



ევროკავშირი
საქართველოსთვის
The European Union for Georgia



WITH FUNDING FROM
AUSTRIAN
DEVELOPMENT
COOPERATION



GASW
საპროფესიო სოციალურ მუშაკთა ასოციაცია
GEORGIAN ASSOCIATION OF SOCIAL WORKERS



RESEARCH REPORT

Recommendations for the Municipalities and Public Authorities



The project **Strengthening of Families in Mtskheta-Mtianeti Region** is implemented within the framework of the program **Cooperation for Strengthening of Families in Georgian Regions**.

The project is implemented by **Georgian Association of Social Workers (GASW)** in cooperation with four partners: **Hilfswerk Austria (HWA)**, **Armenian Association of Social Workers (AASW)**, **Azerbaijan Social Workers Public Union (ASWPU)** and **Nursing Association of the Republic of Moldova (NARM)**.

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The program is funded by European Union and Austrian Development Cooperation Agency (ADCA) within the scope of the project **Social Workers in Collaboration for Social Change in Eastern Neighborhood Countries (SWIC)**.

The document has been developed under the financial assistance of EU and ADCA. Responsibility for the content lies solely with Civil Society Development Center (CSDC) and shall not be deemed as a position of either European Union or Austrian Development Cooperation Agency.

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Research Report

Executive Summary



Pursuant to Article 9 of the United Nations Convention on the Rights of the Child, to ensure the child's development, preference shall be given to living in the family. Article 18 states that the child's best interest shall be protected by supporting the child's family. Article 27 sets the obligation for the states to provide material assistance and support programs for families with children. Here the focus is on the need of social programs targeting the prevention of family separation. Bearing in mind the above-mentioned, the Convention binds each signatory state to recognize that "the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding." Jaap Doek, former chairman of the United Nations Committee of the Rights of the Child also refers to the role of the state: "The first and the most important element of national child care policies shall be the prevention of the child's separation from the family."

Why is the family setting so important for the child's development? Obviously, international and local regulations that look at child-rearing in the family environment as one of the major rights of the child are based on certain evidence. American psychotherapist and parenthood mentor Tamara Gold says that "the family has the most important role in child development and his/her emotional and cognitive growth. Family is the place where child learns relationships, certain behaviors, self-confidence and develops values and skill of being tolerant." Therefore, pursuant to the UN Convention on the Rights of the Child, the child's best interest shall be protected by supporting his/her family. Family support services shall be targeted to strengthening and maintaining the unity of the family. They should help to increase the competence of parents and improve the living quality of the family and thus, affect the lives of children (EuroChild 2013).

We can discuss the efficiency of family support programs for the welfare of children using the example of developed countries. The negative impact of poverty on the child's development and positive parenthood, as well as the need of putting family support systems and public policies in place, is underlined in Norwegian studies conducted in 2009¹. Moreover, the Regional Office of UNICEF in East Europe and Central Asia in its September 2010 study report (on the condition of children who are under state care in East Europe and Central Asia) states that poverty is the main risk factor for which children appear in state care. Among other reasons, the report also cites the lack of support services for vulnerable families and gaps with regard to early identification of cases and timely intervention.

¹ Study – Level of children's lives – effect of the family earnings", Association of Women and Public HealthCare of Norway and NOVA, 2010.



The main components for the prevention of the child's separation from the family is delivery of psycho-social services and material support for the family. In this process, the social worker plays the key role. It is the responsibility of the social worker to accurately assess the needs of the child and the family, develop an action plan, provide consultations, or apply to relevant services and authorities for help (EuroChild, 2014). UNICEF (2012), Council of Europe (2006) and EuroChild (2013), in their recommendations, define the main areas of child welfare policy:

- **Support for positive parenthood**, which is based on recognition of children's rights, child care, supervision and non-violent child-rearing.
- **Develop family support services**, i.e. educate parents, assist in child care during the day hours (day centers), provide legal advice for families, support with group/individual therapies, and connect the families with support services.
- Along with universal policy, develop an additional targeted policy that is oriented on strengthening of vulnerable families with children without stigmatization of such families.
- **Support parents' participation in the labor market.**
- **Invest in early childhood education**, provide for adequate living standards, and support children's right to participate in play, culture, and decision-making.

Why is it so important and generally why it was necessary to put family support and strengthening policies in place for prevention of child abandonment? Because quite often different social factors, including the combination of family and general social problems in the country, lead to family breakdown, separation of children from their parents, and admission to state care system. These factors can be: the absence of parents or other caregivers around the child, poverty, unemployment, homelessness, poor health conditions of family members, changes in family composition (divorce, second marriage of the parent), ethnic origin, migration of the family, domestic violence, child's disability, and asocial behavior. Among these factors, the child's disability is one of the leading factors in East Europe and Central Asia (Rasell & Iarskaia-Smirnova, 2013).

The mitigation of the negative impact of these factors on children's rights by introducing a consistent family strengthening policy shall become one of the objectives of the State (UNICEF, 2010).

All the aforementioned makes the states liable to define strict grounds for family separation and for placement in 24-hour care system, such as: the child is victim of violence or is under the risk of abuse; or the child is abandoned or orphaned by both parents and there is no person who will take care of the child. Often children are separated from parents even in the absence of relevant reasons (EuroChild, 2013). The child shall never be separated from his/her family due to poverty, stigma, disability, or social exclusion. With the help of family support services, financial transfers, social living and other forms of poverty elimination, the families shall be able to cope with daily problems and challenging times.



Geographic and demographic data of the region



Mtskheta-Mtianeti region is situated in East Georgia. On the north side, it is bordered by the republics of Russian Federation: North Ossetia, Ingushia and Chechnia. On the east side by Kakheti region, on the south by Kvemo Kartli, and on the west Shida Kartli. The region covers 6 785 sq km, which is 10% of the whole territory of Georgia. The population is 125 000 people (2,5% of the total population) and the density of the population per 1 sq km is 18 people.

The region comprises the following municipalities: Dusheti, Tianeti, Mtskheta, Kazbegi, and the self-governing town Mtskheta. In total, there are 480 villages, 6 boroughs, and two towns in the region.

Dusheti municipality comprises the town Dusheti, two boroughs (Zhinvali and Pasanauri), and 280 villages. The region area is 2 981,5 sq km and the population is 25 659 people (2014 data of GeoStat).

Tianeti municipality covers 903 sq km area. The population is 9 468 people. The municipality has two boroughs (Tianeti and Sioni) and 84 settlements.

Mtskheta municipality covers 805 sq km with a population of 47 711 people. The municipality has one self-governing town (Mtskheta) and 62 villages. The population in Mtskheta town is 7 700 people.

With regard to Kazbegi municipality, it covers 1 081,7 sq km. The population is 3 795 people, who live in one borough (Stepantsminda) and 45 villages.

At the regional level, the state executive government is represented by a State Governor. Administrative center of the region is the self-governing town of Mtskheta.

There are four hospitals, 27 outpatient clinics, and two primary healthcare centers in the region. Fourteen ambulance crews provide emergency medical service to the region's residents. The ambulance crews are equipped with relevant material-technical facilities.

In total, there are 86 public and two private (Mtskheta, Stepantsminda) schools operating in the region with 11 525 children.

Under the regional municipality, there are 59 kindergartens where 2 743 children are served by 771 teachers and technical personnel. Material-technical base of the majority of the preschool institutions is below standard.

As for the higher educational institutions, the region has neither public nor private higher educational institutions.

Results of the Desk Research



In accordance with the desk research results and information obtained from the regional center of Mtskheta-Mtianeti Social Service Agency (LEPL Social Service Agency), currently there are 13 social workers in the region. Eighty-nine underage persons are in state care, including 65 youth in foster care. On the basis of the same information, the main reasons for admission to state care services are abuse/negligence and the inability of parents to provide adequate care and development for their children (2017).



A monitoring exercise carried out by the Center for Children's Rights under the support and cooperation of UNICEF Georgia showed that in the mountainous regions and villages of Georgia, negligence of individual needs of children and inadequate living conditions are the main grounds for moving children to the state program. The fourth interim report of the Public Defender of Georgia also refers to the importance of this problem. Moreover, the Public Defender admits that for the mitigation of these problems, it is crucial to strengthen social and social-economic services supporting biological families and to enhance the engagement of social workers in the protection of the rights of children at risk of abandonment. The introductory part of the survey report provided a recommendation of international organizations operating in the area of child protection on the type of policy the state shall implement for family strengthening and prevention of child abandonment.

Within the survey frames, the current programs operating in Mtskheta-Mtianeti region in the area of child protection and family strengthening were analyzed. Child welfare reform in Georgia began in 2005. Its main goal was the deinstitutionalization of the child care system by 2013. The reform envisaged closure of large-scale institutions and their replacement with alternative forms of care. The grounds for the reform was an approach based on human rights, in particular that institutional care neglects the child's right to grow up in a family or family-type setting (UNCHR, 1989). From 2012 to 2013 to-date, the priority for the state childcare system became the prevention of family breakdown by providing adequate support services for families, by supporting reintegration of children to their biological families, and by strengthening the families of these children.

Employment is one of the critical components in the prevention of child abandonment and family strengthening. On one hand, it means supporting the employment of parents and on the other hand, the distribution of work hours in a way that allows parents to provide care and supervision of their children.

To identify the general picture of unemployment in the country, it is important to collect statistical data. Interestingly, different studies refer to different levels of unemployment. In accordance with the 2016 report of National Bureau of Statistics (GeoStat), the unemployment level in Georgia is 12%, however sociological surveys show that unemployment, inflation, increasing prices, and poverty are still the most important problems. In particular, a 2016 survey conducted by NDI showed that 67% of respondents named "jobs" as the main problem in the country. Forty-three percent mentioned inflation/increasing prices and 37% poverty. This means that two-thirds of the population thinks of unemployment as the main problem in the country.

The discrepancy between these two pieces of information shall be due to the definition "unemployment." By GeoStat, employed means a person over 15 years of age who worked in the last seven days before the survey (even if it was only one hour) for gaining income (salary, profit, in-kind benefit), helped other members of the household, or was officially registered as an employee although did not go to work for some reason. As for the unemployed person, s/he is over 15 years of age; had no work (even for one hour) in the last seven days before the survey, tried to look for a job in the last four weeks, and is ready to start a job in the next two weeks. Respectively, by GeoStat methodology people who are occupied in agriculture, as tutors, private taxi owners,



physical persons working in retail trade, etc. are deemed as employed provided that they worked for at least one hour in the last seven days and gained income (salary, in-kind benefit, profit, etc.).

In NDI surveys, a person who cannot find a desired job with a desired salary is deemed as an unemployed person. Obviously such a different definition of an “unemployed person” would show a different picture. However both studies refer to the fact that unemployment is extremely acute in the regions. Herewith, by GeoStat data, persons who have temporary jobs cannot provide financial stability for their families, which obviously worsens the social-economic state of families and puts them at risk of poverty.

Apart from unemployment, the distribution of work hours is also a serious problem. In this regard, it is interesting to look at the Labor Code of Georgia and the Law on Public Service that set certain limitations for mothers who have young children and define conditions for maternity leave.

Keeping the child in the biological family is a complex and quite difficult process which requires complex approaches on the part of various stakeholders providing psycho-social services and financial assistance to families as part of family support services. Here, the social worker has the major role and a great responsibility to lead the process in a right way. The social worker has to design an individual development plan for the case to identify what services the family needs, refer the child to various services, provide regular monitoring, advocacy, and support in a long-term period (EuroChild 2014) in order to prevent the child’s separation from the biological family.

Current Social Programs in the Region



In Mtskheta-Mtianeti region, state and municipal social programs are in place to provide for family strengthening and prevention of child abandonment. Among these programs, the biggest part is implemented by LEPL Social Service Agency under the Ministry of Labor, Health, and Social Affairs. In particular, Social Service Agency (SSA) guides by 2017 Social Rehabilitation and Child Care Program, approved under the decree N121 of the Government of Georgia (March 9, 2017). The program aims to “improve physical and social conditions of people with disabilities (including children), elderly people and children deprived of parental care, socially vulnerable, homeless, and at-risk of abandonment; to ensure their social integration and provide urgent support to families with many children who are in crisis situations.” The program unites various sub-programs, some of which are targeted to family strengthening and prevention of child abandonment. In particular:

1. Sub-program for urgent assistance to families with many children facing challenging times. The sub-program aims to meet the urgent primary needs (furniture, appliances, etc.) of families with many children, families with disabled children, and families receiving subsistence minimum. Also, the program foresees provision of infant nutrition products for children under one year on a monthly basis.



2. The early childhood development sub-program aims to “stimulate the development of children with disabilities and development impairment, or who are at risk of development disorder, by offering early intervention services and engagement in preschool or general educational programs to support to their social integration, strengthen families and prevent disability and child abandonment.” The sub-program foresees assessment of children under 3 and if necessary, children under 7 who have development disorders or who are at risk of such disorder in order to support their cognitive, motor, and emotional development. Moreover, the sub-program also aims to provide education and skill-strengthening for parents in child upbringing and development issues. Obviously this program is a kind of investment in education and early-childhood development and at the same time, it aims to educate and strengthen parents for the development of their children and the prevention of child abandonment.

3. The sub-program of day centers provides services for children from 6 to 18 years of age who are at risk of abandonment, children with disabilities, and children with severe and deep mental impairment. In particular the services covered by the sub-program are the following:

- Daily (excluding weekends and holidays) service for six hours with two meals
- Identification of academic needs of beneficiaries
- Development of professional/crafting and residential skills of beneficiaries
- Engagement of beneficiaries in cultural and sport-recreational activities
- Development of skills for time management, efficient communication, making choices, participating in the decision-making process, and non-violent conflict management skills
- Design, implementation, and updating of individual abilitation and/or rehabilitation programs for people with disabilities
- Support of children with disabilities to receive inclusive education
- Evaluation of psycho-motor and social skills of children with severe and deep mental impairment and disability
- Psychological service and occupational therapy
- Support to develop verbal/alternative communication skills
- Development and implementation of specialized plan for behavior management and assessment of beneficiaries’ behavioral disorders
- Relevant recommendations for parents how to manage the child’s behavior adequately

4. Sub-program for providing mothers and children with a shelter. The program aims to provide mothers with different needs with a shelter for one year, provided that at least one child is under 10 years of age.

If we look at each sub-program from the perspective of the above-mentioned priorities of international organizations operating in the field of child protection, it will be clear that these services are not sufficient to fully provide support for families in crisis situations.



Among family support services, the day center sub-program shall be specially mentioned. Although it provides support to the parent in child-rearing, it does not include other family support services such as legal advice, therapy sessions, or connecting the beneficiary with other services. The latter, together with the component of positive parenthood support policy, is the function of social workers. The duties and obligations of social workers and current challenges in the country will be reviewed later in this report. The strengthening of vulnerable families with children is also included in the **“sub-program for urgent assistance to families with many children facing challenging times.”**

As mentioned above, the main actor in the child welfare system is LEPL Social Service Agency under the Ministry of Labor, Health, and Social Affairs and its 250 social workers who currently work in 22 directions.

Different studies conducted in this regard prove that the social worker’s institution requires strengthening because with current resources, the profession cannot adequately meet the challenges of the child welfare system. The insufficient number of social workers, difficult working conditions, inadequate workload, outflow of human resources, and unavailability of continuous education are the factors that negatively affect the quality of social work. Cases are not adequately distributed among the social workers which makes their work less efficient; the diversity of interventions leads to long working hours; and the huge workload jeopardizes the quality of service (GASW study on Evaluation of Technical-Administrative Issues for SSA Social workers).

Salome Namicheishvili, chair of the Georgian Association of Social Workers (GASW) refers to the current challenges in the child welfare system in her doctoral thesis “Child Welfare System in Georgia – Recommendation for System Improvement and Future Strategies for Development, 2015.” The study results show that the current system responds only to referrals; there is no work in the area of timely identification and prevention.

The gaps of the family support system are also referred in the study report “Situational Analysis of Social Work in Georgia,” conducted by Georgian Association of Social Workers in 2011, where, along with other problems in social work, it is also mentioned that the function of social workers is limited to such elements of micro-practice as referral, coordination of services, and case management and does not cover consultation and therapy components.

Undoubtedly, the social worker plays a key role in the area of family strengthening and prevention of child abandonment, however participation of other structures in protection of children’s rights is not less important. Particularly, these structures are medical personnel of primary health care units (there are about 60 doctors, 80 nurses and other healthcare staff in the villages of Mtskheta-Mtianeti), the representatives of the municipality governor in each administrative unit (about 50 in total), local municipality staff responsible for healthcare and social issues, school teachers, and directors and personnel of preschool institutions. The involvement of local public organizations is also important. Capacity-building of these people and fostering intensive cooperation among them will contribute to the implementation of child care programs and will lead to the efficient solution of problems through early intervention and prevention efforts.



The survey report “Evaluation of the Child Welfare Reform and Child Care System” (Salome Namicheishvili, Shorena Sadzaglishvili, 2014) also refers to the importance and need for coordinated work of the aforementioned authorities. The report also states that “coordination shall be enhanced between the family support services and referral system in order to make the system proactive and to ensure systemic approach to the problem.” For this purpose, it is critical to identify the children and their families who represent the risk group at an early stage. Ensuring the efficiency of the risk-group identification problem requires the system to be multi-sectoral, engaging municipal services (governor), primary healthcare units (polyclinic, village doctor) and the school. The function of identifying risk groups shall be written in the job description of these social agents.

Research goal



The study was carried out within the framework of the project “Family Strengthening in Mtskheta-Mtianeti Region,” which aims to strengthen social work in the area of family strengthening and prevention of child abandonment, to identify the cases and develop relevant recommendations for local as well as central government.

Research objectives:

1. To identify four of the most needy families for follow-up work.
2. To identify the main challenges in the region for prevention of child abandonment and for strengthening families.
 - Evaluation of the efficiency of social programs in the region in the area of family strengthening and prevention of child abandonment with participation of implementing authorities of these programs
 - Evaluation of coordination between various sectors operating in the field
 - Evaluation of knowledge and attitudes of practitioners with regard to the issue

The Research Design



The study applied a qualitative research method: focus group meetings, which means group discussion of pre-selected issues with the target group. By this method, a group of people focus on one topic and exchange opinions and ideas without any barriers between the researchers and the respondents. The target group members are people who are part of the sector, sometimes they are service providers and are aware of the current situation better than others. Their experience is critical for defining follow-up work and relevant tactics. Moreover, this method allows to obtain target information within a short period of time and respectively, to efficiently plan and implement the next steps of the project.

The study was conducted in all five municipalities with about 12 people participating in each focus group (see Table N1 below).



Table N1. Focus group participants

Focus group participant	Number
Representatives of the local municipality	42
Social workers of LEPL Social Service Agency	11
Representatives of preschool institutions	7
Representatives of general educational institutions	16
Medical personnel of the primary healthcare unit	11
Representatives of local non-governmental organization	5
Representative of the local community	4

A special focus group questionnaire was developed as a survey instrument (see Annex N2). The study was carried out in August–September 2017.

Focus group format:

Before starting the focus group discussion, conditions for study participation were explained to each participant. In particular:

1. The study participants had to preserve confidentiality
2. Focus group discussion would be held only after verbal approval of the participants
3. As agreed with the participants, the meeting would be recorded and the data would be processed
4. The data obtained at the focus group discussions would be used to identify the current needs in the region
5. The meeting would last maximum one hour and a half
6. A specially-trained moderator would facilitate the focus group discussion
7. The moderator would ensure active engagement of the participants in the discussion and equal opportunities for all to express their opinions

The information was analyzed by the project team and revealed the families with the main need for each of these cases. The families were selected and additional information (confidentiality guaranteed) was obtained about these families through individual conversations with each of the focus group participants. After these steps,



the project social worker assessed the families, provided necessary interventions, and began an advocacy campaign.

Criteria for selecting the families

The case, in order to be subject to follow-up work, had to meet the following criteria:

- Current state services cannot provide for strengthening of vulnerable families and prevention of child abandonment
- The family has a problem due to which the child is at risk of abandonment and solution of this problem will significantly improve social work in the region
- The time necessary for addressing the family problem shall not exceed the project implementation term in order to allow measuring of the advocacy results and to prepare relevant recommendations
- The family has a multi-factorial problem, i.e. various stressors cause the problem and if properly addressed, it may resolve different problems

Selection of survey participants



The target group was selected under one condition: they had to be stakeholders of the studied topic and they had to know each member of the community and local problems well. Considering that the representatives of the above-mentioned structures are significantly higher in number than the focus group format allowed, we had to select the respondents based on two major criteria:

1. Residents of villages, representatives of schools or preschool institutions with the biggest number of population and/or
2. Residents of the village/town/borough where the cases of placing children under state care and/or families at risk of breakdown are the most frequent. This information was retrieved from Mtskheta-Mtianeti regional center of LEPL Social Service Agency. For each municipality, five villages/towns with the biggest number of referrals for child abuse cases and with the biggest number of children in state care were named.

The survey participants were informed about the study goals and participation and confidentiality rules (See Annex 1).

Analysis of Focus Group Discussions



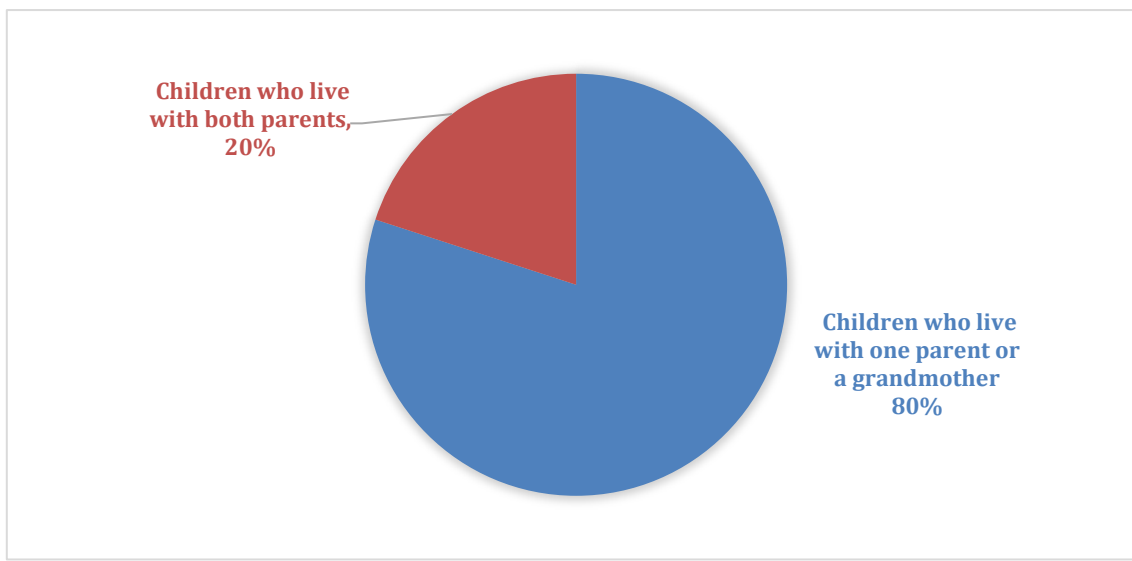
Selection of target families

Mtskheta Municipality

In the analysis of focus group discussions, it appeared that in 8 out of 10 families, the child was raised by one parent or without both parents and the responsible person for child's upbringing was grandmother. In two families, both parents were present.



Diagram N1.



- In 9 cases out of 10, the child's right to education was violated coarsely.
- In four cases, child negligence was apparent.
- In more than 50% of cases, the child was subject to physical and psychological abuse by parents.
- Two families had more than four children. In both cases, the resources for children's upbringing by the caregiver was insufficient which resulted in violation of different rights of children (right to education, development, healthcare, negligence).
- From two families where both parents were present, one family had an issue of child abuse due to religious beliefs. In the other family, the parents were not involved in the child's education and development and showed less interest.
- Only one family had a child with disability. There were a number of problems there: dysfunctional family (as mentioned at the focus group), the mother had a mental problem, the child's right to education was violated, and the child was a victim of psychological violence.

The problems related to the child's birth registration, child labor, or economic violence against children were not observed in the municipality.

Mtskheta Community



The focus group study method revealed 10 cases. Their analysis showed that in six cases, there was a clear indication to the lack of parental skills and child negligence which was caused by various problems these families face, particularly inadequate hygiene conditions, child labor, limited education, hazardous conditions for health and life, difficult behavior of children, and inclination to juvenile crime. In five cases, the study revealed physical abuse and in two cases, the fact of child labor. Of these two, in one case it was forced labor and in another case voluntary work by 14-year-old child.



The latter was not deemed as risky behavior or as violation of the child's rights because the law allows labor for persons who have reached 14, as long as it is appropriate to the child's development and age, and does not restrict the child's ability to receive education.

In the cases identified, there was only one fact when children were growing up without a mother and the father did not have adequate skills (although he had willingness and motivation) to look after a two-year-old toddler. In two cases out of ten, one parent was addicted to alcohol which resulted in physical abuse of the child. In two cases, lack of attention from the side of a parent resulted in juvenile crime (presumably). Out of ten families, five had more than four underage children.

Dusheti Municipality



The focus group revealed 10 needy families. Among them, in five cases children lacked parental attention and in three cases parents had insufficient skills. Problems caused by alcohol addiction of the person (at least one person) responsible for the child was identified in five cases (4 father, 1 grandfather/grandmother). The facts of child abuse were identified in four cases; three families had underage children with health problems. In three cases, the children lived in conditions which were threatening to their lives and health. In one case, an underage child was forced to do heavy work.

It shall be mentioned that in one out of 10 families, the children were moved to a foster family as a result of the social worker's efforts and in another case, a mother left an abusive, alcohol-addicted father and took the child to Kakheti. Therefore the study team excluded any intervention with this family from the very beginning.

Tianeti Municipality



The focus group in Tianeti revealed 17 cases in total. Analysis of the identified cases showed that in ten cases, the major problem in the family is the incapability of the parent, by which the parent systematically violates the fundamental rights of the child to health, education, and development. Physical abuse was revealed in one family. Three families have children with a disability and among them, in one family the main caregiver of the child is the grandmother (father unknown and mother is dead). Like the focus group participants mentioned, the children in these families are not deprived of care and attention and the risk of child abandonment by the family was not identified. In the majority of cases, at some point there was a need to remove children from families because of extreme poverty. However, the children still stay in their biological families (absent of the mother in all cases).

There were only two families with more than four children. In both cases, there was a clear indication to parent's incapability; child negligence by the parent was revealed in the kindergarten. The child has some health problems but was ignored by the mother regardless of numerous warnings by kindergarten staff and the doctor.



At the beginning of focus group meetings, the participants mentioned that one of the main reasons in the municipality is migration of mothers to a foreign country to earn money. In many cases, this leads to leaving children without proper attention. One such fact was mentioned at the focus group, a ninth-grade child was left with an alcohol-addicted father.

Kazbegi Municipality



In total, seven problem families were identified at the focus group. The analysis of the obtained information showed that in all seven cases, the major problem is economic poverty. However, in one case, there were signs of child negligence by parents. Among these families, five families have three or more underage children.

It is worth mentioning that Kazbegi municipality is one of the highest mountainous regions in Georgia where the size of the population and respectively, the number of underage children is quite low. It was mentioned that only 45 children graduated school last year. Due to the scarcity of the population, quantitatively fewer problems are revealed in the municipality and the ones that are identified are mainly caused by socio-economic difficulties and geographical location. According to the social worker of the Kazbegi district center of LEPL Social Service Agency, only a few children were removed from the families and placed in foster care.

It can be assumed that child negligence is rare due to the very traditional and conservative lifestyle of the population; as such there are rare cases of taking children out of the families. However due to various internal or external factors, youth often face different risks which obviously violate their rights. In certain cases, the problem of alcohol addiction (predominantly fathers addicted to alcohol) was identified, which obviously increases the risk of domestic violence and child abuse (psychological violence, at minimum).

Discussion



Analysis of information obtained at the focus groups revealed a complexity of problems in four families in each municipality that were at risk of child abandonment. As a rule, the problems in these families are caused by different reasons and respectively, lead to different needs.

Since the main aim of the focus group was to reveal four of the neediest families, we selected the families where different rights of the children were coarsely violated, particularly rights to development, education, and healthcare, as well as the families with clear signs of violence and negligence where state services failed to prevent child abandonment.

Special emphasis was placed on families where several problems can be addressed at once and on the repeated problems in the municipality. When selecting the cases, the working group took another important factor into consideration: not to choose families with almost identical problems in order to avoid narrowing of the work area and leading the work only in one direction.



Current situation in the region with regard to family strengthening and prevention of child abandonment



As mentioned in the study goals and objectives, the main objectives of this part of the study were the following:

- Assessment of the efficiency of current social programs in the area of family strengthening and prevention of child abandonment with participation of the program implementers
- Evaluation of the coordinated work of various sectors operating in the field
- Evaluation of people working in the sphere in terms of knowledge and attitudes towards the issue

The second part of the focus group questionnaire (Annex 2) was dedicated totally to the analysis of this topic.

SSA social workers mentioned that the services they offer to the beneficiaries for family strengthening, child development, and prevention of child abandonment are covered under the State Social Rehabilitation and Child Care Program. They believe that current programs play an important role in the field of family strengthening, however, there are a number of restricting factors, including the fragmented nature of services which affects the overall performance of the reform.

According to the survey the biggest problem with regard to availability of services was a long waiting period for inclusion of beneficiaries in the services. Focus group participant social workers named the long waiting period as the main problem for engaging families in the sub-program of urgent assistance for families in crisis situations, which often makes the service unavailable for a large number of beneficiaries. “Quite often, there are cases when the child turns one without ever applying the food voucher provided under the program,” said one of the SSA social workers.

At the focus group discussions, social workers emphasized the efficiency and importance of the sub-program for early childhood development. Long waiting period was also a problem here, although a bit less acute. The main factor hindering the availability of the sub-program is an absence of the service providers in the region. Local populations do not have sufficient finances or time to travel to other regions, which obviously restricts their right to access the service. The problem was especially serious in Tianeti and Kazbegi municipalities.

One of the major problems named in the discussion about family strengthening services was the absence of day centers for “children ages 6 to 18 without a disability status who are at risk of abandonment” in Mtskheta town, Mtskheta community, and Dusheti municipalities.

In the families at risk of child abandonment, one of the major problems was child negligence that caused a big risk to full-fledged development of the children and their lives. The main reasons for this negligence were poverty, parental mental disorders, and inexperienced parents. But regardless of the diversity of root causes, the child’s interests are protected mostly by the social worker.



It shall be mentioned that all social workers participating in focus group discussions emphasized the low efficiency of prevention activities carried out in this field, caused by insufficient quantity of family support services or absence of such services. Social workers also find unfixed working hours and a big workload frustrating. Considering the diversity of services and the workload, they give preference to emergency crisis interventions. The huge volume of the bureaucratic work seems to be frustrating, too, because it takes up an important part of social workers' time.

Another problem that social workers face in their daily work is disorganized local transport. Social workers often have to travel to/within the villages and return back to Tbilisi or municipal centre on the same day, and then go to another village. Obviously this significantly restricts social workers' ability to work with families in the area of development of positive and efficient parental skills and in identifying age-related specifics of children. When asked about the experience and knowledge with regard to parenthood skills and their development, the majority of social workers mentioned that they need to deepen knowledge and learn more about the recent trends.

When asked about the support from the local municipality, preschool institutions, general educational institutions, and primary healthcare units, the social workers answered that the representatives of each sector are actively involved, but referrals are still quite low. However it is important to mention that the medical personnel of primary healthcare centers were named as more active in terms of referring cases to social services.

The focus group meetings showed what representatives from each sector think about the low number of referrals from their side. Particularly they say: "We don't want to involve social service in each particular case to avoid separation of children from their parents" and, "You know, this is a small district, everybody knows each other and it won't be nice if you call and the child is taken away from their parents." These comments show that the representatives of various sectors have not acknowledged the role, function, and duties of the social worker. Besides, they do not understand the real essence of the problem.

As mentioned earlier, along with state social programs in the region, there are also municipal social programs targeted to the social welfare of people. However, family strengthening and the prevention of child abandonment were not mentioned as a priority of social programs in any of the municipalities. Municipal programs offer families and children only monetary assistance rather than family strengthening services. These are mainly one-off assistances; a proper needs-assessment is never conducted when approving the programs.

Besides, when the municipalities provide social assistances for the beneficiaries or when they develop social programs, they do not consult or exchange information with the regional centers of LEPL Social Service Agency. The municipality staff declared that they do not know the social services of the agency: "Well, it is good if the state has such program and provides food for infants"; "What do the social workers do apart from taking children out of families and giving the families some unclear scores...". Moreover, none of the representatives of the local municipality had correct information about the social worker's functions and work. Quite often they associated social



workers with social agents. For instance, one of the municipality employees said, “It will be good if social workers consulted us before giving scores to the families.”

The employees of preschools and general educational institutions said that usually they do not know what to do when working with a child who has difficult behavior. The majority of preschool staff said that if a psychologist and special education teacher were available and engaged, the problems related to child development and protection would be mostly resolved. The staff of general educational institutions said that schools do not have a sufficient number of psychologists to resolve the problem.

Besides, the survey revealed that the number of doctors and outpatient centers is not sufficient in the municipalities and for this reason, like the doctors say, it is impossible to provide intensive monitoring on families by the doctors and nurses or to facilitate provision of healthcare services for children and working with parents in this direction. Some of the representatives of local municipalities and preschool institutions did not have information about their own obligations defined by the child protection referral procedure. And among those who had information about the procedure, the majority did not know and could not acknowledge their role in the protection of children from violence.

It shall also be mentioned that the focus group participants often used discriminative terminology with regard to children. There were cases when the participants showed lack of knowledge about the state child care services. For example, they could not differentiate between “child adoption” and “temporary removal from the family.”

The participants of Mtskheta and Dusheti focus groups stressed the absence of rehabilitation services for alcohol-addicted persons. Moreover, participants from all four municipalities referred to the necessity of psychological services and its importance in the area of childcare and child development.

Civil sector representatives participating in the focus group emphasized the hard economic conditions of families and also mentioned that involvement of psychologists and special teachers in preschool institutions is extremely important.

Some of the most important problems named in Kazbegi municipality were the absence of the municipal transport in some of the villages, low qualification of medical personnel, unemployment, and economic poverty.

Conclusion:



The main goal of conducting the focus group meetings in Mtskheta-Mtianeti region was to identify the families at risk of child abandonment and to study current services. Once again, the study showed a high indication of child abuse in the region, in particular, negligence and psychological and physical violence.

As a result of focus group meetings, 20 families were identified and case management work began.

The focus group meetings helped to reveal the following problems – child abuse by parents is quite frequent (80%); one of the causes of child negligence is parental incapability (60%); and alcohol addiction and related problems (70%) are also quite common. The respondents mentioned three cases of child negligence due to alcohol



addiction of the parent. As for poverty, economic hardship, and unemployment, every family has these problems.

Moreover, in cases where the child was orphaned by one parent (mostly mother), the persons (father, grandmother) responsible for the child lacked the necessary skills for child-rearing and development. Quite often, the child's right to education, development, and rest was violated, especially in families with many children where elder children have to look after the young siblings and fulfill the role of a "caregiver."

Annex 1

Family Strengthening in Mtskheta-Mtianeti Region

Non-governmental organization Civil Society Development Centre (CSDC) has been leading advocacy campaigns for vulnerable women and children since 2010. CSDC supports beneficiaries in the area of social integration, protection of civil rights, and provision of innovative technologies and informal education programs in order to enhance their resilience and dignified life.

Since June 1, 2017, CSDC has been implementing a project Family Strengthening in Mtskheta-Mtianeti Region. The project is carried out within the framework of the program "Cooperation of Strengthening Families in the Regions of Georgia." The program is funded by the European Union and Austrian Development Cooperation Agency within the framework of the project "Social Workers for Social Change in East European Countries." The latter is implemented by the Georgian Association of Social Workers in cooperation with four partners: Hilfswerk Austria (HWA), Armenian Association of Social Workers (AASW), Azerbaijani Social Workers Public Union (ASWPU), and Nursing Association of the Republic of Moldova (NARM).

The project goal:

Strengthening of families with vulnerable children to prevent family separation.

The focus group objective is to identify in each municipality families most at risk of child abandonment for follow-up work on the cases identified.

Your participation in the focus group discussion is important in the process of developing new municipal programs.

The confidentiality of each participant is guaranteed.

Address: Tbilisi, Al. Kazbegi avenue N47, 0177

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Thank you for your participation!



Annex 2

Identifying the risk factors for child abandonment

The UN Convention on the Rights of the Child refers to various rights of the child, particularly right to life, health, education, development, adequate living conditions, holiday and recreation, play, protection from discrimination, protection from any form of violence and exploitation, etc. The Convention also states that the family environment and living with parents is the best place for child's development. Respectively, states shall not spare efforts to ensure that parents provide normal and adequate development for their children.

Pursuant to the UN Convention on the Rights of the Child, the best interest of the child shall be protected by supporting the child's family (Article 18). Article 9 of the Convention emphasizes the privilege of the family environment for the child. Article 27 states that it is the obligation of the state to ensure financial assistance and support programs for families with children. In accordance with Article 19, the child shall be protected from all forms of violence and preventive measures shall be taken to introduce social programs that aim at implementation of preventive activities to support families with children.

Therefore it is important to know the risk factors for child abandonment and to study the typology of vulnerable families who cannot protect the rights of children as foreseen in the Convention.

Quite often different social factors, including the combination of family and social stressors, lead to the isolation of children from families and their placement in the state care system. These factors include: the absence of parents or other caregiver around the child, poverty, unemployment, homelessness, health problems of family members, change of family composition (divorce, second marriage of the parent), ethnic origin, migration of the family, domestic violence, disability or asocial behavior of the child. Among these factors, in Eastern Europe and Central Asia, one of the leading factors is a child's disability. In accordance with UNICEF, children with disabilities are 17 times more likely to appear in childcare institutions in Eastern Europe and Central Asia than for healthy children (Palayret, 2012).

The State shall put family strengthening policies in place in order to mitigate the negative effects of the above-referred factors on children's rights (UNICEF, 2010). Moreover, the state shall ensure that all causes for placing the child in the 24-hour care system are followed. Legitimate causes for placing the child in the 24-hour care system are: the child is a victim of abuse or is at risk of violence; or the child is abandoned or orphaned by both parents and there is no person who would take care of the child. The child shall not be separated from the family due to stigma, disability, or social rejection purposes. Family support services, financial transfers, social living, and other measures of poverty elimination shall help the families to cope with difficulties in life and become resilient.



Questions for focus group participants:

1. Can you think of a child who is a victim of abuse or at risk of abuse? Please recall the form of violence (physical, psychological, sexual, economic violence, negligence, coercion). How can you recognize the signs of violence?
2. Can you recall a child who was abandoned or who is orphaned by both parents? Is there anyone who takes care of the child? Is the caregiver capable to raise the child (from a financial, physical, knowledge, and education perspective)?
3. Can you recall children who systematically miss school and kindergarten? How do you behave in this case? What was the result of your interference? What is usually the reason for missing school?
4. Do persons with disabilities use educational programs and other services that are used by other people? What is the attitude of families and public?
5. Can you think of a case when the child's personal documents were not in order (e.g. birth certificate)? Is there a registration problem in the municipality? Can you recall a fact when the child had no registration documents? Is there a maternity center in the region where a pregnant woman would receive a qualified service?
6. Can you recall a case of child labor? What type of work are the children usually occupied in? Does this type of labor restrict the rights of the child to education, rest, play, and development? Does it put the child's health at risk?
7. Are there any healthcare, social, sanitary or other type of services that help families in strengthening, poverty elimination and contribute to the development of children? How does it work?
8. Are there investments made in the early childhood period? Are there any early childhood development programs and services, rehabilitation/abilitation, preschool institutions?
9. Are there adequate living standards offered to families through the combining of various benefits? What are the services in this respect? If there are no services, what is the reason? What is needed to create and deliver such services? Have you heard of any negotiations about this issue with any of the sectors?
10. Are the children supported to participate in games, cultural life, or decision-making processes? Are there relevant organizations or institutions in the municipalities? Do the socially-unprotected families, families with many children, orphans or abandoned children, divorced or other type of vulnerable families receive any benefits for these kind of services?
11. Are there any efforts made to strengthen family support or alternative care services? Do any of the services work in this direction?
12. Have you heard about the services of non-governmental organizations or programs for parents' education, day care services for children, legal consultations for families, individual/family therapy sessions or connection with respective services? How do these services and program work?
13. In your opinion, what services should be put in place to address the problems named by you? What services would you like to be introduced for family strengthening?



Notice:



For the success of the Child Welfare Policy, it is crucial to support positive parenthood. Based on recognition of the rights of the child, positive parenthood means taking care of the child, supervision, strengthening, and non-violent upbringing (Council of Europe, 2006).

Child care policy shall foresee development of the universal society where the state invests in families with children. European approaches, on one hand, focus on having universal policies, and on the other hand, on developing additional targeted policies specially dedicated to vulnerable populations (Council of Europe, 2006).

Family strengthening service makes the family stronger and keeps it together. It may mean development of parents' competencies and improvement of quality of life which overall affects the condition of the children (Eurochild 2013). These are the directions of the family strengthening services: parents' education, helping with child care during day hours, providing legal consultations for families, therapy sessions for the family/children, and connecting them with services.

Evidence of the efficiency of family support services is mainly available in high-income countries. Their positive influence is proven by the data of birth registration, prevention of child labor, child marriage, and family breakdown. Poverty reduction strategies also affect reduction of violence against children (Barrientos A.J., 2013).

Parenthood becomes especially difficult when there are risks of social rejection. Therefore guarantees of social rights are extremely important for the welfare of families. UNICEF, in its social protection agenda, gives privilege to support of the family and parenthood. UNICEF defines social protection as "Unity of public and private policies and programs aimed at prevention, reduction, and elimination of economic and social vulnerability that cause poverty and deprivation" (UNICEF, 2012). The right to social protection is explained by UNICEF as the right to access basic income, basic forms of healthcare services, shelter and living, water and sanitary conditions, food and education.



Recommendations for Municipalities and State Authorities

*Recommendations were developed within the framework of the project
“Family Strengthening in Mtskheta-Mtianeti Region”*

The project “Family Strengthening in Mtskheta-Mtianeti Region” aims to strengthen vulnerable families with children and to prevent child abandonment. The project also aims to make a detailed analysis of the problems and gaps at the legislative and institutional level; to facilitate coordination among local municipality, civil society organizations, and other stakeholders; to raise awareness among the local community about the fundamental rights of the child, state care, and local programs and services; and to provide in-service training for the employees of local municipalities, general educational and preschool institutions, and primary healthcare units.

Moreover, one of the objectives of the project is to develop relevant recommendations for local governments and state authorities. This document provides recommendations as well as the results of the focus group study, the results of work with target families identified through this study, and the outcomes of the individual advocacy campaign, round-table meetings, and the analysis of active legislation. Overall, the analysis of information generated in the study shows that violation of the child’s rights is complex and multi-factorial, and requires a multi-sided and systemic approach.

For the purposes of identifying the problems faced by families with vulnerable children and finding a solution, a survey was carried out in five municipalities of Mtskheta-Mtianeti region. The survey participants were social workers of the regional center of Mtskheta-Mtianeti Social Service Agency, authorized persons of local municipality (heads of social service units, governor’s representatives in the administrative units of the municipality, members of Sakrebulo), teachers, administrative staff of schools, medical personnel of primary health care units, and the representatives of the local community.

As a result of the study, advocacy campaigns, and round-table discussions in five different municipalities of the region, certain problems were identified in child abandonment and family strengthening areas. Some of these problems are common for all municipalities, however, some were specific only to certain municipalities.

Common problems in all municipalities



The focus groups conducted within the framework of the project revealed that quite often the precondition for violation of the child’s fundamental rights was lack of adequate skills of parents or other responsible people in the family to meet the basic needs of the child. The awareness level about the conditions necessary for adequate child-rearing and development is very low. Failure to meet the basic needs of the child quite often leads to creating an environment that is dangerous for the child’s health (improper hygienic conditions, hypo-nutrition) and becomes reason for child abuse. It



can be physical abuse or some form of psychological violence and negligence; also forcing the child to work or restricting access to basic education.

Focus groups also showed that alcohol addiction and domestic violence are common in all municipalities.

Beside the aforementioned, the following difficulties were revealed:

- Insufficient number of social workers
- Lack of special teachers in schools and preschool institutions
- Unavailability of specific services foreseen in the State Program of Social Rehabilitation and Child Protection in Kazbegi, Mtskheta, and Dusheti municipalities
- Lack of village outpatient units, village doctors, and nurses

Recommendation on increase of the number of SSA social workers, especially in Mtskheta and Dusheti municipalities; Provision of transportation and in-service trainings for social workers.

The focus group meetings revealed that the total incapability of the parent or caregiver to care for the child and ensure the child's adequate development is a serious problem in the target region, leading to child negligence.

The education of parents and development of their parenthood skills is the function of social workers, carried out individually at each visit to the family.

The social workers named the circumstances seriously hindering them from full and efficient implementation of their functions:

- Low number of social workers working in the region
Only 11 social workers are represented in the region where the population is 94 000. An insufficient number social workers leads to disproportional volume/amount of work to be fulfilled by each social worker. This workload is impossible to carry out even in conditions of long working hours. Besides, there is a diversity of social services on which each social worker has to work along with managing the case files.
- Problem of public transport/transportation is a serious frustration for social workers to do their job
Since there is no special transport allocated for them, social workers have to travel by local municipal transport which is a serious barrier for efficient implementation of work. Quite often, social workers have to travel from one village to another, then return to Tbilisi or other municipal center and travel to a different destination on the same day. Again, this reduces social workers' working time and frustrates completion of the fulfilled work.
- Lack of professional, educational, and in-service training programs
As mentioned in the report, one of the serious problems for social workers in the Mtskheta-Mtianeti region is the lack of professional, in-service training to deepen their knowledge of how to support families in child development and enhance their positive parenthood. Like social workers say, the specificity of their work requires continuous education, development, and deepening of their professional knowledge and skills. However, they do not have such opportunity. Professional



growth of social workers is one of the most important preconditions for enhancing the efficiency of family support services.

We do believe that the Ministry of Labor, Health, and Social Affairs shall increase the number of social workers, provide them with transportation and in-service trainings or other educational programs in order to improve their working environment, as well as contribute to parental education and efficiency of social work in developing parental skills.

Recommendation on timely identification of child negligence and child abuse cases and referral to the relevant authorities by local municipalities and early/preschool educational institutions.

The focus group discussions revealed that child negligence and child abuse cases are quite frequent in the studied region leading to the violation of the fundamental rights of the child.

It shall be mentioned that the N437 Decree of the Government of Georgia on Approving Child Protection Referral Procedures (issued in 2016) is one of the major mechanisms for prevention and avoidance of child abuse and negligence cases.

Pursuant to the above-referenced Decree, the general educational, early childhood, and preschool institutions, primary healthcare units, and local municipalities are the first-level institutions in terms of identification and prevention of child abuse and negligence cases. By the same Decree, these institutions have the responsibility to notify authorized person (law enforcement organs or social service agency).

Various activities carried out in the region within the frames of the project (focus group meetings, round-table discussions, etc) show that the referral rate by general educational, early and preschool institutions, and local municipalities is very low. The participants of focus group discussions say that the low indicator of referrals from the aforementioned institutions is conditioned by lack of information, low awareness of social worker's functions and work, and general regard for the importance of social work. Obviously this is due to lack of cooperation and information sharing at the intersectoral level. We do believe that in order to deepen cooperation and enhance exchange of information among these agencies, it is important to hold joint work meetings and discussions, where each authority would present their functions and obligations in the childcare sphere as well as their duties and obligations defined in the 2016 N437 Decree on Approving Child Protection Referral Procedures. In this way, there will be better understanding of the obligations of each authority and efficient response to the cases of violence.

In compliance with the Decree on Approving Child Protection Referral Procedures, LEPL Social Service Agency has the most important role in the area of child protection. It has the responsibility to begin a case, if there is a reasonable doubt of violence against the child, on the basis of written, telephone, and/or any other type of notification or if identified by the Agency itself.

Article 1 (2) and its sub-paragraphs "a" and "b" state that the Agency shall be involved in the referral procedure if:



- a) The fact of abuse is confirmed and the child is moved to temporary care outside the family and/or permanent place of residence.
- b) Information received shows a reasonable doubt that the child was or is a victim of abuse.

LEPL Social Service Agency, as a guardianship and curatorship organ, has so-called regional panels, the functions of which are defined in the N04-404/o Decree of the Social Service Agency on Approving the Typical Statutes and Structure of Regional Panels of the Guardianship and Curatorship Organ, dated September 23, 2013.

Article 5 of this Decree defines the functions of the panel. Paragraph “c” states that “the panel shall be entitled to provide assistance for prevention of violence against the individual, to define the period for assistance, and to review the case in future, i.e. make decision about extension, continuation, termination, or closure of the assistance.”

The above-mentioned authority of the Social Service Agency is extremely important for the prevention of violence against children. Timely implementation of this competence greatly depends on timely implementation of obligations and authorities defined by referral procedures for the institutions involved in referrals.

Therefore, we do believe that preschool and early childhood institutions, general educational establishments, and the municipalities shall ensure efficient implementation of the rights and duties foreseen in the referral procedures. This will allow notification of the Social Service Agency or other authorized organs at a very early stage and will become an efficient precondition for prevention of child abuse cases.

Inclusive education, lack/absence of special teachers and psychologists in early or preschool educational institutions

Focus groups carried out within the framework of the survey revealed that early and preschool educational institutions of all five municipalities lack the professionals who are important for making inclusive education accessible. Inclusive education means involvement of all children in the educational process regardless of their capabilities, social, linguist, ethnic, racial, religious, gender, or other peculiarities.

The representatives of preschool care and general educational institutions participating in the focus group discussions admitted that quite often, they do not know what to do with children with difficult behaviors. To resolve this problem, local municipalities shall ensure having professional human resources of state standards in early and preschool educational institutions within the administrative borders of their municipality.

In accordance with the article 18 of the UN Convention on the Rights of the Child, the States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child and they shall render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children; the states shall take all appropriate measures to ensure that children of working parents have the right to benefit from child-care services and facilities for which they are eligible.



In the context of the aforementioned obligation, it is interesting to look at the article 16 (i) of the Organic Law of Georgia Local Self-Government Code, which states that it is the responsibility of the local government to establish preschool and early childhood educational institutions and to ensure their operation.

It shall also be mentioned that in June 2016, the Parliament of Georgia adopted a Law on Early and Preschool Education. Its article 3(k) defines inclusive education as “an educational approach within which the education system ensures quality education for every child at institutions considering their individual necessities, regardless of their physical, cognitive, sensory, social, emotional, linguistic, ethnic, racial, religious, gender, or other particularities.”

Article 8 of the same law foresees authority and obligation for the Ministry of Education and Science to prepare and submit to the Government of Georgia for approval state standards for preschool education and professional standards for caregiver-pedagogues.

On October 30, 2017, the Government of Georgia issued N488 Decree on Approving State Standards of Early and Preschool Education. The standards are mandatory for all preschool and early educational institutions, regardless of their legal status. Pursuant to the article 3(d) of State Standards for Early and Preschool Education, one of the main goals of state standards is to ensure study process for every child, including the children with disabilities or special educational needs.

Moreover, on October 27, 2017, the Government of Georgia issued N478 Decree on Approving Professional Standards for Caregiver-Pedagogues, which define the competence level, knowledge, skills, values, and attitudes a caregiver-pedagogue shall possess for planning, leading and evaluation of the pedagogical activities at preschool and early educational institutions.

Professional standards are also mandatory for the pedagogues of all early and preschool educational institutions, regardless of the legal status of the institution.

In accordance with professional standards, the caregiver-pedagogue shall be aware of various types of disorders that restrict a child to study and function independently. Professional standards also cover inclusive education which means supporting children with disabilities or special educational needs in studying/obtaining education by designing an individual education and development plans for children.

Moreover, Article 8 of the Georgian Law on Early and Preschool Education defines authority and obligation for the Ministry of Education and Science to prepare a list of educational resources and elaborate methodological resources based on principles of inclusive education, and to ensure the availability of such resources for municipalities. With regard to the municipalities, the Law foresees obligation to ensure inclusive education for all.

We do believe that in order to ensure unrestricted participation of all children in the educational process, all five municipalities and the early childhood and preschool institutions within their administrative borders shall provide human resources of relevant qualification, who meet the requirements of the State Standards.



Recommendation on strengthening the institute of village doctors under the Ministry of Labor, Health, and Social Affairs.

The focus group meetings revealed the lack of village doctors that restricts the village population to access primary healthcare services.

Pursuant to the Annex N19.1 of the N638 Decree of the Government of Georgia on Approving State Healthcare Programs, the so-called village doctors' program covers such services as a visit to the doctor/nurse, calendar immunization, examination of new patients' health condition, supervision on the development of children and youth, and visit of the doctor/nurse to children under the age of three.

So-called village doctors play an important role in the prevention of violence against children. On September 12, 2016, the Government of Georgia adopted N437 Decree on Approving Child Protection Referral Procedures, which defines the rule for coordinated work between the authorized state structures in the field of child protection; also, mechanisms for efficient and urgent respond to the cases of child abuse and duties and obligations of authorized organs related to protection of the children's rights and best interests.

In compliance with the above-mentioned decree, providers of healthcare services, including village doctors, in case of suspicion, shall analyze the case and if the doubt is reasonable, shall immediately notify the police and Social Service Agency.

Apart from identification and analysis of child abuse cases, the village doctors shall also be entitled to carry out preventive measures, including raising awareness of the child's parents, legal representatives, and other people in child development and child care issues.

Respectively, the institute of village doctors is a very important component of the child care process which can reduce the risk of child abuse, negligence, or abandonment.

The number of village doctors and healthcare units by regions is defined in N01-264/o Decree of the Minister of Labor, Health and Social Affairs "On identifying the number of doctors and healthcare centers by relevant administrative-territorial units of the State Program and on defining the 'Doctor's Bag'," issued as of December 23, 2013. It shall be mentioned that access to the services of village doctors' program is quite limited due to the small number of doctors and nurses' dispensaries. For instance, in Dusheti district, which has 246 settlements, only 51 doctors' or nurses' dispensaries are foreseen and in Kazbegi, there are no such dispensaries at all.

Consequently, we do believe that it is important to provide a recommendation to the Ministry of Labor, Health, and Social Affairs and the Social Service Agency about increasing the number of dispensaries for doctors and nurses in Dusheti municipality and opening of such dispensaries in Kazbegi municipality.

Recommendation for the Ministry of Labor, Health and Social Affairs on provision of possibility to identify the status of disability in Kazbegi district.

The focus groups conducted within the study revealed that Kazbegi municipality has no medical dispensary that would have an authority to determine the disability



condition. The local population has to travel to Tbilisi to get the status and undertake examinations in the institution of relevant authority.

It is worth mentioning that the concept and categories of the person's disability is defined by the Law on Medical-Social Expertise and the status of disability is defined in compliance with the 1/N Decree of the Minister of Labor, Health, and Social Affairs on January, 2003.

Pursuant to the above-mentioned Decree, the decision about granting the status of disability is made by a relevant medical institution which received such authority on the basis of selection for two years' term.

In compliance with the same Decree, selection of the institution that grants disability status is carried out by the State Agency for Regulation of Medical Activities of the Ministry of Labor, Health, and Social Affairs. The Agency has to publish the call for proposals at least seven days before the selection process. Selection criteria are agreed upon with the Ministry.

Respectively, to resolve this problem it is recommended to have consultations with the local healthcare institution in Kazbegi as well as with the Ministry or State Regulatory Agency for Medical Activities.

Recommendation on making the food voucher service foreseen in 2017 Social Rehabilitation and Child Care program accessible in the Kazbegi municipality.

The focus groups revealed the problem of availability of the service foreseen in 2017 Social Rehabilitation and Child Care Program in Kazbegi municipality — in particular, lack of the emergency assistance for families with children facing challenging times. This sub-program, among other assistances, also foresees disbursement of food vouchers for families with children under the age of one. In order to be eligible for the voucher, the family has to be registered in the Central Database of Socially Vulnerable Families and shall be granted less than 65 001 scores at the moment of filing the application.

Food vouchers are disbursed on the basis of the Agency decision. The voucher is valid for 12 months after such decision, and if not used for two months in a row, the voucher becomes invalid.

The food vouchers service is provided by the entity with which the Agency has concluded a contract, in this case, a chain of pharmacies, Aversi and GPC. However, neither of these companies has a store in Kazbegi district. Therefore, families in extreme poverty cannot use this service at all or if they do, they have to spend additional costs on transportation to the town or settlement where these pharmacies have stores. Respectively, we believe that the Social Service Agency shall ensure additional procurement contracts with the provider who has a trade outlet in Kazbegi district.

Recommendation on provision of the day center services foreseen in 2017 State Social Rehabilitation and Child Care Program in Mtskheta and Dusheti municipalities.



The focus group meetings revealed that Mtskheta and Dusheti municipalities have a necessity of the day center service which is foreseen in 2017 Social Rehabilitation and Child Care State Program.

The day center service foreseen in the State Program of Social Rehabilitation and Child Care aims to support the target group families and to prevent child abandonment. The target group of the sub-program are children ages 6–18 who are at risk of abandonment, who do not have a disability status, and whose families are registered in the central database of socially-vulnerable people with the rating score below 100 000.

The sub-program foresees provision of daily service (excluding weekends and holidays) for the target group families for six hours a day including meals.

It shall be mentioned that state involvement in the day center service is limited to setting childcare standards and to identifying that the service provider is a registered provider. Neither central nor local government organs participate in creating the day center in any other way.

Even though there is no official obligation, we do believe that the municipality shall actively work in identifying entities who would meet the state childcare standards and establish a day center. The municipality can offer the potential candidate provision with necessary real estate or coverage of utility bills or any other kind of assistance in order to help and encourage the entity develop a day center in a specific settlement.

In Mtskheta and Dusheti municipalities, such a center would facilitate prevention of child abandonment or child abuse in socially vulnerable families. It will contribute to emotional and social development of children at risk of abandonment and inclusion of the service beneficiaries in preschool or general educational processes.

Initiating a program that is oriented on family strengthening.



In order to improve the living conditions of families in the region, to create normal working conditions for social workers and to use budgetary resources for developing services oriented on family strengthening, it will be reasonable to establish a Community Center Program in the region.

This survey gives us grounds for belief that Civil Society Development Centre, in cooperation with local municipalities, will develop and initiate a Community Center pilot program in at least one municipality.

Activities to be carried out:



1. To raise awareness among Mtskheta-Mtianeti municipalities (Mtskheta, Dusheti, Tianeti, Kazbegi) about the programs to be implemented and to select municipalities willing to implement the pilot program.
2. To conduct focus groups with the participation of local municipality, LEPL Social Service Agency, and sector specialists in order to identify the needs of the



particular community, to support strengthening of families, and/or to encourage positive parenthood.

3. To develop a Community Center program.
4. To share the results of the work with other municipalities of Mtskheta-Mtianeti region.
5. To lobby Community Center program implementation in various municipalities.

Target results:



The development of Community Centers in Mtskheta-Mtianeti region will facilitate the initiation of the municipal programs that are tailored to the needs of the community and family strengthening. In the future, it will be possible to roll out the experience to other municipalities if the pilot program is successful.

