



საპარტყელო სსსლო დამცველი
PUBLIC DEFENDER (OMBUDSMAN) OF GEORGIA

Monitoring of Child Care System – Effectiveness of Alternative Care

Special report

Tbilisi
2019

The Publication was prepared by the Public Defender's Office with the financial assistance of UNICEF and European Union. The views expressed herein are those of the authors and can therefore in no way be taken to reflect the official opinion of UNICEF and European Union.



ევროკავშირი
საქართველოსთვის
Human Rights 4All



Contents

Introduction	3
Monitoring methodology.....	3
Monitoring of foster care subprogram	4
1. Information about the service	5
2. Emotional development and protection against violence.....	9
3. Education and psycho-social development.....	10
4. Safe physical environment.....	12
5. Health care and nutrition	12
Monitoring of state reintegration service	13
1. Information about the service	13
2. Emotional development and protection against violence.....	15
3. Education and psycho-social development.....	16
4. Safe physical environment and health.....	17
5. Noteworthy cases	18
Rights of children in small family-type homes	20
1. Information about the service	21
2. Education and preparation for independent living.....	23
3. Health care and nutrition	25
4. Infrastructure, hygiene and sanitation.....	28
5. Protection against violence.....	30
Child's rights in boarding schools subordinated to religious denominations	36
1. Information about the service	37
2. Right to be protected against violence.....	38
3. Right to education and preparation for independent living.....	39
4. Nutrition and health care	40

Introduction

This document is a special report on the results of monitoring of child care system. The monitoring was conducted by the Department for Child's Rights of the Office of Public Defender of Georgia in cooperation with experts of the National Preventive Mechanism within the framework of the project Enhancing the Capacities of Center of Child's Rights supported by UNICEF, and the EU project Combating All Forms of Discrimination in Georgia.

The monitoring revealed a number of challenges which concern the rights of children placed in alternative state care and which the state has failed to deal with effectively so far. Violence against children, the exercise of the right to education, the provision of proper psychological/rehabilitation services, preparation of minors for independent living, qualification of persons engaged in child care and the shortage of human and financial resources all has remained a problem for years now.

Minors in alternative care must enjoy the protection of high standard. Continued stay in the state care system, frequent change of forms of service, mental disorders or behavioral problems, experience of violence, separation from biological families are all factors of stress for minors and require that minors are treated in an exceptional way and provided with high-quality services, though this has not been properly ensured yet. The separation of children from biological families on the ground of poverty is not prevented either, because the social system fails to offer effective, result-oriented child care and social programs to families living in extreme poverty.

It is important for public entities to consider the systemic problems that are outlined in this report and that threaten and run counter to child's interests and to undertake effective measures for the improvement of the rights of children in alternative care.

Monitoring methodology

The Office of Public Defender (PDO) conducted the monitoring following the basic principles¹ drawn up by UN High Commissioner for Human Rights such as: reliable and accurate information, confidentiality, credibility, impartiality, objectivity, sensitivity, professionalism, do no harm, respect the mandate, know the standards, exercise good judgement, seek consultation, respect the authorities, security, understand the country, accuracy, integrity and visibility.

¹ UN High Commissioner for Human Rights, "Training Manual on Human Rights Monitoring," Professional Training Series No. 7, Chapter 5, basic principles, Geneva, ISBN 92-1-154137-9.

The monitoring was carried out within the scope of powers granted under the Law of Georgia on Public Defender; the activity of the monitoring team complied with the Constitution of Georgia, the UN Convention on the Rights of the Child, the Law of Georgia on Licensing of Educational Activities, the Law of Georgia on Adoption and Foster Care, the Technical Regulation on the Approval of Childcare Standards² and other international and national legal acts.

The initial stage involved the development of main monitoring instrument and request of statistical and other necessary information from the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia. The second stage envisaged field works.

The monitoring covered 43 small family-type homes, 128 families engaged in the state foster care subprogram, 68 families engaged in the state reintegration subprogram and 7 religious boarding schools. Moreover, to study the needs of minors and the situation concerning their rights, also, to evaluate the effectiveness of state care, representatives of Public Defender visited 64 territorial units of the LEPL Social Service Agency. The obtained data was processed by the monitoring team with the involvement of a statistician and a data analyst.

The monitoring of child care institutions and state subprograms was conducted by employing quantitative (questionnaires for beneficiaries, caregivers and social workers) and qualitative (interviews with beneficiaries, caregivers and social workers) methods of survey, visual inspection and examination of documentation.

As a result of the conducted monitoring, the Public Defender initiated proceedings on 45 alleged violations of children's rights and issued four recommendations to relevant entities.

A special report with recommendations was drawn up on the basis of all above mentioned. Consideration of those recommendations by the state will substantially contribute to the improvement of the rights and wellbeing of minors placed in the alternative care.

Monitoring of foster care subprogram

One of key objectives of the monitoring of alternative care was to identify the compliance of situation in the families engaged in the state subprogram of foster care³ with the standards of foster

² Ordinance of the Government of Georgia №66, 15 January 2014, Tbilisi; the Technical Regulation on Approval of Childcare Standards.

³ Ordinance №601, dated 29 December 2017, On the Approval of the 2018 Social Rehabilitation and Child Care State Program.

care service.⁴ This subprogram has been implemented in Georgia since 2006 and it has a crucial function in the prevention of abandonment and deinstitutionalization of minors. The aim of the program is to place beneficiaries in a family-type environment and inclusive educational conditions and to provide them with further care.

The year 2018 saw the registration of 259 new instances of foster care; the total number of beneficiaries of the state subprogram stood at 1440.⁵ Within the scope of the monitoring, representatives of Public Defender visited territorial bodies of LEPL Social Service Agency and 128 families engaged in the subprogram.

The monitoring results made it clear that the main causes of removal of minors from their biological families into the state care continue to be a grave social/economic situation of biological families, poverty and inappropriate living conditions, neglect and violence. The shortage of state services oriented on the empowerment of families was observed again too.

Among remaining problems were the involvement of child victims of domestic violence in rehabilitation services, a low level of awareness among foster parents about misbehavior management and prevention, lack of regular engagement of social workers with beneficiaries, et cetera.

The majority of monitored foster families provided minors with living conditions needed for their development; 94.3% of the minors was engaged in preschool or school education process and 97.5% of them had access to primary health care.

1. Information about the service

1.1. Placement of a child with a foster family and engagement of parties in a decision making process.

The monitoring showed that when minors were placed in the foster care service, the majority of caregivers was not properly informed of health condition of beneficiaries, causes of their removal from biological families and violence applied against them. They also lacked proper skills to provide the care tailored to individual needs of beneficiaries. Consequently, caregivers were not fully prepared to create an environment adjusted to minors and ensure them with adequate support.

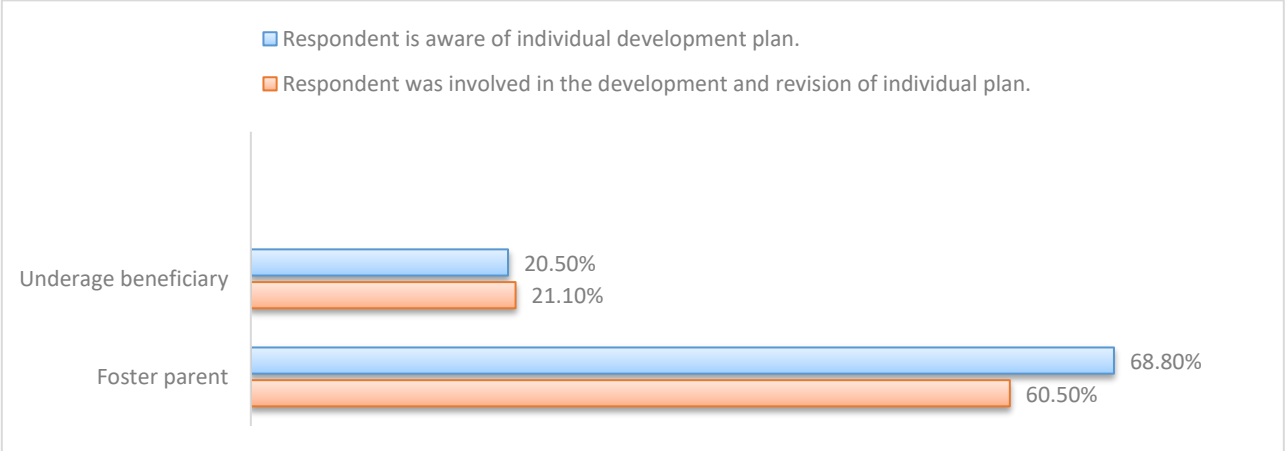
⁴ Foster care service standards approved under the Decree №01-238/o of the Minister of Labour, health and Social Affairs of Georgia, 7 November 2017.

⁵ Letter N04/1516, 16/01/2019 from the LEPL Social Service Agency.

The majority of monitored families (88.5%) had individual development plans and contracts with LEPL Social Service Agency. However, not all caregivers were involved in the development of individual plans while a segment of them were not aware of the measures specified in the plans. There were revealed several instances when a foster parent was required under the individual plan to provide a minor with the service of relevant specialist, but the caregiver was not aware of that.

It is worth noting that the measures specified in individual development plans are of general nature and do not match individual needs of beneficiaries. In contrast to caregivers, an overwhelming majority of beneficiaries was not familiar with the plans and did not participate in their revision. However, in their interviews, an absolute majority of social workers (98.60%) described the issue of informing beneficiaries and caregivers only in positive light.

Table №1: Awareness of individual development plan, involvement in the development and revision of the plan.



1.2. Confidentiality

A segment of foster families (18.40%) was unaware of the need to keep personal data of children, including causes of their removal from biological families, health problems and other issues confidentiality. When visiting the families, the majority of caregivers readily imparted the confidential information about minors without inquiring about the authorization of the Public Defender to that. The majority of beneficiaries (76.60%) was not aware that information that concerned them was to be kept confidential.

In contrast, the majority of social workers (95.50%) claimed that they informed foster parents and beneficiaries about the confidentiality of information.

1.3. Inclusivity of service.

According to 91.7% of beneficiaries, foster families take into account their ethnic and religious belonging as well as social peculiarities. A qualitative analysis of monitoring results, however, shows that the best interests of beneficiaries cannot always be considered in selecting foster families.⁶ A case was revealed of placing beneficiaries in a territorial unit lacking adequate medical or rehabilitation services because of the shortage of foster families.⁷ The same reason was cited by social workers for placing 22.4% of beneficiaries far from their biological families, in foster families that lived in other city/district/region.

The monitoring results show that every foster family undertook a mandatory foster parent training course once; however, this is not suffice to properly cope with new challenges that arise as minors grow. It should be emphasized that foster parents need to acquire knowledge and experience which are necessary to provide proper care to children with disabilities.

1.4. Feedback and complaints mechanism.

Feedback and complaints procedures imply the right of a minor to express his/her opinions and views regarding the situation in a family, which an authorized person must take into account in a decision making process.

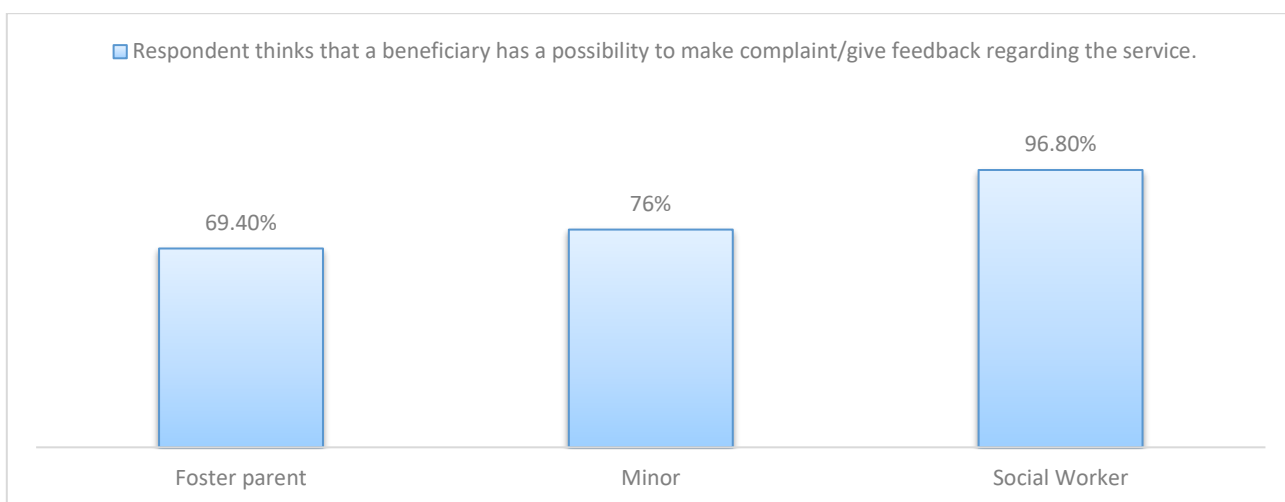
According to beneficiaries, social workers take efforts to ensure that they have a possibility to give feedback and make complaint, including on the quality of foster care. However, the monitoring revealed delays in ensuring this. Because of work overload social workers often fail to pay planned and unplanned visits to families and talk with minors to learn about children's opinions and views on issues concerning their care.⁸

Table №2. Possibility of beneficiaries to give feedback and make complaint.

⁶ One of the reasons of this may be a shortage of families registered in the foster care subprogram. This could be a result of lack of information about the service and small amount of payment under the program. However, a commendable move is that after this monitoring, the payment for foster care of children with disabilities increased to GEL 900.

⁷ An underage victim of domestic violence from Kakheti was placed in Racha-Lechkhumi region.

⁸ Only 57.1% of foster parents says that social workers pay monthly visits and talk to children; an instance was revealed of a visiting social worker talking to the caregiver alone.



Thus, according to the monitoring results, the foster care subprogram does not fully ensure the engagement of minors, accommodation of their opinions and their involvement in decision making concerning their care. This may be attributed to work overload of social workers, lack of resources as well as lack of information among children.⁹

1.5. Withdrawal from the service and change of service.

Problems were revealed regarding the withdrawal from the service and change of the service. Foster parents and social workers do not prepare minors adequately for the withdrawal from the service, be it for the transfer to another service, return to biological families, start of independent life or other. When withdrawing from the service children do not possess skills necessary for independent living; in particular, beneficiaries, including those of full legal age, lack relevant education, do not have jobs, are not financially independent and do not have a support network while their biological families are not prepared to receive them.

Withdrawal from the state care is often not based on thorough evaluation of minors' needs. According to the information obtained during the monitoring, the reintegration is sometimes carried out on the demand or even threat from a biological family. In such cases minors go back to biological families regardless of whether the causes of their placement in the state care have been eliminated. The monitoring also revealed instances when a decision to change the form of care was not oriented on a child's interests. In some cases foster parents failed to understand psycho-emotional needs of minors, the issue of their attachment and the stress the change of service could cause.¹⁰

⁹ Some instances were identified when social workers failed to undertake an adequately response to beneficiaries' complaints concerning the service, including alleged domestic violence, because of impossibility to place the children with another foster families.

¹⁰ In one case, after having minors in the family for six years, the foster family requested the transfer of the children to another family because their son got married and they did not want their daughter-in-law to live with "unknown males" in the family.

2. Emotional development and protection against violence

The monitoring results show the failure of foster families to use positive methods of behavioral management and to provide emotional support to minors as well as the lack of adequate efforts by social workers to prevent and identify violence. Furthermore, proper rehabilitation works were not carried out with children who had experienced violence. Nevertheless, the majority of respondents, namely, all social workers and 93.7% of foster parents declared that beneficiaries were protected from domestic violence in foster families.

The majority of caregivers believes that they apply forms of encouragement to manage the behavior of minors, support their relationship with peers, take them to gatherings or birthday parties of relatives and involve them in decision making; however, 76.4% of minors disagreed with this assertion.

A segment of minors (24.2%) spoke about physical or psychological violence from foster parents. There were instances identified of ear pulling, putting in the corner, hair pulling, slapping on head, shouting and locking in the room. Interviews with beneficiaries also revealed a failure of caregivers to assist beneficiaries in developing a positive outlook on future. Self-esteem was low among children, affecting, inter alia, their motivation to set future plans and accomplish them. Social workers had a different view on this issue too: an absolute majority of them said that foster parents contributed to the development of positive self-perception and self-esteem among beneficiaries.

Foster parents were not well aware of how to work with children who had challenging behavior or were victims of violence. A stereotypical attitude may be observed among caregivers too, when, for example, a challenging behavior was explained by a child's genetics and when discussing minors used phrases such as "it is in their genes," "I do not expect anything more from him," "this category of children," et cetera.¹¹ Caregivers also find it difficult to identify psychological violence. Instances were observed when a caregiver, to manage a child's behavior, threatened him with the transfer to another foster family.

Some 32.5% of beneficiaries did not know the hotline numbers of Social Service Agency and patrol police and in case of need, they would be unable to reach them independently. As many as 35% of beneficiaries knew only the patrol police hotline number. Thus, in case of violence against them beneficiaries may not be able to get help from relevant bodies. According to 45.1% of

¹¹ A foster parent viewed it as something positive that a minor of Russian ethnicity placed in the state care was nicknamed "small Putin" because of his good academic performance at school.

beneficiaries, they cannot contact social workers without the consent from foster parents and independently, though only 22% of foster parents confirmed this.

Some 10.9% of foster parents would not contact the social service or patrol police in case of alleged violence while 15.4% of foster parents may not notify the Social Service Agency or patrol police of physical, psychological or social circumstances that are harmful for beneficiaries. Such instances are not identified and adequately responded by social workers either. One of the reasons of that is scarcity of resources of LEPL Social Service Agency, which makes it difficult to perform planned and unplanned visits to families. All this, however, has adverse effect on the protection of best interests of underage beneficiaries.

3. Education and psycho-social development

3.1. Education

The monitoring showed that 94.3% of foster children exercise the right to preschool and basic education. In many cases, owing to active involvement of caregivers, beneficiaries who had some problems with learning educational material and low motivation made significant progress overtime.

At the same time, the analysis of monitoring results shows that when more than four beneficiaries are placed in a foster service, meeting dietary requirements of minors and ensuring basic living conditions for them become the top priority while education becomes of secondary concern; instances were identified when foster parents were not aware that individual development plans specified the need to provide beneficiaries with private tuition and hence, it was not provided.

More than half of foster parents, 50.5%, said they cooperated with educational institutions in the fulfillment of individual development plans of beneficiaries. Some 21.7% of social workers emphasized the problem in assessing special educational needs of minors. Instances were revealed when the lack of a special needs teacher at school prevented a minor from engaging in the education process.

The situation is grave when it comes to children with disabilities. Three instances were identified in a municipality when children with disabilities could not exercise the right to preschool and school education due to lack of assistive devices, in particular, wheelchairs.¹²

¹² The Office of Public Defender started to study these cases. According to information from LEPL Social Service Agency, to provide beneficiaries with wheelchairs the Agency was working towards the placement of these beneficiaries in the state subprogram for social rehabilitation of children with disabilities and child care. The PDO continues the study into the mentioned issues.

According to 43.6% of surveyed minors, informal education remains a problem, though this was confirmed only by 14.5% of social workers. This issue is primarily linked to lack of finances and problem in access to various extracurricular educational and sports activities, especially in rural areas. The monitoring also showed that caregivers themselves do not properly understand the importance of informal education for the development of minors.

3.2. Development of social skills.

According to the majority of minors (91.8%), after the placement with foster families, they acquired and developed social and daily life skills, were involved in social activities and household work suitable for their age and level of development, and participated in decision making on issues that concerned them.

An issue of loading girl beneficiaries with household tasks needs to be mentioned. Two instances were revealed of underage girls actively engaged, since their early age, in cleaning the house, cooking, washing dishes after each meal, changing bedlinen and helping children with their homework.

Although in foster families beneficiaries learned how to look after themselves and developed social skills, the interviews revealed that children were not prepared for the withdrawal from the state care and independent living.

3.3. Contact with biological families.

Representatives of the Public Defender also evaluated the situation concerning the placement of siblings in one foster family and support of minors in maintaining contacts with their biological families. Some 65.4% of social workers said that siblings were placed together, in accordance with their best interests. The majority of minors (93.9%) and 79.7% of caregivers said that foster families supported beneficiaries to maintain contacts with their biological families.

The monitoring results make it clear that social workers do not properly evaluate whether the contact with biological family at every given stage is in the best interest of a minor.¹³ Maintaining contacts with biological families becomes complicated due to remoteness of foster families from biological families; this can be explained by the shortage of registered foster families.

¹³ In one of foster parent's view, the father who was registered by the regional council registered as a person entitled to meet his children, could not be trusted because he may abuse children. This must be taken into account when registering a person authorized to see children.

4. Safe physical environment

An absolute majority of parents believes that a safe physical environment is created for beneficiaries. However, there were instances when bedrooms of minors were arranged without considering their age and sex, also several minors lacked individual study space. Moreover, in three foster families general living spaces were refurbished and furnished save the foster children's rooms. For example, in one case children were placed in a damp and, compared to other rooms, less comfortable room.

When it comes to beneficiaries with disabilities, there is a serious problem of providing adjusted environment and assistive devices to them. Some 32% of beneficiaries lacked necessary assistive devices while in 8.3% of foster families beneficiaries with disabilities could not move outside the house.

In this regard, the involvement of social workers and comprehensive assessment of minors' needs is an issue: interviews revealed that caregivers were not properly informed about possibilities to provide assistive devices to beneficiaries with disabilities and state rehabilitation courses.

Yet another issue is the rest and recreation of underage beneficiaries. A beneficiary in the Kakheti region had not been taken on vacation anywhere for about seven years and a relevant social worker was aware of this state of affairs. According to the social worker, the foster parent was not fond of travelling and could not allow the beneficiary to go on vacation alone.

5. Health care and nutrition

According to social workers and caregivers, the majority of beneficiaries had health problems at the time they were removed from their biological families;¹⁴ the treatment of children was quite expensive and given the available means, caregivers were not always able to afford it, though beneficiaries were provided with the primary health care services.

The shortage of specialized workers, psychologists and psychiatrists remains a problem, especially in regions; as a result, caregivers and social workers have to handle the behavior of beneficiaries with mental disorders themselves. Such handling does not help eliminate the underlying problem but rather is a temporarily solution to a particular situation. The monitoring identified cases of deteriorated health resulting from inadequate approach and the transfer of beneficiaries to another foster families or small family-type homes because of their mental problems.

¹⁴ The monitoring identified a fact when three small siblings had a severe form of scabies when they were placed in the foster care. It took almost a year to cure them and a social worker and the foster parent ensured the provision of treatment.

The total of 97.5% surveyed caregivers and 89.4% of beneficiaries believe that children were provided with healthy diet; 86.1% of beneficiaries said that their desires and health condition were considered in the diet. Nevertheless, the qualitative analysis of the monitoring revealed a low level of awareness among caregivers of balanced, healthy diet; this, on certain occasions, may put the health of minors at risk.

Monitoring of state reintegration service

Reintegration means the return of a child placed in alternative care to a biological family, guardian/custodian, provided that this is in the best interest of the child. The reintegration subprogram is a crucial component of state care system, because this service aims at minimizing the risk of repeated placement of a minor in alternative care.

There were 123 new cases of reintegration registered in 2018 and the total of 470 beneficiaries were engaged in the state subprogram.¹⁵ To monitor the service, the PDO inspected 68 families engaged in the state reintegration subprogram.

The monitoring identified main reasons of the removal of children from biological families into alternative care: grave social and economic conditions (44.4%), lack of housing (13.3%), neglect (6.7%) and violence (4.4%).¹⁶

Families where the reintegration program was implemented found it difficult to properly meet the needs of minors and provide them with minimal living conditions. Problems were seen in supporting minors to obtain general and vocational education. Social workers failed to identify and prevent violence, inter alia, because of deep-rooted wrong stereotyped attitude to child rearing.

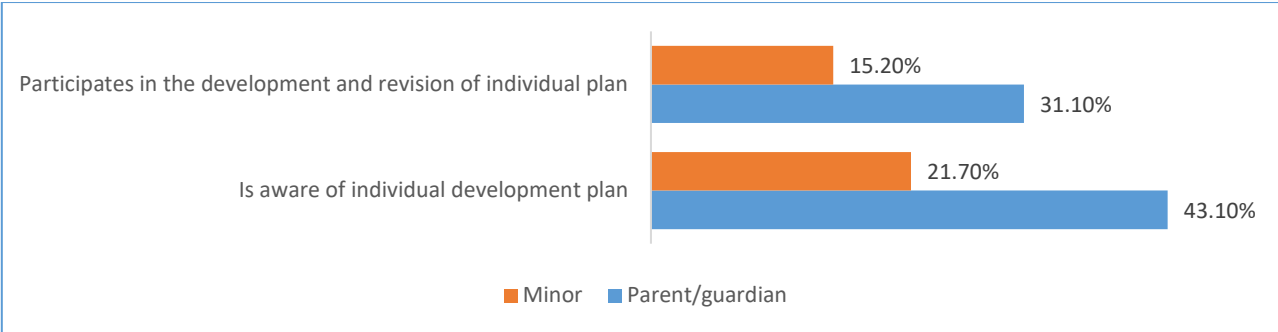
1. Information about the service

According to the results of the monitoring, a level of awareness of individual development plan of the reintegration program is quite low among minors and parents and only 62.3% of foster families keep contracts with LEPL Social Service Agency.

¹⁵ Letter N04/1516, 16/01/2019 from the LEPL Social Service Agency.

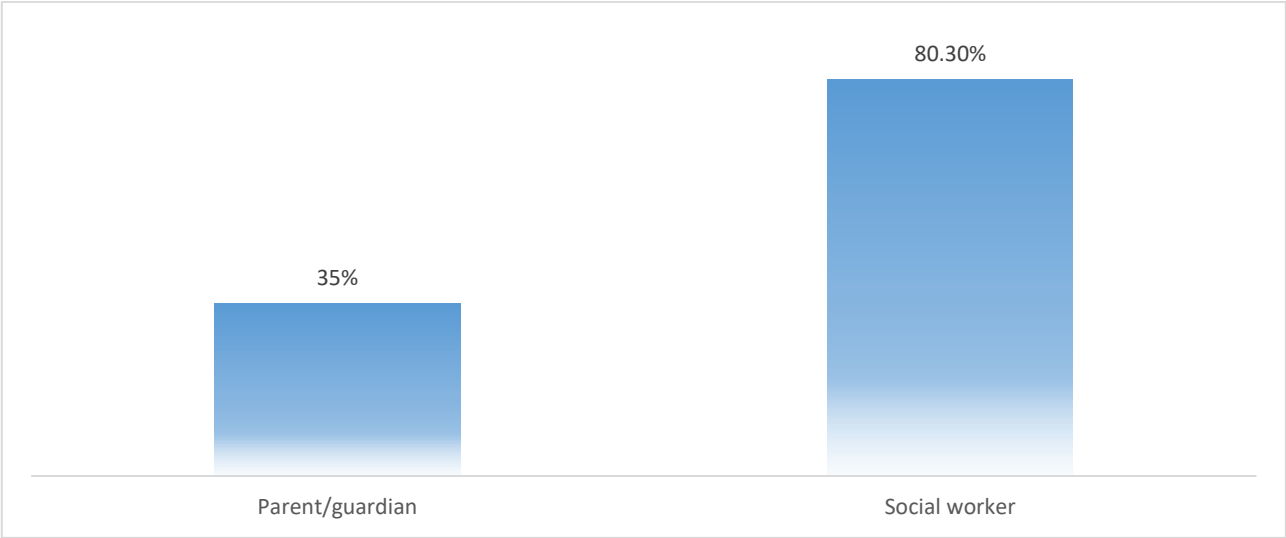
¹⁶ Other reasons of placing minors in alternative care: death of parent/legal representative (4.4%); abandonment of child by parent/legal representative (11.1%); health condition of parent/legal representative (4.4%); placement of parent/legal representative in a mental institution (2.2%), etc.

Table Nº1: Awareness of individual development plan.



Measures specified in individual development plans are general in nature and do not correspond to individual needs of beneficiaries. Even when specific objectives are set out in these plans, they are fulfilled in full by only 35% of biological families and partially by 25%; it proved impossible to assess this indicator in 31.7% of the families. Despite the mentioned results, social workers' assessment of the reintegration service and individual approach was highly positive. According to the majority of social workers the measures specified in individual development plans were fulfilled in full; the rest said that they were fulfilled partially.

Table Nº2: Opinion that objectives of individual development plan are fulfilled.



For the reintegration service to function properly, biological families must be supported both before and after the reintegration. To this end, it is important that social workers conduct frequent monitoring and implement measures designed to empower families. As many as 91.7% of social

works said that they paid monthly visits to families, though only 77% of parents and 50% of minors confirmed that.¹⁷

During the monitoring, attention was paid to issues such as the conduct of comprehensive and objective assessment of biological families before the reintegration, planning and implementation of measures oriented on their empowerment and assistance of parents in developing parenting skills. It should be noted that parenting skills trainings, which are conducted in several municipalities, are undertaken by parents only after minors' return to their biological families. There is a shortage of state services, namely, family empowerments programs, trainings, day care centers, soup kitchens, education and employment support centers for minors; moreover, they vary by territorial units, which shows the lack of uniform state approach to, and sustainable strategy for, the empowerment of biological families.

2. Emotional development and protection against violence

According to the monitoring results, the majority of minors (84.8%) receive, at least, basic care and supervision corresponding to their needs. However, given the shortcomings identified in relation to individual development plans, including low awareness of these plans, it is absolutely logical that only 44.1% of parents knew about their responsibilities specified in the plans.

As regards ensuring a violence-free environment to minors, 78.3% of surveyed parents applies positive forms of behavioral management to children while 89.1% of minors feels protected from both physical and psychological abuse. Physical and psychological abuse identified during the monitoring were described by minors as follows: *"Shouts at me, abuses verbally, pulls my ear," "I am manhandled."*

The monitoring showed problems in identifying and preventing violence in reintegrated families on the part of social workers, which is a result of shortage of social workers and difficulty with transportation. Furthermore, as children live with their biological families, social workers do not see much need in regular monitoring.

Referrals to the state bodies in case of violence is also an issue. Only 63.1% of parents reported violence against minors to social workers and patrol policy; 71.9% of parents thinks that social workers responded timely and effectively to violence against children as opposed to the absolute majority of social workers (98.4%) saying the same. As many as 31.8% of surveyed children did not know which entity to approach in case of violence.

¹⁷ The monitoring identified two families which were not visited by social workers for about seven months and three families who received the individual development plans, which were drawn up several months ago, only a day before of the visit of representatives of the Public Defender.

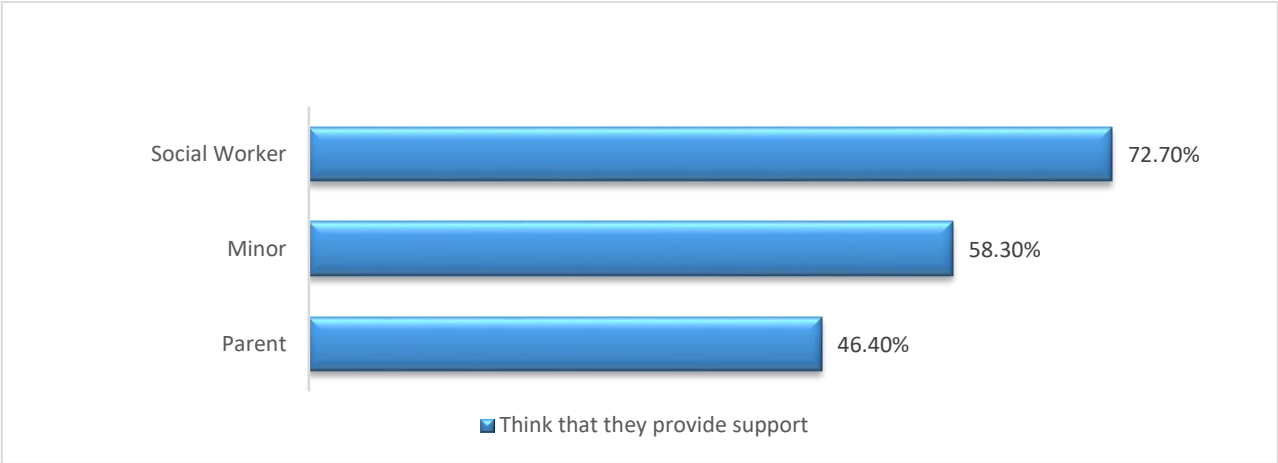
With regard to the response to violence, it is important to timely provide rehabilitation to child victims of violence, which is oriented on the elimination of the problem. As many as 97.1% of social workers asserted that they undertook relevant measures for psycho-social assistance of beneficiaries as against 65.5% of parents who agreed with this assertion. In the Public Defender’s assessment, absence of state rehabilitation programs for child victims of violence, shortage of psychologists and even more so, the total absence of this service in the Imereti region, seriously impede the work on the elimination of the problem with children in the reintegration service.¹⁸

3. Education and psycho-social development

Preschool and school education is provided to 86.2% of minors involved in the reintegration service; according to 22% of them, parents do not control their attendance of classes.

Problems were identified in terms of supporting minors to obtain general and vocational education, raise motivation and get informal education. Only 58.3% of parents supported children to obtain vocational and higher education. This issue was more problematic in rural areas due to transportation difficulties and shortage of financial means.¹⁹

Table №3: Opinions about support in obtaining vocational and higher education.



Although needed, children placed in the reintegration service cannot receive private tuition due to shortage of financial means. Some 52.5% of parents were not able to support minors in

¹⁸ During a visit to one of the families the monitors were told that the child whose mother applied physical abuse as punishment, repeatedly ran away from house. A psychologist got involved to respond to this case, but as it transpired, an intensive work was not carried out with the minor and his parent towards forming a positive relationship between them.

¹⁹ A case was identified where a biological parents wanted to return their children to alternative care because they were not able to give their children vocational education.

obtaining informal education. The same was noted by 27.6% of social workers who cited territorial distance, absence of informal educational facilities and financial problems as the reasons.

Interviews with children revealed that only 43.5% of them had access to equipment and devices needed for the development – toys, sports equipment, books, TV sets.

The monitoring showed that 18.2% of children involved in the reintegration service had special educational needs and was engaged in inclusive education program. A qualitative analysis of the monitoring shows a link between such need of children and domestic violence, neglect and hard social and economic situation. Ill-treatment in biological families, ensuing changes in the forms of alternative care and resulting stress have negative effect on academic performance and development of social skills. Although 78.4% of minors said that parents assisted them in developing social and life skills (looking after themselves, cleaning up their private space, tidying/washing their clothes, et cetera), visits to families during the monitoring revealed that children lacked such skills and lived in unhygienic conditions.

The monitoring assessed the issue of developing social and life skills by minors; it showed the highest shares of support of minors by parents in maintaining relationship with peers (91.1%) and close, cordial relations in families between beneficiaries and other family members (84.8%). However, in one case, it was observed the intolerance of a reintegrated child by the sibling in the biological family.

4. Safe physical environment and health

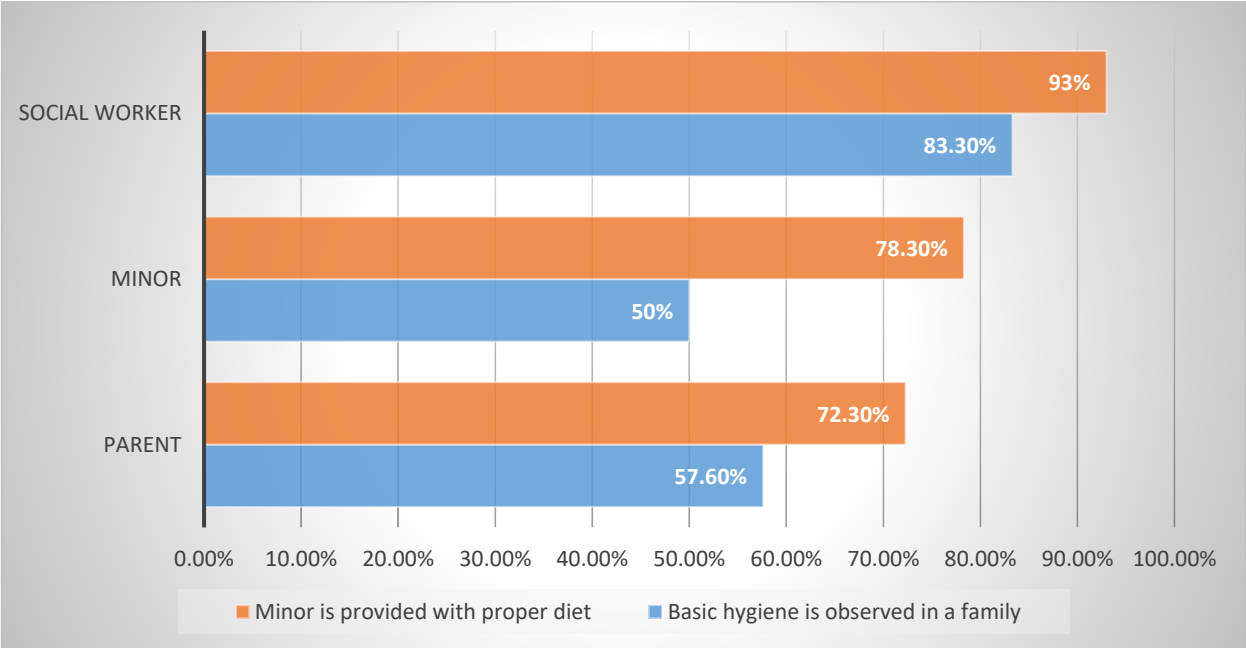
The families involved in the reintegration service cannot properly meet the needs of minors and ensure basic living conditions to them. In this regard, there is a need for carrying out intensive work with biological families to help them develop parenting skills. Qualitative analysis of monitoring results has shown the lack of ability among a segment of parents to reasonably expend state assistance; this adversely affects the situation with the provision of living conditions and meeting basic needs of minors. The situation is grave with regard to hygiene as well, because only 45.7% of parents partially observed sanitary-hygiene norms in their living spaces.

The majority of beneficiaries (60.9%) assessed a physical environment in families as safe while around one third (32.6%) assessed it as partially safe. The monitoring revealed five instances of houses with damaged walls, floor, ceiling, windows and doors and lacking bathrooms. As many as 75.6% of houses met basic heating requirement while 22.2% met it partially. The majority of families used wood stoves though some families could not afford firewood. Families lacked basic

household appliances and items; for example, only 80% of surveyed families had fridges and 68.2% of children had their personal beds.

According to 78.3% of surveyed minors they were provided with healthy diet; however, according to the quantitative analysis of monitoring results, the majority of families engaged in the reintegration service cannot provide minors with adequate diet and therefore, some of them are beneficiaries of municipal soup kitchen programs, though this food does not meet the nutritional needs of minors. One should cite several parents’ comments: “we bring food from soup kitchen,” “often starve,” “we often borrow food from a store,” “due to scarce financial means we cannot provide proper food, especially in winter when we have to purchase firewood for heating.”

Table №4: Respondents’ opinion about nutrition and hygiene.



As many as 92.3% of minors involved in the reintegration service is registered in a medical institution while when needed, 84.4% of children has access to healthcare services. In a number of cases, needed medical service was not received due to shortage of money.²⁰

5. Noteworthy cases

²⁰ Two families were not able to receive medical service due to money shortage. When interviewed, one of the parents said: “child has breathing problem but have not been taken to a doctor yet;” a family of reintegrated child could not afford a service of ophthalmologist. The shortage of money was also the reason why the child with breathing problem could not receive medical service.

Case №1

When visited, children, including little ones, were alone at home, without supervision. Hygienic conditions were unsatisfactory: three beds were shared by seven people. The bathroom was very dirty; minors were dirty too (information requested from school said that children come to school untidy too); children had lice which prompted the kindergarten administration to send them away until the problem was eliminated. The reasons of placing children in the state care included a physical abuse of one child, namely, the parent inflicted injury on the child in the area of neck with a hot spoon, and forced labor. Moreover, children were not involved in preschool and school education and had no access to healthcare services. Nonetheless, the Social Service Agency regarded the reintegration as to be in the best interest of children.²¹

Case №2

A visit was paid to a family in Adjara, who has eight minors with two of them engaged in the reintegration services. The mother was pregnant with the ninth child. During the interview it transpired that she had two other babies who died. The mother did not remember either dates of birth or causes of death of the two babies. Social conditions of minors were grave and their only food was the meals from a soup kitchen. Thus, individual nutrition needs of children were not met. Nor were the basic hygiene requirements observed. They had water only one hour a day. They could not afford basic hygienic items. A child had skin rash. The mother claimed that the child received treatment. The safety was not ensured in the family – the electrical wiring was unsafe. Children were not engaged in a preschool education system; a five-year-old boy had speech problem, difficulty in pronouncing words (did not receive the service of speech therapist). Interviews with children revealed a mismatch between their mental development and age. One of the minors was in Turkey with his father to work on tea plantations. According to the mother, when children misbehaved she shouted at them and even manhandled them. The interviews also revealed that neighbors and classmates humiliated the children.²²

Case №3

²¹ The Public Defender issued a recommendation to the Social Service Agency. This led to the application of disciplinary action, a strict reprimand, to persons in charge of the issue. Moreover, a decision was taken that social workers of a relevant territorial unit will conduct an intensive monitoring of the family with the aim to empower the family and protect the rights of the children.

²² The PDO launched a study into the case; according to the information from LEPL Social Service Agency, an intensive work is under way to empower and support the family. Planned and unplanned visits are carried out to prevent possible abuse of minors. Also, the PDO was informed that as a result of the visits, it was identified that the reason of intolerance towards children was their sanitary-hygienic state and consequently, relevant recommendations were issued.

A visit to a family with a 13-year-old girl engaged in the reintegration service made it clear that the family, who lived in one room, could not observe hygienic norms; they shared toilet and bathroom with neighbors; the living space did not ensure a living environment necessary for the development of the minor. The child lacked skills of her age; could not understand questions and consequently, could not answer them; the interview revealed that her brother physically abused her. Thus, in the given case, the reintegration failed to improve psycho-emotional state of the minor and support her development.²³

Rights of children in small family-type homes

The service of small family-type homes aims at rearing children in the conditions approximated to family environment. This also implies identifying and meeting their needs, protecting them against violence, supervising their proper development in a safe environment oriented on interests of children. Towards this end, service providing organizations follow the standards defined in the Technical Regulation on the Approval of Childcare Standards.²⁴

There are 48 small family-type homes operating in Georgia, which counted 351 minors as of 31 December 2018. Moreover, a specialized family-type service for children with grave and severe disabilities or health problems counted 14 beneficiaries.

The PDO carried out the monitoring of 43 small family-type homes. The monitoring showed that service providers were more or less informed of the requirements in the Technical Regulation though these standards were not fully implemented in practice.

The problems remaining in small family-type homes include the identification of child victims of violence, management of misbehavior and crisis, prevention of violence, timely response to them and provision of psycho-social assistance. Implementation of activities tailored to the interests of children and preparation of minors for independent living continue to be a problem. The country lacks a uniform approach to the protection and support of youth who have withdrawn from the care system.

²³ The PDO continues to study this case. According to the information from LEPL Social Service Agency, a psychologist of the Agency works with the minors to settle the relationship between the siblings; the biological mother of the child cooperates with the Social Service Agency, takes into account and tries to fulfill the instructions and recommendations of the social worker.

²⁴ Ordinance of the Government of Georgia №66, 15 January 2014, Tbilisi; the Technical Regulation on Approval of Childcare Standards.

Children with disabilities and special educational needs continue to be face an increased risk in terms of the protection of their right. Qualification of caregivers, cooperation between social workers and service providers that would ensure the distribution of responsibilities and provision of qualified service are issues that require improvement.

1. Information about the service

The monitoring involved the inspection of compliance of documentation available at the small family-type homes with the requirements of the standard. To this end, the monitors studied personal files of each beneficiary and records made about them. Compared to a similar monitoring conducted by the PDO in 2015, one should note a positive development in terms of maintenance of documentation in the small family-type homes. Record keeping has been improved. The homes provided information leaflets, licenses, educational programs, certificates of qualification of employees, internal regulations and personal files of beneficiaries.

1.1. Documentation available at small family-type homes.

A general trend revealed as a result of the monitoring is a nominal nature of individual development plans and revision forms, which and do not fully reflect individual needs of children, planned activities, engagement of minors, social workers and service providers and in general, the dynamics in the caregiving process.²⁵ As a result, children's needs often remain the same over years while planned and implemented activities are not tailored to their interests and are largely of nominal nature.

Caregivers did not have much information about types of activities defined for each child or about unfulfilled activities and reasons of this non-fulfillment. The level of awareness of minors was very low too. The majority of minors had only a general idea about development plans and no idea about the information they contained. A number of revision forms lacked children's signatures. Moreover, conclusions and recommendations of social workers, provided in individual development plans, were identical of the conclusions and recommendations in previous development plans.

The documentation in small family-type homes should serve a purpose of evaluating the dynamics of caregiving process, achieved results and existing challenges. Unfortunately, in personal documentation one cannot find the information as to what measures were undertaken since the placement of a child in the state care system to empower his/her biological family, especially when

²⁵ For example, a section on education in an individual development plan said that a child had problems with learning, lacked motivation. However, this statement has remains unchanged for years and neither the effectiveness of planned activities was assessed nor new needs were identified.

a child was enrolled on the ground of poverty. This information is important to identify and assess reintegration possibilities of the child and to avoid threats that might be faced by a child while staying in his/her biological family.

The monitoring showed positive trends too. In particular, individual development plans were more informative in several homes.²⁶ In one of small family-type homes,²⁷ personal files of each child were categorized by issues such as medical documentation, social component which included the documentation required under the child care standard, individual development and service plans, and records of psychologist.

Personal files of beneficiaries were stored in places inaccessible to children (mainly in offices of employees and caregivers). Before disclosing the information about beneficiaries, service providers shall notify in writing a relevant territorial center of the Social Service Agency about it and obtain consent. The survey of employees showed that they were aware of this procedure.

The first standard of the childcare regulation obligates small family-type homes to keep various logs on beneficiaries to document various details: every temporary withdrawal of a child from the home, any fact of abuse or incident, et cetera. The results of monitoring revealed a largely nominal nature of the logs; they did not contain comprehensive information and did not reflect in full those factual circumstances which the monitoring team learned about through interviews. Moreover, they did not reflect forms of response and results of the response.

1.2. Feedback and complaints procedures.

A service provider is required to establish such means and procedures of receiving feedback on the provision and forms of service that will enable children and their legal representatives to express their views and opinions, including anonymously.

The monitoring revealed that the procedures established pursuant to the abovementioned standard in small family-type homes were of nominal nature. A number of inspected homes had anonymous complaints boxes placed in accessible place, however this cannot be considered an effective means of feedback and complain because children do not virtually use it. A number of homes did not have feedback and complaint procedures at all, they did not have complaints boxes and did not “maintain a feedback and complain procedures log.”²⁸

²⁶ SOS Children`s Villages Georgia, Tbilisi; Association Ray of Future, Ozurgeti; Lanchkhuti, Lesa village.

²⁷ Batumi Center for Education, development and Employment, Batumi.

²⁸ Charity foundation My Home, Tbilisi; Divine Child foundation of Georgia, Tsilkani village.

In general, it is problematic for minors in small family-type homes to have their say and to be heard. For example, a round-the-clock audio-video surveillance in one of small family-type homes²⁹ raises a strong protest among minors. Despite repeated protests voiced both in writing and orally, their opinion was not considered. This is also proved by the “anonymous letters registration log” and records made by caregivers.

With regard to the expression of views and opinion, it was observed that minors in small family-type homes often shunned expressing their opinions at their own initiative. It is important to raise awareness of minors in this area and instead of existing boxes, support a sort of relationship that will enable children to personally share their opinions and protests with home employees, which may then be documented too.

2. Education and preparation for independent living

Supervision and support of the education process, preparation for independent living are crucial elements for minors living in small family-type homes to properly develop and acquire adequate skills.

In this regard, the monitoring revealed the lack of motivation among children to obtain education, inadequate support from persons involved in caregiving, low involvement of children in informal education, shortcomings in the acquisition of vocational or higher education and inadequate preparation of children for independent living.

2.1. General and vocational education.

From the day a child is placed in a small family-type home, efforts are taken to engage him/her in general education process. However, once enrolled at school, a further education process is often not planned, encouraged, oriented on the quality and interests of a child. Problems detected included the absence of qualified assistance, especially to children with special educational needs or low academic performance, inter alia, in specific school subjects. Extremely low motivation and interest towards learning, disorganization, lack of informal educational activities often lead to lack of education corresponding to the age of minors.

A general trend is the termination of general education after the completion of a mandatory basic level (ninth grade) in order to obtain vocational education and get job. This happens because minors see the employment as their top priority and towards this end, refuse to obtain complete general education and properly identify their professional interests. Especially vulnerable in this

²⁹ Small family-type homes of the charity foundation Social Partnership.

regard are children with disabilities because, sometimes, they lack even basic skills for independent living and their safety and development is at great risk after withdrawal from alternative care.

As regards the improvement of academic skills of beneficiaries and supervision of their learning process, this is not a responsibility of caregivers under individual development plans as well as service plans. They often do not have information about academic performance and educational needs of minors and children try to do their homework independently or with the help of each other. It is especially difficult for children to learn technical school subjects and foreign languages, but they rarely receive qualified assistance in these areas, which undermines their motivation too.

Beneficiaries of small family-type homes were more or less engaged in various informal education activities.³⁰ However, free time of children was often not planned and organized properly and the main recreation of children was limited to watching TV, operating computer, staying in street, park or playground. The situation was especially problematic in several homes, which can be largely attributed to financial capacity of provider organizations, lack of interest and motivation among caregivers or geographic location of homes.³¹

Access to vocational education for children is a problem too. It largely depends on the geographic location of a small family-type home because vocational education institutions are either in shortage or absent in regions while provider organizations cannot render a transportation service. Efforts to provide vocational education are often nominal. Sometimes beneficiaries master several vocations but individual interests and capabilities of a child are not always considered or further education planned. In the majority of cases, the acquisition of vocational education depends on available resources rather than beneficiaries' interests and vocational skills. Minors try to master those vocations which are available geographically with existing financial resources. However, they often lack any clear interest in a vocation and are only driven by the aim of getting temporary employment.

2.2. Preparation for independent living.

Preparation of minors for independent living remains a problem in small family-type homes. The state has not undertaken any effective measures to tackle this problem and ensure interests of beneficiaries who withdraw from the service of small family-type homes after reaching a full legal

³⁰ In this regard the practice of SOS Children`s Villages Georgia is very interesting, where the provider organization finances various activities for learning additional subjects. Homes of Caritas Foundation also have quite rich experience in the area of engagement of children in informal education activities.

³¹ Non-profit (non-commercial) legal entity, NGO Child and Environment, Norio; Non-profit (non-commercial) legal entity, NGO Child and Environment, Rustavi; Divine Child Foundation of Georgia, Gldani village; Association SOS Children`s Villages Georgia, Tsalenjikha; Bajiti village; Society Pathway, Khashuri.

age. The resources for the preparation of beneficiaries for independent living are mainly sought and provided by service providers; however, this depends on financial means of organizations and charity which often prove insufficient to ensure or fully ensure the support towards this end.

The monitoring revealed that children often withdraw from the care absolutely unequipped with skills necessary for independent living. In parallel to problems with the acquisition of general and vocational education, the employment of these young people is a problem too. If the reintegration of a small family-type home beneficiary into the biological family is considered inappropriate until he/she reaches a full legal age, the return to the family after the beneficiary turns 18 may be associated with risks such as poverty and violence and the beneficiary, after reaching the full legal age, will come to face the same problems that necessitated his/her placement in a small family-type home. Especially vulnerable in this regard are children with disabilities who often withdraw from the service absolutely unprepared and lacking adequate support.

According to the Georgian government ordinance №601, a person who has reached a full legal age may stay in a small family-type home only if he/she is receiving general education. Thus, beneficiaries who would like to obtain higher or vocational education, do not have jobs and are not supported by their biological families, are left without support; such a state of affairs violates the right to education of these young persons, does not ensure their preparation for independent living and protection from poverty and violence.

3. Health care and nutrition

To ensure proper development of minors in small family-type homes, it is necessary to meet their medical needs in a timely manner and to provide them with healthy, wholesome and safe food.

In terms of health care of children, especially conspicuous were mental health problems, endocrine disorders and digestive diseases. There were frequent cases of enuresis and encopresis which, in most cases, may be a result of traumatic experience. Moreover, since the state health insurance program does not cover costs of dental care, provider organizations covered only emergency dental services; hence, preventive dental care depends on the financial capacity of an organization.

The provision of minors with healthy, wholesome food was identified as a problem as well as the awareness of caregivers and minors about this issue.

3.1. Medical documentation.

Some personal files of beneficiaries lacked a medical form #100/a that is required when a child is enrolled.³² Various reasons were cited for the absence of such document. Social workers blamed delays in sending this form by medical institutions.³³ Also, a medical form №IV –100/a is normally brought by social workers from medical institutions, which sometimes takes them weeks to deliver.

There were instances when after an annual prophylactic checkups of beneficiaries, the medical form №IV –100/a did not reflect full information about the health of children, associated diseases, short anamnesis, as it is prescribed by the Health Minister order #01-42/n of 13 December 2013.³⁴ This issue requires a great deal of attention because the failure to reflect all information in the medical form №IV –100/a after a prophylactic examination of a beneficiary may cause delay in the planning of relevant medical interventions for the improvement of the health of child.

3.2. Mental health disorders.

As the monitoring showed, the issue of the protection of mental health of minors living in small family-type homes is especially problematic. Children who have experienced trauma, are victims of violence, suffer from psychological/mental health problems, have a disability status and require immediate assistance, unfortunately, cannot receive adequate services.

Beneficiaries are mainly placed under an outpatient mental supervision at a mental institution. However, apart from medication they require psycho-social rehabilitation which cannot be ensured by psychologists due to absence or shortage of rehabilitation programs. This has an extremely negative effect on the mental health of children and instead of relevant professionals, caregivers have to mainly deal with ensuing problems.

3.3. Access to medical service.

³² Bres Georgia, Dusheti; both homes of association Pathway in Khashuri; Humanitarian Charitable Foundation Bres Georgia, Telavi; Center of Humanitarian Charitable Foundation Abkhazeti, Baisubani; SOS Children's Village, Kvaliti; Humanitarian Center Abkhazeti, Kurdgelauri; Child and Environment, Rustavi; home #8 of SOS Children's Village, Tbilisi; Caritas Georgia, Martkopi; Child and Environment, Norio.

³³ According to the leader in the Martkopi home, they took their children to mental health doctor in January 2018, who did not provide this document due to shortage of time. The most recent visit of Norio home beneficiaries to the Rustavi mental health center was made on 22 February 2017. According to a caregiver, they took children to mental health specialist in 2018, but the center did not provide the medical form №IV –100/a. Neither of these homes could explain why a social worker did not engage in sorting out this problem.

³⁴ On amending the Order №338/N of the Minister of Labour, Health and Social Affairs of Georgia on the Approval of the Rule of Filling Out a Health Certificate and the Form of Health Certificate' dated 9 August 2007. Article 1 "(i) Paragraph 9."

Infectious diseases of children in small family-type homes are, as a rule, registered in a special log.³⁵ The most frequently used medicines are pain-relievers and antiseptics. Expiry dates of medication available in the homes are largely observed.³⁶ Medicines are mainly purchased when a beneficiary falls ill. The majority of homes store medication in an appropriate and protected place which is inaccessible to children.

All children in small family-type homes had insurance coverage. Medical costs of services not included in the state health insurance program, were covered by a provider organizations; however, this depends on financial resources of a given organization and threatens timely delivery of such service. All beneficiaries undergo general prophylactic examination at a service providing medical institution twice a year.

The vaccination of children is monitored and controlled by a district polyclinic where the children are registered. It was found out that children transferred from other institutions were not accompanied with the medical documentation reflecting earlier age-specific vaccination. This complicated the identification and effective management of medical needs of beneficiaries.³⁷ Some homes³⁸ lacked information on the vaccination of a number of children while several homes lacked child immunization schedules.³⁹

3.4. Nutrition.

All homes provided four meals a day, each consisting of three components. Caregivers did not have any standard and uniform criteria for menu. They mainly followed personal experience and as a result, the menu was often unbalanced and quite homogenous. The intake of bread, fish, soft drink (lemonade) and fruit is often unbalanced.⁴⁰

³⁵ Bres Georgia does not maintain such log in the Dusheti small family-type home and caregiver records such cases in a notebook of incidents.

³⁶ Pharmaceutical supplies in the Dusheti small family-type home of Bres Georgia contained several expired medicines. Three expired medicines were identified in the Telavi home. At the Kutaisi small family-type home several pills of the medication (Tegretol) prescribed to a beneficiaries were expired.

³⁷ Small family-type homes of Bres Georgia in Dusheti, Gori, both homes in Khashuri, Baisubani village, Telavi, Kvaliti village; SOS Children's Village, Kutaisi.

³⁸ Humanitarian Center Abkhazeti, Kurdgelauri; Child and Environment, Rustavi; home #8 of SOS Children's Village, Tbilisi.

³⁹ Small family-type home of Social Partnership; Divine child foundation of Georgia on Bezhanishvili Street, Tbilisi; Galavani village; Tsilkani village.

⁴⁰ Bres Georgia, Dusheti; Society Pathway, Gori; Center of Humanitarian Charitable Foundation Abkhazeti, Baisubani; Humanitarian Charitable Foundation Bres Georgia, Telavi; SOS Children's Village, Kvaliti; Association SOS Children's Villages Georgia, Tsalenjikha; Divine Child Foundation of Georgia, Tsilkani village; Divine Child Foundation of Georgia, on Bezhanishvili Street, Tbilisi; Divine Child Foundation of Georgia, Gldani village; NGO Child and Environment, Norio.

Sometimes the homes receive products as a humanitarian aid. Almost all homes noted that menu was agreed with children⁴¹ and their desires were considered. Children were often involved in preparing meals as well as cleaning and tidying up a kitchen.

Expired food products were detected in the home on Bezhanishvili Street in Tbilisi and the home in Galavani village in Mtskheta district.⁴²

It is important to raise awareness of healthy diet among both caregivers and children. Caregivers often noted that, sometimes, children failed to control food intake, but it takes long to change the behavior.

4. Infrastructure, hygiene and sanitation

Infrastructure of homes is largely satisfactory, though in several homes the monitoring detected damaged sewer from the laundry room, downpipe from the roof and sewerage hole.⁴³ According to personnel of Tsalenjikha small family-type home,⁴⁴ the provider did not supply them with coal and they had to use firewood as a fuel, which required that employees go to the boiler every two hours. This exercise needed to be performed at night too and the personnel of the home complained of being underslept. A gutter on the roof of Ozurgeti small family-type home⁴⁵ was clogged and when it rained, water poured down the walls.

Walls in Kutaisi,⁴⁶ Chkhorotsku⁴⁷ and Tsalenjikha⁴⁸ small family-type homes were damaged from damp and required repair. In 2017-2018, the Batumi small family-type home⁴⁹ was repaired but the building is old and needs renovation, including change of floor covering, plastering of walls, replacement of roof and doors.

There was a broken window near a table with the computer in the library of the Chkhorotsku small family-type home; as reported, the glass was broken around three years ago and there was an incident when a beneficiary, playing on computer, cut his hand when he engaged in a conflict

⁴¹ Except for the small family-type home in Norio, where caregivers said that children are not much involved in the process.

⁴² Five jars of Matsoni (Divine Child Foundation of Georgia, on Bezhanishvili Street), milk, cottage cheese (Divine Child Foundation of Georgia, Galavani village).

⁴³ SOS Children's Village, Chkhorotsku; SOS Children's Village, 20 Dadiani Street, Tsalenjikha.

⁴⁴ 20 Dadiani Street, Tsalenjikha; provider SOS Children's Villages.

⁴⁵ 53 Aghmashenebeli Street, Ozurgeti; provider Young Teachers' Union

⁴⁶ SOS Children's Village, 17 Dadiani Street, Kutaisi.

⁴⁷ SOS Children's Village, Chkhorotsku.

⁴⁸ SOS Children's Village, 20 Dadiani Street, Tsalenjikha.

⁴⁹ Batumi Center for Education, Development and Employment, Batumi.

with another beneficiary. Moreover, it was found out that beneficiaries clean toilets including toilet bowls without observing safety norms – children use disposable gloves and sponges several times. When cleaning toilets they have to bring their faces near the bowls, thereby threatening their health because they do not wear protective masks, including when using chemical cleansers.

Safety norms were not observed in a small family-type home, Ray of Future, in Lesa village, Lanchkhuti municipality. This home lacked primary fire extinguishing equipment. The house was not fit with smoke detectors. Nor did it have an evacuation plan. The home is not supplied with natural gas and therefore, the kitchen uses liquid gas which is delivered in cylinders. These cylinders were placed in the backyard, actually, in the open air and posed a threat to children. Primary fire extinguishers were not found in the Kutaisi small family-type home on Kekelidze Street, belonging to the Humanitarian Charitable Foundation Bres Georgia, also in a small family-type home of Ray of Future in Ozurgeti and a small family-type home of Social Partnership (Chernovetskiy Foundation) in Kutaisi.

A small family-type home⁵⁰ had only one toilet and one bathroom on the second floor, which was used both by girls and boys although there was another such facility on the first floor, but it was used by caregivers alone.

In terms of hygiene, the majority of small family-type homes maintain cleanliness and sanitation, though some shortcomings were observed too. A toilet in a Kutaisi small family-type home⁵¹ was dirty and smelled. There was unpleasant odor in children's sleeping rooms of the Chkhorotsku small family-type home as well as in the library where children spent much of their time.

Items of personal hygiene were provided to beneficiaries but they mostly kept their toothbrushes without head cover caps. Beneficiaries of the Chkhorotsku small family-type home were allocated only one day a week to take bath and did not bathe in other days. Bedlinen was changed once a month in that home.

We were told at the small family-type homes that caregivers carried out disinfection in the homes themselves, but no evidence of that was presented.

With regard to water supply, the problem was irregular sampling of water in wells. Besides, the documentation certifying the disinfection of water containers was in mess.

⁵⁰ Association SOS Children`s Village, Tsalenjikha.

⁵¹ SOS Children`s Village, 17 Dadiani Street, Kutaisi.

5. Protection against violence

Protection of minors against violence in small family-type homes, their rehabilitation, identification of violence and provision of adequate psychological/mental assistance remain an extremely serious problem. It is alarming that over years the state has failed to ensure positive behavioral methods for the management of challenging, violent behavior of children with traumatic experience, protection of beneficiaries against violence and timely provision of psychological rehabilitation.

The monitoring results make it clear that even in especially grave instances of violence there were no efforts undertaken to ensure a multidisciplinary management of the case, timely engagement of professional and the prevention of a repeat violence. In a number of cases, caregivers have to independently handle extremely grave cases of violence, though they largely lack relevant knowledge and skills.

A great deal of responsibility for the response to, monitoring and supervision of the facts of violence lies with social workers but they fail to regularly and effectively perform this task due to shortage of financial and human resources and absence of relevant services.

5.1. Violence among beneficiaries.

Violence among children is a regular occurrence in a number of small family-type homes.⁵² Older beneficiaries with traumatic experience, who have not undergone adequate rehabilitation, apply various forms of violence, including extreme violence towards younger beneficiaries. Situation is extremely grave in a number of small family-type homes, because children with traumatic experience, challenging behavior and mental disorders are placed together.

Especially problematic issue is the protection of child victims of violence from repeated abuse, prevention of violence and adequate case management. There are instances when victims of domestic violence are subject to various forms of violence after the placement in small family-type homes and not engaged in various rehabilitation activities.

Regular alteration of forms of state care or the rotation of beneficiaries among small family-type homes makes the adaptation to a social environment difficult and aggravates emotional state of

⁵² Divine Child Foundation of Georgia, on Bezhanishvili Street, Tbilisi, villages of Tsilkani, Galavani, Gldani; SOS Children`s Villages, Chkhorotsku; SOS Children`s Villages, Kutaisi home #2, Kvaliti; Humanitarian Charitable Foundation Bres Georgia, Telavi; Child and Environment, Telavi, Norio; Humanitarian Charitable Foundation Abkhazeti, Kurdgelauri; Georgia Caritas, Martkopi; small family-type homes of NGO Ray of Future, Ozurgeti.

children; this manifests in emotional and behavioral disorders in children with traumatic experience and triggers violence among children.

The information provided by caregivers and beneficiaries during the monitoring revealed a general trend whereby beneficiaries of small family-type homes allegedly experience various types of violence at school from both children and teachers (slapping, bullying, hair pulling, ear pulling, etc.). There are problems in protecting beneficiaries from violence when they temporarily leave homes. Violence- and safety-related risks are largely undervalued when minors temporarily stay with their biological families. Instances were identified when children lacked adequate care while staying with their biological families, were subject to abuse, returned to small family-type homes with changed attitudes and behavior, faced threat of neglect or suffered other type of abuse when staying with their families.

A minor in a small family-type home was a victim of homophobic bullying from other beneficiaries of the same home, conflicts occur among children and verbal abuse was applied. Earlier, the minor was enrolled at another small family-type home where he probably also suffered homophobic abuse from other beneficiaries of the home and boys of the community. In regard with this case, the Public Defender issued a recommendation⁵³ to LEPL Social Service Agency. The Agency informed the Public Defender of implemented and planned measures but, nonetheless, no success was observed in preventing violence against the child and managing conflict situation.

5.2. Forms of violence in small family-type homes.

Sexual abuse among children in small family-type homes was identified as an especially problematic issue. In two small family-type homes alleged underage offenders and victims remained in one home for years, although persons engaged in care were aware of facts of sexual abuse. Virtually nothing was done to prevent repeat of violence, let alone to manage the case and plan appropriate rehabilitation activities.

This report provides several facts of violence against minors living in small family-type homes. The Public Defender issued recommendation⁵⁴ to the Minister of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia and the Minister of Internal Affairs of Georgia concerning an inadequate response of the state to these facts. In a letter received in response⁵⁵ the PDO was informed that relevant employees of the Ministry of

⁵³ Recommendation of Public Defender N 10-3/15014, 05/12/2018.

⁵⁴ Recommendation of Public Defender N 10-3/193, 10/01/2019.

⁵⁵ The letter 10-3/193; 22/01/2019 from the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia and the Ministry of Internal Affairs of Georgia.

Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia as well as Social Service Agency will investigate each incident through visiting the homes and obtaining information from all persons working on the incidents and based on interests of the child, will plan further steps.

Case №1:

The ground for the removal of a sister and brother from the family into a small family-type home was a regular violence. According to the documentation, on 21 September 2017, a psychologist conducted an interview with a beneficiary as with a victim of alleged sexual abuse. In the interview, the beneficiary provided a detailed description of sexual abuse she experienced from another beneficiary. In the same interview, the child said that her brother was also a victim of sexual abuse from the same person. This was revealed in October 2017, but it is assumed that the child was already a victim of sexual abuse in August. However, even after the psychologist's conclusion, the alleged abuser and the victim continued to stay in one home until 20 September 2018 when the alleged offender turned 18 and left the home. Although the Interior Ministry and LEPL Social Service Agency were involved in this case, the PDO was informed that the children were not separated because the reintegration into the biological family was not possible. It is worth to note that the minor offender was placed in various types of state care services since the age of three. This case shows a total neglect of emotional and physical safety of beneficiaries, failure to protect them from violence and to provide adequate support.

Case №2:

Caregivers of a small family-type home learned that two elder brothers of the four siblings placed in their home, allegedly sexually abused their younger sister and brother before the placement in the home as well as after the placement. The Social Service Agency was notified of the fact but the beneficiaries remained in one home. The information obtained during the monitoring shows that the measures undertaken were insufficient and ineffective. The behavior of offender beneficiaries did not change. A victim of violence had fear of night and darkness. He had trouble falling asleep, woke up at night with a sense of fear and started shouting and crying; his sister, also a victim of violence, lay next to him until the child calmed down. The underage offender and victims stayed in adjacent rooms; during the monitoring, the light bulb was burned out and the child who had the fear of night, had to stay in darkness.

5.3. Violence from caregivers.

The monitoring revealed that caregivers often lack crisis and conflict management skills and may themselves provoke conflicts. Moreover, physical and psychological abuse of children by caregivers was identified.⁵⁶

A conclusion of psychologist from the Social Service Agency, concerning a conflict in a small family-type home,⁵⁷ says that “unprofessional, unempathetic attitude of caregivers of the home provoked the child to misbehave and further strengthened the negative perception of the child of himself.” Moreover, an underage girl who was involved in the conflict among beneficiaries in the same home returned to her biological family under the reintegration program although she suffered violence in the family. One can get an impression that the reintegration became the only solution to diffuse the conflict that broke out in the small family-type home and needs, safety and interests of the child were not adequately assessed in taking this decision.

A beneficiary of one of small family-type homes reported to a social worker the violation of beneficiaries’ rights by caregivers. However, the name of the child was not kept confidential and considering the unfavorable situation that was created, the child was reintegrated into the biological family although the minor was a victim of domestic violence. The reintegrated child experienced violence from the father again and the child was placed in the same small family-type home again. In both above described cases the caregivers were dismissed from their jobs; however, in such cases a timely response is important to avoid the worsening of minor’s situation.

A small family-type home of charity foundation Social Partnership conducts round-the-clock audio and video surveillance on the caregiving process and the expectation of remark or reprimand for an insignificant deviation adversely affects the emotional state of children and caregivers, is not conducive to building relationship on sympathy, trust and respect and causes negative emotions among children and caregivers; this runs counter to the principle of rearing a child in a family-type environment.

A matter of great concern is the comments of caregivers about minors. In particular:

- “He is very impolite, went into frenzy this morning.”
- “At night, as always happens when I am on duty, he nearly choked to death from coughing spasms.”
- “Nothing can satiate him, he gets up to antics, performs frolics pretending to be joking, but he fails and behaves like a fool,”
- “In the evening she got angry about something and cursed all the caregivers, wishing that we were died.” “He returned from school with wet pants, changed them, pretended that

⁵⁶ SOS Children’s Village Kutaisi, SOS Children’s Village Chkhorotsku.

⁵⁷ Humanitarian Charitable Foundation Bres Georgia, Telavi, Orbeliani Street.

he was doing homework, capered around...” “He is boneheaded, can understand nothing, kept repeating that he wanted to go out to play in this wind but I did not allow, he got so angry that almost beat me and at the same he wet his pants.” “Capers around, comes from school late, is the dirtiest of all, when eating drops half of the food to the floor.” “Urine was dripping from the diaper.”

- “He is stupid too, smiles all the time and laughs listlessly, understands nothing...” “He did not know himself what he was complaining about.” “He fidgeted, did not feel that defecated in pants, then went from fidgeting to crying and soon calmed down.”
- “Came back very dirty, did not take a bath.” All the three siblings behaved terribly,... could not bear his listless laughing, children also realized that they became increasingly unbearable.”
- “He is a mere liar, hypocrite, but not in a convincing way... he apologized to me,” “his hypocrisy has no limits, he apologized again, I wonder how he can act so long.” “He was in bad mood, they already broke bicycles... then he nattered at a children’s meeting and argued with us; when he calmed down started to apologize. We talked face to face.”

The above comments show degrading, humiliating attitude of caregivers towards children and provide a reasonable ground to assume that caregivers of small family-type homes do not treat children kindly and cannot create a safe and reliable environment that is oriented on the interests of children.⁵⁸

5.4. Problems in responding to violence.

A large segment of minors living in small family-type homes suffered violence. In a number of cases, the violence they experienced in the past was of various forms, continuous and especially grave and caused speech, development, mental disorders. This manifests itself in misbehavior, alcohol and tobacco dependence, violent behavior, educational needs and mass lack of motivation to obtain education or vocation.

From the very first day of placement of children in small family-type homes, it is important to plan activities that will help minors cope with the experienced violence, overcome problems that ensued and improve their emotional state so that to have them be prepared for independent living in future. Unfortunately, steps taken by the state toward this end so far are minimal and do not include rehabilitation activities.

⁵⁸ Within the scope of inquiry launched by the Department of Child’s Rights of the PDO, a relevant territorial unit of the LEPL Social Service Agency informed the PDO in its response letter #04-14-06/3208 that social workers working with beneficiaries are unaware of the content of internal documentation of service providers (it is not a duty of social workers to monitor them). With regard to this, the administration of provider organization issued a written warning to the personnel; also, thematic training courses were conducted to develop their skills.

Created environment, shortage of support from additional professionals when caregivers often have to manage crises themselves, may lead to burnout and frequent change of caregivers and undermine efforts to maintain a family-type environment. There is a need to retrain caregivers in the management of challenging and violent behavior.

One of the responses to violence is the transfer of a misbehaving child to another home; however, in a number of cases this measure is not applied as last resort. Consequently, a frequent change of caregiving form while failing to provide a proper support services of other type to a misbehaving minor may cause additional stress and cannot prevent violence, but, on the contrary, lead to deterioration of behavior.

During the monitoring children voiced their protest against the enrollment of new beneficiaries with challenging behavior as it often creates stressful situations. When the Social Service Agency places children in small family-type homes or changes forms of care, children are not assessed properly. Beneficiaries of small family-type homes and service providers do not receive a comprehensive information about expected challenges and a small family-type home is absolutely unprepared for the receipt of a new beneficiary; this causes a sharp deterioration of emotional environment in the small family-type home.

The monitoring showed the lack of psycho-social rehabilitation of underage victims of violence, also the lack of dynamic psychological intervention that helps them deal with the stress and of assistance in managing their own emotions and behavior. A psychologist is not a permanent members of the child care team and often only engages in the process in case of emergency. In a number of cases, beneficiaries of small family-type homes do not receive the service of psychologist at all or the provided service is sporadic, it is limited to the evaluation of psychological status and does not involve psychological interventions designed to overcome the problem.

Instances of alcohol and tobacco dependence, as well as of sneaking out of homes were identified in a number of homes. For example, every day, beneficiaries in several small family-type homes leave without permission and return, sometimes inebriated, either late night or early morning or disappear for several days and caregivers do not know where they are. A proof of it is records of caregivers in a daily log: *“Was away the entire night. Returned with a very aggressive mood... took screwdriver, an iron spanner... was hitting the warehouse. It is a real madhouse. All the three are uncontrollable. These three children are unbearable; others are amazed watching them. They do not wash their dishes, drop litter, smoke at computer, there is no approach method to them, they just decided to behave like this and stoop to everything. When they returned they*

seemed inebriated; when I asked they said they were stoned. They behaved inadequately and turned the home upside down.”

Child’s rights in boarding schools subordinated to religious denominations

According to the UN Convention on the Rights of the Child, a child temporarily or permanently deprived of his or her family environment shall be entitled to special protection and assistance provided by the State.⁵⁹ For its part, the state shall ensure proper care, protection and support services for such a child.

In the area of child care, the most problematic issue is the operation of boarding schools at religious confessions (hereinafter referred to as religious boarding school), which is related to licensing of boarding schools, inactivity of state control and lack of focus on individual needs of beneficiaries.

Residential institutions within the state child care system must create an environment that is maximally approximated to the family environment, must be small in size and ensure a reliable child care, development of a child and a high standard of the protection of child’s rights. In contrast, the majority of religious boarding schools are large institutions which runs counter to the aims of deinstitutionalization and conditions in these schools do not match the principle of protection of child’s best interests.

In 2018, the PDO conducted the monitoring of seven religious boarding schools.⁶⁰ The main goal of the monitoring was to study the situation concerning the rights of children living in the boarding schools, and identify main problems and challenges that impede effective protection of beneficiaries’ rights and the right to be raised in a reliable environment.

⁵⁹ Article 20 of the UN Convention on the Rights of the Child.

⁶⁰ Not-for-profit (non-commercial) legal entity “St. Nino Boarding School for Orphans, Waifs and Children in Need of Care”, the Patriarchate of the Georgian Orthodox Church; Not for-profit (non-commercial) legal entity “St. Apostle Matthias Foundation’s Boarding School in Village Feria”, the Patriarchate of the Georgian Orthodox Church; Rehabilitation Center for Children and Adolescents in Bediani, the Patriarchate of the Georgian Orthodox Church; Girls Boarding School in Village Feria, Georgian Muslims’ Association; Boys Boarding House in Village Feria, Georgian Muslims’ Association; Boys Boarding House in Kobuleti, Georgian Muslims’ Association; Boys Muslim Boarding School in village Ghorjomi, Khulo municipality. Visits were also paid to boarding schools in Stepantsminda and the village Bajiti of Sachkhere municipality, where the provision of boarding service to children was terminated at the time of monitoring.

1. Information about the service

The law prohibits the conduct of educational activity without relevant licensing.⁶¹ Nonetheless, the majority of religious boarding schools operate without the license and only three institutions have a relevant permit.⁶²

The monitoring conducted by the PDO revealed that representatives of those institutions which operate without a license are not well aware of licensing procedures and mandatory criteria while the state entities do not provide them with proper information about licensing requirements, norms and conditions of childcare standard.⁶³

Especially problematic is that the responsible entities lack information about religious boarding schools and about the number of children enrolled at them while the state control and monitoring mechanism in the identified institutions is weak. LEPL Social Service Agency is virtually not involved in children's enrollment at and discharge from these institutions and does not control educational conditions and environment in the boarding schools. Consequently, entry and exit of the institutions is carried out without the involvement of responsible state entities. This leaves underage beneficiaries of these institutions absolutely unprotected.

A document certifying the enrollment of a child at the institution is mainly an application of parent while custodianship/guardianship body is not involved in the process of enrollment and consequently, a protocol on a decision to place a child in the boarding school is not available.

The abovementioned problems are seen in the licensed boarding schools too, where the protection of child's rights is beyond any control or supervision of LEPL Social Service Agency. The results of the monitoring make it clear that the licensed boarding schools do not assess all beneficiaries,

⁶¹ According to Paragraphs 1 and 2 of Article 3 of the Law of Georgia on Licensing of Educational Activity, the rule and conditions of conducting an educational activity is defined in a relevant legal act and it is prohibited to conduct educational activity in breach of these requirements.

⁶² Letter №02/22509, 19.04.2018 of LEPL State Regulation Agency for Medical Activities.

The following institutions are licensed for educational activity: 1. Not-for-profit (non-commercial) legal entity "St. Nino Boarding School for Orphans, Waifs and Children in Need of Care", the Patriarchate of the Georgian Orthodox Church; 2. Not for-profit (non-commercial) legal entity "St. Apostle Matthias Foundation's Boarding School in Village Feria"; 3. Rehabilitation Center for Children and Adolescents in Bediani, the Patriarchate of the Georgian Orthodox Church.

From among the boarding schools inspected by the PDO, unlicensed educational activity is conducted by: 1. Girls Boarding School in Village Feria, Georgian Muslims' Association; 2. Boys Boarding House in Village Feria, Georgian Muslims' Association; 3. Boys Boarding House in Kobuleti, Georgian Muslims' Association; 4. Boys Muslim Boarding School in village Ghorjomi, Khulo municipality.

⁶³ Resolution of the Government of Georgia № 66 On the Approval of Childcare Standards, dated 15 January 2014.

do not plan concrete measures for their development and enhancement of their social function, do not draw up individual development plans for them.⁶⁴

Children in the religious boarding schools are largely deprived of a possibility to freely express their opinions and views. Restrictions established in the institutions, a strict method of rearing, a large number of minors do not contribute to the creation of family-type inclusive environment. Consequently, the monitoring results make it clear that the conformity of educational conditions in the institutions to the state childcare standards remains a challenge.⁶⁵

Yet another serious problem in the institutions is the maintenance of relevant documentation and record of information. This problem is especially acute in Muslim boarding schools whose administrations are not aware of the type of documentation they are required to maintain under the Childcare Standards, including internal regulation, educational program, information on the personnel, personal files of beneficiaries and caregivers, logs required under the Childcare Standards, et cetera.

2. Right to be protected against violence

Prevention of violence against a child and assessment of risks of violence remain one of serious challenges in religious boarding schools. Since the state entities do not conduct an effective control of the rights of children in boarding schools, cases of neglect of minors or possible violence are not easily identified.

Given the problems in maintaining documentation, boarding schools lack information on facts of violence, measures undertaken by boarding schools, complaints and feedback.

The monitoring of PDO revealed that boarding schools may, as a punishment, apply ear pulling, hair pulling, putting in the corner, temporary restriction on participation in religious rituals, bowing. At the same time, children are often not given a possibility to voice protest against such treatment, to freely express their opinions and they have to put up with the existing environment. In one of the boarding schools, namely, St. Nino Boarding School, minors are almost completely isolated from the community and are not aware whom they may apply to for the protection of their rights.

The operation of religious boarding schools is also associated with a high risk of institutional violence, difficulties in identifying and responding to cases of neglect. Given that the educational

⁶⁴ According to the Childcare Standards, a service provider must have a concrete action plan of individual work with a child.

⁶⁵

regime of children in these institutions is strictly regulated and less oriented on individual needs of minors, the neglect is systemic.

3. Right to education and preparation for independent living

Children enrolled at religious boarding schools obtain general education; they attend schools, though minors in a number of institutions are not involved in various types of extracurricular activities and informal educational.

After classes, a religious teaching takes place in boarding schools. Around two hours are allocated for religious teaching and homework during a day; however, according to representatives of boarding schools, depending on the need and if a child wants so, additional individual lessons in religion are delivered.

According to the rule of Muslim's boarding schools, educational personnel must have a relevant academic background in teaching religion in order to deliver lessons on religion and convey theological knowledge to children. The teaching process also involves upper-grade students who share their knowledge with lower-grade students and newly enrolled minors.

Muslim boarding schools also teach their beneficiaries various household activities and rules of looking after themselves. However, the boarding schools do not encourage informal education and do not plan diverse sports, cognitive and other activities. Literature available in libraries of Muslim boarding schools is mainly religious; the use of computer, TV and phone by children is controlled. Phones are removed when children do homework while TV may be watched only during free time.

From among the boarding schools at the Orthodox Church various informal activities are encouraged in the Bediani and Feria boarding schools; however, problems are observed in the Ninotsminda boarding school where children are not actively involved in sports or cognitive activities and rest, recreation and free time of children is planned without considering children's desires.

Yet another lingering problem is that children are taken to school, which is located near the Ninotsminda boarding school, in groups by caregivers who wait for them in a corridor and take them back to the boarding school. Children are under uninterrupted supervision of caregivers, including when they are in the yard and school corridors. The boarding school is enclosed by a high fence and a beneficiary cannot step outside it without a caregiver. If a child needs to go outside a public school or the territory of the boarding school, he/she must get consent from a caregiver or/and be accompanied by a caregiver. The administration of the boarding school

justifies this requirement with safety considerations; however, on the other hand, this actually deprives children of their private space, impedes their independent movement which cannot ensure their preparation for independent living.

One should also note the situation in Stepantsminda and village Sairkhe in Sachkhere municipality, where due to problems with licensing, the institutions have stopped providing the boarding service.⁶⁶ Especially problematic is the access to education for schoolchildren in the Stepantsminda boarding school at the Patriarchate of Georgia, which is attended by children from 10 villages of the Kazbegi municipality. In winter, due to harsh climate, they cannot go the school every day. At the same time, they cannot receive boarding service, because the boarding school stopped functioning due to the failure to get license. Children are served by a minivan of Stepantsminda school, but this vehicle cannot reach several villages due to absence of road or in certain cases, cannot meet requirements of all children and minors have to travel with a random traveler or walk long distances.

There are problems and challenges in terms of preparation of children for independent living. The boarding schools mainly focus on religious teaching and pay less attention to integration into society. A situation in this regard is promising in Feria boarding school of the Patriarchate of Georgia where the acquisition of vocational or higher education, social integration and improvement of social skills are encouraged.

4. Nutrition and health care

Psycho-emotional development of children and their mental health is a serious problem in religious boarding schools. Identification of mental health needs of children enrolled at boarding schools, provision of adequate psychological and mental health services to them and care for their emotional welfare also represent a problem.

Personal hygiene of children in boarding schools is supervised by personal caregivers; moreover, according to drawn up schedule, beneficiaries are involved in cleaning and tidying up rooms, bathrooms and other facilities.

Children of licensed boarding schools are registered in primary medical care facilities according to location of boarding schools, in medical centers of corresponding municipalities. Children of unlicensed boarding schools are registered according to their legal addresses. Medical documentation mainly includes a medical form №4 – 100/a, a certificate on the health of a child.

⁶⁶ These institutions provided school education and boarding services, though as of 2018, the boarding service was suspended and children received only school education service.

As regards healthy diet, nutritionists are not involved in drawing up menus for children and common meals are cooked for everyone, though interviewed beneficiaries said that their desires are also considered in drawing up menus. According to surveyed employees and children, during fasts menus include both fasting and non-fasting food and it is up to a beneficiary to decide whether to observe fast or not.

Recommendations

To the government of Georgia:

- To develop a subprogram of support and care for beneficiaries who have withdrawn from the state care system, which will ensure the protection of the young persons' rights, their integration and preparation for independent living;
- To amend the Ordinance №601 of the government of Georgia, On the Approval of the 2018 Social Rehabilitation and Child Care State Program in the section that concerns small family-type homes subprogram in order to identify the youth having reached a full legal age as a subprogram target group in consideration of their needs to obtain higher/vocational education.
- „To initiate legislative and administrative changes in order to give religious boarding schools state licenses and elaborate adequate standards”

To the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia:

- To conduct regular retraining of foster and biological families in the area of child's rights and childcare, including on the following issues:
 - a) Essence of individual plan;
 - b) Positive methods of behavioral management;
 - c) Healthy nutrition;
 - d) Effective management of financial resources;
- To assess needs of LEPL Social Service Agency and take relevant steps for the reformation and enhancement of child care, including:
 - a) To conduct regular retraining of social workers, develop and introduce post-retraining assessment methodology;

- b) To increase the number of social workers, psychologists and revise their job descriptions;
 - c) To ensure the improvement of working conditions of specialists of this field, including in terms of transportation and salaries;
- To initiate a process of developing and implementing psycho-social and rehabilitation programs tailored to individual needs of beneficiaries with challenging and violent behavior, traumatic experience;
 - To enhance planned and unplanned monitoring of children's rights engaged in alternative care for a timely identification and elimination of violence against them and identification of other needs;
 - To regularly provide children placed in alternative care with information about mechanisms of protection against violence and responsible bodies, freedom to express their opinions, confidentiality and other issues;
 - To take effective steps for the implementation of programs for the enhancement of social function of families, including with a special focus on meeting needs of families in crisis;
 - To consider minors' needs, interests when drawing up individual plans and conduct effective control on their implementation;
 - To ensure that social workers conduct a continuous supervision of challenges concerning the right of minors to education and health care (immunization, mental health, etc.) and proactively seek all services available in a community in the light of children's interests and desires;
 - To identify needs of each state care beneficiary before they leave the care system so that they are empowered and supported, to the maximum extent possible, for independent living until they reach a full legal age;
 - To conduct a continuous supervision of care from service providers in small family-type homes, including, timely investigate alleged violations of child's rights by persons engaged in the care;
 - To carry out reintegration of each child based on the assessment of existing risks and constant monitoring of the situation in a family and to take a decision on reintegration only in the light of best interest of a child;

- To pay a special attention to protection of a minor against violence, who temporarily withdraw from the state care to their families; to document any fact of violation of the right along with an undertaken response;
- To conduct an intensive control on the rights of children in religious boarding schools, including on the enrollment and discharge of beneficiaries, taking into account the best interests of children;
- To start intensive consideration of the issue of licensing of boarding schools at religious denomination and provide administrations of such institutions with relevant information on mandatory nature of licensing and eligibility criteria;
- To start an intensive individual work with beneficiaries of boarding schools and conduct assessment of their psycho-emotional state and development; to define a strategy of individual work with them;
- In order to protect the rights of beneficiaries of religious boarding schools, to define the most effective form of child placement in alternative state care and start an individual work with each child towards meeting state childcare standards.

To small family-type home service providing organizations:

- To plan regular, practical and theoretical retraining of small family-type home personnel in the management of challenging behavior and care of children with disabilities;
- To develop and implement effective feedback and complain mechanism which will not be of nominal nature and will encourage children to express their opinions and grievances;
- Upon receiving information about violence against a child to immediately report the incident to responsible entities;
- To carry out a timely response to the cases provided in the report as well as, in general, to situation where caregivers may trigger conflicts or to violations of children's rights;
- To develop a guiding document on peculiarities of safe, healthy and balanced diet for children;

- To timely carry out needed repairs in the small family-type homes indicated in the report in order to ensure proper living conditions;
- To introduce a regular, comprehensive sanitary-epidemiological treatment of small family-type homes;
- To provide small family-type homes with firefighting devices for ensuring safety.