SIS FSP?
- 21. 0-1 year
 - 22. 2-3 years
 - 23. 3-4 years
 - 24. 4 and more years
- A.8 How did you learn about the reintegration program? *(please, indicate as many as answers relevant)*
- 30. from SOS CVP representative
 - 31. from friends
 - 32. from social workers
 - 33. from representatives of educational system
 - 34. other (please, indicate)
- A.9 How often do you contact with state social worker after the involvement in FSP?
- 10. no at all
 - 11. once a month
 - 12. twice a month
 - 13. twice a month at the beginning, currently more rarely
 - 14. twice a month at the beginning, currently not at all
 - 15. other (please, indicate)
- A.10 How often do you contact with SOS social worker after the involvement in FSP?
- 1. no at all
 - 1. once a month
 - 2. twice a month
 - 3. twice a month at the beginning, currently more rarely
 - 4. twice a month at the beginning, currently not at all
 - 5. other (please, indicate)
- A.11 Would you like social worker to visit you more frequently?
- 13. yes, because.....
 - 14. no, because
 - 15. it is difficult for me to answer
 - 16. other (please, indicate)

A.12 How often does SOS representative visit you after the involvement in the FSP?

1. no at all
2. once a month
3. twice a month
4. twice a month at the beginning, currently more rarely
5. twice a month at the beginning, currently not at all
6. other (please, indicate)

A.13 Would you like SOS representative to visit you more frequently?

1. yes, because.....
2. no, because
3. it is difficult for me to answer
4. other (please, indicate)

A.14 What additional services would you like for your beneficiaries from SOS? *(please, indicate as many answers as relevant)*

15. additional tutoring
16. additional financial resources
17. sport and cultural activities
18. no additional services are needed
19. other (please, indicate)

B.15 What additional services would you like for your beneficiaries from state? *(please, indicate as many answers as relevant)*

17. establishment of additional educational centers
18. additional financial resources
19. support to biological families to enable them to live with their children.
20. no additional services are needed
20. other (please, indicate)

Annex 5 Focus Group Composition

Them atic Grou p	Organiz ation	Partici pant	Them atic Grou p	Organiz ation	Partici pant	Them atic Grou p	Organiz ation	Partici pant	Them atic Grou p	Organiz ation	Partici pant	Them atic Grou p	Organiz ation	Partici pant
DISABILITY	First Step Georgia	Makhare Merabishvili Social Worker	Child Abuse	SAPARI	Sopio Tabagua Director	HIV/AIDS	Fund for HIV/AIDS Infected	Zuran Tatanashvili Founder	Sexual Minority	IDENTOBA	Elina Glakhashvili Executive Director	Mental Health	Mental Health center on the Basis on 5th Clinic	Tamar Nadiradze Social Worker
	Styduo ADC	Nino Kapanadze Social Worker		SAKHLI	Irma Aladashvili Lawyer		Fund for HIV/AIDS Infected	Giorgi Tsotskolaruri Clinical Social Worker		Crisis Intervention Center	Tamta Totibadze Social Worker		Mental Health center on the Basis on 5th Clinic	Koba Kabosnidze Director
	Disabled Child, Family and Society	Sopo Zalonashvili Psychologist		State Fund for the Victims of Domestic Violence and Trafficking	Nana Khoshtaria Deputy Director		Fund for HIV/AIDS Infected	Nana Datukishvili Psychologist						

	Special School N 203 for children with hearing problems	Tamta Kobakhidze Deputy Director		Public Health and Medicine Development Fund	Tinatini MosiaShvili Head of HR Department		Fund for HIV/AIDS Infected	Tsisana Shartava Director					
	Special School N 203 for children with hearing problems	Tamar Kirvalidze Chief Specialist		National Network Against Violence	David Khutchua Social Worker		Fund for HIV/AIDS Infected	Keti Skhulukhina Consultant					
	Special School N 198	Nestan Kapanadze Teacher					Fund for HIV/AIDS Infected	Nana Rikhadze Consultant					
	Association ANIKA	Irina Inasaridze Director					Real People - Real Vision	Giorgi Soselia Representative of ECO in Georgia					
	Institute of Neuropogy and Neuropsychology	Sopio Kasradze Director											
	Organization KHELI KHELS	Maia Shishniashvili Director											

Annex 6. Visits per Location

Administrative Unit	N of meetings	Name of Organization	N of participants
TBILISI	SOS Beficiaries (11-15 yy)	Association SOS CVP Georgia	8
	SOS Beficiaries (11-15 yy)	Association SOS CVP Georgia	9
	SOS Beficiaries (11-15 yy)	Association SOS CVP Georgia	9
	SOS Beficiaries (7-10 yy)	Association SOS CVP Georgia	5
	SOS Beficiaries (7-10 yy)	Association SOS CVP Georgia	5
	SOS Youth Facility Beneficiaries	Association SOS CVP Georgia	7
	SOS Youth Facility Beneficiaries	Association SOS CVP Georgia	9
	SOS Mothers/Aunts	Association SOS CVP Georgia	5
	SOS Mothers/Aunts	Association SOS CVP Georgia	7
	Disabled Children (10-15 yy)	Day Care Center for Disabled Children "ADC"	4
	24/7 service for Disabled Children	School N 200 for Disabled Children	12
	Children in SOS Family Strengthening Program	Association SOS CVP Georgia	10
	Children with Hearing Problems	School N 202 for Children with Hearing Problems	7
	Children with Vision Problems	School for Children with Visual Problems	13
	Children with Leukemia	Association of Parents of Leukemic	3

	Children	
Children Living in the street	Tbilisi Crisis Center	10
Children Living in the Street	Charity Fund CARITAS Day Care center	11
Children in SGH	Charity Fund CARITAS Georgia (Gldani Center)	7
Parents in SGH	Charity Fund CARITAS Georgia (Gldani center)	1
Children in SGH	Charity Fund CARITAS Georgia (Eristavi center 1)	6
Parents in SGH	Charity Fund CARITAS Georgia (Eristavi center 1)	5
Children in SGH	Charity Fund CARITAS Georgia (Eristavi center 2)	6
Parents in SGH	Charity Fund CARITAS Georgia (Eristavi center 2)	5
Children in SGH	Charity Fund CARITAS Georgia (Bejanishvili center)	6
Parents in SGH	Charity Fund CARITAS Georgia (Bejanishvili center)	4
Reintegrated Children	Home visits	9
Parents of Reintegrated Children	Home visits	9
Children in Prevention Program	Organization "BAVSHVI DA GAREMO"	24
Children in Prevention Program	Day Care center "TSISARTKHELA"	24
Children in Family Family Strengthening Program	Home visits	17
Parents involved in SOS Family Strengthening Program	Association SOS CVP Georgia	10
Parents involved in SOS Family Strengthening Program	Association SOS CVP Georgia	10
Institutionalized Children	Kojori Child Care Institution	16

		Care Givers of Institutionalized Children	Kojori Child Care Institution	1	
		FG with the Service Providers and parents of Leukemic Children	Association of Parents of Leukemic Children	2	
		FG with the Service Providers for Disabled Children	See Annex 5	9	
		FG with the Service Providers for Children with Mental Health Problems	See Annex 5	2	
		FG with the Service Providers for HIV/AIDS infected Children	See Annex 5	6	
		FG with the Service Providers for Children of Minority	See Annex 5	2	
		FG with the Service Providers for Children Victims of Violence	See Annex 5	5	
		Amount of Interviewed Children			237
		Amount of interviewed Adults			71
		TOTAL AMOUNT			308
SHIDA KARTLI	GORI	Disabled Children (10-14 yy)	Club for Disabled Children	12	
		Children in Day Care	Day Care "BILIKI"	14	
		Children in SGH	Organization "BILIKI"	7	
		Parents in SGH	Organization "BILIKI"	2	
	TSEROVANI	IDP Children	Tserovani Settlement for IDPs	13	
	METEKHI	Children in SGH	Organization "BILIKI"	8	
		Parents in SGH	Organization "BILIKI"	2	
	Amount of interviewed Children			54	
	Amount of interviewed Adults			4	
	TOTAL AMOUNT			58	
KVEMO KARTLI	RUSTAVI	Disabled Children	Ristavi Center for Disabled Children	9	
		Children in Day Care	Day Care "SAPOVNELA"	10	
		Children in SGH	Organization "Partnership for Children"	8	
		Parent in SGH	Organization "Partnership for Children"	1	
	GARDABANI	IDP Children	Gardabani Settlement for IDPs	18	

	Amount of interviewed Children			45		
	Amount of interviewed Adults			1		
	TOTAL AMOUNT			46		
MTSKHETA MTIANETI	DUSHETI	Children in SGH	Organizations "BREATH"	2		
		Parents in SGH	Organizations "BREATH"	2		
		Reintegrated Child's parent	Home visits	1		
	TSILKANI	Children in SGH	11 Divaine Child Georgia	3		
		Parents of SGH	11 Divaine Child Georgia	5		
	BULACHAURI	Foster Carers	Home visits	4		
	GALAVANI	Children in SGH	11 Divaine Child Georgia	8		
		Parents of SGH	11 Divaine Child Georgia	4		
		Amount of interviewed Children			13	
		Amount of interviewed Adults			16	
	TOTAL Amount			29		
KAKHETI	TELAVI	Institutionalized Children	Telavi Child Care Institution	21		
		Children in FC	Home visits	3		
		Foster Carers	Home visits	1		
		Children in FC	Home visits	2		
		Foster Carers	Home visits	1		
		Children in SGH	Organizations "BREATH"	8		
		Parents in SGH	Organizations "BREATH"	2		
		Children in SGH	Charity Humanitarian Center APKHAZETI	10		
		Parents of SGH	Charity Humanitarian Center APKHAZETI	2		
		Disabled Children	Day Care "AKHALI SITSOTSKHLE"	5		
			Amount of interviewed Children			49
			Amount of interviewed Adults			6
	TOTAL Amount			55		
JAVAKHETI SAMTSKHE	AKHALTSIKHE	Children in FC	Home visits	1		
		Foster Carers	Home visits	3		
		Children in Youth Center	"Youth Center"	7		
		Workers with the Victims of Violence	Union of Democract Women	4		

	ASPINDZA	Reintegrated Children	Home visits	2
		Rentegrated Childrens' Parents	Home visits	1
		Children in Day Care	Day Care Center	10
	Amount of interviewed Children			20
	Amount of interviewed Adults			8
	TOTAL Amount			28
IMERETI	KUTAISI	SOS Beficiaries (6-11 yy)	Association SOS CVP Georgia	11
		SOS Beficiaries (12-16 yy)	Association SOS CVP Georgia	8
		SOS Beficiaries (12-16 yy)	Association SOS CVP Georgia	9
		SOS Youth Facility Beneficiaries	Association SOS CVP Georgia	9
		SOS Mothers/Aunts	Association SOS CVP Georgia	6
		SOS Mothers/Aunts	Association SOS CVP Georgia	6
		Children in Family Strengthening Program	Association SOS CVP Georgia	4
		Parents in Family Strengthening Program	Association SOS CVP Georgia	8
		Reintegrated child	Home visits	1
		Reintegrated Child's parent	Home visits	2
		Children in SGH	Organizations "BREATH"	8
		Parents in SGH	Organizations "BREATH"	2
		Children in SGH	Association SOS CVP Georgia	8
		Parents in SGH	Association SOS CVP Georgia	1
	ZESTAPONI	Disabled Children	Child Center "ORIONI"	6
	TERJOLA	Disabled Children	Child Center "IMEDIS SKHIVI"	5
		Disabled Children	Child Center "APKHAZINTERK ONTI"	6
	Amount of interviewed Children			75
Amount of interviewed Adults			25	
TOTAL Amount			100	
RATCHA	AMBROLAURI	Children in SGH	Association SOS CVP Georgia	6
		Parents in SGH	Association SOS CVP Georgia	2
	Amount of interviewed Children			6
	Amount of interviewed Adults			2
	TOTAL Amount			8
ETI AN SV	ZUGDIDI	IDP Children	Organizations	9

			"ATINATI"			
			TSALENJIKHA	Children in SGH	Association SOS CVP Georgia	7
				Parents in SGH	Association SOS CVP Georgia	2
				Children in SGH	Association SOS CVP Georgia	8
				Parents in SGH	Association SOS CVP Georgia	2
			CHKHOROTSKHU	Children in SGH	Association SOS CVP Georgia	6
				Parents in SGH	Association SOS CVP Georgia	1
			Amount of interviewed Children			30
	Amount of interviewed Adults			5		
	TOTAL Amount			35		
AJARA	BATUMI	IDP Children	N/A	2		
		Children in SGH	Center for Education, Development and Employment	5		
		Parents in SGH	Center for Education, Development and Employment	2		
	Amount of interviewed Children			7		
	Amount of interviewed Adults			2		
	TOTAL Amount			9		
GURIA	OZURGETI	Children in SGH	Organizaiton "MOMAVLIS SKHIVI"	3		
		Parents in SGH	Organizaiton "MOMAVLIS SKHIVI"	2		
	LESA	Children in SGH	Organizaiton "MOMAVLIS SKHIVI"	2		
		Parents in SGH	Organizaiton "MOMAVLIS SKHIVI"	2		
	Amount of interviewed Children			5		
	Amount of interviewed Adults			4		
	TOTAL Amount			9		
Total Amount of interviewed Children				523		
Total Amount of interviewed Adults				161		
TOTAL Amount of interviewed children and adults				684		



SOS CHILDREN'S
VILLAGES
GEORGIA



GASW

საქართველოს სოციალური მუშაკთა ასოციაცია
GEORGIAN ASSOCIATION OF SOCIAL WORKERS

გეორგიან ასოციაციონ ოფ სოცილ ადვოკეის

Annex 7 List of Interviewed Organizations (except SOS CVP)

N	Region	Organization	Contact Person	Contact Information
1	TBILISI	Day Care Center for Disabled Children "ADC"	Maia Bibileishvili, Director	577 71 56 09
2		Child and Environment	Nana Iashvili, Director	577 40 54 03
3		School N 200 for Disabled Children	Marina Ujmajuridze, Director	8 77 78 78 18
4		School N 203 for Children with Hearing Problems	Tamta Kobakhidze, Deputy Director	558 91 01 25
5		School for Children with Visual Problems	Irma Barabadze, a teacher	597115960 ; 2721511.
6		Association of Parents of Leukemic Children	Nino Koroglishvili, Program Coordinator	2 99 35 21
7		Tbilisi Crisis Center	Tamta Totibadze, Social Worker	
8		Charity Fund CARITAS	Tamar Sharashidze, Program Manager	591 22 97 01
9		Day Care center "TSISARTKHELA"	Tina Kikalishvili	579 27 35 89
10		Kojori Child Care Institution	Roland Abuladze	577 19 28 40
11	SHIDA KARTLI	Club for Disabled Children	Tina Bregvadze, Director	0 370 27 98 25
12		Organization "BILIKI"	Marika Mgebrishvili, Director	5 99 53 40 35
13	KVEMO KARTLI	Ristavi Center for Disabled Children	Nana Zerekidze, Director	599 97 96 29
		Organization PARTNERSHIP for CHILDREN	Maka Todua, Director	593 95 01 12
14		Day Care "SAPOVNELA"	Nino Rekhviashvili, Manager	598 53 34 99
15	MTSKHETA-MTIANETI	Organizations "BREATH"	Ina Diakonidze, SGH Director	5 71 37 9797
		11 Divaine Child Georgia, Tsilkani	Pati Tsertsvadze, SGH Director	5 71 15 1325
16		11 Divaine Child Georgia, Galavani	Irina Abuladze, SGH Director	5 71 15 1520

17	KAKHETI	Telavi Child Care Institution	Nana Khechoshvili, Director	577 19 27 48
18		Charity Humanitarian Center APKHAZETI	Eliso Lolua, Director	599 915 436
19		Day Care "AKHALI SITSOTSKHLE"	Nato RostomaSvili, Director	599567426
20	SAMTSKHE-JAVAKHETI	"Youth Center"	Maka Suladze, Director	5 99 26 52 63
21		Union of Democract Women	Marina Modebadze, Director	5 71 54 83 44
22		Day Care Center, Aspindza	Klara Zedgenidze	593 24 04 59
23	IMERETI	Child Center "IMEDIS SKHIVI"	Naira Nikoladze, Director	593608474; 598411594
		Organization BREATH, SGH	Natia Gudava, Director	599 722 492
24		Child Center "APKHAZINTERKONTI"	Tamar Elbakidze, Director	593 15 13 35
25		Child Center "ORIONI"	Nana Peradze, Director	599 133 181
26	SAMEGRELO-ZEMO SVANETI	Organizations "ATINATI"	Rusudan Kalichava, Director	599575457
27	ADJARA	Center for Education, Development and Employment	Maia Katamadze, Director	593730293
28	GURIA	Organizaiton "MOMAVLIS SKHIVI"	Khatuna Tsertsvadze, Director	595 55 65 44

Annex 8

Child Welfare and Protection Action Plan for 2012-2015

The overall goal: protection of all children living in Georgia from violence and neglect and provision of the opportunities for individual and positive psychological and social development in the family-like environment.

Goals	Activities	Implementation Period	Responsible Institution	Source of Funding	Performance Indicators	Expected Results
Direction 1. Support of Families with Children and Prevention of Child Abandonment						
Childcare support provided to families in the form of targeted transfers, non-monetary assistance and increased access to services.	1.1. Better reflection of childcare needs during family needs assessment.	2012-2013	The Ministry of Labour, Health and Social Affairs of Georgia (hereinafter - MoLHSA)	Donor	The number of families with children who receive social assistance.	Improved social and economic condition of families with children living below the poverty level.
	1.2. Increase of the number of children who are beneficiaries of the public health insurance.	2012-2015	MoLHSA	The State Budget	The number of children beneficiaries of the public health insurance.	Reduced child mortality and illness rates; Reduced healthcare expenses of families with children.
	1.3. Non-monetary assistance (free text books, food vouchers for children up to 2 years old etc.) to children living below the poverty level, children living in foster care, residential care and boarding schools.	2012-2015	The Ministry of Education and Science (hereinafter - MES), MoLHSA	The State Budget	The number of children receiving non-monetary assistance	Increased number of children receiving non-monetary social assistance; Reduced childcare expenses of families with children.
	1.4. Support exchange of experience between municipalities regarding the best practices of ensuring accessibility of kindergartens for all children living below the poverty level.	2012-2013	The local municipality	The local budget, donors	The number of municipalities that have put in place special benefits for children living below the poverty level.	More children from poor families use kindergarten services.
	1.4.1. Support development of nursery	2012-2013	Tbilisi City Hall, donors	The local budget,	The number of prevention cases	In Tbilisi, nursery services are available for socially vulnerable

	services in order to prevent abandonment of infants.			donors		families; in other municipalities – preconditions are created for developing such services.
	1.5. Phased increase of the number of children from target groups in the Day Centres (children below poverty level, reintegrated in biological families or facing the risk of abandonment);	2012-2015	MoLHSA	The State Budget	The number of children using Day Centre services.	Increased number of children using Day Centre services; Reduced number of abandonment cases.
	1.6. Implementation of educational-informative programs for children and adolescents.	2012-2015	MES, the Ministry of Sports and Youth Affairs (hereinafter - MSYA)	The State Budget	The number of vulnerable children participating in the programs.	Increased number of vulnerable children participating in the programs.
	1.7. Support of physical, psychological and social rehabilitation and social integration of children with special needs	2012-2015	MoLHSA, MES	The State Budget, donors	The % share of children with special needs who receive rehabilitation services; The % share of children with special needs who study at non-specialized schools	Children with special needs receive physical, psychological and social rehabilitation services Increased number of vulnerable children with special needs enrolled at non-specialized schools.
	1.7.1. In order to support development of children with special needs, their placement in foster families at an early age, depending on the health condition, and ensuring of rehabilitation services, support services and recreational programs.	2012-2015	MoLHSA	The State Budget	The number of children placed in foster families	Decreased number of children with special needs living in large institutions; increased number of children receiving necessary services at early age.

	1.7.2. Creation of special educational space for children with special educational needs (including children with special needs), by developing inclusive education.	2012-2015	MES	The State Budget, donors	The number of schools adapted to the needs of children with special needs. Number of teachers retrained in inclusive education.	Increased number of schools adapted to the needs of children with special needs. Increased number of teachers qualified for inclusive education.
	1.7.3. Expanding of programs that promote early development of children with cognitive and physical development problems.	2012-2015	MoLHSA	The State Budget	The number of program beneficiary children; Geographic coverage of the program.	Improved access to development services at early age, for children with cognitive and physical development problems.
	1.7.4. Refinement of a model used for funding psycho-somatic rehabilitation programs for children with such needs.	2012	MoLHSA	The State Budget	The number program beneficiary children; Approval of a new financing model.	Increased number of children participating in the program; The new financing model promotes diversification of service providers and improvement of the service quality.

Direction 2. Protection of Children from Violence and Neglect

Goals	Activities	Implementation Period	Responsible Institution	Source of Funding	Performance Indicators	Expected Results
Reduction of the number of children subject to violent treatment and neglect and strengthening of the timely identification and response mechanisms.	2.1. Improvement of the public awareness in the field of children's rights and protection mechanisms.	2012-2015	MoLHSA	Donors	Research for assessment of the public awareness in the field of children's rights.	The public is better informed about children's rights and protection mechanisms.
	2.1.1. Planning and implementation of a campaign against the violent treatment of children	2012-2015	MoLHSA	Donors	Information against the violent treatment of children is disseminated by means of TV and other	Information about the children's rights and protection mechanisms is regularly disseminated by means of TV and other mass media.

	(including popularization of positive methods of upbringing children).				mass media. The number of informative events organized at educational institutions and primary healthcare centres.	Informative campaigns are regularly organized at educational institutions and primary healthcare centres.
	2.1.2. Inclusion of issues on elimination of the violence against children into the curriculum of public schools.	2012	MES	The State Budget, donors	Inclusion of issues related to elimination of violence against children into the curriculum of public schools.	Students of public schools are informed about the children's rights and protection mechanisms.
	2.2. Improving the capacity of the Hot Line for helping children.	2012	MoLHSA	The State Budget, donors	The number of consultations provided by means of the Hot Line; The number of cases redirected by the Hot Line;	Children subject to violent treatment receive advice by means of the Hot Line; The Hot Line redirects children suffering from violent treatment to the corresponding institutions.
	2.2.1. Refining of the mechanisms for response to notifications about violence.	2012-2015	MoLHSA MES, the Ministry of Internal Affairs (hereinafter - MIA)	The State Budget	Percentage of timely and adequate responses to violence notifications received through the Hot Line.	Increased percentage of timely and adequate responses to violence notifications received through the Hot Line.
	2.3. Reduction of violence in schools by forming teams of Resource Officers - "Mandatures"	2012-2015	MES	The State Budget	Formation of teams of Resource Officers "Mandatures") in all public schools.	Reduced violence rate at schools.
	2.4. Prevention of juvenile crime.	2012-2015	The Ministry of Justice (hereinafter - MJ), The Ministry of Corrections and Legal	The State Budget, donors	Number of activities conducted within the project initiated by the Prosecutor's Office of Georgia - "Community Prosecution"; the number of regional Prosecutor's	Reduced number of different crimes committed by juvenile offenders.

			Assistance of Georgia (hereinafter - MCLA), MES, MIA, MoLHSA, the MSYA		Offices participating in the Project.	
	2.5. Re-socialization and reintegration of juvenile offenders.	2012-2015	The Ministry of Justice, MCLA	The State Budget	Minimum 20% of juvenile offenders convicted for grave and less grave crimes (from 4 Georgian cities: Tbilisi, Kutaisi, Batumi, and Rustavi) diverted from the criminal justice system.	Reduced number of repeated offences committed by juvenile offenders; Individual plans for serving sentences are developed for all juvenile offenders who are in conflict with the law.
	2.6. Improvement of professional education and qualification of all professionals working with children (policemen, social workers, teachers Resource Officers, etc.) on issues related to violent treatment of children.	2012-2015	MoLHSA, MES, MJ, MIA, MCLA	The State Budget, donors	The number of professionals who received special training, including the number of retrained prosecutors and intern prosecutors.	Professionals working with children identify the cases of violent treatment, provide necessary assistance and redirect victims to the relevant institutions.
	2.6.1. Development of a Guidebook for identification of and response to violence against children.	2012-2013	MoLHSA, MIA, MES	Donors	Development of a Guidebook	Professionals working with children use the Guidebook to identify cases of violent treatment and take necessary measures.
	2.6.2. Inclusion of issues of violence against children into the qualification programs designed for professionals working with children.	2012-2015	MoLHSA, MES, MIA, MJ	The State Budget	Inclusion of issues of violence against children into the qualification programs designed for professionals working with children, including the number of newly hired intern prosecutors	Professionals working with children have the knowledge and skills necessary for taking response measures in case of violence against children.

					and prosecutors who work with children and who went through the training course on issues of violence against children.	
	2.7. Phased development of the first aid, consultancy and rehabilitation services for children - victims of violence.	2012-2015	MoLHSA	The State Budget, donors	The number of the first aid, consultancy and rehabilitation services provided to children who are victims of violence.	Consultancy centres for victims of violence and neglect are functioning in regional centres of relevant agencies. Increased number of the first aid, consultancy and rehabilitation services provided to children who are victims of violence.
	2.8. Support of rehabilitation and social integration of highly vulnerable children (so called "street children", children living and working on streets).	2012-2015	MoLHSA	The State Budget, donors	The number of homeless children receiving different services.	Improved health condition and school attendance of highly vulnerable children. Increased number of highly vulnerable children spend less time on the streets.
	2.8.1. Formation of mobile teams outreaching for children living and working on the streets.	2012-2015	MoLHSA	The State Budget, donors	The number of highly vulnerable children found by the mobile groups.	Increased number of highly vulnerable children redirected to relevant services.
	2.8.2. Supporting the formation of Crisis Centres for highly vulnerable children.	2012-2015	MoLHSA	The State Budget, donors	The number of Crisis Centres for highly vulnerable children in the whole country.	Increased number of children receiving services from Crisis Centres.
	2.8.3. Provision of identification documents to homeless children.	2012-2015	MoLHSA, Civil Registry	The State Budget	The number of homeless children who have IDs.	Highly vulnerable children have IDs.
Direction 3. Provision of high quality alternative services to children under state care.						
Goals	Activities	Implement	Responsible	Source of	Performance Indicators	Expected Results

		ation Period	Institution	Funding		
Completion of the deinstitutionalization process and expansion of alternative services	3.1. Closing of big 24 hour institutions	2012-2014	MoLHSA	The State Budget, donors	Closing of big 24 hour residential institutions.	All big public 24 hour residential institutions are closed; The number of private 24 hour residential institutions is reduced.
	3.1.1. Assessment and closing of public residential institutions	2012-2013	MoLHSA	The State Budget, donors	Closing of residential institutions	All large public fostering institutions are closed;
	3.1.2. Assessment and closing of infant homes	2012-2013	MoLHSA	The State Budget, donors	Closing of infant homes.	All infant homes are closed.
	3.1.3. Assessment and closing of residential institutions for children with disabilities	2012-2013	MoLHSA	The State Budget, donors	Closing of residential institutions for children with disabilities	All residential institutions for children with disabilities are closed.
	3.1.4. Transfer of all boarding schools into preparatory centres for inclusive education.	2012-2015	MES	The State Budget, donors	The infrastructure of boarding schools is adapted for the purpose; Introduction of new teaching methods.	Boarding schools prepare children with special needs for inclusive education.
	3.1.5. Assessment and optimization of non-state residential institutions.	2012-2015	MoLHSA	Donors	The number of non-state residential institutions.	Decreased number of non-state residential institutions.
	3.2. Improvement and development of the mechanisms for reintegration of children receiving 24 hour services into their biological families.	2012-2013	MoLHSA	The State Budget	The rate of reintegrated children to their biological families.	Increased number of children reintegrated into their biological families.
	3.3. Ensuring alternative services (foster care, small group homes) for children	2012-2015	MLHSP	The State Budget, donors	The number of children receiving alternative services (foster care,	All children under 24 hour state care are placed in different alternative services.

	from public and non-public residential institutions and children under the state guardianship and care system				small group homes).	
	3.3.1. Development of a concept of small group homes for children with disabilities.	2012	MoLHSA	Donors	The concept is adopted.	The concept defines the form of services provided to children with special need in small group homes.
	3.3.2. Development of different types of foster care.	2012-2013	MoLHSA	The State Budget, donors	The number of foster parents.	Increased share of children under foster care in the total number of children under the guardianship and care of the state.
	3.4. Support of child adoption	2012-2015	MoLHSA	The State Budget	Adoption rate	Increased rate of adoption of children who have the corresponding status.
	3.4.1. Refining of procedures for assigning the adoption status to a child	2012-2015	MoLHSA	The State Budget	The average duration of the adoption procedure.	Increased number of children with the adoption status.
	3.4.2. Support of adoption of children from abroad by Georgian citizens.	2012-2015	MoLHSA	The State Budget	Development of the legislation and procedures for adoption of children from abroad by Georgian citizens.	Georgian citizens have an opportunity to adopt children from foreign countries.
	3.5. Increased capacity of shelters for mothers and children.	2012-2015	MoLHSA	The State Budget, donors	The number of shelter beneficiaries.	Increased number of shelter beneficiaries.
	3.5.1. Renovation of and expansion of shelters	2012-2013	MoLHSA	The State Budget, donors	Renovation of shelters.	Improved living conditions in shelters.
	3.5.2. Development of additional services for shelter beneficiaries	2012-2015	MoLHSA	The State Budget, donors	Existence of additional services	Additional services are available for mothers and children living in shelters.
	3.6. Support of independent life and social integration of children placed under the state care	2012-2015	MoLHSA MES, MSYA	The State Budget, donors	The number of adolescents who have skills necessary for independent life;	Adolescents who leave the state care system are ready for independent life.

	(children's homes, foster care, small group homes, special boarding schools)				The number of adolescents receiving vocational/high education; The number of employed adolescents.	
	3.7. Creation of palliative and specialized services for children	2012-2015	MoLHSA	donors	Availability of palliative and specialized services for children.	Children with terminal diseases receive corresponding palliative and specialized services.
Direction 4. System Reforms						
Goals	Activities	Implementation Period	Responsible Institution	Source of Funding	Performance Indicators	Expected Results
Improvement of the child protection system mechanisms, including strengthening of joint coordination.	4.1. Strengthening of the social worker institution	2012-2015	MoLHSA MES, MCLA	The State Budget, donors	The number of adequate decisions made based on social workers' recommendations.	All children who have corresponding needs receive qualified services provided by social workers.
	4.1.1. Increase the number of social workers	2012-2015	MoLHSA MCLA	The State Budget, donors	The number of social workers	There are 250 social workers working in the country.
	4.1.2. Improvement of social workers' professional qualification and formalization of continuous education.	2012-2015	MoLHSA, MES, MCLA	The State Budget	The number of social workers whose qualification was improved	Improved qualification of social workers
	4.1.3. Development of the supervision mechanism and improvement of the management mechanism.	2012	MoLHSA	The State Budget	Approval of an formal supervision mechanism	The official mechanism for supervision of social workers is in place.
	4.1.4. Improvement of needs assessment tools, procedures and Guidelines used by social workers.	2012-2013	MoLHSA	The State Budget, donors	Introduction of new tools, procedures and Guidelines for children's needs assessment.	Improved management of cases by social workers.

4.1.5 Determination of social workers' optimal work load.	2012	MoLHSA	The State Budget, donors	Study conducted to determine social workers' optimal work load.	The number of cases managed by social workers is close to optimal.
4.1.6. Formalization and improvement of cooperation between social workers working at different state agencies.	2012	MoLHSA MoJ, MCLA	The State Budget, donors	The number of cases jointly managed by social workers from different state agencies.	Social workers from different state agencies regularly exchange information and cooperate for joint management of specific cases.
4.2. Expansion and improvement of the referral system for child abuse cases	2012-2015	MoLHSA, MES, MIA, MJ, MCLA	The State Budget, donors	Referral rate	Increased number of referrals
4.2.1. Identification of the units and professionals responsible for referral in different cases (prevention of abandonment, juvenile crime etc.); development and further improvement of the procedures.	2012-2013	MoLHSA, MES, MIA, MJ	The State Budget, donors	Referral rate	Professionals responsible for referrals act in compliance with the predefined procedures for eliminating children related problems.
4.3. Improvement of the mechanism to control entry and leaving of the state care system.	2012-2015	MoLHSA	The State Budget	The number of children entering and leaving the system.	Reduced number of children entering the system; Increased number of children leaving the system;
4.4. Improvement of the legal framework for child protection	2012-2015	MoLHSA, MES, MJ, MIA	The State Budget	Approved legal acts	The legal framework for child protection is improved and is consistent with the Convention on the Rights of the Child.
4.5. Improvement of control over the quality of services provided to children.	2012-2015	MoLHSA	The State Budget, donors	The number of services provided to children in compliance with relevant standards.	Improved quality of services provided to children.
4.5.1. Development and introduction of the service quality supervision system	2012-2014	MoLHSA	The State Budget, donors	Introduction of supervision mechanisms.	The quality assessment procedures are defined.

	4.5.2. Capacity building of the unit responsible for service quality control.	2012-2014	MoLHSA	The State Budget, donors	The number of retrained employees of the relevant agency.	The agency regularly monitors the quality of service provided to children.
	4.5.3. Refining of the general child care standards and development of standards for specific services (palliative, small group homes for children with disabilities).	2012-2013	MoLHSA	The State Budget, donors	Revision and updating of the current child care standards; Approval of new child care standards.	The current child care standards are improved; Standards for new child care services are approved;
	4.5.4. Dissemination of information about minimal standards among service providers.	2012-2013	MoLHSA	The State Budget, donors	Organization of informative meetings with service providers.	The number of child service providers who meet the standards.
	4.6. Improvement of the information management system.	2012-2015	MoLHSA	The State Budget, donors	Creation and constant updating of the information system.	The agencies responsible for child protection and care have information necessary for planning programs and managing specific cases.
	4.6.1. Development of a database of beneficiaries of different types of services.	2012-2013	MoLHSA	The State Budget, donors	Creation of a beneficiary database.	The beneficiary data base is created and periodically updated.
	4.6.2. Systematic updating of the data base of services available for children in the country.	2012-2015	MoLHSA	The State Budget, donors	Creation of the service data base.	A database of different children's services is created.
	4.6.3. Simplification of procedures for information exchange between different institutions involved in childcare, taking into account	2013-2015	MoLHSA, MES, MIA, MJ, MCLA	The State Budget	Formalization of simplified procedures.	Information about children collected by different public agencies is accessible for employees of other interested agencies.

	the confidentiality requirements.					
	4.6.4. Piloting and introduction of social workers electronic evaluation forms	2012-2013	MoLHSA	The State Budget, donors	Introduction of electronic evaluation forms.	Social workers use electronic Evaluation Forms and the collected data are accumulated in the integrated database.

Annex 9

Geographic Location of Day Care Centers in Georgia			
№	Location by Region	Location by City	
1	East Georgia	The Capital	
2		Shida Kartli	
3			Kareli
4			Terjola
5			Kvemo Kartli
6		Rustavi	
7		Kakheti	
8			Marneuli
9		Telavi	
10		Gurjaani	
11	West Georgia	Mtskheta-Mtianeti	
12		Tianeti	
13		Aspindza	
14		Imereti	
15			Kutaisi
16			Samtredia
17			Zestapini
18			Tskaltubo
19		Tchiatura	
	Samegrelo-Zemo Svaneti		
		Mestia	
	Guria		
		Ozurgeti	
	Adjara		
		Lanchkhuti	
		Batumi	



Annex 10

KEY NON-GOVERNMENTAL ORGANIZATIONS WORKING IN THE CHILD WELFARE DOMAIN IN GEORGIA

Children of Georgia

www.childrenofgeorgia.org

The Children of Georgia is a non-governmental, non-profit organization operating in Georgia since 1998 with the mission to develop welfare of children in the country. This mission is fulfilled based on the quality service development and advocacy for children and their carers. The organization carries early childhood development program; co-manages the Child Abandonment Prevention and Reintegration Fund; provides psychological assistance to its beneficiaries in general and while court proceeding; conducts capacity building trainings for parents, foster carers, teachers and child care system personnel in general. The organization supports young professionals in gain practical knowledge via offering practice placement and involvement in the voluntary services in Europe.

EveryChild Georgia

www.everychild.ge

British Charitable Organization "EveryChild" branch in Georgia has been operating in child welfare from 1999 to establish and promote family based alternative child care services in the country. In close cooperation with the government of Georgia, international and local actors, EveryChild Georgia actively participates in development of child care strategy, as well as systems and structures to make effective changes in child welfare policy and set up coordinated childcare systems.

Save the Children Georgia Country Office

www.savethechildren.org

Save the Children is a non-governmental international organization operating in Georgia since 1993 supporting vulnerable children and their families to ensure that children are safe, protected and better able to attain their right. The organization supports the reunification of children in Georgia's State Child Care institutions with their biological families while considering the children's best interests; strives to improve disaster preparedness for very young and special needs children and their teachers and caretakers; promotes healthy food choices and physical activity among Georgian youth; focuses on education and prevention initiatives for youth and other groups especially at risk of HIV infection.

The Public Health and Medicine Development Fund of Georgia

www.phmdf.ge

The PHMDF is a non-governmental, non-profit organization operating in Georgia since 1999. It operates child right center which aims to protect children from abuse and neglect and ensure establishment of safe environment for them. The center offers children and their parents free legal, psychological and medical services. The organization launches child protection awareness raising campaigns for children and society in general; provides training for the professional in the field; introduces rights to the children; advocates child protection approaches on community and political level.

Child and Environment

www.childandenvironment.org.ge

The Child and Environment is a non-governmental, non-profit organization operating in Georgia since 1995 contributing to the physical, emotional and spiritual well-being of children living in Georgia. It

seeks to protect the rights of children, and provide opportunities for their cultural growth, as well as cultivate in our children a sense of balance with the environment. *Child and Environment* renders multiple assistance to poor and orphan children, children with disabilities, and refugee and street children. To this end, the organization supports activities aimed at fostering children's education, engendering their creativity, as well as their integration in public life.

CARITAS Georgia

www.caritas.ge

Caritas Georgia is a non-governmental organization established in 1994 aiming to improve the economic and social situation of the disadvantaged, the young and other needy groups. Its priorities include emergency response and rehabilitation, advocacy for peace and reconciliation, social and medical assistance for the needy, development work, training and funding of social activities. The organization operates various social and medical, youth rehabilitation and emergency programs. Currently it runs several small groups home services for children deprived of parental care and day care services for children at risk of losing parental care in the country.

Disabled Child, Family, Society

www.itic.org.ge

Disabled Child, Family, Society is a non-governmental, non-profit organization established in 1997 by the parents of children suffering from cerebral palsy. The organization has been working on problems children with disabilities aiming their reintegration in society and development of their independent life skills. Currently it runs day care center for this target group in the capital.

Union SAPHARI

www.sapharigeorgia.ge

The union Saphari is non-governmental, non-profit organization established since 2011 aiming to contribute to the elimination of domestic violence via providing psychosocial and medical rehabilitation services to victims of domestic violence. The organization runs a shelter for women and children victims of domestic violence; conducts capacity building trainings for parents and children victims of violence; offers awareness raising campaigns for children and society in general.

First Step Georgia

www.firststepgeorgia.org

First Step Georgia is a non-governmental, non-profit organization founded in 1998 dedicated to enhancing the quality of life for children with special need by providing direct care, public advocacy, family support services and training. First Step Georgia exists to create safe, supportive and nurturing environments for children with mental and physical disabilities so they can receive the specific educational, physical, mental and medical support their conditions require. The organization strives to create these environments in several ways: in day care centers providing direct services to and for disabled children; in the private homes of disabled children, where we provide services, training and support to children and the families of these children, lessening their isolation; in broader society to de-stigmatize disabilities in general; on policy levels lobbying the government to be more aware, inclusive, supportive and responsive to the particular needs of this group of Georgian citizens.

Charity Humanitarian Fund Breath Georgia

Charity Humanitarian Fund Breath founded in 2007 in Georgia aims to improve socio-economic condition of socially vulnerable via provision of health, educational, cultural and sports activities. The organization runs small group home services for children deprived of parental care.

World Vision Georgia

www.wvi.org.ge

World Vision is a non-governmental, non-profit organization which opened its office in 1994 in Georgia. The organization contributes to the welfare of children and youth via poverty reduction, local

capacity building, local and national policies. Its community development services are not limited to capital and cover several regions of the country. World Vision is one of the few international organizations that has a strong representation and programming in Abkhazia.

Society BILIKI

www.biliki.ge

Society Biliki is a non-governmental, non-profit organization founded in 1997, in Gori aiming to help every child to reach his or her full potential in families and communities. The organization offers children and adults educational opportunities; day center serves for children who are trading and begging in the streets, children from poor families and IDPs (refugees) and children with mental disabilities. It runs several small group homes for children deprived of parental care. Biliki is actively collaborating with the Shida Kartli Antiviolence Committee.