

Country brief

Deinstitutionalization for children with disabilities



Armenia

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General Policy and Legal Framework on DI in Armenia

Child protection issues have always been on the agenda of social policies in Armenia. Although the state regulations and measures taken to protect children have been improved obviously during the last twenty-three years, however, there still exist essential systemic gaps in policy and legal framework.

In Armenia, first steps towards deinstitutionalization of large-scale childcare institutions (*orphanages, childcare and protection institution, special schools, boarding schools*) have been taken in the beginning of 2000s. High rates of poverty and unemployment, post-crisis (*Nagorno-Karabakh conflict in 1990-1994, Spitak Earthquake in 1988*) traumas and other social problems in post-soviet Armenia, destructively affected the lives of families and children. Loss of physical, financial, and social capital among them, social disadvantages, and inability to stay self-reliant created the phenomenon of “social orphanhood”. As a result, more than 12. 000 children were placed in childcare institutions of Armenia ², from whom 97% at least had one parent and 60% was placed in the institutions due to just socio-economic reasons³.

At that stage, following the observations and recommendations by UN Committee on the Rights of Children⁴ and also international pressure, the process of deinstitutionalization (DI) has been started. DI was the central priority of the child protection system reforms in Armenia, which aimed to create a three-tier system to ensure protection of children’s rights on national, regional and community levels. The idea was to create a system, which will not only addresses the “chronic”⁵ cases of disadvantaged child and families but will also act proactively and implement preventive measures. Unfortunately, the three-tier system did not bring the expected results. Especially, it failed on local level, as seems to be carried out to a large extent by volunteers without necessary qualifications and training⁶.

In 2005, with the funding of EU, as a part of the first Country Strategy Plan on Child Rights, 19 boarding schools were reorganized into 8 childcare and protection institutions. Inclusive education system was introduced, and part of special schools became general education facilities, at the same time, foster care model was piloted, and 25 children were

² See: **Orphanages by indicators and years**, Social Issues, Population and Social Processes, ArmStat Bank, Statistical Committee of Armenia.

³ See: **Situational Analysis of children placed in boarding school of Armenia**, Josey Salem- Pilchards, UNICEF Armenia, 2000.

⁴ Concluding observations of the Committee on the Rights of the Child: Armenia, Committee on the Rights of the Child, twenty-third session, CRC/C/15/Add.119, 24 February 2000

⁵ “chronic” refers to cases, when, for example, in the specific family with have multiple cases of child abandonment or domestic violence. Similarly, cases, when the problems are too dependent and there is a need for specific rehabilitation services and mainly these are cases when the decisions are being made about separation of child from family.

⁶ AD HOC Public Report, Armenia: Status of Commitments under the CRC and its optional protocols, Human Rights Defender of the RA, Yerevan, 2018

placed in foster families⁷. But, in fact, one type of institution was replaced with another. No preventive and community-based services or family empowerment services were introduced. Thus, from one side the institutions were closing, the entrance requirements were set, but from the other, no measures were taken to prevent institutionalization of children, the started processes were delayed and not always the necessary decisions were made.

After slow developments and back and forth decisions, it seemed that USAID-funded, co-funded by the United Nations Children's Fund, implemented in 2014 "Social inclusion of vulnerable children: Expansion of Alternative Care, Family Support and Inclusive Educational Services" (2014-2019) Project, which aimed to support the Government of the Republic of Armenia in the process of ongoing reforms in the childcare system, would make a significant contribution to substantive change. However, because of the early termination of the program, only a part of the planned results could be achieved. During this period, the main emphasizes was made on transforming care institutions to day care services and developing alternative care options, mainly foster care and boosting universal social inclusion. In 2019, another EU funded project (Family environment and service in communities for children of Armenia) was launched (2019-2022) to support the deinstitutionalization process. At the same period, the state increased funding for foster care (from initial 25 children to 94 children), the community-based day-care centers were expanded through social contracting, and "rapid closure" of institutions was initiated⁸. As a result, at this point, there are 5 (3 of them are for children with disabilities and 1 for children under 6) operating state orphanages in Armenia with approximately 350 to 400 children residing there (*this refers only those institutions under control of Ministry of Labor and Social Affairs (MLSA), in 2020 the number was 581 from which 456 in special orphanages*⁹). In parallel, during the same period, 2 special schools under Ministry of Education, Science, Culture and Sports (MESCS) were reorganized, one of them was transformed into general public school¹⁰, and the second was transformed into Regional Center of Psycho-Pedagogical Support¹¹. Overall, there are 18 such kind of regional centers all over Armenia, which are in charge of providing (1) methodological support to school staff related to inclusive education, (2) psycho-social and pedagogical support to children with special needs who are attending general public schools. In addition, these centers assess the special education need of children, which gives them access to the system of inclusive education. At this point, there are 7 operating special schools in Armenia, but no official information is available on the number of children, but the aim of the Government is to enter the universal inclusive education system in 2025¹².

⁷ Country Strategy Plan on Child Rights, Armenia 2004-2015, Decree of Government of Armenia, No. 1745, 18 December, 2003.

⁸ The decisions about closing 4 childcare and protection institutions and 1 orphanage were made quickly and the shortage of time did not give possibility of making proper decisions and placements.

⁹ Food Security and Poverty in Armenia, 2020, p. 20, Statistical Committee of RA.

¹⁰ See: **RA Government Decision on Reorganization of No 16 Special School;** [46b693cf10cebcc087d568d7dbe74c9b.pdf](https://escs.am/am/news/46b693cf10cebcc087d568d7dbe74c9b.pdf) (escs.am)

¹¹ See: **RA Government Decision on Reorganization of Gavar No 1 Special School;** <https://escs.am/am/news/6553>

¹² See: **Inclusive Education, MESCS;** <http://escs.am/am/static/inclusiveeducation?s=edu>

Many issues in the sector remain unresolved to this day, such as insufficient coverage and access to services for children and families, disproportionate development of alternative family care options for children, ambiguities in referral and oversight mechanisms, and so on.

Children with disabilities in the context of the DI processes: Children with disabilities are one of the most vulnerable groups in terms of deinstitutionalization. Lack of measures for early identification and prevention of disability, social and medical rehabilitation services and community-based day care services, shortage of know-how among school staff in terms of inclusive education, nearly absence of family support mechanisms creates almost impossibility to find community-based family care alternatives for these children.

During the last 2-3 years, the Government of Armenia paid special attention to the DI of children with disabilities, mainly aimed to prevent child abandonment through piloting employment support programmes for parents of children with disabilities to prevent child abandonment¹³¹⁴. However, still children with disabilities are one of the main areas of concern in the context of DI. This field needs more deep and comprehensive interventions as the main services and resources are centralized in institutions¹⁵ and only inclusive schools without properly trained staff and lack of resources are in place to support these children in communities.

Coordination and monitoring of the DI processes in Armenia

The assessment of care reform in Armenia, conducted by Measure Evaluation/Palladium in 2018¹⁶, showed that governance, monitoring, and evaluation are one of the weakest points of the whole DI process. Although, for each stage of the DI in Armenia there was “some kind” of Strategy Plan, Government decree or other legislative act, however in practice, they were (are) poorly followed or only the administrative aspect of the process is taken into consideration.

As we already mentioned above, MLSA and MESCS are the key state bodies involved in the process of DI. In fact, MLSA is the leading party of the whole process, first as a main responsible for child protection issues, and second as a chair of the National Commission on Children Rights. MESCS is involved in the process as much as it relates to inclusive education. Unfortunately, the activities implemented in these two very much interconnected fields are not always being combined. For example, regarding community-based support services, we can find examples, when both ministries are funding similar services for the same locations, it mainly refers to child day-care services.

¹³ **List of Special Schools**; <https://hmk.am/hh-hatuk-dprocner-hy/#>

¹⁴ These were projects conducted by MLSA in cooperation with Bari Mama and Hay Mayrer NGOs.

¹⁵ See: **When Will I Get to Go Home? Abuses and Discrimination against Children in Institutions and Lack of Access to Quality Inclusive Education in Armenia**, Human Rights Watch, 2017.

¹⁶ See: **Assessing Alternative Care for Children in Armenia**, Measure Evaluation, June 2018.

This kind of situation, is consequence of the lack in dialogue and interagency cooperation between parties involved in the process. Specifically, there is no one accepted and agreed national plan, which will act as a step-by-step guideline, with roles and responsibilities of the stakeholders (state (national, regional, and local) and non-state), timeframe, resources, and monitoring procedures. As a result, from one side the available resources are not being managed efficiently, from the other, not only public is not adequately aware about the aims and importance of DI processes, but also those who are involved in the process as service providers not always support the process.

The act of Government, based on which reorganization of institutions in 2019-2020 was conducted, supposes to develop alternative care services and to create preconditions for family care options mainly through social contracting¹⁷. At the same time, it is not obvious which types of alternative care services¹⁸ should be developed and how and what will be the procedure for decision making regarding each case. That is why, on local level, when the decisions were being made regarding each case, not always it was possible to involve all the parties (Regional Child Protection Unit (CPU), Guardianship and Trusteeship Committee (community-based) (GTC), Regional Social Service Agency (SSA) and Orphanage Staff) and distribute roles and functions among them. As a result, the process and role-players were different in case of each institution, based on the working culture in each specific location. For example, in one case the leading role took the regional CPU, in another case community social worker from GTC or social case manager from SSA was the “driver” of the process.

This affected also, the process of monitoring, because all the parties involved have related functions. The functions are more or less separated, in case when decision about the placement is made. In case of foster care the designated agency for coordination and monitoring is regional CPU, in case of kinship and reunification with biological family it is GTC¹⁹, although the above-mentioned bodies also can be involved.

The issue related to monitoring is twofold: from one side the roles and responsibilities between child protection actors regarding monitoring and follow up are not clearly defined, sometimes even there is a duplication of roles (identification of case, assessment, giving conclusion on the case, follow-up etc.) between Guardianship and Trusteeship Committee (GTC) (community level) and Child Protection Unit (CPU) (marz level) or the CPU and social services agency (SSA) (regional) or the SSA and GTC. All of these actors have some kind of function and responsibility to follow-up the cases and respond if any

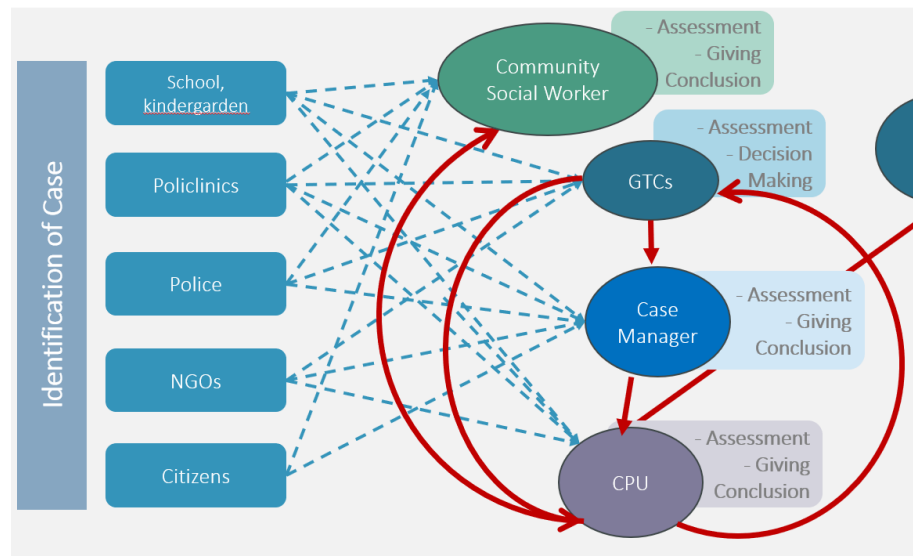
¹⁷ **Government Decision No 1507-n from 31 October, 2019**; <http://www.irtek.am/views/act.aspx?aid=102225>

¹⁸ In Armenian legislation there is no specific definition for alternative care, but in Family Code as types of childcare are indicated biological family, kinship/guardianship, adoption, foster care, and care in institutions. In another legal act (Government Act on Types of Childcare Institutions) as care institutions are mentioned: general and special orphanages, Psycho-social Rehabilitation institutions, day-care services, 24/7 crisis centers (for up to 6 months), semi-independent life centers for young people from 16 to 23 and special schools. On legislative level, there is no service called as “small group home”, but this point there is operating one small group home for children up to 18 years and 3 small group homes for young people with mental health problems (graduates from special schools) and all these 4 services have state funding.

¹⁹ There is no monitoring system for the adoption cases, as the secrecy of adoption is defined by Family Code, and it bans intervention into life of adoptive family.

need for intervention, etc., at the same time nobody is fully responsible for the whole process or only one specific part of it; from the other side no one unified monitoring system with respective indicators and quality assurance mechanism exist.

All of these agencies are in charge of identifying the case, intervening, doing assessment and giving conclusion about the case, follow-up. The same refers to DI process, they all are involved in the process with the same functions, like in the graphic below



Thus, with a rather good regulatory framework which mainly corresponds the UN Guidelines on Alternative care and CRC²⁰ regulations related to child’s right to live in a family environment, however, not sufficient funding, lack of dialogue and interagency cooperation between stakeholders, absence of the consolidated care reform strategy plan, poor information management system, absence of gatekeeping mechanisms slowed down and hindered DI reform in Armenia.

Children with disabilities in the context of the coordination and monitoring of DI processes: The above-mentioned issues, related to the coordination and monitoring of DI, also apply here. At the same time, as there are two main state actors (*Ministry of Labor and Social Affairs (MLSA)* and *Ministry of Education, Science, Culture and Sports (MESCS)*) in the DI reform area, another key issue is interagency collaboration between this two and harmonization of activities and processes conducted in the frames of DI and Inclusive Education reforms.

Specifics of DI processes in Armenia

Even though, there are lots of gaps and issues identified in the DI process in Armenia, however, there also exist good practices. In particular, it worthy to point out the following aspects:

²⁰ **Assessing Alternative Care for Children in Armenia**, Measure Evaluation, June 2018.

Political will: During the last two-three years we observe the political will to make decisions about the closure of large-scale institutions and extension of community-based social services. In particular, now we have the smallest number of institutions in Armenia in comparison to last 20-25 years (5 state-funded orphanages with 350-400 children). Overall, 9 child-care institutions were closed from 2018 to 2021. In parallel, the volume of social contracting to provide family and child support services was increased. During 2020 overall 105 state funded grants were given from which seven for the prevention services (child institutionalization) and 20 for community-based day care centers for children²¹.

However, there are still problems related to know-how, preparedness of social service workforce, and management resources, which negatively influence the success of the process.

Case by case approach: Even with the strict schedule and short timeframes set for the closure of care institutions in 2019/20 and low level of systemic preparedness, still, specialized local professional teams (state and non-state specialists) were formed for each institution to study each child's case individually and make collegial decisions based on the best interest of child. These teams continued their work also after the closure of institutions to ensure proper placement of children and follow-up of cases.

Promotion of foster care: In Armenia, foster care is the only type of alternative care, where both administrative, financial, and professional support are available for children and families. During the last years, state showed its readiness to extend foster care as an alternative to institutions, mainly through improving the funding scheme as we already mentioned above, the number of places was increased to 94 from 25. But still there is a need to raise public awareness on foster care, extend the typology of foster care and also improve legislation in terms of restrictions to become a foster parent (*there is an age-restriction for those older than 55 years*).

Lessons learned from DI experience in Armenia.

Armenia is in the process of DI, approximately 20 years. During this period, both failures and achievements occurred. Although, there is no comprehensive evaluation of those processes, nevertheless there are clear examples derived from all those practices which need to be addressed. The following lessons learned through DI experience in Armenia we can separate as the most essential ones:

Coordination: Coordination of Action was one of the main problems in all the stages of DI reform. There was no clear definition of the roles and responsibilities among the main stakeholders. Although, the Child Protection National Committee as a part of Child protection three-tier system would have been the main driving body of the whole reform

²¹ **List of State-Granted Organizations in the field of Social Protection**, Ministry of Labour and Social Affairs of RA, <https://www.mlsa.am/?p=24799>; <https://www.mlsa.am/?p=25007>; <https://www.mlsa.am/?p=25285> 21.07.21, 20:12

and act as a coordination and monitoring body, it practically failed. This brought challenges also for at lower levels (regional and local), where overlap of functions negatively affects the effectiveness of the whole process. The necessity of coordinating body and strategy plan with clear distribution of roles and functions agreed by all the parties, was obvious at all the stages of DI.

Monitoring and evaluation: No, overall monitoring and evaluation of the interventions carried out was conducted to assess their impact and to build on positive experiences.

Public awareness: Not only the public, but also those working in institutions were not properly informed about the aim and objectives of the reform which created significant resistance towards the DI reform in Armenia. Our experience showed that public awareness campaigns on reforms should be conducted on regular basis and at all levels, both before the start and through the implementation of the reform.

Competence of Workforce: The effectiveness of the reform significantly depends on the competence (skills, knowledge) of the child protection specialists involved in the process. That is why, the staff should be professionally trained and prepared for DI. Besides, there is also need for clear procedures and legal mandate, which will allow to make proper and child-centered decisions.

Prevention Services and Gatekeeping Mechanism: DI can succeed only in those cases, when in parallel to closure or reorganization of institutions, an operating and effective gatekeeping mechanism and community-based family support services are available.

Balanced system of alternative care: Each case is specific and individual; no standard solutions exist. That is why, only promotion and development of one type of alternative care can be sufficient for making appropriate placements based on the identified individual needs of children and families. There is a need for a system, where a large variety of alternative care services are available, including adoption, kinship care (also supported kinship-care), foster care, small group homes, independent living services, etc.

Management of resources: Another essential component of DI reform is connected to the management of both material and human resources. Unfortunately, in Armenia not much attention was paid to this issue. As a result, there was no general plan, which could answer to the following questions:

- What will happen with the institutions' staff? What a position they will have in a new system?
- How will be managed the property of institutions, if it will be transferred to former beneficiaries who reunited with their biological families, what is the procedure, timeframe, etc.?
- How the funding for institutions will be directed to create community-based services?

Conclusion

Conclusions may vary drastically if we examine the different dimensions of DI process. Of course, there were both failures and achievements during the last 20 years of DI reform in Armenia. We observe, the positive progress both in terms of quantitative and qualitative aspects, at the same time, there still are essential challenges which hinder further developments in this regard.

Still, the question is, how will the accumulated experience and knowledge derived from DI processes in Armenia be used to make proper decisions and to take adequate steps towards establishing a system, where the right of a child to live in family is protected and ensured?

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