ACKNOWLEDGEMENTS

Child care system reform has been on the agenda in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) for more than a decade. In 2000, UNICEF and the World Bank jointly organized the Conference “Children Deprived of Parental Care: Rights and Realities in the CEE/CIS Region”. Participating governments and NGOs agreed for the first time on the guiding principles for the reform, including the importance of family-based care and de-institutionalization of child care. Two other international conferences on the same topic were organized in Stockholm in 1999 and 2003. Since then, the region has seen impressive change and new opportunities for accelerating reforms have emerged.

The consultation that took place in Sofia, Bulgaria aimed at taking stock of reforms that have taken place in South East Europe and to support the acceleration of reforms ahead. It was the result of years of dialogue with governments, NGOs, UNICEF country offices and other development partners concerned with the situation of children without parental care. In consultation with the Government of Bulgaria, the consultation was organised by the UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS), the UNICEF Bulgaria Office and the World Bank, and with the support of the Swedish International Development Agency (SIDA). It was the first consultation in a series of technical consultations that will take place in three regions in CEE/CIS between 2007 and 2009.

Special thanks go to the Government of Bulgaria for hosting the Consultation and in particular to Ms. Emilia Maslarova, Minister of Labour and Social Policy of Bulgaria, Ms. Ivanka Hristova Deputy Minister of Social Affairs, and Ms. Shereen Mestan, Chairperson of the State Agency for the Protection of Children who set the tone of strong political commitments to further child care system reform in the region. The support in the preparation and organisation of the Consultation given by the UNICEF office in Sofia, headed by Mr. Octavian Bivol, UNICEF Representative in Bulgaria, was highly appreciated.

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A final thanks goes to Ms. Judita Reichenberg and her team, Ms. Anna Nordenmark Severinsson and Ms. Ana Stefanovic, who coordinated the preparations for the consultation and assured its success. Ms. Vesna Bosnjak’s central role as overall technical resource person throughout the preparation process was highly appreciated. Ms. Sèverine Jacomy produced the Consultation report.

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**ACRONYMS**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>CBO</td>
<td>Community Based Organisation</td>
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<tr>
<td>CEE/CIS</td>
<td>Central and Eastern Europe and the Commonwealth of Independent States</td>
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<tr>
<td>CFA</td>
<td>Comprehensive Family Assessment</td>
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<td>CRC</td>
<td>UN Convention on the Rights of the Child</td>
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<td>CSW</td>
<td>Centre for Social Work</td>
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<tr>
<td>DFID</td>
<td>United Kingdom Department for International Development</td>
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<tr>
<td>EBR</td>
<td>European Bank for Reconstruction and Development</td>
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<tr>
<td>ECA</td>
<td>Europe and Central Asia</td>
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<td>EU</td>
<td>European Union</td>
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<td>FICE</td>
<td>International Federation of Educative Communities</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<tr>
<td>IDP</td>
<td>Internationally Displaced Person</td>
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<td>IFCO</td>
<td>International Foster Care Organisation</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>IPEC</td>
<td>International Programme for the Elimination of Child Labour</td>
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<td>JIM</td>
<td>Joint Inclusion Memoranda</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MT</td>
<td>Mobile Team</td>
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<td>NAP</td>
<td>National Action Plan</td>
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<td>NGO</td>
<td>Non-governmental Organisation</td>
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<td>PRSP</td>
<td>Poverty Reduction Strategy Paper</td>
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<td>SEE</td>
<td>South East Europe</td>
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<td>SIDA</td>
<td>Swedish International Development Cooperation Agency</td>
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<td>Social Innovation Fund</td>
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<td>Social Risk Management</td>
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<td>UN</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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The South East Europe consultation “Reform of the Child Care System – Taking stock and accelerating action” brought together decision makers and professionals from Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the former Yugoslav Republic of Macedonia1, Montenegro, Romania, Serbia, Turkey and Kosovo2. Representatives of the European Union (EU), the World Bank, UNICEF and NGOs active in the region also took an active part. Over the course of a week, the participants collectively examined just about every aspect of child care reform in South East Europe with a view to learning from experience, discussing major stumbling blocks and reaching a consensus on a way forward.

It was a motivating and energizing event. Governments and their partners in this region have thrown off the shackles of the past, and are embracing the world’s best practices for their social welfare systems. As one government official said, “we have come a long way in a few short years”. The keynote speakers expressed great hope for children in light of the progress achieved. Yet, they also stressed that the constant flow of children in the care system is a clear sign that families at risk are still not sufficiently supported by policies and services. The European Union framed the subject of the consultation as part of regional efforts to ensure social inclusion - making sure that everybody benefits from the system. UNICEF highlighted trends of concern and the need to establish a full continuum of services for children in the community. The World Bank stressed how economic and social policies are interlinked and impact children, highlighting the centrality of investing in the “human capital” in their approach.

Working groups explored the various components, regulators and processes of systemic change, as well as inter-linkages between them. The role of statutory services, family substitute, as well as child and family support services were discussed over two days in three parallel working groups. They were followed by one-day sessions on the gate keeping, planning and budgeting functions of the system. One key conclusion was that mandates for decision making, gate keeping and monitoring must be urgently clarified so as to ensure that there is only one entry point into the care system. It is the role of statutory services to guarantee, through careful individual case management including regular review, that the outcomes for children and families are being achieved by proposed measures.

Once family-based alternatives are created, placement in residential care can realistically become the measure of last resort. Experts on planning and budgeting processes warned that the conditions for de-institutionalization in the current context of decentralization must be seriously anticipated. Quick closure is dangerous. Transition has costs. Using former residential care facilities and staff for new day care initiatives must be envisaged and supported. Children currently in residential care must have a “first call” for new family substitute services, to avoid widening the net of care while leaving institutionalised children where they are. Children leaving care at the age of 18 must be prepared and supported to lead an independent life.

One cross-cutting principle was that all decisions and norms in the system must be based on the outcomes for children. Decisions and standards for services must be based on outcomes for children, families and communities. Different types of services have emerged, reflecting the array of situations and needs of children and families. Plural and complementary activities, but also common standards for licensing and financing of both State and non-State providers, are essential to create a balanced and comprehensive protection and support system. Inspection and other quality assurance mechanisms must be there to check and enhance the application of these standards.

Committing themselves to future reform steps, governments, NGOs and international players also humbly recognized in the closing ceremony both the limits of their individual role and the immense potential for complementary action, to be based on equity, inter-sectoral cooperation and adequate regulation. The consultation framed child protection within human rights, economic development and democratisation in South East Europe. As one participant concluded: “Let us not forget where we are going, nor where we have come from”.

1 Hereafter referred to as FYR Macedonia
2 Currently under United Nations administration (United Nations Interim Mission in Kosovo [UNMIK]) and hereafter referred to as Kosovo.
Every country in South East Europe (SEE) has recently been going through political, economic and social reforms. At the beginning of the transition period, attention was first given to the transformation of the economy, the building of democratic institutions and the reconstruction of countries affected by the war in the Balkans. From 2000 onwards, social policy and the functioning of public administration received more attention. Nevertheless, social welfare has generally been lagging behind. Dramatic socio-economic changes have increased the vulnerability of families, and children are now at higher risk of exploitation, neglect and abuse. The same population groups that are facing increased poverty and exclusion have also limited capacity to provide a nurturing and protective environment for their children.

Prospects of joining the EU – although on different timelines – are for SEE countries the main driving force for reforms. The political criteria on human rights and the rule of law are the first benchmark for countries to start negotiations on accession. The so called “soft” or “social aquis” such as (19) Social Policy and Employment and (23) Justice, Freedom and Security call for a coherent social policy, clear anti-discrimination measures and an effective system of social protection. Moreover, the European policy on social inclusion provides an important framework for the design and planning of reforms in all social sectors. In this context, child care and protection should be given special attention. In the case of Romania and Bulgaria, reforming the child protection system became a cornerstone on the road to the European Union. However, obstacles to successful reform remain throughout the region and there is a compelling need to identify and address them for human rights accession conditions to be met.

Identification of stumbling blocks in the reform of the child care system and ways to address them - through lessons learnt and good practice - was the main purpose of the consultation. The event was planned as an integral part of a broader UNICEF initiative ‘Reform of the Child Care System in CEE/CIS - taking stock and accelerating action’, supported by the Swedish International Development Agency (SIDA) over the period 2006-2009. This project aims at accelerating the reform through renewed political commitment, the creation of synergies between sectors and between key players, as well as expanding mechanisms for regional capacity development. The Consultation itself was organised around three key aspects of the reform process:

- Protecting children in the context of poverty reduction, social inclusion and decentralization;
- Organizing services for child protection;
- Planning and budgeting for the continuum of services.

Over 120 government experts from Albania, Bosnia and Herzegovina, Bulgaria, Croatia, FYR Macedonia, Montenegro, Romania, Serbia, Turkey and Kosovo, as well as resource persons from inter-governmental and non-governmental organisations active in these fields, gathered in Sofia, Bulgaria from 3 to 6 July 2007. Positive experiences from every corner or the region were shared in over 40 presentations. Unanswered questions and dilemmas were brought up in 6 parallel working groups and plenary discussions. Strong recommendations were issued to accelerate action in the whole region. Statutory services, case management, diversity of services and plurality of service providers, gate keeping and quality assurance systems, as well as targeting, planning and costing of child welfare, still need to be established or improved. Processes of decentralization and de-institutionalization have been initiated but urgently require adequate frameworks to operate. Human Rights and outcomes based strategies and practices must be upheld, recalling that “in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration” (art. 3 of the UN Convention on the Rights of the Child).

The consultation’s presentations, speeches, data and conclusions can be accessed on: www.unicef.org/ceecis/protection_7062.html.
Ms. Shereen Mestan, Chairperson of the State Agency for Child Protection of Bulgaria, facilitated the opening ceremony and introduced the keynote speakers.

“Creating and supporting life is the most important thing” said Ms. Emilia Maslarova, Minister of Labour and Social Policy of Bulgaria. “This is why the Government of Bulgaria cares - not only in terms of legislation and institutional capacity, but also in terms of empowerment of the whole society. Efforts must be multiplied so that they will reach each region, each town, each village, and each family”. As the region is now facing a demographic crisis, children must become a priority target of State support and investment. In the new European context, children will also have to be empowered to become confident citizens. In Bulgaria, the government and civil society have worked together to elaborate a national strategy. Work on de-institutionalization of children has led to an increase in foster care and better quality of residential care. In parallel to that, “responsible parenting must be promoted” stated Ms. Maslarova. “This is a key investment, although we know that change will take generations. We have to go where problems are and to involve all stakeholders. Children must know that there is “Mum, Dad and me”. Nothing can replace a home. All of us can contribute to preserve this”.

Ms. Maria Calivis, UNICEF Regional Director for CEE/CIS recalled that several international conferences have been dedicated to child care reform in the region. In 2000, UNICEF and the World Bank jointly organised the conference “Children deprived of Parental Care: Rights and Realities in the CEE/CIS region”. Back then, participating governments and NGOs agreed on the two guiding principles for the reform: the importance of family-based care and de-institutionalization. “Today, half a decade later, where do we stand? How far have we come? What lessons have we learnt?” asked Ms. Calivis. “Is it fair to say that in every part of South East Europe attitudes towards child care systems have changed?”

Ms. Calivis highlighted some areas of progress:

• Gate-keeping functions of the child care system are improving so that eventually there will only be one entry point, instead of several as in the past.
• Standards for services are being developed and licensing systems are emerging. More inspections are taking place to spot weaknesses in the system.
• Many new types of welfare services are being developed. Family support services such as counselling, legal aid, and day care are increasing the support to families and children at risk and attempting to prevent separation of children from their families. Placement in institutions is no longer the only option for children without parental care. New family substitute services, such as foster care are being made available.
• Quality of services is improving. Standards are being introduced and there is an increasing openness to allow NGOs and private providers to participate in service provision.
• Planning and decision making for welfare services are shifting to sub-national or local level of governance alongside other decentralization efforts a process that is both positive and complex at the same time.

“The challenge that we have ahead of us is to make sure that these reforms have a visible impact on the lives of children. But as the data shows, there is still some distance to go” said Ms. Calivis. The rate of children in the formal care system has increased consistently since 2001 and today there are as many as 126,000 children across South East Europe who grow up in formal care. Of these, 44% are in family-based care, but the rest are still placed in residential institutions. The constant flow of children in the care system is a clear sign that families at risk are not sufficiently supported by policies and services. There is a need to understand the obstacles to reform at different levels. In some cases, resistance comes from staff within existing child protection systems. One has to be creative to transform those opposing change into its supporters. Coordination among partners is also critical to ensure that support to reform is coherent and avoids fragmentation.

“The World Bank has learnt much about child care in Bulgaria”, said Mr. Hermann Von Gersdorff, Sector Manager in the Social Protection Unit for Europe and Central Asia at the World Bank. “This experience has taught us several things. Firstly,
child care has two facets: children’s needs and children’s rights. Secondly, child care is not only about persons under the age of 18, it is also about those turning 18 and about their future. Child care requires both specialised services and a universal policy. Mr. Von Gersdorff recalled all the key aspects of efficient system reform and noted: “I am sorry that not more people from outside the child care field are here, because we need an integrated approach to all service delivery: education, employment, health. Participatory processes are needed and, for this, the World Bank relies a lot on NGOs. We need to think wider than our sole area of work and control. We need collective success for our countries and for our beneficiaries.”

Mr. Michael Humphreys, Head of the Representation of the European Commission in Bulgaria, emphasised that tackling poverty is an integral part of social inclusion. “From now on, we must ensure that everybody benefits from the system” he said. Social inclusion and human rights have been quite central to the lead up to accession for some countries of South East Europe. Deep discussions have been taking place with each country to share European Union values. This constitutes “accession pressure”, but discussions and mutual influence on these issues do continue after accession as “peer pressure” together with corresponding support. The European Commission has signed important contracts with acceding countries to continue working on social inclusion and non-discrimination. One purpose of the consultation is to provide some clear background to such initiatives.

Mr. Bertil Roth, Ambassador of Sweden in Bulgaria, recalled that Sweden has always attached great importance to child care and to the Convention on the Rights of the Child (CRC), the most universally ratified international human rights instrument. Yet, CRC norms must be supplemented by concrete regulations and measures in order to be implemented. Many countries in South East Europe have struggled to progress in that direction. Hence, Mr. Roth said: “It was natural for Sweden to support such a consultation in the spirit of European solidarity.”

PHOTO: Romania 2004: Gavroche Centre for children from vulnerable families UNICEF/050297/Giacomo Pirozzi
1. THE KEY ACTORS IN CHILD CARE REFORM IN SOUTH EAST EUROPE

The current change of the child care paradigm - from collective care and control to responses to individual needs and respect of rights - is the result of recent history. Transition from state-planned to market economies, reconstruction after the war in the Balkans but also revelations of atrocious living conditions of children in residential care, forced many actors to react and call for reform. The media and civil society played a key advocacy role. The international community provided standards, technical assistance, reform agendas and funding and the governments across South East Europe gradually committed themselves to working out better systems. Ministries for social welfare assumed a leading role. In some countries, special agencies for child protection were created to act at national and sub-national levels. Each actor played its part, but the roles are now evolving to a more sustainable set-up. Governments have begun to open a space for each player to participate in the reform process. They are envisioning systems, where each agent becomes a partner in child protection and welfare, with clearly defined roles and complementary inputs towards a common goal.

Governments

Prior to the consultation, childcare system assessments were undertaken in four countries of the region - Albania, Bulgaria, FYR Macedonia and Serbia - in order to provide an in-depth understanding of the progress and shortcomings of the reform from the point of view of national stakeholders. The participatory assessment methodology allowed the relevant stakeholders to steer different parts of the process - from the assessment questions to the selection of information sources and ways to gather and analyse information. The country assessments were made available at the consultation and high level representatives of the four concerned governments had the opportunity to present their reform efforts and outline their future steps.

Ms. Marieta Zaçe, Deputy Minister of Labor, Social Affairs and Equal Opportunities of Albania, presented the strategies and action plans on child protection elaborated with World Bank support and the current review of the Action Plan based on the child protection system analysis. In Albania, the development and strengthening of planning and decision making is taking place at the regional level. Regional level governance and communication channels with local authorities need improvements, as the Strategy for Social Services (2005) envisions the crucial role of local authorities. Statutory services are being reorganised through the establishment of a new “service purchasing” approach and are piloted through Community Care Plans, UNICEF-supported Child Protection Units and the ILO-IPEC supported Child Labour Monitoring Committees. Decentralization is gradually taking place through the transfer of responsibilities for social services to the municipalities/communes and the newly introduced regional level governance (Regional Social Care Sections). The first step is the transfer of responsibility for residential care centers to local governments, with the ultimate goals of developing community-based alternatives, and improving quality of care in remaining institutions – which will depend on the availability of budget and donor funds. The introduction of non-governmental service providers, the design of services for both children and parents, and foster care services are yet to be developed, through the initiation of a Social Fund. In Albania, the quality of services, staff-related issues, development of gate keeping, and material assistance to families in need are the up-coming priorities, while “placing the child at the centre of the policy agenda” is the guiding principle. Future steps will include the revision of the Strategy for Social and Child Protection, the reduction of poverty count to 10% by 2013 (from the current 18%), the roll-out of community-based social services, the harmonization of social cash benefit assistance with other cash benefit programmes and the inclusion of all groups in need in the social protection agenda.

Ms. Shereen Mestan, Chairperson of the State Agency for Child Protection of Bulgaria, presented the national legal framework reformed in line with the CRC. In particular, the 2000 Child Protection Law has led to the adoption of numerous ordinances and the amendment of other related laws, including on education, social assistance, family benefits, and protection against domestic violence, on health, the penal code and new family code. A plan for reducing the number of children placed in specialised institutions was adopted by the Council of Ministers and two overall assessments of all specialised institutions were carried out in 2004 and 2006. From 2001 to 2006, in Bulgaria, the number of children in residential care has decreased from 12,609 to 8,653. Today, the number of children at risk that receive protection measures in a family environment is higher than the number of such children placed in residential care institutions. Monitoring and national information systems are being developed, in parallel to increased awareness and access to
internet of child protection professionals. As a result, the annual number of complaints and early signs of risk has risen from 1,800 (2001) to over 40,000 (2006). Plans and coordination mechanisms for specific issues have also been adopted, such as on sexual exploitation, trafficking, street children, migrants, on the safe use of internet, etc. The strategy 2007-2017 will encompass all these evolutions and challenges, "as a natural and adequate response to the commitments made by Bulgaria at the UN Special Session for Children".

Mr. Dusko Minovski, State Secretary, Ministry of Labour and Social Policy of FYR Macedonia stressed that the top priority of his government was poverty reduction and employment. Only within that framework will de-institutionalization and decentralization come into play. FYR Macedonia has now reached the stage of fiscal decentralization, which will enable local ownership of educational and cultural policies, as well as social services. A number of social services as an alternative to residential care have already been developed at the local level to stimulate the reform process. In particular, 17 day care centers were opened, whose responsibility will now be transferred to the local level. A pilot initiative in Demir Kapija has also demonstrated that foster care is a feasible alternative for children with disabilities. The next step will be to start looking at services for adults with special needs. Hence, child welfare system reform is acting as an engine for more global societal and systemic change.

Ms. Ljiljana Lucic, State Secretary, Ministry of Labor and Social Policy of Serbia, highlighted that reform in her country was taking place within the framework of international instruments (CRC, MDGs, World Fit for Children), EU documents, national tools: 2003 PRSP, 2004 NAP, 2005 Social Welfare System Reform Strategy, 2005 Strategy for EU Accession, other sector strategies and the new legislation. Especially relevant are the Law on Financial Support to Families with Children, the Family Law, the amended Law on Social Protection and the Intersectoral Protocol on Protection of Children from Violence, Abuse and Neglect. Reform in Serbia started in 2001 with regularizing payment of cash benefits (assistance and allowances), paid from central level as a universal guarantee of minimum financial security for an increased number of beneficiaries. In parallel to that, de-institutionalization plans were adopted which are currently showing first results in the reduced number of children in institutions, improved quality of life for children remaining in institutions, support for youths leaving institutions (supervised accommodation, half-way houses, temporary cash benefits for care leavers, positive discrimination in employment), an increased number of children in foster care with stable financing from the central level and increased foster care allowances, priority development of community based services (Day Care Centers, home care, shelters...) and transformation of institutions.

The roadmap for future reform in Serbia includes:

- Adoption of a new Law on Social Protection (2008) based on new reform principles, lessons learnt and experience from pilots;
- Further decentralization and de-institutionalization;
- Introduction of quality assurance systems through standards, licensing and accreditation;
- Introduction of control systems for monitoring (including database development), supervision and inspection.

Further development of services at local level in the future would ensure the continuum of services (statutory, non-statutory) and plurality of service providers (state and non-state) and the widening of their scope as per beneficiary needs and financial means at local level.

Intergovernmental organisations

The European Union

Mr. Walter Wolf, DG Employment, Social Affairs and Equal Opportunities, explained that the EU policy is to promote children's rights through:

- Integrated and holistic policies to fight poverty and social exclusion of children;
- Supporting the most vulnerable;
- Preventing the intergenerational transmission of poverty.

A quick overview of global and child poverty rates across the EU show 1:10 disparities in per capita income between poorest and richest EU members. The poorest countries spend 15-20% of their GDP on social expenditures, while some of the richest go as far as 30%. Still, in the vast majority of countries, child poverty is higher than general poverty.
Fighting poverty is a shared EU Agenda which requires specific ways of working collectively in an “open method of coordination”. There is a need for common objectives, indicators to measure progress, national actions plans (Joint Inclusion Memoranda), monitoring and mutual learning. In 2006, all Member States including acceding Bulgaria and Romania reported on their plans for social inclusion. Reducing child poverty was recognised as a key target by the EU Council to break intergenerational transmission of exclusion factors. Quality education and training for all, as well as particular attention to immigrants and ethnic minorities have been recognised as priority areas of intervention. To prevent today’s poor children from becoming tomorrow’s poor adults, the EU has decided to address the following multidimensional challenges:

Access to childcare:
- High quality, affordable and universal
- Pre-condition for bringing more women into work
- Relevance for providing less unequal starting conditions in schools

Access to employment
- Promoting quality employment
- Fighting unemployment
- Bringing people out from undeclared /precarious jobs

Cash benefits for those in need
- "working poor"
- unemployed
- those who are not able to work

Access to decent housing:
- Safe neighbourhoods
- Particular attention to disadvantaged groups (immigrants, Roma, IDP etc.)
- Responding to the specific urban and rural challenges

Access to health care:
- Reducing barriers for low-income and disadvantaged families
- Prevention: regular screening and vaccinations
- Universal coverage (territorial dimension, disadvantaged groups)

Access to quality social services:
- Strengthening child protection and family cohesion
- Ensuring coordination between local authorities and social service providers
- Quality standards – certification and accreditation – monitoring and evaluation

Participation in culture, sports and recreation:
- Preparing children and youth for involvement in society
- Tackling territorial disadvantage
Key policy documents in this field are Joint Report on Social Protection and Social Inclusion, National Action Plans against poverty and social exclusion and Joint Inclusion Memoranda for preparing Candidate Countries (JIM) including those recently signed with Croatia, FYR Macedonia and Turkey, as well as the existence of a Community Programme for Employment and Social Solidarity. The latter provides support to professional networks in the field of social inclusion in Europe (see: www.eurochild.org).

See: http://ec.europa.eu/comm/employment_social/social_inclusion/index_en.htm

The World Bank

Ms. Aleksandra Posarac, Senior Economist, Human Development Sector, World Bank stated: “Prosperous, stable societies need healthy, educated, skilled, active citizens”. Human capital has long been identified as one of the key determinants not only of individual welfare but also overall socio-economic growth and development. In addition, with the demographic pressure that Europe is facing, it is now recognized that each single individual counts. Children are part of this human capital. Child development and welfare outcomes reflect investments in children. In turn, such investment determines the future productivity of the individual child and of society as a whole.

It is the view of the World Bank that investment in children generates higher economic returns, reduces social costs (positive externalities), and contributes to greater social equity and cohesion, increased efficacy of individual social sector programmes and greater participation of mothers in the labour force. Hence, health, education and social protection should be developed and inter-linked in order to nurture children throughout their life cycle. This is why social protection - defined as a collection of public measures to improve and/or protect human capital - is essential.

The World Bank has developed a Social Risk Management (SRM) approach to analyze country policies through the following prism:

- Sources of poverty and vulnerability;
- How societies manage risks;
- Relative costs and benefits of various public interventions on household welfare.

Poverty reflects an unacceptably low level of well-being. Vulnerability captures the exposure to risk leading to a socially unacceptable lack of well-being today and in the future (poverty but also death, divorce, crime, substance abuse, violence, etc.). SRM looks at how poor and vulnerable individuals and households can be helped to better manage risks and become less susceptible to damaging welfare losses. SRM comprises actions that occur before and after a shock has occurred: ante risk mitigation (e.g. social insurance arrangements), post risk coping (social safety net interventions) and reduction/prevention of risk (responsible macroeconomic policies, labor skills development and job creation, etc.).

Social safety nets improve the welfare of chronically poor and vulnerable households. Mostly risk coping, they also contribute to risk mitigation and to some extent risk reduction. They enable households to become more resilient to risks and shocks and to rise out of poverty and overcome other life difficulties permanently. Safety net programmes can be divided into:

- Income support: to increase consumption (cash, in-kind, targeted, sometimes conditional, etc.);
- Economic empowerment programmes (skills development, education catch-up, income-generation programmes, business start-up, grants, micro-finance);
- Social care services to vulnerable individuals/families (including child welfare services).

Social care services are an integral part of the safety net system. They address vulnerabilities and social problems that affect poor and non-poor populations alike. The groups in need of social care services are many and the difficult situations faced by these groups negatively affect human development, labour market participation and productivity. They lead to deprivation and exclusion, and may induce significant negative externalities and social cost, if not attended to adequately and in a timely fashion. The types of services are many and range from social work and psycho-social counseling, care and rehabilitation for disabled people, at home services for the elderly, shelters, legal advice to family and substitute services for children without parental care.

So far, the World Bank has mainly focused on analytical work and lending projects in the health and education sectors. In social protection, it has also supported the establishment or strengthening of social insurance systems (pensions), social assistance and labour market policies. It had a relatively limited involvement in social care systems’ development and modernization. Still, it has supported Social Innovation Funds for infrastructure rehabilitation costs and piloting of social
welfare services. In South-East Europe, it has invested in Albania, Bulgaria, Croatia, FYR Macedonia, Romania, Serbia and Turkey, through a combination of institutional development (legal framework), capacity building and pilot initiatives.

The World Bank focus is fully maximizing its impact on human development, taking into account for example the size of affected population, size of the problem, amount of fiscal resources involved. Increasing poverty and client interest (demand) have called also for programmes with immediate impact, such as the cash transfer initiative in Bulgaria.

Lessons learnt from the region have led the World Bank to recognise that it must:

• Build a constituency on child protection within its own institution;
• Have champions and sustained commitment of key cabinet members (finance, in particular);
• Accumulate knowledge and sufficient resources, and be prepared to give the time needed to reform initiatives;
• Partner at the national, but also international levels, with all players (State, service providers, NGOs, CBOs, beneficiaries, etc.);
• Focus on laws and regulation, but also on implementation;
• Start prioritizing the education of social workers, case management, standards, plans for de-institutionalization and transformation of institutions;
• Up-hold prevention through a range and a continuum of services.

In the region, the World Bank still lacks analytical work to underpin its interventions - making a case by assessing costs and benefits of child welfare interventions. It needs a pool of knowledge with examples of good practices. It must develop its work with clients and raise the child welfare questions persistently and advocate for changes and improvements with partners. It must bring out the human capital aspect of social welfare services.

UNICEF

Ms. Judita Reichenberg, Regional Advisor, Child Protection, UNICEF Regional Office for CEE/CIS, recalled that UNICEF has supported child care system reform efforts throughout the region for a decade. It has developed a clear vision of reform goals and has nurtured collaboration among various players. She announced some good news from the region, as well as some serious remaining concerns, and called for a full mobilisation on next steps.

Child care policies increasingly point to a shared commitment between central and decentralized government structures, pluralism of service providers, community-based care and de-institutionalization. Yet, a closer look at the different reform elements reveals the following:

1. The rights of children are being integrated into national laws and necessary welfare measures are better understood. However, the accountability for respect of rights is still weak.

2. A continuum of services is being established. Preventative family support services, such as day care and counselling are gaining ground, and family substitute care is shifting towards family based care. However, many of these services are still at the pilot stage, available only in limited numbers in few locations.

3. The plurality of service provision is recognized as a very important principle. However standards and financial flows are not yet aligned with this principle and non-governmental and private sector providers are still largely working in parallel to the system reform and are marginalized from funding sources.

4. Gate keeping is gradually improving. Specialized statutory services, standards, licensing systems and inspections are being developed. However, there are still several entry points into the fragmented system.

5. Planning and decision making for welfare services are increasingly shifting to sub-national or local levels of governance alongside other decentralization efforts. However, decentralization also brings challenges, such as ensuring equity in social provision and systematic progress in planning and management of change for residential institutions.

6. De-institutionalization is articulated as a reform goal, however transformation of existing residential care facilities is very slow and closure is too often a “quick fix”, lacking proper support and monitoring of re-integration.

7. Targeting of social (cash) assistance has been reviewed, for example in support of the social integration of children with disabilities, for children leaving care and to support the on-going education of children at risk. However, direct links between planning and targeting social assistance and social services are still missing.
Data from 8 SEE countries shows that reforms in child care systems are making a difference. There is a clear shift towards a stronger reliance on family-based care. The rates of foster/guardianship care have increased - from 171 per 100,000 children in 2001 to 253 per 100,000 in 2004 - while at the same time the rate of institutional placements has decreased - from 401 per 100,000 in 2001 to 365 per 100,000 in 2004. The proportion of children without parental care that are cared for by foster parents or guardians has increased steadily from 16% in 2001 to 44% in 2005.

However, today across SEE, there are a total of approximately 126,000 children in formal care and the trend is not decreasing. In addition, comparable and consistently collected data on children in formal care is very difficult to obtain. Definitions vary between countries. For example, children with disabilities placed in special education facilities and abandoned babies kept in hospitals/maternity wards are not usually included in this statistic. Hence, despite the reform, there is still no real improvement in the rate of children separated from their biological families and placed in formal care.

The economic growth in countries across South East Europe is providing an opportunity to use more resources for human development priorities. However, data show that families with children are not really on top of development agendas. The rate of poverty is higher among children than in the population as a whole. Families with more than 2 children are the most vulnerable group in society.
There is a steady increase in the rates of children placed in formal care – at the same time that an impressive economic growth is taking place across South East Europe. It is clear that families with children do not seem to be equally benefiting from economic growth. The investments in social welfare have not been prioritized yet and the way the system is responding to families and children at risk is not yet efficient enough! Where do we go from here?

UNICEF’s experience in supporting child care system reform in the SEE region could be compressed into the following key messages: Centrality of child rights is essential for functions of structures and decision-making bodies and for the design of a continuum of services.

The Convention on the Rights of the Child has proven to be an excellent tool to create a vision for policy and systemic change to achieve results for children. For example, if the understanding and respect of children’s rights guide the assessment and decision making on individual cases, the proposed set of actions cannot fail. Of course even the best decisions can only produce a real difference if the appropriate services are available, accessible and of good quality. Here again, the rights of the child are central. For example, to prevent unwarranted separation of children from their biological families, a whole range of support services must be available. As for children without parents, the family environment continues to be of paramount importance; hence quality substitute family services must be at hand.

The continuum of services consists of statutory, family support and family substitute services. The main functions of the continuum are the following:
• Preventing unwarranted separation of children from their biological families;
• Ensuring an early identification of risks within the family and for the child;
• Assessing each individual case to better understand the causes of problems, potential solutions, needs and types of support required;
• Planning the set of support measures, referring to and purchasing appropriate services – from either public, NGO or private service providers;
• Providing the services;
• Monitoring progress in achieving expected outcomes for the family and the child;
• Reviewing individual cases and deciding upon closure or re-dress.

Statutory bodies need to intervene at several crucial stages of the continuum and have overall responsibility for each case. Today, in many countries the mandates of these bodies are not yet streamlined or there are still several bodies performing these functions without proper division of labour or co-ordination. For example child protection departments are working in parallel with different types of decision-making commissions or some centres for social work are providing direct services rather than focusing on the actual management of individual cases. The family support and substitute services (in yellow) are being created in every country, but we need more of them, in more variety, more equitably distributed and of better quality.

UNICEF also stressed that all international actors involved in the reform process have complementary lenses – combining the child rights perspective with concerns on poverty and social exclusion, which makes for an optimum mix of interventions if the co-ordination becomes effective.

Mr. Paul Stubbs, Institute of Economics, Zagreb, Croatia, reflected on the role of intergovernmental organisations in the reform process. He recalled that the 2005 Paris Declaration on Aid Effectiveness clearly states the need to align aid with
partner countries’ priorities, improve accountability, and simplify procedures. Over time, there has been a move from supporting time-limited projects, relying on individual inputs leading to limited outputs; to programmes seeking to work at and between levels and scales; and, now, to strategies, operating in terms of a direct engagement with the policy level. While various intergovernmental agencies have come to agree on fundamental human rights principles and socio-economic orientations, there is, perhaps, less agreement on how to approach the reform in terms of co-ordinated steps to align legislation, procedures, institutions, budgets, standards, and skills, through strategic support, fiscal incentives, technical assistance, and capacity building. Notwithstanding good efforts, it is still the case that external assistance has at times contributed to a fragmented, inconsistent, badly sequenced, and short-term reform agenda. The gap between rhetoric and reality is of immense importance analytically and practically.

Coordination and co-operation problems:
• Reforms in other sectors fail to consider impacts on child care and/or may have negative unintended consequences for child care system reform.
• Reform efforts are often piecemeal and un-coordinated, rather than carefully planned, synchronized, with a clear vision and an agreed division of labour.
• International assistance is rule-bound and there are time lags between assessment and implementation.
• International organisations have tended to prioritise working with ‘champions of change’ at the expense of ensuring wider buy in.
• The ‘passion for pilots’ has, sometimes, proved to be unsustainable and has created false positives.
• New agencies have been created which compete in a crowded arena for the leadership role in reforms.
• The fiscal aspects of the reform have had less attention paid to them than legislative and procedural changes.

Non-governmental organisations

Seven national and international NGOs with experience in most aspects of child care system reform in the region participated in the consultation: Amalipe (Bulgaria), EveryChild, Hope and Homes for Children (Bosnia and Herzegovina), Association for Promoting Inclusion (Croatia), Quality4Children Project (IFCO, SOS Kinderdorf, FICE), Save the Children UK (Bosnia and Herzegovina) and SOS Kinderdorf (Bulgaria). At the outset of the consultation, they acknowledged that they are themselves going through a transition and need to redefine their role in consultation with governments.

Mr. Deyan Kolev, Chairman of the Centre “Amalipe”, Bulgaria, explained on behalf of the group of NGOs that participated in the consultation that, during the transition period, NGOs had the advantage of being flexible and adaptable in reacting to needs, in innovating and in using available funds. They acted both as service providers and developers, usually at a lower cost than government entities. They brought in international experience and knowledge, as well as regional experience-sharing and cooperation. They also served as advocates for marginalised groups, being able to reach out and work with them, unlike other less flexible and less politically independent players. Based on that, NGOs have contributed to social inclusion, good governance and development of responsible institutions. Their field experience and best practices have fuelled public information and advocacy for legislation and policy change.

However, NGOs recognise that they usually have a localised coverage rather than a national one. The short life cycle of donor-driven projects, the lack of cooperation, partnering and learning between them and with the government constitute weaknesses. Not having a big picture, not contributing to or fitting into a country’s strategic frameworks has been a strong limitation of their work.

It is therefore high time for the role of NGOs active in child care systems to evolve and become equal partners. They can provide services, act as watch dogs and involve marginalised groups. National NGOs, in particular, should be enabled to take part in planning, review and monitoring processes and be treated as equal service providers by the government and by international donors. Their participation in Structural Funds utilisation and financial support from regular budgets should be ensured.

Today, NGOs are still financially and institutionally discriminated against, although all partners in the reform process recognise their value. “We now need a good European culture of cooperation between the State and the non-State sector”, stressed Mr. Kolev.
2. PROCESS OF CHILD CARE SYSTEM REFORM

When we look at “systemic change” or “system reform”, three key aspects must be kept in mind:
- Components (structures and services);
- Regulators (norms, mandates, standards and financing);
- Processes (decision making, planning, monitoring).

Following this conceptual framework the consultation was organised in six working groups focusing on:
- Different types of services, service users and service providers;
- Mandates for decision making, gate keeping and monitoring;
- Processes relating to legislation, planning and budgeting.

The interdependence of system components, regulators and processes was not a direct subject of discussion. However, some key linkages emerged as a number of topics were tackled from different angles in more than one working group. For example, different types of family substitute services were discussed in detail in one group, however the question of how to arrive at the decision on placement in the most appropriate service, was at the heart of debates in another group that discussed statutory/procedural services.

Organising a continuum of services

The nature, purpose and combination of the various services to be made available for children in need of special protection and care provided for in Family Law, Social Assistance or other Social Protection Laws were discussed over two days. While general preventative measures and services such as education, health, social/cash assistance are important for families and children, a deliberate choice was made to focus at this consultation on those social/child protection services that are directly relevant for mitigating and addressing specific types of risks relating to family separation:

i) “Statutory” or procedural services;
ii) Family and child support services;
iii) Family substitute care, temporarily replacing the biological family.

Statutory services

The role of statutory or procedural services is to ensure that children and their family are provided with the services (ii and iii) to which they are legally entitled. Statutory or procedural services are the domain of the State and cannot be transferred to any other service provider because they constitute law enforcement and decision making on the use of State budgetary resources.

Hence, entitlements must be determined by a formal/state entity through a formal procedure. Such an entity may be a Court, a State Commission or a State agency. Centres for Social Work in Bosnia and Herzegovina, Croatia, FYR Macedonia, Montenegro and Serbia are examples of a state agency at the local level. Whichever the form of the state entity, its responsibility is to assess cases and decide upon the course of action, which can include one or a combination of several services, such as:
- Support measures: mediation, psychosocial support, situation assessment, access to day care, etc.
- Protection measures: temporary placement in foster care or guardianship.
Very different types of statutory entities decide on the criteria for delivery of benefits: cash benefit based on income level, family benefit based on the number or age of children, benefit for the care of a disabled child, etc. This material aspect of family support was not addressed directly during the consultation, but rather referred to in terms of how it may complement and support the system of child care services in achieving de-institutionalization and other goals.

Statutory services are regulated at central or and at local (cants, county, or district) levels, depending on the degree of decentralization of the country’s social policy and welfare system. In all cases, the assessment, decision making and monitoring - based on individual case management - lies with the State. The direct provision of services can be outsourced. For instance, situation assessment, decision on placement, choice, financing and regular review of placement are statutory services, but the child might be placed in a foster family trained and supported by an NGO and his/her biological parent(s) may be referred to a psychosocial counselling centre open to any member of the community.

PUTTING THE FAMILY BACK IN THE PICTURE
Croatia: Comprehensive family assessment as a prerequisite of individualized planning, monitoring and evaluation of family-visitation programme

In Croatia, the Family Law provides two measures for the protection of the rights and well-being of the child:
(1) Warning the parents about shortcomings in their care and upbringing of a child and helping them to remedy the shortcomings through counseling and parent training;
(2) Monitoring and supervision of parental care through home visitation in cases when shortcomings in child care are multiple and frequent or when the parents need particular support for the upbringing of the child. The Centre for Social Work (CSW) determines the monitoring/supervision programme for the child and the parents, and appoints the person who will monitor the implementation of this programme (“family supervisor”).

Family supervisors reported that some of the obstacles in implementing the monitoring/supervision programme were directly related to lack of cooperation by parents and their poor motivation for change, resistance to the measure, lack of insight into own problems and behaviors and breech of agreements.

Yet, there were also obstacles inherent to the system:
• Standardized procedures and instruments were not used for needs assessment;
• Monitoring/supervision programmes were typically too general, not individualized or based on positive assessment; they were directed primarily to risks and failures without reviewing parents’ strengths;
• Programmes were made without the participation and cooperation of the parents.

Change was needed! In response the threefold project was developed (direct work with families at risk; development of a model of more effective work; development of the local community as a context for social interventions, including a local team of professionals).

As a result, the Comprehensive Family Assessment (CFA) approach adopted the following principles:
• Begins with the first contact with a family and continues until the «case» is closed
• Must be completed in partnership with families, children and youth and in collaboration with other community partners;
• The staff must be trained and skilled to engage family in that work;
• Must identify individual and family strengths and protective factors:
• Is a process and has to be updated whenever major changes in family circumstances occur and at the points of key decision making on a case.

Sixteen assessment tools were required to carry out the CFA guidelines. Three of them were locally developed and others were translated international instruments. The assessment tools cover a broad spectrum - assessment of family stress, parental stress, risk for child abuse, family strengths, level of meeting child’s needs, attachment patterns, family integration in the community, etc. An important lesson however is also that the instruments cannot replace human understanding and skills and they should not be used as «social technology» tools.
Working group discussions revealed that in the region, roles and responsibilities in decision making, case management and delivery of services are not always clearly defined. One important player (Centre for Social Work) often performs a non statutory role, and the cooperation with NGOs sometimes blurs the boundaries of state accountability. The role of statutory services is still not adequately understood. Therefore, it is essential that the government (Ministry of Social Welfare) clearly defines and communicates the mandate of statutory services at the local level.

The responsibilities of statutory services must cover, at the very least, all children defined by the legislation as being at risk, including the most marginalised groups. Article 19 of the CRC states that children should be protected against all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse. It specifies that to ensure such protection States should take all appropriate legislative, administrative, social and educational measures to provide necessary support for the child, as well as for other forms of prevention and identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment. Hence, ensuring child protection is not about working with categories of children, but rather about identifying risk situations due to both internal and external factors.

Ensuring child protection is not about working with categories of children, but rather about identifying risk situations due to both internal and external factors. This implies the development of policy frameworks, legal provisions, tools and methodologies, clear division of labour between different specialists and institutional bodies, as well as training, cooperation, funding and control mechanisms. Examples of reform efforts have shown that the child protection system can be developed gradually. Reinforcing statutory services according to child rights principles is a good starting point to update the whole system.

**REINFORCING STATUTORY SERVICES**

**Bosnia and Herzegovina:** Development of standard professional instruments in social and child protection in Tuzla canton. To streamline the interpretation of the national legislative framework and to provide clear guidance (in the face of a lack of by-laws, procedures and instructions) to professionals, a complete and collaborative standardization of all procedures in the Tuzla canton has proven that it is possible to improve child protection without waiting for specific new laws to be passed, and that the participation of children/beneficiaries in the process of protection is important. With some organisational changes, all Centres for Social Work (CSW) could successfully fit into the reform process and replicate proposed models.

**Albania:** Identifying the needs of children of migrants. In Albania, 1/5 of the total population (mainly 20-40 year-old men) is living abroad as migrating in search of employment has become a popular survival strategy against poverty and unemployment. This has had a positive impact on the economic situation of families, but it also increases the risk of divorce and child neglect. Information gaps are being closed with improved data collection and social policy begins to be directed at children left behind, while migration policy aims to facilitate family reunification and to regulate labour migration.

**Serbia, Montenegro, Albania:** Coordinated outreach to children at risk. In Serbia, the child protection Mobile Teams (MTs) identified children at risk, organized case-management conferences for the CSW and the MTs to find the best solution for the child, and to follow-up on all the individual cases. This allowed the state services to expand their scope and define complementary roles with NGOs. In Montenegro, the focus was on the multidisciplinary composition of new teams within CSWs to ensure a more comprehensive response to children’s needs. In Albania, child protection units were created within the administrative structure of local social services to reinforce coordination with other sectors (institutions, schools, etc.). Similarly, in Serbia, Social Policy Councils have been established at local level to coordinate all social initiatives.

**Romania:** Capacity-building of statutory services in the context of decentralization. Law 272/2004 regulates the role and organization of County Directorates for Social Assistance and Child Protection throughout the country. In addition, support has been provided for hiring and training staff to be able to draft individual “service plans” – to enable adequate implementation of the law at the local level.
One recurring problem is that some State entities are involved both in statutory services/decision making and direct service delivery. This makes it difficult for these professionals to keep a distance from the case, to be creative in commissioning services rather than choosing from those easiest to deliver in house, and to avoid having an overwhelming power over service users. This is the case of most Centres for Social Work in the countries of the region. In order for a service to be chosen in the best interests of the child, it was considered best to separate service delivery from statutory bodies.

Thus, an important recommendation called for the separation to be established between decision making/case management, direct service provision and administration of material assistance. It was recognized that this might be a challenge for some type of work in the region such as early intervention/prevention where the different functions are sometimes merged. Yet, the need for clear roles and responsibilities, both for the sake of professionals and for children and families, is a priority.

The master plan for the process of unifying and standardizing practices and tools is the step by step management of the individual case by statutory services, in several phases – from initiation to case closure. From both a professional and a human standpoint, the case manager is a highly important actor, as it directly affects the case management process. The assumption that children and their families understand how ‘the system works’ has proven to be wrong. The case manager’s central duty is to provide children and adults with clear information on the process. The case manager is the person best placed in the assessment/support process, having both authority and regular contacts with the family. Publications, presentations, peer information sharing and other information-flow support activities and tools can complement the direct information sharing role of the case manager but cannot replace it.

As a conclusion, it was reiterated that statutory services must act as the single entry point into the system, carefully managing and referring cases to an array of State and non-State services available in the community, while always remaining in charge of cases and informing users of the processes this entails – until the child protection measures have reached their objectives and the case is closed.

Family substitute services

Family substitute care comprises services for children without parental care, children separated from parents and living in inadequate or irregular circumstances and other children who temporarily cannot be (re)-integrated into their families. Family substitute care can be divided into the following types of arrangements:

- Kinship care (relatives become guardians, live with the child and may receive financial support from the state for child maintenance costs);
- Foster care (non-relatives – couples or individuals – are recruited, selected, trained and receive financial allowances for their work and for the child’s maintenance);
- Short term protected shelter;
- Institutional care (in institutions in the process of transformation or new small scale and/or family type of institutions).

Decisions about placements of children in the family substitute services are the responsibility of statutory/procedural services. However, carrying out the decision/services could be delegated to non-governmental organisations and private persons.

The working group identified the position and role of family substitute services within the continuum of services and paid special attention to the role of these services in the implementation of the policy principle of “avoiding un-warranted separation of children from their biological parents”. Each type of family substitute care was clarified and their appropriateness and shortcomings discussed.

Child abandonment/relinquishment by birth parents raised many questions. These terms require defining as they call for different policy interventions. Abandonment was considered to be an act by which the child has been left with no care whatsoever, for example on the street or in an empty dwelling. Relinquishment however is an act by which the child has been left to the care of others, for example in the maternity hospital. These two different practices call for different policy interventions.
Beyond immediate causes of child abandonment, factors of vulnerability include: ignorance and/or lack of possibilities for women to access primary health care services in cases of unwanted pregnancies, child disabilities; distorted family values; lack of financial means, of social integration and of solidarity among family members, combined with the absence of safety nets. Another emerging issue is the increasing trend of dropping off older children in institutions (12-14 year olds).

It was agreed that it is essential to reduce the stigma against parents of relinquished children in order to leave a chance for potential re-unification. Participants wondered to what extent preparation and support to potential reunification with biological parents should be included in the training and mandate of foster families. The powerful documentary film “Voluntary love” from Bulgaria produced by the NGO “Regions for European Enlargement” showed how a foster family made efforts to engage the birth mother of a previously relinquished and institutionalised child. While fully caring for the child, the foster parents did not replace the mother, but rather supplemented and supported her. Such testimonials can be excellent tools for advocacy among the general public and social work professionals, as well as elements of training and reflection for new foster families. The support to biological parents during the child’s placement in substitute care does not receive sufficient attention of social workers. A strong conclusion of the group was that the biological family of the child placed in substitute care must be treated as an «open case» for social services.

The need for social promotion was also discussed in relation to social workers and child care professionals, who often lack motivation and feel disregarded despite their important role. However, child care professionals also often feel powerless because they lack options and resources to work in accordance with the best interest of the child. These must be upgraded.

Further work is also needed to inform and change the attitudes of health workers. Doctors and nurses in maternity hospitals have a strong influence on mothers and families, and often lack sensitivity to provide adequate support. This contributes to child relinquishment and placements in residential care. In particular, based on prejudice and old-fashioned beliefs, it happens for example, that mothers are encouraged not to bond with a child born with a disability or a health problem, and are openly advised to place him/her in an institution. In this context, the “Baby Friendly Hospital Initiative” needs to go beyond breastfeeding promotion. It must include knowledge and practices related to child protection issues. Another important reason to have more discussions with health professionals is the fact that in many countries infant homes are under the authority of the health system, while residential institutions for older children are under the authority of social welfare.

3 In spite of the enormous importance of adoption for parentless children, child adoption is not included here as a family substitute service since adopted children do not have the status of children in State care and adoption procedures are the exclusive domain of government organs within family law.
PREVENTING ABANDONMENT, RELINQUISHMENT AND PLACEMENT

Romania: A comprehensive multi-sectoral approach, with clearly identified roles. Romania facilitated the networking of many actors e.g. the National Institute of Evidence to obtain temporary IDs for relinquished children, training of medical staff to support the family bonding process, working with the social assistance public services in the community to support the families at risk and developing training programmes for priests, judges and social workers.

Serbia: An action research study to develop indicators on disability and sensitize the local community. The government and NGOs jointly assessed the structural relationship between their two sectors, and hence identified the need to get away from “locked in systems”. Classification of disability and the difficulties inherent to the continuing use of the medical model remain a challenge.

Bosnia and Herzegovina: A model of stages for the reintegration of children from an institution to their home environment. This initiative combined activities for the children, staff and birth families, with preparation for the potential responses from the key stakeholders. Questions raised included how to deal with the resistance of staff and who has the authority to make the decisions regarding the closure of institutions.

Bulgaria: Narrowing the entrance and enlarging the exit. Municipalities, such as Shumen, have developed a comprehensive complex of family services in order to “narrow the entrance” into State care: self-assistance groups for pregnant women and girls; mother and baby units; new inter-sectoral cooperation mechanisms; family consultation and support; prevention of placement of children by the child protection department and provision of alternative social services to families. In order to “enlarge the exit”, social work now focuses on: individual assessments of children in institutions, family assessments, preparation of care plans and action plan for working with the parents of children placed in institutions, candidate foster parents, candidates for adoption.

Stereotypes can affect the identification of problems. A change in definitions and perceptions can affect responses given to problems. The disproportionate representation of Roma children in institutions is a cause for concern regardless of whether all the children in institutions are equally disadvantaged. In Bosnia and Herzegovina however, it was noted that Roma children are paradoxically not over-represented in institutions, because most Centers for Social Work do not address this population group. So, how do we define who are excluded? As those who are already in the State care system or those who are not even identified by it?

Public perceptions - national and international - have an impact on choice and definitions of target groups and placement options, and therefore on reforms. This needs to be actively considered and used. Communication strategies on themes such as “Every child needs a family” and “A children’s home is not a home” developed in Croatia and Romania have had a strong impact. They contributed to:

- Influencing public opinion and openness of social work professionals;
- Creating public support for foster care, making foster care more important and socially recognised;
- Mobilising funds to support new activities in order to facilitate policy change.
Foster and kinship care

Efforts to develop diversified and well supported foster care are underway in a number of countries. Croatia is a good example where foster care is available to children without parental care as well as to children with disabilities, HIV positive children, pregnant girls and single mothers in the first months after childbirth. Two positive elements of this practice were pointed out in the discussion:

• The importance of a comprehensive professional support system to foster families instead of mere monitoring;
• A new law - proposed after a significant period of introduction and testing of the new practice.

Although it does not receive much public attention, it is essential that kinship care be better known, acknowledged and supported. In a number of SEE countries kinship care is a prevalent form of substitute family care. In Bulgaria for example, several thousands of children are in kinship care while less than one hundred are in foster care. Without threatening kinship care by intervening too heavily in the extended family, this form of care must be financially supported and technically monitored. The natural involvement of various community members in the process (neighbours, etc.) should also be recognized, without being challenged or formalized. In Bulgaria, the practice is referred to as “social assistance for child accommodation in family of relatives or closely relations”, which allows a flexible use of the option, within an established framework of support and control. In FYR Macedonia, on the contrary, CSWs have recorded cases of foster families who are actually close relatives who have been given the status of foster family to be entitled to financial support, since custody of a child is considered free of charge according to the statutory provisions of FYR Macedonia.

Although it is obvious from the practice so far, that there is a lack of sufficient and regular monitoring of both foster families and kinship care, foster families are receiving far more support and supervision. Absence of databases and cooperation between key actors is also an issue. Even foster parents are often left by themselves to face complex issues of a child's upbringing while kinship families are practically disconnected from the system. An important distinction should also be made between situations where children are placed in out-of-home care for protection reasons and situations where placement, notably in kinship care, is a temporary arrangement made by the biological family itself (e.g. in case of migration of parents abroad for work).
Solutions, such as the national project developed in Croatia, include the creation of foster care support centres, national/county databases, and permanent training/monitoring programmes for foster parents. Professionals appreciate developing a new kind of relation with foster parents, with more reciprocal respect and consideration, while foster parents stress the importance of mutual support groups, where they can get expert advice and exchange experience with other foster parents.

**Temporary shelters**

For some specific groups, receiving temporary support in a residential setting can be a very adequate way of overcoming a period of high risk of abandonment, relinquishment or maltreatment of the child – thus efficiently preventing his/her institutionalization. In the experience of Romania, the following target groups have been identified:

- Young single mothers who temporarily lack financial resources and family support;
- Single mothers who get marginalized due to geographical or social isolation and who have no income;
- Pregnant women in the last trimester who consider abandoning their child at birth;
- Young homeless mothers of under three-year-olds who do not have stable incomes;
- Young mothers facing family crises;
- Families with other social and professional integration problems which entail shortage of material and financial resources.

Typically, mother and baby homes help mothers become autonomous and responsible for their children, while preparing them for professional and social integration through a range of services. They can also refer them to other family support services if needed. Indicators for monitoring after discharge include:

- Social and professional integration/reintegration;
- Job / employment maintenance;
- Increased accountability with regard to problems and parent duties;
- Direct involvement of local authorities / community and continuous support provision.

Discussions raised some concerns about this new type of service again organising all services around an institution, instead of providing different services within the community.

**Residential institutions**

Can the placement in residential care be ever in the « best interest » of the child? The consensus emerging from the working groups was that, ideally, children should not be institutionalised. Institutions were not made for children, but rather to respond to adults' inability to care for them. Hence, rather than stating that institutionalization may ever be “in the best interests of the child”, the approach was to identify regulatory mechanisms to implement the principle of “Institution as a last resort”.

- The case manager accountability should include the obligation to document all activities related to the examination of other service alternatives, the obligation to prepare a child for a change in placement, and the obligation to undertake efforts with the family of origin to shorten the child's separation from the family environment;
- Admission criteria for residential institutions should not replace the decision on placement by a competent state organ and service providers should become accountable in case of admission without the decision of a competent authority;
- Exceptions to the above rule should be clearly stated in law and secondary legislation (e.g., sheltering the homeless, some interventions in crises);
- Statutory services should have discretionary power to outsource the provision of non-standardized support when the cost is lower (or equal) to the amount needed for residential care;
- Money should follow the de-institutionalized child to avoid additional spending on alternatives (from unstable financial sources). This means that the budget for direct individual costs should be “attached” to each child entitled
to State care and allocated to the service who receives him/her. Hence, residential institutions and other services would have their indirect costs covered by a regular budget, while care costs would be covered only up to the number of children and the type of care provided, rather than on the basis of theoretical “care/bed space” available in the service. This would free some funds for non-residential care, if children are re-oriented to other types of solutions.

The mandates of existing residential institutions are based on the legacy of the past, where children were categorized and segregated by deficiency, illness, risk and/or age. Quality was “assured” through centrally determined staff qualifications and material requirements. Funding was earmarked from stable budgetary sources stimulating institutional placements.

Current legal provisions and financial flows often still work in support of residential care, in spite of declared course of action. Temporary mandates and ad-hoc regulatory frameworks are needed to allow the transformation to take place. New competencies, job descriptions, admission criteria and service objectives are to be defined in order to transform institutions. Results can only be achieved through a comprehensive process including solid analysis, normative changes (standards and mandates) and clear outcomes for children, as preconditions for planning.

Not all institutions can be transformed into new services. Some should be closed. The potential and justification for transformation, upgrading or closure of such institutions depend on their location, the quality of the infrastructure, the staff competencies and the profiles of children.

The capacity to attract qualified personnel, as well as potentials for shifting mandates towards community based care, are key. In all cases, closure should not be a quick-fix solution, as hasty closure is often harmful to some or most of the children. One should also consider whether some institutions are less likely to transform if they are transferred to municipalities – as this is a growing trend in the region.

In order to both legitimise and enable the transformation, it is useful to obtain temporary mandates allowing for management and programme changes (including partial de-regulation of previously defined mandates). An ad-hoc regulatory framework with the inclusion of new stakeholders, planned targets and availability of funding for transition costs (retraining, development, and/or severance payments to staff) should also be established. Mandates and internal regulations should include the definitions of services stipulated by law to be provided in the institution (whether in residential or open care), admission criteria, job descriptions, outcomes adjusted to the new mandate, financial sources and modalities of payments according to each type of service provided.

Quality standards of care were at the centre of all discussions. Standards for family substitute services are a long standing tradition, but they usually refer to the physical conditions of care, rather than its process and outcomes. The need to complement quantitative norms (square meters, numbers, formal qualifications, ratio, etc.) by new child-centred standards is strongly felt. This requires clear articulation of outcomes for children, the evaluation of existing types of care, some flexibility in planning services but also accountability of child care workers for their interventions. The participation of children in defining their care plan, as well as general principles of care, is a basic pre-condition. In that sense, the presentation of Quality4Children Standards was an important contribution (see below). It prompted discussion around standards of professional conduct, minimum standards of care, accountability for the results and how to make good standards come alive.

Quality4Children: Quality standards for children in care. IFCO, FICE and SOS-KDI are making strong calls for the improvement of the care quality in out-of-home care services. This is the reason why they joined hands, resources and expertise in a project called Quality4Children (Q4C), the results of which are quality standards complementary to international and national legal framework documents. They list 18 quality standards capturing also experiences and stories of children in care, thus integrating their views and expectations in the organisation of residential care. They set up requirements of a minimum package of knowledge that the caregivers and all staff involved in the process of protection and care should own. See: www.quality4children.info.

UN Guidelines on Children Deprived of Parental Care are currently being developed. The draft is public and governments are encouraged to support it at the next UN General Assembly. There are also efforts in UNICEF to develop indicators on care, which can be useful assessment tools. Information on these new tools, and many other resources, can be found on the website of the Better Care Network: www.bettercarenetwork.org

Finally, the fate of 18 year olds who are leaving care is not given sufficient attention. Their case needs to be addressed as part of the welfare system response. It is not just about housing, but also about employment and many other aspects of independent life. Serbia did conduct a training programme for children leaving care and Bulgaria introduced a half-way house. In Bosnia and Herzegovina children were referred to workplaces, with additional financial support. But much remains to be done.
In short, the ultimate goal of all types of substitute care is, whenever possible, to help children reunite with their biological families and to prepare children for independent living. New quality standards need to be developed and put in practice based on the preferred outcomes of care for each individual child. Basic requirements for such new standards are that they are based on the outcomes for children and that children’s views are taken into consideration.

Family and child support services

Family and child support (or community based) services belong to the group of services which are preventing family separation while responding to the risks and vulnerabilities that the child’s family are facing, such as behavioural problems of the child or parent(s), child labour, child illicit activities, abuse and neglect of children, dysfunctional family relationships, etc.. These services could be divided into a few “generic” groups that may serve all groups at risk, such as for example:

- Day care\(^4\) (including structured activities responding to individual needs, such as informal education or skills and competencies development, occupational therapy and/or leisure etc. depending on the beneficiaries profile and age);
- Home-based care (family outreach services that include support for domestic chores and/or support for satisfaction of primary needs of dependent/disabled family member such as hygienic practices, feeding etc.);
- Psycho-social support\(^5\) to children and/or parents (including guardians and foster parents) through counselling, and/or rehabilitation and/or support to a child and parents for family re-integration;
- Legal aid\(^6\) (representation, support for self representation, mediation for social inclusion etc.);
- Other services: short-term protected shelter.

In principle, all these services could be carried out by governmental, non-governmental and private services providers (when the last two are in a contractual or other formal relationship with the government service[s]). The consultation recognized that community based services are now taking place within the context of de-institutionalization and decentralization, which creates both new challenges and opportunities.

Demand for family support services is increasing and the diversity that is required goes beyond the scope and budget capacity of traditional social services. For example, demand for day care services is related to the need to free up people to enter the labour market. An important issue here is also that of payment for services. Authorities should start defining when people should pay some fees for services provided, as part of a new social contract. Another task is to encourage services to join forces for economies of scale. Yet, the impact of cross municipal funding so far has not proved successful.

20 years ago, in the region, the State provided all services to individuals and families, but through “prescribed” collective schemes. The tradition of community work has been forgotten. The question emerged on how to encourage an increased participation and responsibility of the community in child protection? In return, how to ensure that community services benefit the whole community and not only its marginalized members?

The current focus on the creation of community services and prevention of children from entering institutions is very commendable, but there is a tendency to forget that children currently in institutions and their families should benefit from these new services. The expansion of community services leads to the increase of beneficiaries. The statutory services must define entitlement to a service and its objectives for each client entering the system. In the paradox of new services widening rather than reducing the numbers of children in care, the missing link is gate keeping. Standards and rules are needed to establish and upgrade services and give minimum guarantees to all. Yet, if standards are too high then community services may not develop and/or implementation may not be adequate. A reality principle must be applied when developing new standards. In addition to legal reform, community empowerment can lead to radical changes in practice.

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\(^4\) Can function also as family out-reach service

\(^5\)–\(^6\) As above
NGOs have been instrumental in accelerating new activities/methods/protection measures/services. To ensure sustainability and accountability, statutory services have to be clearly defined and perform their role and the minimum guarantees for services need to be defined and ensured by the state. NGOs are largely providing services to under-served populations, raising awareness among the CSWs on how many unprotected and marginalized children are not served by the system. The question is in what way the state has to upgrade its capacities to provide the response to children and families at risk.

There is still no systematic outsourcing of services to NGOs in SEE, rather there are projects. The mistrust between the state and the NGO sector has yet to be overcome. Preconditions for outsourcing would need to include: trust and understanding of roles; funding (considering “money following the client”); standards; regulations; a clear understanding of what is to be outsourced; and increased capacity of service providers. This means that NGOs may become bigger or might need to further diversify their services. The private sector may also play a new role, for example in housing rental for over 18 year olds, day care, legal aid, and youth vocational training. Foster families can also be categorized as non-State service providers. Although the state has the responsibility for guaranteeing minimum standards for services, one may wonder whether there is a role for the non-governmental sector in the setting of standards. Yet, “you sometimes need to take the first step to see the next step”, said one representative of an NGO. Despite international pressure, countries cannot reform the whole system at once, rather careful planning is required and a clear reform path that complies with international standards as well as with local tradition and history.

DEVELOPING COMMUNITY-BASED SERVICES

Albania: A community centre for preventative social work was developed in response to the recognition of the complexity of each person, and the need for comprehensive, multidisciplinary responses including economic, psychological, health, and legal interventions tailored for each person. The key question emerged on how the success of this initiative should be measured — by the government taking responsibility for the centre, by the relationships built between the centre and the community, or by the individual response of the child. This example also moved the discussion from “multi-disciplinary” considerations to “multi-sectoral” accountabilities.

Bulgaria: Piloting outsourcing. A legislative framework and pilot experiences in 10 municipalities have enabled authorities to test outsourcing of service provision, based on bidding, minimum quality standards, licensing and inspection procedures. This resulted in the recognition of outsourcing as a real option for social service delivery, better quality of service provision and a clearer division between case management and service provision. It relieved municipal authorities from direct service delivery, freeing capacity for better/quality monitoring and planning. It led to the unification of procurement procedures and unified financial per capita standards.

Serbia: A protocol on child abuse and neglect. This protocol gives a new vision of how the various multi-sectoral actors and the legal frameworks are linked. The development of this protocol used results of NGO gathered data and advocacy. The protocol defines the required response by different sectors and the communication flows between them. The protocol also calls for establishment of specific services, which have not yet developed at the rate the protocol requires.

Montenegro: A law on mediation for civil and criminal disputes. The model has two ways for a person to enter mediation – voluntary or by court order. In a civil case the parties have the option to refrain from court and resort to mediation. Selected “mediators” were trained in exchange for providing 3 years of service free of charge, after which the state will provide some funding. Questions focused on the modalities for implementation, and the distinction and linkage between this mediation process and that carried out by other agencies (e.g. CSW).

FYR Macedonia: Day care centers to support the de-institutionalization process. Particularly for those with disabilities, the creation of day care centers resulted in a positive change in relationships within the family, more possibilities for the children to enhance their skills, and greater collaboration of social services at the local community level. Questions included how the increase in care options at the same time created the risk of increasing the number of children in public care.

« ...Pilot projects resulted in the recognition of outsourcing as a real option... »
There is a great diversity of NGOs. Some can be categorized as representatives of ‘civil society’ and act through advocacy. They are watchdogs, with strong experience in monitoring, lobbying, networking. Others are service providers, specialized in programme implementation, methodology and evaluation. Both types are required and need further capacity building and recognition in the region.

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Organizing a continuum of services: Lessons learnt and recommendations

Stumbling blocks

Capacity and system
- Little awareness and capacity of local decision makers about the reform;
- Lack of techniques for needs identification;
- Fragmentation of departments/organizations where protection policy is developed;
- Present organization and practice of Centers for Social Work;
- Lack of clear differentiation of roles, including that of municipalities and other stakeholders.

“...Social innovation funds could survive political change because they were semi-autonomous...”

EXPANDING NON-STATE SERVICE PROVISION

Bulgaria: “Complexes” for social service providers focused on family and child support services, and community work. Only NGOs were involved for the first year, after which the municipality needed to decide whether to take over the provision of the services or allow the NGO to continue. The municipalities decided to push for clear legislative frameworks for licenses, contracts and good practices of cooperation in case work with the NGOs, and to work in overcoming difficulties in making the link between different service providers.

Bulgaria: NGO action and redress on inadequate placements. An NGO found that Roma children were being placed in a school for children with mental and physical difficulties, even though they were not themselves disabled. The NGO worked with the parents and children to facilitate their placement at the correct grade in regular school and to feel comfortable with children of different traditions. The NGO gathered the evidence on where the system of school placement was not working and acted locally while articulating the issue to the authorities.

Bosnia and Herzegovina: NGO involvement in the prioritization of referred cases. Government at the municipal level and NGOs worked together to identify children’s protection needs and priorities for intervention, and to develop action plans and modes for implementation and monitoring. Funds were open for competitive bidding for implementation of required services. This model of cooperation was not institutionalized, as the system of outsourcing has not yet been developed.

Serbia: Social Innovation Funds (SIF) were established as transitional financial arrangements to stimulate the reform process through fostering mixed service provision. The SIF were established to build the state/NGO relationship, pilot new services, and foster transformation, create tools for donor coordination and disseminate ideas about the reform to the local stakeholders. The funds are semi-autonomous, hence they survive political change. The funds would release a tender on a specific “topic” and fund projects and initiatives at the local level. Priority was given to projects with government and NGO partnerships, an indication of sustainability and/or co-financing from local government. For both funds, NGOs are the main implementing partners, and sustainability is a continuing issue. This model initiative made it possible to:
- coordinate donor funding
- encourage innovation in service provision
- have de-institutionalization as one specific policy objective
Finances
- Lack of flexibility for shifting the finance in favour of non-institutional responses:
- Lack of clarity in decentralization.

Regulations
- Legal standards do not capture the complexities and opportunities for community application;
- Inadequate secondary legislation such as acts/regulations;
- No mechanisms for monitoring, evaluation and control. Should they be the same for state and non-state providers?
- Lack of equal standards for different sectors;
- Family substitute services are increasingly available in all countries; however children currently in residential institutions have not been formally prioritized to benefit from them.

Evidence, evidence, evidence
- Lack of complete and reliable data, especially on children in « out of home care », representing a serious challenge for planning family substitute targets and ensuring quality of care;
- Lack of evidence on the impact and lack of use of evidence in decision making;
- Lack of comprehensively assessed lessons learnt;
- Lack of clear definitions;
- We are starting to have macro data, but still lack analysis of micro-data (ex. Individual histories of care). New EU indicators of social inclusion should be more child-centered. EU accession is a useful source of pressure to get common statistics.

Public opinion and politics
- Attitude of society
- Focus of the governments on EU accession, rather than social issues:
- No real participation of beneficiaries;
- Health professionals' lack of involvement in early identification of risk for « relinquishment » and their attitudes towards disability.

Recommendations

Clarify definitions, obtain data and share information
- Improve the availability of disaggregated data on children at risk;
- Research why there has been a limited reduction of children in public care;
- Analyze legacy and reform differences and similarities in Bosnia and Herzegovina, Croatia, FYR Macedonia, Montenegro, Serbia and the rest of the region;
- Raise public awareness about the reform and create an environment for change by applying communication strategies on key issues;
- Define, promote and communicate the distinctive roles of the various actors within the new child care system.

Uphold the role and responsibilities of the central government
- Develop and monitor the capacities of municipal authorities beyond training;
- Define a minimum basket of basic services (minimum guarantees/standards) to be made available everywhere (day care, foster care, home care);
- Ensure the funding of statutory services on regular budgets;

Unify costing of services for all types of service providers;
- Develop, implement and monitor quality standards, accreditation and licensing based on the outcomes for children in residential and non-residential care;
- Include beneficiaries in the reform and develop mandatory procedures to ensure ethical and professional (rather than token) participation;
- Allow sufficient time for reform - beyond ‘project’ frameworks;
- Involve newly initiated bodies and other sectors/ministries (health, finance, etc.).

Develop and formalize partnerships for change
- Consider horizontal and vertical connections, across sectors and across the State/non-State divide;
- Give equal access to funding and participation to all the partners;
- Obtain international support – not international leadership;
- Become sustainable through system changes, rather than cost-sharing.
Reform statutory services as a matter of priority

- Define what are and are not statutory services;
- Ensure that statutory services are the only entry point into the care system;
- Reform the mandate and organization of governmental agencies (e.g., CSW) to separate statutory services from other service delivery;
- Take legacies into account and establish a consensus on a culturally relevant adaptation of contemporary individual case management practices;
- Introduce thresholds in case management/assessments (not everyone needs comprehensive case management);
- Include goals/outcomes for the child as a result of any proposed measure;
- Produce guiding documents, including translated material;
- Develop professional networks around each case;
- Clearly establish respective accountabilities in implementing the individual care plan;
- Introduce compulsory documentation of all actions undertaken before taking a decision of placement in substitute care.

Promote various alternatives to residential care

- Recognize kinship care as a valuable family substitute service, and allocate more support to it through social services;
- Diversify foster care through different types of incentives and support—so that it becomes available to all children who need it (with disabilities, chronic medical condition, HIV);
- Leave the case of the biological family "open" for support of social services to enable potential reunification and train foster parents and guardians in that spirit.

Engage in more radical reduction of residential care

- Oblige small size residential facilities (temporary shelters, mother & child centers, etc.) to respond to new principles: limited size, care for a limited duration pursuing the goal of independent living, not concentrating services but referring to them, only for "best interests cases";
- Ensure the review of placement of all children in residential care by statutory services and give them priority in family-based substitute placements and/or family support in the community;
- Continue to plan and fund transformation or closure of big institutions.

“Let us not forget where we are going, nor where we have come from”

“We cannot sort out the problems of children without supporting families”

“All individuals are a world in themselves, only together can we support them to use all their potential”

Establishing regulatory frameworks

The second cluster of working groups was organized around the concept of system regulation which is essential for the continuum of services to become a reality.

Discussions focused on the accountabilities and mandates for implementation of legal provisions (inspection, professional supervision, etc.) as well as on planning and budgeting for services which are regulators that go beyond legal standards and their enforcement.

The upgrading of professional knowledge and skills especially for planning were also stressed time and again as crucial for the functioning of the continuum of services.

Gate keeping, quality assurance and databases

While “statutory” or procedural services are at the centre of the process of case management, they also act as the key regulatory gate-keeping mechanism of the whole system. By applying agreed norms (best interests, residential care as a last resort, regular review of placement, etc.), they both guarantee access and limit entry into the State care system. They ensure that only children really in need of such care are being addressed and tailor measures that are proportionate and adapted to their needs. They also reach out to those entitled to care and protection, who may not easily or spontaneously
access it. In parallel to keeping the “entrance” gate, statutory services are also responsible for ensuring “exit”, as soon as the care measures have reached their objectives. In order to fulfil this gate-keeping function, they receive help (information, feedback, assessments) from other players in the system (service providers, inspection services, monitoring bodies, etc.). This mechanism can only work if statutory services are the only entry point into the system, as suggested earlier.

For the child and his/her family to be adequately served by the system, the services provided must respect the rights of the child. Therefore child care service standards must be introduced to ensure the implementation of the rights of the child. Yet, this is not enough. There is a need for all providers of services to demonstrate that they can meet these minimum standards, whether through licensing or other mechanisms. It was noted that statutory services do not require to be licensed; however they do need minimum standards. In that context, the consultation discussed some key questions:

- How do we ensure effective transition from standards focusing on institutional infrastructure and formal education requirements for staff, to standards centred on service outcomes for service users?
- How to overcome the risk of decentralization and sectoral differences defying the enforcement of equal standards?
- How to ensure that the “gate keeping” applies to all service users?
- How to ensure that quality criteria apply to all facilities managed by the government, rather than only as a basis for licensing and accreditation of NGOs?

The introduction of standards is not a self-orientated process. It is part of an integral regulatory process to ensure the necessary quality of services and promote social entrepreneurship development. Standards can be developed as the result of several legal provisions and requirements. Yet, they should allow for the wide operative independence that social service providers need in order to achieve the required result.

Standards are not absolute. They must be kept under review and need to ensure flexibility of provision based on need. In particular, independent inspection systems can have an impact on improving standards and legislation. Control shall be exercised through planned and scheduled inspections, approved by the relevant authority (central or local) and checks upon signals of infringements of the quality standards. To be effective and rights-based, inspection and supervision systems must include an effective complaints mechanism for children/families and professionals, but must also have the authority and capacity to nurture standards setting. The results from the inspections should be published. They may outline many problem areas and propose further direction for system development, including amendments to the ordinance/regulation on the criteria and standards for the social child care services. Hence, the objective of the monitoring system is to support the development of various and sufficient services of a good quality to ensure the respect of the rights of every child as a service user.

Services must also have fundamental assurances in place before they start operating. Assurances support the health, safety and welfare of children and the provision of quality services. Quality is the service responsiveness to the unique needs and choices of each child/person. Assurances are norms and principles applying to all.

A shift from basic assurances/compliance in services to personal outcome measures requires:

- **Respect**: All the actions undertaken must promote the dignity of the child and address him/her as a holder of rights, with evolving capacities and responsibilities;

- **Choice**: The possibility for the child and his/her family to select one option among others and have a contractual relationship based on free choice with the service provider multiplies chances of success;

- **Ownership**: In addition to individual choice, opportunities for service users to take an active part in collective planning, decision making and activities of a given service/environment increases its impact and sustainability.

- **Support**: Recognizing each person’s potential and accompanying his/her development enables the emergence of long-term protective factors and should be a central objective of care;

- **Opportunities**: Environments of care that are open to new and non-planned possibilities (relational, therapeutic, educational, professional, etc.) constitute a spring board to independent life.
Quality for the person means:

- Exercising rights
- Having choice and control over one's life: personal goals and dreams, where and with whom to live, where to work, daily routines, services
- Having relationships: family, friends, intimate relationships
- Community participation: valued social roles and active participation

The table below shows how a change of paradigm regarding quality standards implies a gradual shift from an institutional focus (care) to a child focus (life).

<table>
<thead>
<tr>
<th>Perspective</th>
<th>Quality of Care Focus</th>
<th>Quality of Life Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest</td>
<td>Provider</td>
<td>Person in his/her natural network</td>
</tr>
<tr>
<td>Content</td>
<td>Process</td>
<td>Outcomes</td>
</tr>
<tr>
<td>Typical criteria</td>
<td>Management of care systems</td>
<td>Support and its effects on a personal life</td>
</tr>
<tr>
<td>for Evaluation</td>
<td>Efficiency, cost-effectiveness, planning, consumer satisfaction</td>
<td>Long term value-based outcomes on inclusion, personal development and self determination</td>
</tr>
<tr>
<td>Structures</td>
<td>Actual care systems only need improvement</td>
<td>Support needs to serve a person's case, even if this means that alternative structures have to be found</td>
</tr>
</tbody>
</table>

Social work training should include practice and supervision of practice for gradual licensing so that even young social workers can become experienced early in the process. The education system should be more involved to gradually understand these new principles and integrate them into new curricula (e.g. as in Bosnia and Herzegovina). Yet, this is a challenge as for example the supervision of practice is needed in all sectors (health, education, etc.). The notion of supervision is yet to be fully understood. In parallel to this, a better data gathering system would enable analysis for learning, for evidence-based policy-making and for quality monitoring.
KOSOVO: DESIGN AND USE OF A DATABASE

In Kosovo, as in many other parts of South East Europe, there is a need for a sustainable and efficient system of registration and follow-up on individual users of social services. It was thus decided to develop a database with the following objectives:

- Improve the data on users and services;
- Improve the monitoring system and data analysis at the central level;
- Analyze trends on certain social issues;
- Better monitor the workload of the CSWs;
- Better implementation of laws, regulations and standards.

At the central level, the Directorate for Social Welfare has access to all databases available at the CSWs. At the municipal level, the CSWs gather and maintain data on their clients and regularly update the central level (monthly reports). The information available includes:

- The number of users;
- The type of services provided;
- Breakdown of clients and services by Municipality;
- Specific information on the client (i.e: age, sex, ethnic background, etc.);
- Information on all stakeholders related to the case;
- Information on case management process.

In the long term, the sustainable maintenance of the database will become a budgetary issue. Decentralization present some challenges as to the sharing of information and the lack of compatibility with other databases in the Ministries. Also, the lack of capacities to analyze and use the data to inform policy development is quite problematic. Still, evaluation findings revealed that a modern well-structured information system contributes to social service improvement. The database fostered the adoption of a regulatory framework and has led to a shift in the approach to child protection: from being strictly legally oriented towards being preventive.

Despite growing understanding and consensus on these issues, participants in the consultation concluded: “We are still struggling”. Piloting of individual case management has had limited impact. There is still no real case management system in place. New individual care plans are generally of poor quality and the development of good functional/professional standards is limited. Professional supervision is underdeveloped. It is difficult to provide services in rural areas, notably to attract staff. This also affects the ability to meet standards. Changing professional behaviours remains a challenge.

The chart is an attempt to illustrate the link between the standards and the “gate-keeping” function.
Forecasting and planning

De-institutionalization has been a central concern of child care planning in most former socialist countries. Those with highest numbers of children in residential care have learnt to anticipate the decrease of residential care targets. This happened under the strong influence of broader strategic planning with both domestic and foreign imperatives of:

- Decentralization;
- Pluralism of service providers and community based care;
- Improved targeting of material assistance.

PLANNING DE-INSTITUTIONALIZATION

- A comprehensive assessment of all existing institutions was carried out. On this basis, inter-institutional commissions took decisions on the future direction of each institution. Quality of service, situation of service users, but also location, access, equipment and other services available in the area played a part in the decision;
- Mechanism for reforming (improving quality of residential care) and restructuring (transforming the institution into family and child support services) and closure of institutions for children were adopted;
- Methods for drafting institutional projects of transformation, together with the staff in place, were developed;
- Regional teams were trained throughout the country on the established methods and procedures;
- Local networks of community based services were created before transformation or closure could happen.

Closure plans, containing clear terms, were elaborated for some institutions. The objectives, measures and activities have two basic directions: the children and the staff. The institution shall be closed when an appropriate alternative for every child has been found, based on an individual care plan.

By September-October 2006, in Bulgaria, 144 institutions for children had been assessed. 6 institutions were proposed for closure, 118 for reforming and 20 for restructuring.

Albania: The Social Services Strategy (2005):
- Prioritized reunification of children with biological families;
- Prevented entry into the residential care system, mainly of children under 8;
- Intended to keep periods of residential care to a minimum.

In addition, the National Strategy for People with Disabilities (2006) adopted new measures for disabled people who cannot benefit from services in families. Specific Action Plans are being developed to implement the Social Service Strategy.

- Established a medium-term plan for the transformation of institutions;
- Indicated individual transformation plans for each institution with children;
- Adjusted the existing network to the process of transformation of institutions;
- Adopted specific programmes for training and improvement of professional skills of all stakeholders involved in the protection of beneficiaries in residential care.

Implementation of the strategy is supported by the Social Innovation Fund and is still on-going.

FYR Macedonia: The Strategy for De-institutionalization is currently being developed, on the basis of a pilot de-institutionalization of children with mental disabilities taking place in Demir Kapija since 2006.
Past de-institutionalization efforts often did not achieve best results because closing down institutions as a “quick fix” disregarded the improvement of the individual condition of children. Accelerating exits does not stop new entries and improving institutional care does not reduce the number of placements. Alternative services that were developed had no direct links with existing institutions, not to mention planning entities. As a result, these alternatives only produced sub-optimal or no impact on de-institutionalization. The first reform strategies and plans did not integrate all the ingredients for multi-level efforts. Business continued “as usual” and undermined or contradicted reform efforts.

These gaps must be filled in the present strategies through:

**Normative efforts**
- Regulating standards and costs for all services - not for service establishments!
- Mandates of establishments to be acquired and changeable, not prescribed;
- Regulating financial sources to be equally available for all services - with intra-governmental transfers from the national to the local level, when local revenues are insufficient.

**Analysis relevant for planning**
- Quantify the placement capacity (for short, medium and long term) in residential institutions on the basis of de-institutionalization targets (i.e. reduction of entries, acceleration of exits);
- Forecast the needed supply of family substitute and family/child support services for children who would otherwise enter into institutions and for the ones targeted to exit institutions;
- Forecast the needed extension of the supply of family/child support services for children and families at risk (including prevention of family separation);
- Forecast approximate number of staff for employment, (re)-training, deployment and /or laying-off in residential institutions;
- Forecast the number of staff required in statutory services and their training needs, based on the expected workload in case management;
- Adjust all above targets/forecasts to the expected overall budgetary capacities at national, regional and local level (in short, medium and long term);
- Design budgetary mechanisms for intergovernmental transfers within the principles of equity and “money follows the client”;

**Proposed quantitative planning targets**
- Ratio between institutional and other family substitute care;
- Ratio between placement capacity in family substitute and family and child support services;
- Reduction of rates of entries and increase in exits from institutions;
- Number of personnel for employment, (re) training deployment and lay-off in care services;
- National parameters to guide local and inter-municipal planning.

Transition must be managed through adequate regulation, as well as partial and purposeful de-regulation in some cases. Temporary structures should be legitimized instead of continuing as arbitrary pilot projects. De-regulation and/or temporary regulation of mandates, staff transfers, plurality of service providers should be allowed and monitored in order to give the necessary flexibility for the system to evolve. Statutory services should be obliged to revise and plan alternative care for children from their locality- currently placed in those institutions that are planned to be transformed or closed. A number of new placements in alternative care must be assured for de-institutionalized children and /or for the prevention of new placements in institutions. In other words, primary secondary and tertiary target groups for alternative care need to be clearly defined.
BOSNIA AND HERZEGOVINA: CLOSING DOWN AN INSTITUTION IN ZENICA

The UK organization Hope and Homes was a driving force in this process. In addition to basing its action on the CRC, the organization acts upon the following principles:

- All children should live in families;
- The views and opinions of children and young people will be listened to and taken into consideration;
- Siblings will not be separated;
- Parents and carers will be respected and supported;
- Children and young persons with special needs will receive additional support;
- Children and young persons will participate and contribute to the project;
- All decisions made will be in the best interests of children and young persons;
- The quality of the project and services will be evaluated in accordance with agreed standards;
- No child from the institution will be moved to any other institution - placement in small family homes will be the only acceptable form of residential care;
- There will be a moratorium on new placements in the institution from the beginning of the project and for the entire duration of the project, as a key factor for a successful outcome;
- All new services will be managed and funded through local authorities;
- The staff of the institution will be given priority in applying for employment in new services;
- The institution will no longer exist at the end of the project. If appropriate the building may be used for non-residential children’s services;
- Do not assume that developing family based services will automatically lead to institutions emptying and closing – this will NOT happen;
- Transforming institutions has to be deliberate and clearly targeted from the beginning.

Costing and financial flows

Financing of services has become a key issue across countries in transition – and is particularly relevant to South East Europe. The key question is which aspects of service organisation and delivery to decentralise? Should approaches be the same in different settings? What type of services should be kept at the central level, and which are best decentralised? Answers to these questions are closely linked to specific financing dilemmas, including how should decentralization of financing be approached and is it appropriate to decentralize services without decentralizing financing?

Participants underlined that different approaches being adopted across SEE were often inadequately thought through, with major consequences for the effectiveness of the reform of the child care system.

The issue of financing of reform – and in particular ‘costing’ - was felt to merit much greater attention than it has received so far, and should be the subject of a concentrated effort to articulate lessons and best practices.

Decentralization was defined as the ‘transfer of different functions to lower levels of state administration, to both State and non State actors and stakeholders’. The underlying motives for decentralization can vary and are important to understand as plans are developed. Decentralization can be used as a means to resolve political crises due to ethnic and religious conflict, or as part of the EU integration process, or to shift unpopular reform to lower levels of government, etc. If these are the only motives of change, it is unlikely that they will lead to a better quality of services.

In most cases, experience argues against the decentralization of cash benefits. There is little convincing proof that decentralizing cash benefits works. It can, moreover, often lead to disruptions of horizontal equity, especially if there are large differences in resource levels between municipalities or if poorest municipalities are not in a position to fulfil their obligations. Regarding services, the theory suggests that one can divide between the role of service purchaser (the centre) and the service provider (at local level). Fostering for example is already often decentralized.
It is important to look at experience within a region. Decentralization does allow for greater responsiveness to the local needs of services, and facilitates necessary coordination of services around clients. It can also encourage inclusion of different stakeholders in service provision. In practice, however, a number of preconditions are needed to make decentralization successful. One factor, specific to social protection, is that beneficiaries are not an influential social group, do not hold political power and are often subject to some form of stigma. The issue may vary from one locality to another.

Elements that need to be in place include an adequate level of democratisation; limited differences between local government capacities and resources, and a clear division of mandates, responsibilities and funds. In transition countries, local governments often do not see any political interest in allocating funds to social protection and there is a strong possibility that prejudice against certain social or ethnic groups is manifested.

On financing, a similar set of pros and cons of the central versus the local level organisation exists. In theory, redistributive functions should stay at the centre, especially if the interests of vulnerable groups are not assured at local level. At the same time, unintended/undesirable outcomes of different combinations should be avoided. For example, if financing of residential services is kept national and the development of alternative services is the responsibility of local administrations, a strong incentive is created for placement of children in residential care and for irregular financing of alternatives if the poorest local authorities are unable to provide funding. This division of labour has the effect of ‘someone else’ absorbing costs and absolving local authorities of their responsibility. Furthermore, social services at local level often lose the ‘political battle’ for resources against the physical infrastructure, such as roads but also against other sectors, including education and health because the local governments are under pressure to respond to the needs of the majority.

There is also a risk of decentralizing prior to reforms, especially as reform ideas are often stronger at the central level and more conservative attitudes prevail in local administrations. Experience suggests that transparency on how the budget is used is often lacking at sub-national level, with the risk of only shifting the mandate but not the funds. If decentralization occurs before reform, there is a great risk of having reform ideas at the centre opposed by local decision makers. Decentralization does not automatically lead to cheaper solutions. In the context of low transparency of a local administration's use of budget and resources, lower costs are not guaranteed.

Hence, a strong case was made for avoiding too rapid and generalized decentralization. Especially if (a) levels of regional government do not exist; (b) no control mechanisms are in place; and (c) if local self government is weak and does not have adequate capacity. There is, however, a possibility of 'asymmetrical' decentralization, with large provinces where the chances of success are greater taking the lead. In all settings, it is critical that financial resources follow the shift in mandate. ‘Earmarking’ of funding from the central level is one way to avoid a number of these problems. Sustainable financing at the central level is also important, especially for covering transition costs of establishing new services.

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**CENTRALIZATION AND DECENTRALIZATION**

**Where is the dilemma?**

Equity can and must be ensured through a combination of efforts at national level (national criteria, cross-checking) and local levels (local data collection on beneficiaries, benefit provision).

Decentralization can be a challenge for certain services (e.g. foster care, where supply and demand rarely coincide at local level; cash benefits). Hence, there is a need to liaise with other municipalities and to have central standards, data systems and services.

Overall, decentralization can only take place when certain prerequisites are in place:
- multiple sources of funding;
- central transfer of funds earmarked for a minimum basket of services;
- cover of start-up (incremental) and transition costs (to be estimated and planned, as the former and the new systems will need to run in parallel for some time);
- consensus on new organization;
- new space established/secured in budgets from the Ministry of Finance;
- donor support replaced by domestic funds.

If resources are still formally locked in residential care, they can be used for alternative services provided by the institution. Co-payment of services by better-off families can also be considered. The financing of empty beds and fixed costs of services must be included in transition costs, so as avoid compulsion to fill the beds. This means that not all the money can follow the client.
As a conclusion, it was agreed that financing and decentralization are areas that need further analysis of experience from countries and development of specific methodologies and tools. In the meantime, prerequisites for decentralization and a minimum “basket of services” must be defined and secured by central governments. Deliberate transition mechanisms (Social Innovation Fund, temporary de-regulation, etc.) are important elements of fostering the reform, including its financing aspects.
Regulatory frameworks: Lessons learnt and recommendations

Stumbling Blocks

Capacity and system
- Lack of strong independent inspection regimes and complaint systems accessible to service users, including children;
- No inclusive approach to the development of standards – Need to speak and listen to children/parents/carers;
- Absence of licensing or other mechanisms for providers of services to demonstrate they can meet minimum standards;
- Lack of well trained social workers and other professionals to support standards development and implementation;
- Databases should not be seen as an end in themselves-design of database must be informed by its intended use;
- Low level of transparency fosters misuse of budget;
- Dangers of financial decentralization before clear benchmarks established for reforms.

Legacies
- Absence of work on up-grading codes of professional conduct;
- Rich countries also face similar problems (violence, abuse, broken families) – dealing only with legacy problems is distracting from the focus on these issues;
- It is difficult to decentralize, but it is even harder to recentralize.

Dangers of quick fixes
- Decentralization process needs support from the centre (capacity building, financing mechanism) – but decentralization may lead to fragmentation and disregard of economies of scale;
- Services for the poor can all too readily become poor services;
- It is easier to make good legislation than to provide funds for its implementation;
- Limited state budget and the constant lack of funds impede meeting children's rights and needs.

Recommendations

Review all aspects of the system
- Defining norms and standards for the kind and the scope of protection of children at risk;
- Defining the role of the local and civic initiative in covering part of the costs, especially for the non-residential services;
- Developing the capacities of the social services and supporting the commitment for fulfilling children's rights;
- Developing inter-sectoral collaboration with other relevant sectors (health, education, sport, culture, etc.) in providing child care and meeting the child's rights.

Base everything on children's needs, rights and futures
- In transformation, reform, avoid shuttling children around;
- Size is important (bigger is worse) – but even small institutions do not prepare people to live independently and integrate in society. Therefore permanent residence even in small structures should be avoided;
- The need to prevent institutionalization should be emphasized (to politicians) - also from an economic perspective - by the fact that helping young adults to integrate in to society is costly (accommodation, job-placement, transitional support, socialization, tertiary education).

Go step by step
- Planning must drive the process – with long-term goals, supported by clear medium and shorter-term steps, each indicating by whom/when/at what cost, with clear indicators (monitoring and evaluation framework);
- Planning must be preceded by a mapping exercise and some form of participation and analysis of causes;
- Difficulties must be anticipated and questions answered: (a) who is in charge of planning especially at municipal/regional level (where expertise in child issues might be weak), (b) how to assess demand and supply for different services, (c) clarity on priority groups. We suggest (i) prevention of new entrants (flow), (ii) placement of existing children (flow), (iii) street children.
Undertake regular reality checks
- Avoid “over-professionalisation” of care – as demonstrated by kinship care, people are more creative than we often expect;
- Staff can be champions of reform, if allowed to;
- Despite good costing data, accept that there will be incremental transitional costs;
- Monitoring and evaluation are vital for feedback/correction and to know whether targets are met;
- Create opportunities to continue debates and experience sharing on specific issues (e.g., case management, child-centered standards, etc).

Change the financial paradigm
- It is necessary to find creative ways to provide additional funds for meeting children's rights (like establishing Social Innovation Funds or “fundraising” as a permanent governmental activity, etc.);
- Make sure to apply the principle “Money follows the client” and not “The client follows the money” – but remember that not all the money can follow the client during the transition, so that indirect costs of services are covered during the time they do not fully operate and are being transformed;
- Social policies can be influenced by prices. Therefore, adequate costing is key;
- We must work closely with those in charge of budgets in the Ministry of Finance.

“Planning for a continuum of services is a multi-level process”

“There is no planning without responsibility at all levels”

“Transformation is possible”
3. THE ROADMAP FOR FURTHER REFORM WORK

Core issues at national level

Ms. Vesna Bosnjak, reflected upon the three days of intense reflection and dialogue. As exemplified throughout the consultation, she said: “We are witnessing a change in paradigm from the State as service provider to the State as regulator”. However, she stressed, in South East Europe, the State is still the main service provider when it comes to children, whatever the level of decentralization. Non-state actors are not yet integrated formally into the system - through licensing, systematic State funding, use of public tenders. Structural standards go in the way of the flexibility required by pluralistic service provision. New standards should be child and outcomes oriented for NGOs to be allowed to compete, instead of requiring them to follow the current standards of state services and aligning their staff with civil servants. It should be possible to provide the same service in different organizational ways, only with minimum common standards (safety, hygiene, etc.). This can be done by budgeting services through per capita costing, payable to whatever type of professional (state / non-state). This would also allow small service providers to come into play without additional management.

Ms. Bosnjak highlighted that key principles recognized as being central to the way forward at country level must be interpreted carefully:

**Equity:** Despite decentralization efforts, the re-distributive role of the state must be preserved as an equity assurance, balancing out territorial and other disparities.

**Inter-sectoral cooperation:** It is essential to agree which types of problems/cases require inter-sectoral approaches so as to avoid involving all sectors in all aspects of social work. This discussion must happen both at national and at local level.

**Regulation:** Legislation is a central regulatory mechanism but it is not the only one. New ways of working with children can be promoted in various ways (social marketing, incentives, etc.). Legal change must happen in some cases, but delays should not prevent the evolution of practice.

Most countries have planned to review the first stages of reform and update their strategies in the coming months. Indeed, on-going adaptation of national plans and dialogue are the key to democratic and participative reform.

Common directions for all actors involved in the reform process

The analysis of the roles of intergovernmental agencies in the region7, carried out in preparation of the consultation and referred to throughout its course, recalled that international organisations and major funding partners are not all powerful. They have often become the easy-to-blame partner for unwanted consequences of reform. Yet, social engineering is not mechanical. Chemistry between all the various players also plays its part and it is often a challenge to address children’s need in wider policies frameworks.

Aspirations to accede to the EU have been a great driving force and the EU has issued a milestone statement on the need for a global European Strategy for Children. However, we are not there yet. Political will is needed at each level to make this a reality. It is still essential to put children on the EU accession agenda at bilateral levels.

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As noted at the outset of the consultation, countries with universal benefits systems suffer less from child poverty. This is a very powerful signal that the World Bank must integrate, to enhance the social dimension of its economic policies. Empowerment - not just cash and care - is key to healthy economies and societies.

Both the World Bank and the European Union must include social protection and child protection more formally into their country strategic documents. UNICEF is succeeding to become policy focused after a long tradition of sector and project-based approaches. As its financial capacity is not comparable to that of the EU or the World Bank, it has to be technically strong and very strategic in steering child care policies.

The different characteristics and backgrounds of intergovernmental organisations, national governments and NGOs are a challenge to partnership and good coordination. Hence, the recommendations made by Mr. Paul Stubbs, Institute of Economics, Zagreb, Croatia that have been also re-captured at the closing session constitute a powerful conclusion to the consultation's proceedings:

**One: Child mainstreaming**
All stakeholders need to ensure greater emphasis on child mainstreaming and child care system reform in key documents on poverty reduction, social exclusion and national development strategies.

**Two: The Cautionary (Do No Harm) Principle Should Apply**
All policies which might potentially have implications for child care system reform should address, explicitly, these issues and ensure the minimisation of negative consequences (a ‘do no harm’ approach) and, wherever possible, include a component specifically addressing child care reform.

**Three: Government Leadership in Reforms**
Leadership in reforms should be taken by national Governments based on multi-stakeholder consultations. Wherever possible, a clear reform blueprint document should be agreed to, revised and updated regularly. Where a new agency is created to ‘steer’ reforms, its mandate should be clear and agreed by all. Where a co-ordination body is established this should work to this blueprint and ensure feedback to donors and other international organisations on the priorities for programming, technical assistance, and other modalities of assistance.

**Four: The Principle of the ‘Three Ones’**
Donors should implement the principle of the three ones, as a basis for strategic development, efficient use of resources, and results-based management in terms of:
- One agreed Action Framework that provides the basis for coordinating the work of all partners.
- One National Coordinating Authority, with a broad-based multisectoral mandate.
- One agreed country-level Monitoring and Evaluation System.

**Five: New Strategic Partnerships Are Needed**
The clear potential complementarities between efforts in reforming cash transfers and efforts in terms of reforming services suggests the need for pro-active interface between agencies working on the former (including the World Bank) and those working on the latter (including UNICEF). In addition, the EU’s focus on social inclusion allows for more efforts on the provision of adequate housing and assistance in seeking employment for young people leaving care, support for children from minority groups and children with disabilities. All three organisations need to meet and exchange information and best practice experiences regularly.

**Six: New Accountabilities**
There is a clear need for international organisation to be more responsive and accountable to national stakeholders. Wherever possible, programmes should involve joint assessment and joint evaluation missions. Even more importantly, technical assistance to ensure that national stakeholders are able to make timely and appropriate requests for assistance is needed. In addition, the transparency of international assistance needs to be raised.

**Seven: Mutual Learning**
The EU’s model of the Open Method of Co-ordination can be developed both in the wider region and in the SEE sub-region through exchange programmes, and clear discussion of best practice.
# 1. Consultation Agenda

## 3 JULY 2007, TUESDAY

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<td>09.30 – 10.15</td>
<td>Welcome session</td>
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<td><strong>Ms. EMILIA MASLAROVA</strong>, Minister for Labour and Social Policy, Government of Bulgaria</td>
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<td><strong>Ms. MARIA CALIVIS</strong>, Regional Director for CEE/CIS, UNICEF</td>
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<td><strong>Mr. HERMANN VON GERSDORFF</strong>, Sector Manager, Social Protection Unit, Europe and Central Asia, World Bank</td>
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<td><strong>Mr. MICHAEL HUMPHREYS</strong>, Head, Representation of the European Commission in Bulgaria</td>
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<td><strong>Mr. BERTIL ROTH</strong>, Ambassador of Sweden, Bulgaria</td>
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<td><strong>Moderator: Ms. SHEREEN MESTAN</strong>, Chairperson, State Agency for Child Protection, Bulgaria</td>
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<td>10.15 – 10.45</td>
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<td>10.45 – 11.15</td>
<td>Progress in childcare system reform in Bulgaria; remaining concerns and way forward</td>
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<td><strong>Ms. SHEREEN MESTAN</strong></td>
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<td>11.15 – 13.00</td>
<td>International partners in child welfare system reforms</td>
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<td>European Union policy on social inclusion and its implications for children:</td>
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<td><strong>Mr. WALTER WOLF</strong>, DG Employment, Social Affairs and Equal Opportunities, European Union;</td>
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<td>World Bank involvement in social welfare system reform and lessons learned:</td>
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<td><strong>Ms. ALEXANDRA POSARAC</strong>, Senior Economist, Human Development Sector, World Bank;</td>
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<td>UNICEF’s contribution to the reform, and perspectives on child protection:</td>
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<td><strong>Ms. JUDITA REICHENBERG</strong>, Regional Advisor, Child Protection, UNICEF Regional Office for CEE/CIS</td>
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<td><strong>Chair: Mr. GORDON ALEXANDER</strong>, Senior Advisor for Social and Economic Policy, UNICEF Regional Office for CEE/CIS</td>
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<td><strong>Commentator: Mr. PAUL STUBBS</strong>, Independent Consultant, UNICEF Regional Office for CEE/CIS</td>
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<td>13.00 – 14.30</td>
<td>Lunch</td>
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<td>Three parallel working groups (Coffee break at 16.30)</td>
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<td><strong>1. Organization of Statutory Services at the Local Level</strong></td>
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<td>1.2. Assuring access to services for the groups at risk and coordinating the response within public sector and other service providers</td>
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<td>1.3. Methods and tools for good case management</td>
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<td>2.1. Parentless and other children without parental care – awareness rising, gate keeping and quality standards</td>
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<td>Working groups continue (Coffee break at 10.30 and 16.30 - Lunch at 13.00)</td>
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**5 JULY 2007, THURSDAY**

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<td>Feedback from the three working groups «Organizing Services for Child Protection» Conclusions, lessons learned and recommendations</td>
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<td>Chair: Ms. VESSELA BANJAVA, Deputy Director, State Agency on Child Protection, Bulgaria Plenary discussion</td>
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**PLANNING FOR A CONTINUUM OF SERVICES**

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<td>Targeting, Forecasting and Planning the Establishment of a Continuum of Services</td>
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<td>Costing and Financial Flows for Child Protection Services</td>
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**6 JULY 2007, FRIDAY**

**DEVELOPING EFFECTIVE CHILD PROTECTION SERVICES: FROM THEORY TO PRACTICE**

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<tr>
<td>09.00 – 10.30</td>
<td>Feedback from the three working groups «Planning for a Continuum of Services» Conclusions, lessons learned and recommendations</td>
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<td>Chair: Ms. GORDANA MATKOVIC, Director of Social Policy Studies, Centre for Liberal Democratic Studies Commentator: Ms. VESNA BOSNJAK, Senior Expert, ISS International Social Services: Policy implications of findings from the six working groups Plenary discussion</td>
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<td>10.30 – 11.00</td>
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<td>11.00 – 11.45</td>
<td>Reflections: roadmap for future reform work</td>
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<td>Head of delegations: Albania; FYR Macedonia, Republic of Serbia</td>
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<td>11.45 – 12.30</td>
<td>Reflections by the actors supporting the reform</td>
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<td>Representatives of World Bank, UNICEF, International NGOs.</td>
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<td>Chair: Mr. GORDON ALEXANDER</td>
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<td>12.30 – 13.00</td>
<td>Concluding remarks - Government of Bulgaria</td>
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2. Core Team Members

GORDON ALEXANDER is Senior Advisor in UNICEF's Regional Office for the CEE/CIS and is responsible for UNICEF's work on economic and social policy in the region. Prior to this, he worked as head of UNAIDS in India (1998-2000), UNICEF’s Deputy Director for Programmes in India (1993–1998) and UNICEF Representative in the People's Democratic Republic of Yemen (PDRY), following assignments in Vietnam and Afghanistan. Mr Alexander's academic background includes International Economics, Community Health in Developing Countries, Politics, Philosophy and Economics.

VESSELA BANOVA is the Deputy Director for the State Agency on Child Protection of Bulgaria (SACP). Previously she has worked as Director of the State Policy on Child Protection and has significant experience as a consultant for the Ministry of Health, Bulgaria on psychology and education of children. She has also worked with the Science Institute for Pediatrics and the National Hygiene Center, Medical Ecology and Nutrition (NHCMN). Ms Banova teaches in Bachelor Psychology faculty at the New Bulgarian University and acts as Director of the Bulgarian side of the Bulgarian-French project “Living without parents”. She is author of numerous publications, author of “Guidebook on Relational Psychomotoric” (2001) and compiler/editor of “Growing without parents”, “The symptom” and “Living with or despite of your parents”.

VESNA BOSNJAK is a social worker, lawyer and PHD in sociology, is a former UNICEF Senior Advisor (New York) and staff member with extensive experience in Latin America. She has skills and competencies in social planning, programme management, rights-based programming in the fields of basic services for marginalised communities, child labour, care services for children and families at risk and de-institutionalization. Since 2000, she is a freelance consultant in the CEE/ CIS region for reforms in social protection.

KENDRA GREGSON (MSc, CYW) has worked in child protection policy in Latin America, West Africa, Middle East, Southeast Asia, and CEE, including SEE. She has supported governments and third sector organisations in developing child and social protection policy options, including analysis of the benefit structures, targeting, fiscal costs, institutional requirements, legal frameworks, and networks amongst social service actors. Policy areas include: cash transfers for child and social assistance; disability programmes; and, social service delivery. Currently she is head of the child protection unit in UNICEF Georgia.

CAROLYN HAMILTON is Professor of Law at the University of Essex and Director of the Children's Legal Centre. She is also the Senior Legal Adviser for the Children's Commissioner in England and a practising barrister. She is a well known child rights lawyer who has published widely on issues of children's rights and child law, including issues of children's rights, child protection, child welfare and juvenile justice. She has acted as a consultant to UNICEF including in Georgia, Palestine, Azerbaijan, Kyrgyzstan, Moldova, Albania. Kyrgyzstan, Tajikistan, Sierra Leone and Nepal, and to the UN Crime Prevention Branch on juvenile justice, working with the Ad-Hoc Expert Group on the Application of United Nations Standards and Norms. Her work in the UK has included publication of Guidelines on Forced Marriages for the Foreign and Commonwealth Office, and representation of children on issues of human rights in the domestic court system.

SÉVERINE JACOMY is an independent consultant with academic background in Soviet Studies and International Relations. She has worked as programme manager for several international NGOs, developing community-based pilot projects, child rights reporting and advocacy at European and UN levels. Her areas of work include juvenile justice, prevention of torture, sexual abuse and exploitation of children, children deprived of parental care and child rights monitoring.

VLADAN JOVANOVIC, lawyer, is one of promoters of the Social Innovation Fund (SIF) – Belgrade, Serbia. He has been involved in a number of activities regarding the reform of the social protection system in Serbia. He is currently the SIF external Programme Advisor, as well as member of team for improving standards in social services in Serbia.

REIMA ANA MAGLAJLIC HOLICEK, MA, PhD, is a consultant in South-Eastern Europe, specialized in social and health care reform, with an emphasis on enabling meaningful collaboration of different relevant stakeholders in policy planning, implementation, research and M&E. Since 2003 she conducted training, social research and evaluation of programmes for organizations such as UNICEF, Save the Children UK, DFID, USAID and the EC. Prior to this, she was Project Manager of the TEMPUS project of MA programme in Community Mental Health at the Universities in Sarajevo and Banja Luka (Bosnia and Herzegovina) and she worked as a research officer and occasional lecturer at the School of Community, Health and Social Studies, Anglia Polytechnic University, Cambridge, UK.
**GORDANA MATKOVIĆ, PhD** is Director of Social Policy Studies in CLDS. Her professional interests cover demography, labour economics, human development, social insurance and social policy. Dr. Matkovic is the author of «Demographic Factors and Labour Supply», “Decentralization of Social Protection in Serbia” and numerous studies and papers. As a consultant she worked for the World Bank, UNICEF, UNDP and other local and international organisations. She is visiting professor - Masters Program on Demography at the School of Economics, Belgrade University. In 2000-2004 she was Minister of Social Affairs, in the first democratically elected Government of Serbia. She received the “Konstantin Obrovac” award 2004 in human rights promotion and the annual Women in Business and Government award 2005 of the Erste Bank and the European Bank for Reconstruction and Development.

**RONALD PENTON** was the Director of the International Social Work Education and Development, a unit at Stockholm University working with international co-operation in the social sector. Mr Penton was responsible for development and training projects in a large number of countries in transition from the former Soviet Union and was active in Russia, Belarus and Kyrgyzstan. He also worked on child protection in Burma and Vietnam. Developing alternatives was a main focus during the last ten years of his career. Ronald was, for the last twenty years of his life, a senior lecturer on social work profession at the Department of Social Work, mainly working on child welfare issues.

**ALEKSANDRA POSARAC** is a World Bank Senior Economist. She is the Human Development Sector Coordinator for the South Caucasus (Georgia, Armenia and Azerbaijan). She is also the child welfare coordinator for the World Bank Europe and Central Asia Region. Ms Posarac has worked in India, Pakistan, Jordan, Lebanon, Russia, Kyrgyzstan, Albania and Serbia. Her work includes poverty measurement and analysis, safety net systems design and implementation and work on pension system development. Child welfare is her particular passion. She has written several studies on child welfare, including the one for Russia and was a co-task manager of the joint World Bank/UNICEF project Changing Minds, Policies and Lives.

**ANGELA PUDAR** is the Country Manager for Save the Children UK in Bosnia and Herzegovina. She has an extensive working experience with NGOs in Bosnia and Herzegovina and Croatia. Through her work she has gained an in depth knowledge of social and child protection system, policy and practice in BiH, in particular with respect to the protection of children deprived of parental care. Other areas of her work include inclusive education, in particular with respect to Roma children, juvenile justice, child poverty and children's rights. Ms Pudar holds a MSc degree in European Social Policy.

**TANJA RADOCAJ** joined UNICEF in 2000 in Kosovo as a consultant for strengthening child protection services. Since 2001, she has worked in UNICEF Croatia on social mobilisation and policy development for children. As Social Policy Officer and acting Head of Office, together with a small team she partners with media, private sector, University, CSO partners, public services and decision makers in tackling carefully selected child rights issues relevant for the country: violence against children, children in public care, early childhood development and positive parenting. With educational background in psychology and counselling, before joining UNICEF she has worked in social services provision through public services, INGO and a local civil society organisation in Croatia.

**JUDITA REICHENBERG** is since 1999 the Head of Child Protection unit in UNICEF's Regional Office for the CEE/CIS. She is responsible for UNICEF's child protection policy in Europe and Central Asia region, which includes setting standards, developing regional partnerships, institutional capacity building and supporting reforms of systems, including social welfare, juvenile justice and other systems responsible for ensuring protection of children and families at risk. Prior to this and since 1986 - she worked as global Child Protection Officer at UNICEF HQ and as a UNICEF Project Officer in several countries of Latin America. Ms. Reichenberg's academic background includes Education Sciences, Sociology and Human Rights.

**PAUL STUBBS** is a Senior Research Fellow in the Institute of Economics, Zagreb, Croatia. His main interests are: children's rights, social welfare reform, and civil society in South East Europe, with a particular emphasis on the role of international organisations. His new book, edited with Bob Deacon, on Social Policy and International Interventions in South East Europe, is soon to be published by Edward Elgar. Dr. Stubbs frequently works as a consultant for UK DFID, UNICEF, UNDP and other international organisations. He is also an associate of the Globalism and Social Policy Programme, a research network arguing for a socially responsible globalisation and for reformed global social governance.

**ANGELA TAYLOR** is an experienced economic and social development advisor who has worked in many Central and Eastern European countries and former Soviet Republics on different aspects of institutional development, change management, poverty reduction and the development of social policy. She has deep knowledge of social welfare reform in South East Europe. Currently she is an adviser to DFID on two supported projects in Serbia: “Support to the Implementation of The Republic of Serbia's Poverty Reduction Strategy” based on the Deputy Prime Minister’s PRSP Implementation Focal Point; and “Support to the Implementation of the Social Welfare Development Strategy” in the Ministry of Labour and Social Policy. She has successfully led numerous teams of advisors on design and implementation projects for various international donors, including DFID, the World Bank and the European Commission.
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<td>Ms. Emilia Maslarova</td>
<td>Minister</td>
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<td>Ms. Maria Tomova</td>
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<tr>
<td>Ms. Jasmine Popova</td>
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<tr>
<td>Ms. Silvia Tzanova</td>
<td>Executive Deputy Director</td>
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**State Agency for Child Protection**

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<td>Ms Tzveta Antanova</td>
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<tr>
<td>Ms. Shereen Mestan</td>
<td>Chairperson</td>
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**Shoumen Municipality**

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<tr>
<td>Ms. Emilia Stancheva</td>
<td>Deputy Mayor</td>
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**Varna Municipality**

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<td>Ms. Luiza Kasparyan</td>
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#### CROATIA

**Ministry of Health and Social Welfare**

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<td>FYR Macedonia</td>
<td>Ministry of Labour and Social Policy</td>
<td>Ms. Slobodanka LAZOVA-ZDRAVKOVSKA</td>
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<td>Montenegro</td>
<td>Ministry of Health, Labour and Social Welfare</td>
<td>Ms. Svetlana SOVILJ</td>
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<td>Ministry of Justice</td>
<td>Ms. Branka LAKOCEVIC</td>
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<td>Romania</td>
<td>National Authority for the Protection of Child Rights</td>
<td>Ms. Alia MEKKAoui</td>
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<td>Ms. Elena TUDOR</td>
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<td>Serbia</td>
<td>Ministry of Labour, Employment and Social Policy</td>
<td>Mr. Vladan JOVANOVIC</td>
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<td>Sweden</td>
<td>Embassy of Sweden in Bulgaria</td>
<td>Mr. Bertli ROTH</td>
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<td>Kosovo</td>
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<td>Intergovernmental Organisations</td>
<td>European Commission</td>
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<th>SAVE THE CHILDREN UK</th>
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<td>Ms. Angela PUDAR, Country Manager, Bosnia and Herzegovina</td>
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<td>Ms. Gordana MATKOVIC, Director of Social Policy Studies</td>
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<td>Ms. Carolyn HAMILTON, Director</td>
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<td>Mr. Paul STUBBS, Senior Research Fellow</td>
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<td>Mr. Ronald PENTON, Director</td>
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<td>Ms. Marina ADJUKOVIC, Professor, Faculty of Law, Department of Social Work</td>
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<td>Ms. Antonija ZIZAK, Professor, Faculty of Education and Rehabilitation Sciences</td>
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<td>Mr. Ilir BACI</td>
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