
EXECUTIVE SUMMARY

Central and Eastern Europe and the former Soviet Union (in World Bank terminology, the Europe and Central Asia or ECA region) inherited a child protection system from the socialist period that placed excessive reliance on institutional care as a means of looking after children who were unable to remain with their birth parents in the shorter or longer term. Despite the collapse of the ideology that supported this strategy, the numbers of children living in institutional care is higher in many parts of the region than in 1989. This rise in the institutionalised child population is the most disturbing new trend but it parallels a worrying increase in the numbers in all forms of public care over the last ten years. Although important new services have emerged aimed at reducing the level of use of institutional care, the overall pace of reform has been too slow to provide a sufficiently strong safety net to either prevent entry to care or to stop the flow to institutions. Whilst it is fully acknowledged that the huge changes of the last ten years have provided a very difficult environment for bringing about systemic change, the trends suggest that more proactive strategies are needed than are currently in place to make de-institutionalisation a reality.

The aim of this paper is to provide a framework to help countries to adopt proactive strategies based on gatekeeping¹ which will bring about a shift from institutional care to family-based types of care. The gatekeeping project aims firstly to promote strategies to divert children from initial entry into public care through the development of community based support programmes to children and their parents and by improving the decision making about how to help children. A second aim is to ensure that where children enter institutional or other forms of state care they are not left to drift but that their situation is regularly reviewed and action taken to promote rehabilitation to their family and community.

This problem of targeting services to ensure the best outcomes applies to all countries providing welfare services. The rise in demand for social care services in many parts of the West over recent years has led to radical scrutiny of patterns of service delivery, their costs and effectiveness.

Gatekeeping is a key mechanism which planners have used to try and bring about a better balance between demand and supply and to ensure that services are targeted appropriately.

The paper has three sections. After briefly outlining the main problems in child care service delivery in the ECA, section I of the paper begins with a discussion of the nature of gatekeeping and its use in a range of health and welfare systems through an examination of the literature. It then outlines the basic elements needed to implement gatekeeping before looking at good practice in this complex area. Section II discusses the current use of gatekeeping in Eastern and Central Europe and Central Asia (ECA) before considering in Section III some of the issues to be addressed in order to maximise its impact. The paper provides an appendix which considers the problems in implementing gatekeeping and how they might be overcome.

¹ This paper is one of 3 looking at this problem. Complimentary papers are under preparation on redirecting resources to community based services and on standards and outcome monitoring

The paper argues, in line with a number of recent calls², that gatekeeping is 'a key concept of child protection reform' in the ECA region and that it has considerable potential to bring about a reduction in the numbers and rates of institutionalised children. But the paper also argues that to date gatekeeping has been an under-utilised strategy in this region. Although a number of new services have emerged to help reduce dependency on institutional care, the overall pace of reform has been too slow to provide a sufficiently strong safety net to either prevent entry to care or to stop the flow to institutions (Harwin 1996; UNICEF 2001). The main premise of this paper is that the adoption of active gatekeeping strategies in the ECA can help accelerate de-institutionalisation by preventing inappropriate initial entry into care and ensuring that those placed out of home are not separated from their families longer than is necessary.

What is the background to Gatekeeping in the ECA? UNICEF's (2001) latest regional monitoring report *A Decade of Transition* proposes the need for gatekeeping in the ECA on the basis of its review of trends in the usage of public care over the last decade. While it found 'significant evidence and determination in the region to bring about a shift to family based substitute care and to reduce dependency on institutional provision', it concluded that these goals had met with limited success. The main findings of the report are summarised below:-

- more children are entering public care than at the start of the decade
- more children who are not in public care are being placed out of home in institutions such as boarding schools
- the numbers and rates of children placed in institutions are rising, particularly amongst infants
- international adoption is playing a steadily growing role in public care strategy
- increases in the numbers of children in institutional care are frequently accompanied by increased use of foster care and of international adoption
- ethnic minorities are over-represented amongst children in care
- there are persistent difficulties in safeguarding the quality of care for institutionalised children and in some countries this had deteriorated over the decade.

Gatekeeping

What is Gatekeeping? Gatekeeping is essentially about targeting services. This paper identifies a continuum of models of gatekeeping. At one end of the continuum the gatekeeping aims to ensure that services are provided only to those who meet tightly specified eligibility criteria - others are debarred. Gatekeeping is used to ration and make effective use of scarce resources. At the other end of the continuum the focus is on the needs of the child. Here the emphasis of gatekeeping is on good assessment and matching services to individual needs.

Although in practice approaches tend to fall between these poles the different underpinnings lead to differences in gatekeeping practice. Where gatekeeping is more concerned with rationing, the role of the gatekeeper combines both

² See for example Bilson (2000); Herczog et al. (2000); and Rowlands (2000); UNICEF (2001)

the professional tasks and decisions about budgetary expenditure. At the other end of the continuum the roles are more likely to be separated and professionals are unlikely to characterise themselves explicitly as gatekeepers and to formalise this role.

What is the experience of using gatekeeping? Gatekeeping strategies have been used in a wide range of fields, and in some cases there is evidence in some cases of positive outcomes of the type needed in the ECA region. The report looks at the following areas which provide examples of gatekeeping and closely related strategies relevant to gatekeeping: -

- Gatekeeping in privatisation of US child welfare
- Diverting children from youth justice to child welfare
- Developmental work to match needs and services
- Refocusing services away from narrowly focused child protection to family support
- Raising thresholds and strengthening monitoring mechanisms for children in public care
- The development of performance indicators to measure compliance with targets, sometimes with rewards and sanctions for non-compliance

There remain a number of difficulties including the definition of service criteria; its use to cost cut without effective safety nets; and the possibility of gatekeeping leading to less access to services for the poor or people from ethnic minorities. Gatekeeping still lacks systematic research evidence, as does so much of social work practice. However none of these criticisms undermine the importance of establishing and developing good gatekeeping performed both by individuals and systems. Rather they show firstly that our experience is still fairly young and our knowledge base imprecise and secondly, that without proper safeguards, gatekeeping is vulnerable to abuse. At the same time the review has shown its potential to bring about new directions in service provision.

What are the basic elements of gatekeeping? The paper identifies 4 basic elements common to all the approaches to gatekeeping. These are:

- *An agency responsible for co-ordinating the assessment* of the child's situation. The process of assessment is complex and requires an organisational structure to employ staff to carry out assessments; to provide or purchase services, to keep records and to review plans for children.
- *A range of services in the community* to provide help and support to children and their families. The existence of a range of services in the community to help support vulnerable children and their families is a precondition for gatekeeping. At the same time there must also be a set of alternatives to institutional forms of substitute care including foster care and adoption. Gatekeeping is dependent on the possibility of choosing between alternatives.
- *Decision-making based on assessment and review* of children's needs and family circumstances. The decision-making process needs to cover a range of different decision points during the whole period that the child receives services. This 'service career' includes decisions regarding the initial referral through to the point at which the child no longer requires services. A particular issue in the ECA region is 'abandonment' of children where there is frequently little consideration

given to alternatives. Where a parent requests that a child be admitted it is important that there is an assessment and other options are considered. Where a child's parents are unknown this should include serious efforts to trace them. Services also need to be under regular review and, where a child is in state care, efforts made to return the child to family and community.

- *Information systems* to monitor and review decisions and their outcomes and provide feedback on operation of the system. In addition to the use of information centrally, it is important that it is used at a local level to gather key information and to form part of a strategy to empower managers and practitioners. The information must be meaningful to the users, simple to collect and easily provide feedback on the services for which they are responsible. Monitoring of this sort can be achieved without huge investment in computers.

What is best practice in gatekeeping? Gatekeeping has the potential to help systems change their focus and can generate specific procedures and mechanisms to achieve restructuring in the light of new agency objectives. It does so firstly by altering eligibility either to widen or restrict the categories of people entitled to services and by introducing tougher or more lenient filters for services. This is not necessarily about having more resources. Tolfree studied gatekeeping in Africa and he states "Good gatekeeping is more a matter of attitude and philosophy than the availability of resources" (Tolfree 1995 p. 53). The following components will ensure that gatekeeping is of high quality:

- *Fair and understandable criteria* for entitlement to services. These criteria will derive from primary legislation but will be adapted to reflect local need and resources. They need to have a high threshold for entry to public care. The law should also require gatekeeping for voluntary entry to public care by setting clear criteria for admission; requiring that families are offered other services; an assessment of the child's best interests is properly undertaken; or even by making the decision to voluntarily receive children into care subject to judicial or tribunal proceedings. The law also needs to provide an broad entitlement to family support for those in need.
- *Decision-making is transparent.* This can be achieved in a number of ways including recording the results of the assessments and reviews, how the decisions were reached and what plan of action is proposed. Another approach is to ensure that the decision does not rest on the judgement of only one individual but that a supervisor or other professional will review it.
- *Services are allocated fairly and consistently.* There needs to be a cadre of well-trained professional staff who are able to carry out needs assessments and decide on risk, severity of problems and what services are needed in the light of a comprehensive assessment.
- *Decision-making is monitored, evaluated and reviewed.* The information systems which are a basic element of gatekeeping need to be used to identify where differences in practice occur and to include a system of managerial review to identify where changes are necessary.
- *Children's services plans to identify objectives.* A planning system is needed in order to ensure that an appropriate range of services is

available. This planning process needs to be multidisciplinary; it requires a basis of good information starting with details of who currently uses the services; and its outputs should include explicit statements on the range of services to be provided and the objectives of and performance indicators for service delivery.

- *Gatekeeping is a process.* It requires ongoing monitoring of the plan for each child and a system to review and monitor cases at regular intervals and to record the results of any reviews.
- *A whole system focus.* Whilst it operates through controlling decision-making in individual cases a gatekeeping strategy has to assess its impact on both the operation of the child protection system and wider connected systems such as the special education.

What is the experience of gatekeeping in the ECA? The paper briefly reviews many positive developments in the region but concludes that the change needed requires a whole system focus. The current developments provide the building blocks for implementing gatekeeping but they are typically piecemeal and patchy both across the region and within countries and not followed through systemically. When the features outlined earlier that characterise best practice in gatekeeping systems are considered, implementation experience is still at a very early stage. Specifically, the work on classifying needs and thresholds has scarcely begun and not yet been linked in any coherent policy and service delivery response to prioritising cases. Efforts still need to be made to use “clear -and tough- criteria to warrant child separations from parents” (UNICEF 2001) as a mechanism for “deliberately narrowing the net whilst using broad-based eligibility criteria to widen entitlement” to services for vulnerable families”.. Active assessment and reviewing systems based on care plans for each child still need to be underwritten in law and policy and developed in practice.

What are the constraints on implementing gatekeeping? A number of difficulties will need to be tackled in order to achieve the basic elements of gatekeeping:

- *The need for a paradigm shift* in child care policy and practice. Whilst there is a growing acknowledgement of the limitations and disadvantages of institutional care for children amongst senior policy makers and practitioners alike, much of the system still operates on models of state paternalism and a deficit model of disability.
- *Shortfalls of suitably trained staff* in community services. Vigorous efforts to build capacity include setting up social work training programmes and, less consistently, retraining institutionally based staff. Despite this effort recruitment has lagged well behind the massive rise in child vulnerability.
- *Divided and overlapping responsibilities* between agencies. The fragmentation of responsibility and structure – including between statutory, voluntary and private sector - produces particular difficulties for effective gatekeeping. It leads to uncertainty over criteria for referral, fragmented interventions, duplication of effort and confusion for families who are left uncertain about whom to turn to when in need.
- *Weak laws.* One of the major areas of government action since the transition has been widespread reform of family law and child care legislation. However,

implementation mechanisms are often weak and key provisions to support active gatekeeping are missing.

- *Resources locked into institutional care*³. Four issues constrain the development of effective gatekeeping. First, perverse incentives to institutionalise continue in a number of countries where agencies can reduce their own expenditures by placing children in public care who are then funded from a different pot of money. Secondly, because institutional care absorbs the major element of expenditure in child care services it inhibits the development of community based provision. Third staffing is locked into institutional structures at the expense of community services. Finally institutions are often physically isolated and distant from the communities that they serve, so retraining staff and alternative use of the resources such as buildings is not feasible in these cases.
- *Weak management information systems*. Despite improvements, problems persist in data quality, range and utilisation as a planning tool. The common absence of flow data both at central government and local level makes it difficult to obtain a reliable picture of trends in respect of all substitute care options.
- *Lack of experience of applying an integrated gatekeeping strategy*. Many countries or regions have pioneered individual components of gatekeeping, very few have been able to link them together systematically.

Changing Minds Policies and Lives

We believe that local and national governments or the independent sector looking at the proposals we have laid out above will need to address the following challenges:

- Gatekeeping will require major changes not only in the decision-making systems and services but also more fundamentally in the attitudes and beliefs about children and the role of parenting. Reforms are unlikely to be effective without a shift from the paradigms of rescue, state paternalism, ethnic discrimination, and the deficit model of disability. Such a change will require staff, managers and policy-makers to reconsider the value they place on children, their rights and the importance of parents and families in the upbringing of children.
- Gatekeeping is a function of the system as a whole. It cannot be achieved by an incremental approach but requires a step change in the whole of the operation of the child protection system requiring new services, new decision-making processes, new roles for staff and managers and changes in the interactions between all these parts of the system.

These challenges will need a strong lead from national government and a clear strategic direction will have to be developed if this does not already exist. From the above review such a strategy would need to operate at two levels. This involves changes to be made both by central government and at local government level. In particular experience needs to be gained of a holistic approach to implementing gatekeeping. This does not mean that all aspects of child care need to be tackled at once but that key areas should be

³ This issue is covered in greater detail in the paper on transferring resources.

prioritised and a strategy for change in the whole system related to that area should be devised.

A similar approach is also feasible at the local level where selected targets can be tackled through a pilot aimed at implementing all four basic elements of gatekeeping in the specific target area.

The changing minds, policies and lives project intends to work with governments to develop toolkits which will help in the assessment of what needs to be done at the local government and the national government level. The toolkits will need to be developed and tested in partnership with governments before wider dissemination will be possible. In order to address these issues appendix 1 outlines for each of the four basic elements of gatekeeping what we regard as the major problems in many countries, the aims of reforms and the transition activities that are required to change policies in the country or locality. Not all countries will be at the same starting point on these issues and the tables are intended to help to identify priority areas on which to concentrate. The appendix is split between actions needed at the national level and at the local level. The templates, checklists and best practice examples we refer to in tables 1 and 2 below, are tools we think might be helpful when assessing the situation and starting to take steps forward.

Conclusion

The proposed strategy to implement gatekeeping aims to provide real practical support to policy makers and practitioners wanting to bring about reform. It provides an approach which can be developed both from the top down and from the bottom up. Gatekeeping has not proved easy to implement even in welfare systems not experiencing the widespread poverty and history of reliance on institutional care widely seen in the ECA region. This makes gatekeeping a challenging but essential reform.

These tables outline for each of the 4 basic elements of gatekeeping what we regard as the major concerns in many countries, the aims of reforms, the transition activities that are required to change policies in the country or locality and lives for children and their families. Not all countries will be at the same starting point on these issues and the tables are intended to help to identify priority areas on which to concentrate.

Table 1			
Local Level			
Major concerns	Target for strategy	Transition Activities	Toolkit
<i>An agency responsible for co-ordinating assessment</i>			
A range of agencies and ministries make decisions about children entering state care leading to a fragmented response	A single agency has responsibility for the coordination and management of assessment, developing and reviewing care plans	Local or national agreement about the agency to carry responsibility Staff training on assessment, review and gatekeeping	
<i>Range of Services</i>			
Little coordination of services and insufficient alternatives to institutional care	Range of coordinated targeted services to provide help and support to children and their families	Develop multidisciplinary planning system Develop new services	Best practice examples on planning Template for planning Changing Minds, Policies and Lives exemplary practice database
<i>Decision Making based on Assessment and Review</i>			
Decision making promotes institutional care, provides little or no review and not based on thorough need assessment	Decision making based on thorough assessment with criteria, assessment, review and gatekeeping mechanisms	Develop assessment process Develop gatekeeping arrangements Develop review system	Best practice examples Exemplars of gatekeeping arrangements Template for review system
<i>Information Systems</i>			
Insufficient information about reasons children enter institutions, background factors and careers through system	Sound information on the local system on which to base strategy	Develop or consolidate information system and/or study of local system	Checklist for study of local system Template for information system

Table 2			
National Level			
Major Concerns	Target for strategy	Transition Activities	Toolkit
<i>An agency responsible for co-ordinating assessment</i>			
No single agency is responsible for assessment, review and coordination of services at local level	A single agency has lead responsibility for the coordination and management of assessment, developing and reviewing care plans for children in need	Establish agency	Exemplars from ECA region
Lack of co-operation at inter-ministerial level prevents changes	Clear responsibility for services and a system to promote inter-ministerial co-operation	Setting up agreement and coordinating arrangements	
<i>Range of Services</i>			
Institutional care as main form of support, limited or no community based services	A range of targeted services providing support to families to care for their own children and substitute care.	Promote pilots of gatekeeping at local level including alternatives Promote transfer of resources from institutional sector to alternatives Develop standards for all services Set up and monitor process for planning services Set concrete targets	See local level toolkits See Fox and Gotestam (2002) paper on transfer of resources See Bilson and Gotestam (2002) paper on standards See UNICEF (2001) for examples
<i>Decision Making based on Assessment and Review</i>			
Legislation makes it easy for children to enter public care	Raise thresholds for public care	Review current legislation and guidance for its impact on gatekeeping entry to care/institutions	Exemplars of relevant aspects of gatekeeping in legislation Checklist of key issues
Legislation lacks active individualised care planning framework	Introduce individualised care planning and review framework	Review current legislation and guidance with regard to review, contact and rehabilitation	Exemplars of legislation on reviews Checklist of key issues
<i>Information Systems</i>			
Insufficient information and lack of systems to monitor policy implementation	Sound information systems able to provide information at national, regional and local level	Develop national level data systems Establish feedback systems with local level Develop system to monitor implementation	Best practice examples Exemplar of best practice implementation

INTRODUCTION AND BACKGROUND

Central and Eastern Europe and the former Soviet Union (in World Bank terminology, the Europe and Central Asia or ECA region) inherited a child protection system from the socialist period that placed excessive reliance on institutional care as a means of looking after children who were unable to remain with their birth parents in the shorter or longer term. Despite the collapse of the ideology that supported this strategy, the numbers and rates of children living in institutional care are higher in many parts of the region than in 1989. This rise in the institutionalised child population is the most disturbing new trend but it parallels a worrying increase in the rates of children - in all forms of public care over the last ten years. Although many new services have emerged to help reduce dependency on institutional and out-of-home care, the overall pace of reform has been too slow to provide a sufficiently strong safety net to either prevent entry to care or to stop the flow to institutions. Children with disabilities and the Roma community are also over-represented in the figures. It is fully acknowledged that the huge changes of the last ten years have provided a very difficult environment for bringing about systemic change. Nevertheless the trends suggest that more proactive strategies are needed than are currently in place to make de-institutionalisation a reality. The aim of this paper is to provide a framework to help countries to adopt proactive strategies based on gatekeeping⁴ which will bring about a shift from institutional care to family-based types of care. Gatekeeping is one of the mechanisms which planners have used to try and bring about a better balance between demand and supply and to ensure that services are targeted appropriately. The gatekeeping project aims firstly to promote strategies to divert children from initial entry into public care through the development of community-based support programmes to children and their parents and by improving the decision making about how to help children. A second aim is to ensure that where children enter institutional or other forms of state care they are not left to drift but that their situation is regularly reviewed and action taken to promote rehabilitation to their family and community. The paper has three sections. After briefly outlining the main problems in child care service delivery in the ECA, section I of the paper begins with a discussion of the nature of gatekeeping and its use in a range of health and welfare systems through an examination of the literature. It then outlines the basic elements needed to implement gatekeeping before looking at good practice in this complex area. Section II discusses the current use of gatekeeping in Eastern and Central Europe and Central Asia (ECA) before considering some of the issues to be addressed in order to maximise its impact. An appendix considers the problems in implementing gatekeeping and how they might be overcome. The paper argues, in line with a number of recent calls⁵, that gatekeeping is 'a key concept of child protection reform' in the ECA region and that it has considerable potential to bring about a reduction in the numbers and rates of

⁴ This paper is one of 3 looking at this problem. Complimentary papers are under preparation on redirecting resources to community based services and on standards and outcome monitoring

⁵ See for example Bilson (2000); Herczog et al. (2000); and Rowlands (2000); UNICEF (2001)

institutionalised children. But to date gatekeeping has been an under-utilised strategy in this region.

Background: The Nature of The Problem In The ECA

Despite the collapse of the ideology that supported the reliance on institutional care, UNICEF's latest regional monitoring report *A Decade of Transition* shows that numbers of children living in institutional care at the end of decade are higher in many parts of the region than in 1989 (UNICEF 2001). The overall numbers of children in out-of home⁶ care have risen by just under 95,000 to 1,552,500 in 1999. This 6% increase in absolute numbers is more significant because of the falling child population. The regional average rate is now 1441 per 100,000 aged 0-17, a rise of 20% compared to 1194 in 1989.

Of special concern are the rising rates of infants who enter institutional care: in 16 of the 25 countries for which data were available to UNICEF in *A Decade of Transition*, the rates of infant institutionalisation have risen. The rises have been particularly steep in Latvia, Bulgaria and Romania but are also significant in WCIS, Estonia and Kazakstan. These figures are especially disturbing because the rise in rates has taken place in the context of a huge decline in the 0-3 child population in the region – on average, a fall of one third. What is more, despite the fall in the number of newborns, 8 out of the 25 countries – Croatia, FYR Macedonia, FR Yugoslavia, Estonia, Belarus, Ukraine, Armenia and Kazakhstan – have seen a rise in the absolute number of infants in homes as well as in the rate since 1989. By contrast, only Hungary has reduced its numbers and rates of infant institutionalisation as a result of deliberate policy. The pattern of infant institutionalisation is not uniform but has a distinctive sub-regional profile with approximately 75% of the 53,500 infants living in institutions in 1999 coming from South East Europe, the Baltics and the Western CIS. These countries, most of which started with high dependency on infant institutions, have either maintained or substantially increased their reliance on this type of placement.

The rise in the institutionalised child population is the most disturbing new trend but it parallels a worrying increase in the rates of children in all forms of public care over the last ten years. Specifically, rates of children placed with foster carers and guardians have also increased since 1989, but more slowly than for those in institutional care [UNICEF 2001]. Not one country in the region has a foster care/residential care ratio that matches the 80 per cent share (or higher) found in Sweden, the US and some other countries (Madge, 1994; Tobis, 2000). The regional ratio ranges from 12% -69%.

Finally, domestic adoption, the third main arm of domestic substitute care, has also proved an under-utilised alternative to institutional care. Although there has been a rise in adoption rates across the region over the decade, this trend is less benign than at first sight. One might have expected rising adoption rates to be accompanied by falling infant institutionalisation. Quite the reverse is true. Adoption has soared in those countries which have also seen a growth in the size of their rates of young institutionalised children. Moreover, whenever adoption rates have shot up, as in Russia, Poland, Romania and the Ukraine, this has been due to the upturn in

⁶ Out of home care refers to children living in state, NGO, or private establishments, in foster care or with guardians. The figures also include children living in institutions for the disabled and, in several parts of the region, children living in boarding schools.

international adoptions. Finally, the rates of domestic adoption have actually decreased in some countries whilst international adoptions have risen (UNICEF 2001).

The trend data provide compelling evidence of the need for new ways of tackling the needs of vulnerable children. A survey carried out in 1999 by the Child Care Forum in six ECA countries [Hungary, Poland, Lithuania, Moldova, Slovakia and Bulgaria] helps shed light on the practices which lie behind the figures. The study investigated routes in and out of institutional care [Herczog et al 2000]. The survey found that carers lacked basic knowledge of the routes by which a child had come into care or what the plans were for leaving. They also lacked information about the child's past, their family backgrounds and what happened to them before they came to the institution. With contact rare and reunification even less of a goal, it is unsurprising that in Moldova and Lithuania the expectation was that 40% of the children would remain in care for between 5-10 years. At the same time, staff showed a worrying lack of knowledge of children's health needs and whether the children had a disability or behavioural difficulty. These findings demonstrate clearly the lack of any active approach to individualised care planning and highlight the need for active gatekeeping to ensure children do not drift aimlessly within the care system.

In addition to these trends, the evidence of rising child vulnerability and family dysfunction further emphasises the importance of implementing active and effective gatekeeping strategies.

I WHAT IS GATEKEEPING?

Gatekeeping is the targeting of services to ensure that they are only provided to those for whom they are intended. As is discussed below, the reasons for gatekeeping may vary and this will also affect the strategies used. But commonly gatekeeping is achieved by a combination of methods that include both gatekeeping at individual /professional level and at systemic level. At individual level, methods used by gatekeepers include screening, needs assessments, care plan formulation and individualised case review.

Gatekeepers may provide second opinions to verify the decisions by the first professional and specially constituted panels may serve an identical function. Gatekeeping as a system involves a mixture of methods. These include legal obligations for verification; the use of aggregated data to provide feedback on service operation with or without incentives and sanctions for non-compliance with targets; formalised eligibility criteria and most radically, the closure of particular types of provision.

The literature shows that the concept of gatekeeping has been used in a number of ways. For example, and perhaps atypically, the literature on urban sociology describes the gatekeeper as an informal leader of a community, group or gang who controlled communication between that group and others. In the field of socio-legal studies the police have been referred to as 'gatekeepers' to the penal system (Timms and Timms, 1982 p.82). This use of the term is similar to the one used in this paper in that it emphasises the discretion of the police in allowing access to the penal process.

Within western social welfare and health provision two main approaches to gatekeeping can be identified and it is these concepts which provide the main framework to this paper. In the first approach gatekeeping aims to ensure that services are provided only to those who meet tightly specified eligibility criteria - others are debarred. This approach is reflected in the definition in *The Dictionary of Social Work* which defines gatekeeping as:

'the controlling of access to services so that, out of all those who seek the service, only those who most require it, will receive it. The assumption is that more people will ask for the service than can be provided for'.
(Thomas and Pierson 1995, p157).

This focus on gatekeeping as part of a rationing process is one main strand in the gatekeeping literature. It is associated with analysis of referral patterns, an emphasis on decision-making processes that shape entry into the system and restrict entitlement to priority groups, the use of formal eligibility criteria to determine entitlement and access and a growing interest in efforts to match needs with services. In this approach gatekeeping is part of a system of what is known as 'managed care' and it is best developed in countries with an Anglo-Saxon tradition, particularly the USA. Gatekeepers are the social care personnel who assess need and risk and make decisions about entitlement to services but also include staff such as receptionists who filter access to professional personnel.

A rather narrower definition of particular relevance to this paper is provided by Tolfree which focuses on gatekeeping entries into and exits from residential care. Based on his studies of institutional care for *Save The Children Fund*. Tolfree describes gatekeeping as:

‘The process of assessment and planning of children’s needs and circumstances which should precede their admission into residential care, and contribute to their onward progression-back to their families, into a form of substitute family care, or ... moving to some form of independent living.’ (Tolfree 1995 p.50).

This definition differs in emphasis from that provided above. First it pays particular attention to the professional decision-making aspects involved in gatekeeping- particularly about entry to care and decision making in the care system. It requires practitioners to give specific and explicit consideration to the choice of intervention based on an assessment of need. Second, it highlights the fact that these decisions are ongoing and affect not just the entry point but also require active management of throughput and exits. Tolfree’s definition therefore also makes the point that gatekeeping is a continuous feedback loop, rather than being a one-off event. Thirdly, whilst Tolfree acknowledges that good gatekeeping results in optimal use of resources, it is not the primary reason for gatekeeping. The main purpose is welfare based –i.e. to serve the best interests of the child and notions of rationing are subservient to this end.

These two definitions illustrate two ends of a continuum of models of gatekeeping. At one end, rationing of scarce resources is explicit and central to the purpose. At the other the needs of the client are primary. Although in practice approaches tend to fall between these poles, the different underpinnings lead to differences in gatekeeping practice. Where gatekeeping is more concerned with rationing, the role of the gatekeeper combines both the professional tasks and decisions about budgetary expenditure. At the other end of the continuum, the roles are more likely to be separated and professionals are unlikely to characterise themselves explicitly as gatekeepers and to formalise this role.

Tolfree also raises the important issue that good gatekeeping is not necessarily dependent on having substantial increases of funds. He noted that the examples of good practice he found in Mozambique were successful despite high numbers of children in need and very limited services. He states “*Good gatekeeping is more a matter of attitude and philosophy than the availability of resources*” (Tolfree 1995 p. 53 original emphasis). This is an important issue and it means that a strategy to implement gatekeeping must win hearts and minds, but it is not entirely dependent on extra money flowing into the system.

Whilst the concept of gatekeeping is deceptively simple, putting it into practice is not so easy and there is relatively little theory or research on the practice of gatekeeping in social work with children. The use of gatekeeping has been more extensively investigated in health care and its use in this context and the related field of community care for older people will be briefly discussed before outlining its impact on Western child welfare services.

Gatekeeping in health and community care for older people

The growth of interest in gatekeeping strategies in these two fields has occurred because of spiralling costs and high levels of usage of expensive services, exacerbated by the growing numbers and proportions of elderly people in western societies. With these demographic trends set to continue, the need to contain costs has become a key priority of the 21st century.

Gatekeeping has been developed to provide rationing of health services and it has a key role in what has been termed managed care. This is used for cost reduction and control of services particularly those purchased through private insurance schemes. It aims to improve the quality of decision making and provide more effective use of services. This approach has also been used widely around the globe.¹

In managed care a primary care practitioner gatekeeps access to specialist services (Alteras 1998). Gatekeeping is undertaken through a number of mechanisms. One mechanism is 'pre-authorization.' This is a cost control procedure that requires a service or medication to be approved in advance by the gatekeeper. Where a physician is used as a gatekeeper in this way he or she may receive payment for lower numbers of referrals. Pre-authorization is one aspect of 'utilization management' which is a case-by-case assessment of the clinical justification for the medical intervention. This can include² 'second surgical opinions, pre-authorization and weekend admission control of hospitalisation, concurrent review, discharge review, and high-cost case management services'. Increasingly gatekeepers are using tests for eligibility and there is much debate about the effectiveness of these tests compared to clinical judgement.

Another aspect of managed care relevant to its gatekeeping role is 'utilization review'. This is a retrospective mechanism often using management information systems to provide feedback and information to the gatekeeper on the use, outcomes and requests for services. It highlights patterns of decision-making relating to necessity, quality and appropriateness of service allocation. Commonly, it is used to identify 'unjustified care', such as excessive procedures or extended length of stay.

Whilst there is some information on issues of gatekeeping in managed care, there is still a lack of research and evidence on the outcomes of gatekeeping in health care (Laine and Turner 1999).

Community care

Reforms within community care for older people and adults with disabilities are a good illustration of the way in which gatekeeping can be used both to save costs and enhance welfare simultaneously. The reforms that took place in the 1990s in England and Wales are a particularly good case example of the overall goals and gatekeeping mechanisms. The steps taken have particular relevance to de-institutionalisation strategies in the ECA even though the client group is different. They show how a service was restructured to provide a mix of public and private sector provision; to reduce reliance on institutional care and to stimulate alternatives in the community.

By the early 1990s the costs to the state in England and Wales of providing residential and nursing care to the elderly had spiralled and so had the numbers looked after. Between 1979 and 1991 the amount of money claimed from the government purse to support the elderly in institutions had rocketed from £10M to £1872 million and the number of claimants rose from 12,000 to

¹ See Dixon *et al.* 1998, Gervas 1994, Meyer and Denz 2000, Tabenkin and Gross 2000, Frost 1997, Himmel *et al.* 2000 and Willems 2001.

² From definition in the managed care web site
<http://www.rsna.org/REG/practiceres/managedcare.html>

231,000 (Browne 1996). Cost reduction was one main motive behind the sweeping community care reforms of the 1990s, but it was not the only one. The reforms were also undertaken as part of a wider ideological shift towards marketisation of public services with the aim of giving the consumer greater choice. It was argued that by diversifying the types of community-based service provision, the suppliers and the supports to families to care for their relatives, fewer elderly people would need to be dependent on institutional care.

The gatekeeping strategies adopted to implement these objectives reflect a mixture of both rationing and professional welfare goals. All elderly people were to be legally entitled to a 'needs-led' assessment by a public sector social care professional or by an inter-disciplinary team, if relevant to the client's situation. Provided that the elderly person met defined eligibility criteria, s/he would then be entitled to services which would be set out in a care plan agreed with the elderly person. The level of provision was intended to relate directly to the severity and chronicity of need and the eligibility criteria adopted in many authorities were banded so that different thresholds of need would access different levels of services. This was one core component of the rationing process. Another was separating the task of purchasing services from providing them. This was to enable the purchaser to shop around to find services offering best value which met the client's needs most effectively (discussed more fully in Fox and Gotestam's paper, 2002, on transferring resources). In addition to standards for eligibility criteria (SSI 1999) and improving information systems (DH 2001), a widespread system of case management was introduced with local case managers holding limited budgets for community and institutional services. Finally, government withdrew its hitherto unlimited support for claiming the costs of residential home and nursing care provision (Browne, 1996).

Blackman (1998 p.182) sees gatekeeping in England having an important role "to safeguard equity without the inflexibility of highly standardised tests of eligibility." He stresses the need to monitor the outcomes of gatekeeping particularly where there are increasing financial pressures leading to a number of ad hoc rationing decisions (Blackman and Atkinson 1997). In a survey of six European countries he compares decision-making regarding entry to institutions and identifies different level of provision of community services as a key factor in the inequality of treatment between and within the countries. However he cites the right to an assessment by a gatekeeper in three of the countries studied as an important factor in more equitable allocation of resources (Blackman 2000 p.189).

Gatekeeping child protection in countries with Roman law frameworks including Belgium, France, Italy and Spain

Within the literature on child welfare, there seems to be very little on gatekeeping in relation to countries of Western Europe with Roman law traditions such as France, Italy and Spain³. We can only speculate on the reasons for this but it may reflect different conceptualisation: regulating entitlement to and exclusion from services appears to be a particularly Anglo-Saxon perspective. In countries such as France and Belgium the emphasis is

³ Personal communication. Rachel Hetherington

on the prevention of children being removed from their families through early intervention and family support, sometimes underpinned by legal orders to provide assistance.

In these European countries with Roman law frameworks the nearest that appears to exist to a formal gatekeeping system is in relation to ensuring that services are applied on a voluntary basis and to keep children out of the judicial system.

One of the most institutionalised systems for achieving this is the Mediation Committee (MC) in the Flemish community of Belgium which acts as an intermediary between the social work services for children and families (these only work with families on a voluntary basis) and the court in cases of 'problematic upbringing'. The Committee filters all potential referrals to judges by commissioning an independent assessment before meeting the family and the social workers to try to reach agreement on the changes to be made, services to be offered and work to be carried out. If no agreement can be reached, the MC either dismisses the case or refers it to the judge for children. The aim is to keep intervention in the voluntary sphere if possible rather than to prevent institutional care – though that may follow. Although Mediation Committees have recently been criticised for allowing too many cases to end up in court and for delay in resolving issues, they represent an interesting model to gatekeep entry to the legal system (Sprangers 2000). Another approach to gatekeeping in many of these countries is to require that all judicial orders be reviewed at least every two years by the judge who made the order. This provides a way of ensuring that the intervention continues to meet the needs of the child and is not simply provided indefinitely without review.

Gatekeeping child protection in countries with Anglo-Saxon traditions including the USA, UK, Australia

Some of the major problems in services for children and families in many western countries in recent years differ from those currently facing Central and Eastern Europe. Nevertheless, although the specific issues may differ, there are some valuable lessons to learn from the gatekeeping strategies used to bring about reform which can be generalised across systems. The major impacts have been in: -

- Gatekeeping in privatisation of US child welfare
- Diverting children from youth justice to child welfare
- Developmental work to match needs and services
- Refocusing services away from narrowly focused child protection to family support
- Raising thresholds and strengthening monitoring mechanisms for children in public care
- The development of performance indicators to measure compliance with targets, sometimes with rewards and sanctions for non-compliance

First however, a measure particularly relevant to this paper – the closure of children's homes- will be discussed. The points will be illustrated by reference to research on the impact of closing children's homes in an English county. Although this classic study *Closing Children's Homes* (Cliffe with Berridge 1991) is only a single case example, it was very carefully evaluated and it raises a number of key issues.

Closing Children's Homes

Throughout Western Europe, the use of residential care, and especially for younger children, has declined steadily over the last fifty years (Madge 1994). Traditional largescale institutions have mostly been replaced by smaller homes and the role of residential care has also changed. In many countries long-term care and containment functions have given way to shorter stays with the aim of family reunification or finding family based substitute care. Changes in views on children's rights, the higher costs of residential care compared with foster care, public distrust and poor welfare outcomes are the commonest reasons cited for the drop in residential care usage across Europe. Strikingly, the use of gatekeeping very rarely features as a reason for the changes, perhaps because they typically preceded the adoption of active gatekeeping .

This is why the decision in one English county to close all its residential provision is so interesting and its lessons are instructive (Cliffe with Berridge 1991). On the positive side, most of the children and young people were found foster placements – a main goal of the closure. But in over half the placements there was no choice- sometimes the placement was considered downright unsuitable. Despite this, breakdown rates were no higher than national averages but the children were moved more frequently. On the key question of whether closure can be achieved without impacts on other parts of the system, the results are equivocal. Over the same period as the experiment, there was a rise in referrals to schools for children with emotional and behavioural difficulties run by the education sector which the latter felt was a direct consequence of the closure of social service homes. Social service personnel did not share this conclusion. Finally the study found that a minority of children ended up in residential care in neighbouring authorities. Taken together these results suggest that any child care system needs to have some level of residential provision and that foster care is neither always available in the quantity and quality that is needed to enable effective matching – nor is it always wanted, especially by older children. But the study also shows that even in an area which traditionally made low use of residential care, it was possible to reduce its usage still further.

Another example of closure of large institutions can be seen in the United States where, starting in Massachusetts in the 1970s and later in a number of other states, large institutions for young offenders were closed in favour of community based services (Blackmore *et al.* 1988⁴). This reform emphasized the use of individualised community based services for children as a replacement for large institutions and involved, particularly in Massachusetts, the rapid closure of institutions before alternatives were developed. Miller argues that the 'common sense' approach of setting up alternatives before closing institutions would have led to a widening of services and little reduction in institutionalisation in contrast to the rapid closure and return to the community of children achieved in Massachusetts, and a small number of other states. Studies following events in Massachusetts (Rutherford 1978) showed no increase in crime and a range of community alternatives were established. However it may have been easier to pursue these tactics with

⁴ Blackmore J., Brown M., Krisberg B. (1988) "Juvenile Justice Reform: The Bellwether States" University of Michigan, Michigan

institutionalised young offenders because they are more likely to have a family than abandoned children.

However in general the evidence on the impact of closure of institutions without careful preparation and the development of community alternatives is less encouraging. For example, the failure to develop a strong network of community-based services for the mentally ill in England as part of the run-down of mental hospitals led to patients living in unsuitable bed-sit accommodation with no access to helping services. In Georgia and Moldova, a rise in the numbers of street children has been linked to the sudden drop in available places in children's homes in the mid 1990s (CO-CRC/C/15Add. 124 [2000]).

Gatekeeping public care

Research has consistently found that the state makes a poor substitute parent and children in public care frequently have poor welfare outcomes. They are often over-represented in the statistics on poor education, homelessness, crime, prostitution, teen pregnancies, unemployment and child poverty. They are also likely to suffer from drift and delay in planning. To counter these negative impacts, a variety of gates have been introduced in recent years. First is the deliberate raising of legal thresholds for entry to public care- as in England and Wales, but also in other countries such as Norway. Second is the use of specially constituted panels to consider whether or not admission to care is appropriate. One evaluation concluded that the panels conferred a number of benefits (Bunyon and Sinclair, 1987). Instead of admission being a routinised, 'easy' procedure usually taken by a single professional and often rubber-stamped by a senior officer, panels introduced a more consistent and rigorous approach with a specific requirement to:-

- consider community alternatives and ways of ensuring the child was not separated from his family.
- to identify specifically what particular benefit would derive from admission
- to plan for the child's return
- to review the admission on a regular basis to avoid drift into long-term care

One of the major impacts was a drop in the proportions of children admitted. Over a two-year period only 67% of all those children who were considered by the 875 panels that were held in the local authority, entered care. It seems likely that the inclusion of an independent person in the panels as well as of staff in charge of community-based provision played their part in these results. The panels also led to detailed profiling of all cases. This helped the authority to plan services more sensitively and to expand the range of alternative provision in the light of identified needs. Parental participation in the panels was also felt to be important to promote their commitment to the decisions that were made and to help them understand the reasons. In support of the importance of involving parents in the process, related research was quoted which had found that parents who were offered no alternative to admission to care felt angered.

“If parents are not to feel unheard or neglected, decisions to prevent an admission-especially where that is what the parents actually want- need to be taken up with as much detailed attentions as those where an admission is

arranged. In other words, preventing admission to care means, or should mean, a great deal more than saying `No`” (Packman et al 1986).

Finally, countries such as Canada, United States, Ireland, Netherlands, France and the UK have introduced legal requirements to monitor and review the progress of children in public care through the adoption of formalised care plans and obligations to carry out administrative review of the case within specified time periods. As with the panels discussed above, the purpose of the care plan is to identify precisely the goals of care, the services to be provided and the plans for reunification or alternative permanent placement with timescales for implementation. Care plans thus provide a benchmark of local authority intentions and in this way also constitute an accountability measure. The importance attached to this commitment is borne out by a recent case heard in the English Court of Appeal (Re W&B (Children) and Re W (Child) 2001) and (Harwin and Owen 2002). Serious failure by social services to implement a care plan which had promised a package of help to a mother to enable the child's return home led to legal challenge using Human Rights legislation to have the care order revoked. Recent research by Harwin et al for the government gives some support to the importance of care planning as a professional tool as well as an accountability mechanism. In a 21-month follow-up study of 100 children newly placed on care orders, children whose care plans were successfully implemented were more likely to have made good welfare progress at the end of the study than those whose plans were not fulfilled (Harwin et al 2000; Harwin et al 2001b and 2002 [forthcoming]).

Gatekeeping in privatisation of US child welfare

In the United States managed care is being introduced in the field of child welfare systems. This involves the increased purchasing of services from the private sector sometimes through a fixed payment to provide a range of services. This provides an incentive to reduce costs through care management (National Child Welfare Resource Centre for Organizational Improvement 1999). According to the Child Welfare League of America⁵ gatekeeping is a key element of these reforms and includes pre-authorization for care, utilization review, use of standardized practice guidelines, management information systems and built in financial risks and incentives for providers. In a report of a 1998 survey the CWLA said that 29 out of 49 states responding had initiatives that the CWLA classified as managed care although the states themselves did often not use this term.⁶ This approach is still relatively new and long-term outcomes have not been assessed. However a recent paper criticises the move to increasing privatisation citing the example of child welfare and suggesting that it creates problems of accountability and it “makes the already-complex job of public management even more difficult.” (Klingner *et al.* 2001)

⁵ See the Managed Care Institute's web site at <http://www.cwla.org/programe/managedcare>

⁶ The CWLA web site (<http://www.cwla.org/programs/managedcare/>) states “The terms “managed care” or “privatization” were not used by all of the respondents to describe their efforts. Instead, some respondents prefer to report they are using new management tools and funding or contracting strategies to make the system more effective, efficient, and accountable for outcomes.”

Thus in the US, gatekeeping is being introduced in child welfare as part of a privatisation approach using case managers and contracting services from the private and not for profit sector.

Gatekeeping the wider system: diverting children from youth justice in the UK

An early reference to gatekeeping in social work occurred in reform of youth justice systems (Thorpe *et al.* 1980). This use of gatekeeping is relevant here as it played a central part in a successful strategy (Smith, 1995; Cavadino and Dignan, 1992) in England used to considerably reduce the use of institutional care and prison for children and young people. Policies aimed at diverting children from prosecution were coming under criticism from criminologists in the late 1970s as research showed that rather than decreasing court appearances and sentences it drew more children more quickly into the system (Empey 1976). To combat this 'net-widening' (Cohen 1985) tendency Thorpe *et al.* suggested that gatekeeping is required as a system intervention rather than just aimed at individual decision making. Hence Thorpe *et al.* (1980 p.129) say

"the scope of 'system management' would extend well beyond the making of care orders. A good case would be made for a general 'gate-keeping' mechanism designed to oversee, as far as possible, the entire network of policy and procedure."

In this approach the aim of rigorous gatekeeping is to avoid inappropriately sucking into the courts increasing numbers of at risk children (Thorpe *et al.* 1980 p. 166). Gatekeeping took a number of forms including decision making panels. For example in Nottingham (Bilson 1982) a panel met weekly and used regularly reviewed criteria for identifying cases at risk of care or custody.⁷ The panel reviewed recommendations in social workers' court reports to ensure alternatives were properly considered and offered access to a range of community based supervision programmes. The panel also used an information system which tracked recommendations and sentences to continually reassess the success of its own reviewing of social workers' recommendations. This allowed the panel to identify patterns, for example where recommendations were unsuccessful and to adjust the recommendations it made or to introduce or redesign services. This gatekeeping substantially reduced the use of custody and effectively ended the use of institutional care for offenders in this area.

Gatekeeping became a crucial aspect of reform in juvenile justice. It was adopted in a wide number of local authorities and diverted children from public care and prison using tightly targeted services and computerised monitoring systems to provide ready access to patterns of outcomes of the strategy (Smith 1995 p. 89). The result of this activity was a fall in the number of children in public care for offending from around 14000 in 1980 to less than a thousand in 1989 when the government removed the care order for offending in the 1989 Children Act. Over the same period custodial sentences for children also fell significantly.

A similar gatekeeping approach was used in a local authority in Scotland but applied to children entering care for all reasons (Bilson and Ross 1999 pp.

⁷ The criteria had to adapt to the changing pattern of use of care and custody which changed rapidly after the introduction of gatekeeping.

141-149). It led to reductions of 85% in children in residential institutions in just over 3 years whilst foster care also fell by 52%. The gatekeeping strategy included three elements. Monitoring the social worker's decision to admit or recommend care to the Children's Hearing System⁸ by team leaders; the introduction of new services providing community based programmes as an alternative to admission to care; and training exercises and review of case outcomes using monitoring systems to track changes in the pattern of services and outcomes. Whilst effective in increasing community based services and reducing the use of state care, it was controversial as it challenged social workers right to make independent decisions.

Matching Needs and Services

One of the problems for those implementing gatekeeping is the lack of a sound evidential base for choices between services in terms of their effectiveness and their welfare outcomes. Whilst there is a substantial literature showing that institutional services for very young children tend to be both damaging to welfare development (Bowlby, (1951); Rutter (1981); Tolfree (1995) and expensive, there is far less research on the appropriateness of many other services in terms of which services work for which children, in what circumstances and when. Nor is there at the present time any well-established taxonomy of need in relation to vulnerable children (Arruabarrena et al, 2001). These gaps have led to what has been described by Arruabarrena and colleagues [op cit] as a 'scattergun approach to service delivery' and they have often led to a mismatch between needs and services. One attempt to start providing better planning based on information about welfare outcomes of services is being undertaken at Dartington Social Research Unit in England in association with several research centres in Europe and the USA. Their method, known as *Matching Needs and Services*, has now been used in over 50 sites in 12 countries (Dartington Social Research Unit 1999). Whilst this approach is not specifically about gatekeeping, if successful, it will help provide gatekeeping with the conceptual underpinning and evidential base that it lacks at present in many aspects of service delivery and enable more accurate targeting and prioritisation. The main aim of the MSN work is the effort to systematically study the relationship between four key concepts: need, threshold, service and outcome (Little, 2001). To this end the team has firstly developed a Common Language framework⁹ which aims to help social service departments analyse the fit between these four key concepts. Second, it aims to apply these concepts across international boundaries and in different organisational contexts; third it aims to evaluate outcome, and importantly, to include matched control groups. Finally the work of MSN to date provides a framework for carrying out a study of who comes in to care and what happens to them. Because this is done by managers and staff it can lead to the sort of change in attitude that Tolfree suggests is at the heart of gatekeeping, but no specific gatekeeping mechanisms are used regarding decision making.

⁸ In Scotland compulsory measures of care are made by the Children's Hearing System which is a quasi-judicial process in which a panel of three people make decisions about outcomes for children referred including placement in care.

⁹ For more details see the Common Language web site at http://www.dartington.org.uk/common_language_site/

To date the major work that has been accomplished is completion of assessment of the profile of need generated by the referrals in all 12 sites. It has been reported that in some of the test sites there has been a reduction of the number of children in out-of-home care by up to 50%. The agencies cite the use of the Common Language framework as the mechanism for achieving this (Little 2001). Interestingly a weakness cited by Little (2001) is that although new services have been introduced, there has been relatively little de-commissioning of ineffective services.

The project also has produced a range of practice tools that include:

- a clinical assessment tool for all practitioners working with children in need
- a qualitative planning tool for policy-makers, researchers, managers, practitioners and service users
- a quantitative tool for aggregating data to assist managers collect and analyse information on the four key concepts [needs, thresholds, services and outcomes]
- a series of checklists based on validated research to help practitioners decide when it is appropriate to return a child home safely and what services may need to be provided to safeguard the child's welfare on return home.

The longer-term aim is to compare interventions cross-nationally and to evaluate the outcomes in terms of both services and child well-being using matched control groups (Arruabarrena et al, 2001).

There have been other approaches to improve the fit between needs, thresholds, services and outcomes. In America, and some states in Australia, the attempt to raise thresholds has been accompanied by efforts to target interventions better by means of various risk assessment and case management tools. These risk assessment protocols seek to identify characteristics within individual families, parents and children in order better to identify abusive or potentially abusive families. These protocols are not a gatekeeping mechanism per se but they will help improve gatekeeping in the longer term if they are able to accurately profile risk. But some caution is needed in using risk protocols (Browne et al 1988). The apparently scientific nature of decision making can give a false sense of security about the accuracy of the decisions particularly because even very accurate tests result in false positives (children falsely classified as being at risk) and false negatives (children at risk who are not detected by the test). Research has also found that risks change over time, so that profiles need to be constantly updated (Browne et al 1988). They nevertheless constitute a useful initial alerting tool.

Redirecting the flows from child protection investigations to family support: the refocusing debate

In recent years many countries have seen a rapid and massive escalation in the number of child maltreatment referrals.¹⁰ This has resulted in a huge increase in forensic investigations to establish whether or not the allegation of maltreatment is well founded. Also cases not defined as maltreatment have

¹⁰ In the USA the numbers of official reports rose from 9563 in the late 1960s to over 2.9 million in 1992 (Parton and Williams 2001) whilst Canada saw a 100% increase in just seven years from 1982 to 1989. This upward trend was replicated in Australia where the number of cases of child abuse and neglect shot up by 30% from 1992/93 to 1994/95. In England a similar pattern exists (DoH 1995).

received lower priority for entitlement to and receipt of services. Many maltreatment allegations subsequently proved unfounded – a fact that makes the research accounts of the humiliation and stress to families under investigation even more noteworthy (Farmer and Owen 1995). All these findings have triggered radical reappraisal of the role and functions of child protection and family support agencies and a series of new gatekeeping strategies to help shift the fulcrum of services from a narrow focus on child abuse investigations and child maltreatment and to increase the numbers and range of referrals receiving different types and levels of family support. In England this debate has been called the refocusing debate. One of the main gatekeeping mechanisms that has been used is to raise the threshold that triggers a child protection investigation.

In two examples in England and Australia the early results appear encouraging. The reform was based on new criteria for assessing whether to investigate along with a gatekeeping strategy (Thorpe and Bilson 1998, Parton & Mathews (2001) which stressed the need to emphasise the assessment and professional judgement of qualified and experienced staff rather than prescriptive procedures. In Australia this was combined with the use of a senior officer to gatekeep decisions whether a case should be designated as child maltreatment allegation and the use of a wider classificatory system to allow greater differentiation in response to referrals. Parton and Matthews claim that the gatekeeping mechanisms achieved a number of very beneficial results. First, the numbers of child abuse investigations overall dropped whilst referrals were more likely to be substantiated. This enabled substantiated cases to be handled more speedily and 'on the available evidence' [p111] the changes have been implemented without increasing the level of risk for children. But the authors also sound a note of caution. They point out that lower priority cases that did not receive any services because they did not fit any specific departmental role, were likely to be re-referred within a year. With one third of all cases falling into this category, the demand on agencies was high. Similar outcomes have been found in work in a local authority in the UK (Thorpe and Bilson 1998).

A related development in England has been efforts to improve the capacity of social care staff to gatekeep effectively by focusing on the quality of assessments. Here government has initiated a campaign to improve assessment standards by launching a new framework for assessing vulnerable children and their families and improving their life chances (Department of Health et al 2000). This publication has been widely distributed with accompanying guidance, training videos, a research compilation of relevant studies and a pack of scales and questionnaires, recording forms, referral forms and assessment records. Social services are expected to provide training to all relevant staff.

It is far too early to judge the outcome of this initiative but it represents a noteworthy policy lever to improve practice and to promote greater awareness of the need to find a better fit between needs and services – the major goal of gatekeeping.

Using performance indicators to gatekeep the system

One final approach to gatekeeping the overall operation of services for children and families is through the formulation of national objectives for services for vulnerable children and their families which are then monitored

through performance indicators in key areas. The results may then be used by governments to develop league tables comparing performance in different places which may be made public. Sanctions for failure to reach targets may be introduced whilst authorities which perform the best may be rewarded by the conferment of specially designated status.

The value of such indicators depends on a number of factors. They should only be used if the concepts are definable and meaningful; feasible to collect [the information must be of reasonable reliability and be available]. A US DHHS report sets out three further criteria (US DHHS 1997). Indicators should be:

- easy to understand
- objectively based on substantial research
- measured regularly

The above criteria narrow down considerably the potential areas that can be monitored through indicator development in the field of services for vulnerable children and their families (Harwin and Forrester, 1998 and 1999; Forrester and Harwin 2000). Performance indicators can also create perverse incentives. Achieving a reduction in the numbers of children entering care may reflect better family support; it may also mean that agencies are failing to respond to real need and without additional qualitative information, the reasons for the figures will not be clear. The use of indicators should not be excessive otherwise agencies will become overburdened and may lose commitment. Finally, at worst, there is a danger (albeit very rare) of the figures being misrepresented. Despite these caveats, performance indicators to measure key priorities for services with timescales are an important policy lever and they send out a clear message from government of the importance of the area. Moreover, in their review for UNICEF on prospects for developing robust global indicators in out-of-home care, Harwin with Forrester concluded that institutionalisation rates (incidence and prevalence) met the criteria to become a key indicator (1998). They argued that where rates were particularly low or high, further inquiry could be carried out to monitor whether particular sub-groups were at risk and these trends could be monitored over time. More generally, it is clear that this kind of mechanism is closely allied to the development of standards and may indeed more properly be regarded as a standard to enforce good gatekeeping.

Evaluating the experience of gatekeeping in the West

The experiences of gatekeeping strategies described in this paper have pointed to some important and positive outcomes. However, the Western literature also draws attention to a number of difficulties. Stone's (1984) classic study provides a particularly valuable discussion of some of the problems. First is the difficulty of arriving at social categories which are sufficiently restrictive to be effective. Within the child care field, it has already been argued that our understanding of the boundary to children in need and our appreciation of thresholds of severity is still at an early stage. Without the capacity to make these sensitive discriminations in categorisation, it is difficult to match needs to services. A related risk is that categorisation may become overly restrictive and be used to cut costs and exclude groups inappropriately. Whenever there are increasing financial pressures, this may lead to ad hoc rationing systems based on standardised inflexible tests of eligibility. This

theme has been extensively explored in the community care literature and experience has shown that 'needs-led services' are prone to becoming service-driven where funding is constrained

The literature also highlights studies showing how gatekeeping does not necessarily safeguard the equity of the distributive process. Szilagy's (1998) review noted the danger that gatekeeping in managed care reduced access for poorer children to specialist services, particularly reducing "the use of necessary services for chronically ill and disabled children" (p.52). Within the field of adult health care, there is evidence that ethnic minorities are more vulnerable to be debarred access to services (Lowe *et al.* 2001)

Another difficulty affecting implementation is the problem of ensuring the reliability of professional judgement. This review has already highlighted the importance of knowledge and skills but Stone shows that other factors may affect judgement. In particular professionals may lack sympathy with the goal of gatekeeping if its intention is to restrict access to either benefit or service entitlement. The goal of gatekeeping is therefore a crucial factor in ensuring implementation. So too is gaining the commitment and understanding of a strategy by staff. These are all important part of the reform process.

There are also some important gaps in our information on gatekeeping. One of the most important is the lack of good evidence to help match needs with services effectively so as to be able to discriminate effectively between the need for low and higher intensity services. Secondly, as will be apparent from the discussion so far, the major area of attention is on gatekeeping the initial stages of a case and this applies both to the decision-making of individuals and the organisational arrangements to manage intake and monitor its effects. There has been far less emphasis on exploring criteria for case closure. This too is an important gatekeeping mechanism. Without it, children are liable to drift and services may become overburdened. Thirdly, there has been insufficient study of the relationship between raising thresholds and re-referral either within the system or to other sectors. Fourth, there has been a lack of evaluation of the different models of gatekeeping. At the present time there is simply not enough hard evidence to decide whether it is better for gatekeepers to hold responsibility for budgets as well as to make professional decisions on care needs or whether these roles conflict with one another. Finally, the relationship between gatekeeping and client choice remains largely unexplored.

However none of these criticisms undermine the importance of establishing and developing good gatekeeping performed both by individuals and systems. Rather they show firstly that our experience is still fairly young and our knowledge base imprecise and secondly that without proper safeguards, gatekeeping is vulnerable to abuse. At the same time the review has shown the potential of gatekeeping to bring about new directions in service provision. It is now possible to draw together this evidence in order to identify both the minimum elements required to gatekeep and the features of good gatekeeping systems and good practice by gatekeepers.

What are the basic elements needed to implement gatekeeping of entry to institutions?

This section looks at the basic elements needed to implement gatekeeping. These basic elements are relatively simple:

- An agency responsible for co-ordinating the assessment of the child's situation
- A range of services in the community to provide help and support to children and their families;
- A process of decision-making based on a systematic approach to the assessment and review of children's needs and family circumstances; and
- Information systems to provide feedback on the operation of the system and enable monitoring and review of decisions and their outcomes

An agency responsible for co-ordinating the assessment of the child's situation

The process of assessment is complex and requires an organisational structure to employ staff to carry out assessments; to provide or purchase services, to keep records and to review plans for children. The workers carrying out assessments will need to work with a range of agencies and people who have information about the children and their families. In particular assessment needs to consider issues including health, education, social assistance, housing and so on.

As is clear from the preceding discussion, assessment of the best interests of children is not a simple task and requires the application of a wide range of knowledge including child development, child rights, law, research as well as practical skills in areas such as communication and report writing. Thus the agency will need a trained work force of social workers¹¹ to undertake and keep records of assessments.

In addition there will need to be managers able to review individual decisions, monitor standards and manage the gatekeeping strategy. For example they will be responsible for planning services to respond to changing needs; using feedback from monitoring systems to adapt the strategic direction at the local and regional level; and allocating resources.

A range of services in the community to provide help and support to children and their families

A key factor in the excessive use of institutional care in the ECA has been the lack of a range of services able to provide specialized support to vulnerable children and families in their own homes and communities. The 4th UNICEF MONEE report (UNICEF 1997) highlighted the way in which the focus of state support was split between the diminishing sector of primary help (cash transfers, maternity and parental leave, pre-school education and other family benefits) and the deprivation of parental care through placement primarily in large institutions. It identified the lack of alternative and preventive services as a key factor in maintaining the high level of use of institutions and argued for the need to establish a continuum of services.

The MONEE report was talking about the whole system of child protection. Within the continuum of services it will be necessary to use some services to specifically provide alternatives to placement in institutions. The nature of

¹¹ This paper will use the term social worker to denote social service employees carrying out assessments of children and families. Other terms for this role include social assistants (Romania), care worker etc.

these services needs to be directly linked to the nature of the problems of the children and families who are entering institutions.

For example the voluntary organisation *For Every Child a Family* working in the Caras-Severin County Romania, in partnership with UNICEF has developed a range of services to prevent the abandonment of children particularly by young mothers (UNICEF 2000 p. 29). The services include a multi-disciplinary team based in the local maternity hospital to provide counselling and support for pregnant mothers and a support centre for young mothers and their babies. The team within the hospital are able to identify mothers at risk of abandoning their children at an earlier stage than through the usual process of referral to the child protection teams. This enables them to be more effective in offering support to mothers to keep their children. It is important to note that the services required will differ in different localities and to meet the different problems that lead to children entering institutions. They will have to be carefully planned to address these local needs and problems and a detailed planning process is required for this.

A process of decision-making based on a systematic approach to the assessment and review of children's needs and family circumstances

The decision making process needs to cover a range of different decision points during the whole period that the child receives services. This includes decisions regarding the initial referral through to the point at which the child no longer requires services. In all cases decisions should be based on an assessment of the best interests of the child. The amount of information needed for this assessment and the process of decision making may vary depending on the nature of the decision to be made (e.g. at initial referral, review etc.).

Where decisions are being taken to remove children from parents against their wishes this needs to be undertaken by an independent tribunal following a full assessment. This should be a minimum condition of the legal framework¹² In Norway the 1992 child protection legislation set up new tribunals following criticism that previous arrangements lacked sufficient independence and objectivity from the child protection administration. The independence of these tribunals is protected by the membership of the tribunal panel being defined in statute and by procedures to allow legal representation and cross-examination of all parties (Jurie 1998).

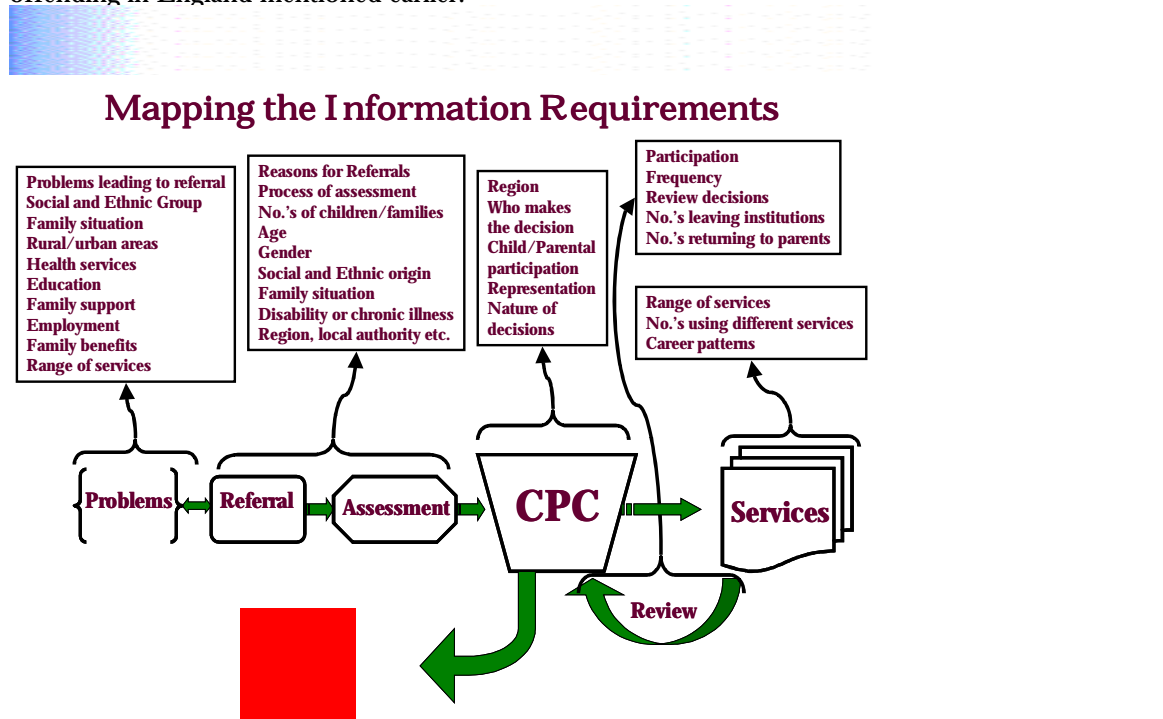
¹² Article 9 of the UNCRC states that “a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child.”

Box 1 An Example of an Information System to Support Gatekeeping

This example uses a map of the Romanian Child Protection System to illustrate the information requirements for in a management information system to implement a gatekeeping policy. The figure below shows a map of the child protection system that was introduced in Romania following the implementation of the Emergency Ordinance on Children in Need (Emergency Ordinance 26/1997). Under this ordinance decision-making and provision concerning children is devolved to local authorities and Child Protection Commissions (CPCs) make decisions on service allocation. The figure shows how problems that are referred to a child protection team in Romania are dealt with through the statutory system. Following referral an assessment is made by a child protection team and a report made to the CPC. The CPC can deal with the referral without making an order or offering services (where the CPC finds that there is no need for support) or it can make an order requiring services to be provided. Under the emergency ordinance all services are subject to statutory review by the commission at regular intervals.

In order to collect the necessary information on the operation of the system figure 1 below illustrates the categories of information that can be collected. This information, if correctly structured, can provide a range of outputs including patterns of service use (career) of children passing through the system, as well as a range of indicators which will help to identify the pattern of operation of the system and allow targets to be set and measured (see Bilson 1999 for more details of this example). A pilot of this model was used in 5 local authorities and it provided a relatively simple means of collecting information with data being collected at two key points – referral to the child protection team and when the child’s case was considered by the CPC (both initially and at each review). The information system can provide a wide range of measures of performance, for example where community based services are implemented as an alternative to entry to care the system can provide information on changes in numbers entering by age; gender; ethnicity; establishment; County Council; District; health status; Family situation; disability; Reason/circumstances on entry; etc. and similar statistics on the use of the alternatives. This will allow rapid assessment of the effectiveness and targeting of the new services reducing the risk that they do not provide an effective alternative but provide help to a new group of children in need.

Information systems of this sort were widely used by front line managers in the work in youth offending in England mentioned earlier.



Such a tribunal is needed to take into account the child’s right to be brought up by a parent balancing this against any evidence that the child’s best interests are served by removal. There is a range of models for such a

tribunal from administrative to fully judicial systems. It can be seen that in such a delicate decision the independence of the tribunal from the system providing care for the child is a key issue. In Romania the tribunals that make this decision often include heads of institutions and Tobis (2000) raises the problem of the undue influence they can have on the decision.

However many children entering institutions in the ECA do so with at least the tacit agreement of parents and are not removed against their parents' wills. These children are described as being abandoned although this term covers a whole range of different factors and circumstances¹³. Even where a parent requests that a child be admitted it is important that there is an assessment and other options are considered. Where a child's parents are unknown this should include serious efforts to trace them.

In addition to decisions about entry there needs to be a process of formal and regular review of the services given to a child or family. This should gatekeep the ongoing decisions about continuation of services, as well as seeking to achieve permanency for children through return to birth families, guardianship or adoption.

The key issue is the need to have criteria and procedures that ensure adequate assessments of the child or family's situation and that therefore allow those making decisions to respond to the best interests of the child. A good example of this can be seen in the Regional Rehabilitation Centres for disabled children in Russia's Samara Region (**Error! Reference source not found.** page **Error! Bookmark not defined.**).

Information systems to provide feedback on the operation of the system and enable monitoring and review of decisions and their outcomes

The literature reviewed above has stressed the need for information on the operation of the system as a whole to be fed back to decision-makers at the local level. In managed care this is one aspect of utilization review and in the reform of juvenile justice, the use of information systems to monitor key decisions was a key aspect of the strategy. The aim of this element of gatekeeping is to ensure that the staff and managers can respond to the patterns of outcomes of the decisions about services as a learning organization. This is particularly important in the ECA context where the move to community based services is likely to be a major change.

Before planning the implementation of gatekeeping it is important to have detailed information about the current operation of the system. Knowledge of the patterns of entry to care and the subsequent service careers of children through the system is necessary to provide a basis for targeting services and deciding whether new services are needed and what they might be. This information is also useful as it helps challenge preconceptions about the current service and its operation. It needs to be analysed at the local level as the problems which families face and that lead to entry to state care vary between even similar localities. Such information can be obtained through a study or through an information system.

For ongoing monitoring an information system is needed. Research has shown that such monitoring needs to cover the careers of children through the

¹³ see Herczog *et al.* 2000 for a survey of the reasons for entry to institutions in 6 countries in the region

care system (DoH 1991) and to collect information on key decision points in that career, such as the decision to take the child into care (Bilson and Thorpe, 1988; UNICEF, 1997; Redmond-Pyle, 1983) Box 1 page 17 gives an example of the information requirements for gatekeeping using the Romanian system as an example. This requires simple but usable information systems collecting data on who requests services, the reasons for their request, key elements of the assessment, the services allocated and the outcomes of the services. These information systems need to collect a limited number of pieces of data and be keyed into the administrative processes so that the data is of high quality. Local front line managers also need to have skills in using this information to guide their practice (Bilson 1999). For example the reforms in juvenile justice in England used an information system which collected around 12 basic data items on young people appearing in court. Local teams used these systems effectively to monitor and review their work (Redmond-Pyle, 1983).

Systems monitoring is most effective where, in addition to its use centrally, it is used at a local level to gather key information and where it forms part of a strategy to empower managers and practitioners (Bilson, 1999). This means that the information must be meaningful to the users, simple to collect and easily provide feedback on the services for which they are responsible. Because of the limited resources available for monitoring in the ECA region it must also be capable of being undertaken without major hardware purchases and require the minimum of staff time to operate it. However staff will still need skills in analysis and use of information in service planning.

What is best practice in gatekeeping?

Gatekeeping has the potential to help systems change their focus and can generate specific procedures and mechanisms to achieve restructuring in the light of new agency objectives. It does so firstly by altering eligibility either to widen or restrict the categories of people entitled to services and by introducing tougher or more lenient filters for services. If the objective is to widen access, the formal hurdles will be kept to a minimum, thereby also speeding up the process of delivery.

Having already outlined the basic elements needed to implement gatekeeping, attention to the following issues will help ensure that gatekeeping is of high quality and may avoid the pitfalls outlined in the literature review:

- Fair and understandable criteria for entitlement to services
- Decision-making is transparent
- Services are allocated fairly and consistently
- Children's services plans to identify objectives
- Gatekeeping is a process
- A whole system focus

Fair and understandable criteria for entitlement to services

A good gatekeeping system has many different components. A first crucial feature is the establishment of fair and understandable criteria about who is entitled to apply for services for all user groups. These criteria will derive from primary legislation but will be adapted to reflect local need and resources.

They need to have a high threshold for entry to public care.¹⁴ For example, in English child care legislation the threshold for compulsory removal of a child from its parents is set high and requires proof of significant harm or its likelihood. The legislation provides a further hurdle. No court order may be made, unless it can be shown that the making of an order is better than no order at all. To prove its case, the local authority must convince the court that its care plan will safeguard and promote the welfare of the child. With lack of real alternatives to court intervention, the 'no order principle', as it is known, is sometimes frustrated, but the legislation nevertheless demonstrates an important and conscious use of gates to restrict public care to those in genuine need. At the same time the law defines very broadly those children who are legally entitled to family support services because they are deemed 'in need'. Here we see how the law uses tough criteria to restrict access for one group of children and broad criteria to widen access to another. The law should also require gatekeeping for voluntary entry to public care by setting clear criteria for admission; requiring that families are offered other services; an assessment of the child's best interests is properly undertaken; or even by making the decision to voluntarily receive children into care subject to judicial or tribunal proceedings. For example in Bulgaria the Child Protection Act states that all placements of children in care have to be approved by a court and in Romania the Child Protection Commission has a similar role (see Box 1 page 17 for a brief description of the Romanian system).

For children with disabilities there needs to be effective assessment and review of their disability as mentioned in the case of Samara (**Error! Reference source not found.** page **Error! Bookmark not defined.**). In particular no child should be classified as ineducable as frequently happens in the current system in many parts of the ECA region.

Decision-making is transparent

Transparency is another important feature of a good gatekeeping system. One way in which this is achieved is by the existence of suitable forms to record the results of the needs analysis and to document how the decisions were reached and what plan of action is proposed. As well as this being important for transparency, it is also a pre-requisite for verification. Another aid to transparent systems is to ensure that the decision does not rest on the judgement of only one individual but that a supervisor or other professional will review it to confirm that all relevant information has been collected and that the conclusions are sound and well evidenced. Providing applicants with the decision and the reasoning in the light of formal agency criteria is also

¹⁴ Whilst the criteria for entry to public care need to be stringent the law also needs to provide an entitlement to family support for those in need. The criteria for entitlement to these services should be broad. For example in England there is a duty to safeguard and promote the welfare of 'children in need' in the 1989 Children Act. These criteria are deliberately broad allowing wide access to supportive services. In Norway the 1992 child protection law initiated "two very different standards for child protection interventions: a more lenient standard for supportive help to the home given in co-operation with the family; and a more stringent standard ... to remove the child from the custody of his parents, or other actions taken without the consent of the parents." (Lurie 1998 p.82). Similarly the Bulgarian Child Protection Act defines a range of services for children who are deemed to be at risk and provides a definition of such children.

essential to safeguard client rights and to give them a right of appeal if they are not satisfied with the decision.

Services are allocated fairly and consistently

Another feature of good gatekeeping is that services are allocated in a consistent manner. To achieve this there needs to be a cadre of well-trained professional staff who are able to carry out needs assessments and decide on risk, severity of problems and what services are needed in the light of the assessment of the needs of the applicant. It is an obvious but important point that all staff must therefore be familiar with the criteria for service delivery as well as competent in their professional knowledge and skills. Both of these points are pre-requisites to ensuring that the assessment of risk and the thresholds for intervention in supporting children and families are clear and consistently applied.

As discussed earlier, mechanisms to ensure community based services are fully considered before entry to state care include the use of individual independent second opinions; specially constituted panels and arms length monitoring and reviewing officers.

Children's services plans to identify objectives

The range of services used in gatekeeping will differ because of different situations in different localities. The services will have to be carefully planned to address these local needs. A planning system is therefore needed in order to ensure that an appropriate range of services is available. This planning process needs to be multidisciplinary because children's services run across boundaries between services provided, for example by health and education. It should also involve representatives of local communities, service users and other stakeholders.

Planning requires a basis of good information starting with details of who currently uses the services and the reasons for this. A good gatekeeping system will use this information to develop children's services' plans which provide explicit statements on the objectives of service delivery in their area and establish performance indicators for measuring whether these targets are being reached. The children's service plan and its implementation should also be reviewed and updated regularly.

Gatekeeping is a process

Good gatekeeping does not operate only at the point of referral but continues thereafter in order to verify that the client continues to need the particular service and to review whether the goals need to be changed and different or additional services provided. The example of the reassessment centres in Samara shows what is possible and the ongoing review reduces damage that may be done by misdiagnosis of disability.

In a good gatekeeping system there will be an individual care plan which is drawn up at the entry point. It will set out the plan of action based on the needs assessment, delineate which agencies need to be involved, over what time period and which services should be provided by whom. The plan will focus on key issues such as contact with parents, rehabilitation of permanency. Ongoing monitoring of the care plan requires a system to review and monitor cases at regular intervals and to record the results of the review.

A whole system focus

Good gatekeeping has a focus on the system as a whole. Whilst it operates through controlling decision-making in individual cases the strategy has an overview of the operation of the child protection system and wider connected systems. This means that information about changes in the child protection system, as well as wider connected systems, need to be monitored. For example reduction in the numbers of children entering institutions may lead to increases in street children if the community based services are not properly focused or similarly introduction of an alternative form of substitute care such as foster care may increase the overall use of state care rather than reduce it if the institution continues to be available¹⁵. Good gatekeeping would monitor these trends and make adjustments to services to prevent adverse effects and build on positive ones.

Bilson (2000) has discussed how, in a gatekeeping strategy, services need to be strategically targeted on key elements of the decision making system and provide a range of functions. This targeting needs to be based on sound information about trends in referrals, children's service careers and patterns of need. This requires the strategic use of services at key points in the child's service career. This use needs to be carefully monitored to ensure that services are properly targeted and achieve their aims. This requires screening of the use of the services as well as their impact on the wider population.

A systemic gatekeeping strategy would also identify key areas for intervention and ensure that decision-making takes these into account. For example much research has highlighted the fact that children who do not leave care within a short period after their admission are likely to remain in care for long periods. Good gatekeeping introduce reviews for children in this crucial period as well as services targeted on key issues such as family tracing, reunification and contact.

This section has defined gatekeeping and reviewed the research evidence on a number of approaches to gatekeeping in the West. It is now possible to consider how far gatekeeping strategies and mechanisms have been used in the ECA.

¹⁵ In one country institutions that have started to empty have advertised for children on local radio!

I EXPERIENCE OF GATEKEEPING IN THE ECA

This section considers examples of work done in the ECA to implement gatekeeping. The examples are illustrative only and, in the absence of any thorough overview of service development across the region, may not be representative. While no country in the region has successfully implemented a gatekeeping approach in full, there are many important examples of gatekeeping initiatives which provide a key foundation for further development in the future. However, it is unlikely that the countries concerned would classify these developments as gatekeeping strategies because the term is rarely in use in the region.

Box 1 Positive developments in respect of the basic elements needed to implement gatekeeping

An agency responsible for co-ordinating the assessment of the child's situation

As part of its strategy to increase responsibility at local level, Latvia has now consolidated family support services at the level of the local municipality and the intention is to build up a range of services to support poor and vulnerable families in their own homes. Romania has created a national agency for the protection of children's rights now re-designated as the national authority for child protection and adoption with parallel municipal structures and active involvement of NGOS. Bulgaria, in line with its new comprehensive child protection legislation is also to set up a state agency for child protection and has decentralised at municipality level employing social work staff. These social workers will have the responsibility for co-ordinating the assessment and purchasing or providing services. Georgia too has introduced local structures to assess vulnerable families, the department for the protection of minors.

A range of services in the community to provide help and support children and their families

The development of new community-based family support services has been one of the main growth areas over the 1990s. The extent and coverage of services and the range of providers [whether local government or voluntary sector] varies greatly across the region but most countries can point to innovations and development in this area. By 2000 Russia for example, under the Federal Programme 'Social Services for Children and Families' had developed three kinds of services in 87 regions of Russia –centres for children in need of social rehabilitation, centres for the disabled and finally some multi-disciplinary centres for children and families. It had also started to implement an entirely new kind of service, home visiting ('social patronage'). Small scale mother and baby units have also been introduced to prevent the need for young mothers to give up their baby at birth. For example the Czech republic doubled its numbers of such homes from the 1990s. In Romania a number of alternatives have been developed over the last three years which include mother and baby units, day care centres, family counselling and the development of fostering, adoption and reunification. Through the growth of alternatives, Romania was protecting 30% more children than in 1997 while the budget had halved (Momeu 2000). Alternatives to institutional care for children with disabilities have been set up in Belarus. Through a partnership of state, NGO and international providers, 4000 children and their families receive assistance by means of self-help groups and day care to help rehabilitation. One of the striking features of this project is its involvement of user opinion to help provide feedback on the operation of the service and future directions to its work. Even some of the poorest countries in the region can point to new initiatives to develop alternatives to institutionalisation. For example Albania has now set up a family counselling service in one of its poorest areas run in partnership with SCF Denmark. It aims to provide services both to support families to avoid initial institutionalisation as well as developing programmes to reunite children in public care. Advice and counselling has been provided to approximately 200 families annually and a small number of young people have been reunited from institutional care while larger numbers have re-established contact with their parents.

Countries in the region have increasingly set up ways of exchanging know-how and evaluating best practice in the light of the convention. In Bulgaria SCF and the Bulgarian government have set up a database of child care projects which is distributed over the web (<http://scukbulgaria.freecom-int.com/>), and on paper.

A good example of international co-operation in the field of evaluation is the 'Documentation and self-assessment of positive initiatives exercise' (Grandjean 2000). Its specific aims are to provide 'change agents' with a tool and methodology to help evaluate practice against four key criteria: 'effectiveness, relevance, efficiency and sustainability'. The aim is to help agree key criteria for success with the intention of feeding the results into refinement of the assessment criteria. In the longer run these kinds of self-assessments can pave the way for external evaluation. More immediately, they can help inform discussion on the issues that information systems need to collect data on and monitor.

Information systems to monitor and review decisions and their outcomes and provide feedback on the operation of the system

When UNICEF first attempted to collect basic data on the numbers of children in public care, the patterns of placement and reasons for entry, it encountered considerable difficulties. It concluded that 'there is scarcely any other field of social statistics in which the public and policy makers face more serious gaps data availability, reliability and comparability than that of children in public care'. The forthcoming report notes that since then 'many countries have made strenuous efforts to improve transparency and data collection'. It notes that improvements have come about as a result of increased public concern, efforts to improve inter-ministerial collaboration and concerted efforts by the MONEE project to help improve data collection systems. UNICEF notes that weak administrative and data systems in respect of children in need are also now beginning to be addressed.

Box 1 Positive developments in respect of the basic elements needed to implement gatekeeping

In Bulgaria SCF have worked with local authorities and parents groups to set up a number of client information systems. These cover details of children with disabilities and children going through the commissions dealing with offenders and children who have been abused. Information is used at the local level for planning and monitoring practice and the databases are to be used as the basis for national monitoring systems (Bilson 2000)

A process of decision-making based on a systematic approach to the assessment and review of children's needs and family circumstances

There is evidence of efforts to develop more active planning strategies in a number of countries. Hungarian child care legislation requires workers to develop a care plan and review progress of the child. Similarly legislation in Romania requires regular reviews of all children receiving statutory services. In Bosnia Herzegovina, SCF UK and Tuzla Canton Fostering project have also developed care plans for each foster child while in Kyrgyzstan, another SCF Denmark project with local partners has set up a programme to help reintegrate handicapped and abandoned children which makes use of action plans for each child. Training programmes, too numerous to mention, for social workers, foster care staff, psychologists and directors of children's homes are all helping develop capacity.

More specific examples of gatekeeping strategies to ensure fit between needs and services can be seen through legislative and organisational reform. With regard to the former, Hungary has raised its threshold for public care by outlawing removal from the family on financial grounds. In Latvia the Council of Ministers has made a decree about the priorities for different services aimed at introducing gatekeeping and new legislation is currently being drafted to formalise responsibilities and set up comprehensive gatekeeping systems. In Bulgaria, the Child Protection Act defines broad categories for a child at risk who is eligible for services and sets high criteria for entry to care which, additionally, should only be done following a court hearing. However whilst the Act has been in force since January 2001 children are still entering care without court hearings.

With regard to organisational reform, a new approach to responding to children with disabilities has been introduced in Saratov and Samara (Samoilova & Smoliakov, 2000). The old psychological-medical-pedagogic commissions which made a one-off assessment when the child was four in order to decide whether the child was 'educable' or 'ineducable' have been replaced by Regional Rehabilitation Centres. The key difference is that the child's diagnosis is kept under regular review and conducted at no less than two or three year intervals. Re-assessment of children diagnosed under the old arrangements has resulted in the transfer of 1000 children from establishments for the 'ineducable' to boarding schools providing more educational input.

Finally, accountability mechanisms have begun to be strengthened as for example through the introduction of ombudsmen in a number of countries such as Hungary, Poland, Albania, Russia, Bosnia, Georgia and the Ukraine. Sometimes the role has been specifically linked to the gatekeeping process where those functions are laid down in law. For example in Hungary the remit is linked to the duty in the Children Act to prevent institutionalisation and to question therefore the appropriateness of placement in institutional care. This brief includes monitoring whether a child has been placed in care for reasons of poverty.

Box 1 presents an overview of some of the positive developments in respect of the basic elements needed to implement gatekeeping whilst Box 3 shows how the Samara region in Russia was able to bring down the numbers in institutional care by expanding fostering, guardianship and adoption and introducing a wide range of family support services in the community.

These developments provide the building blocks for implementing gatekeeping but they are typically piecemeal and patchy both across the region and within countries and not followed through systemically. When the features outlined earlier that characterise best practice in gatekeeping systems are considered, implementation experience is still at a very early stage. Specifically, the work on classifying needs and thresholds has scarcely begun and not yet been linked in any coherent policy and service delivery response to prioritising cases. Efforts to use "clear -and tough- criteria to warrant child separations from parents" (UNICEF 2001) as a mechanism for

“deliberately narrowing the net whilst using `broad-based eligibility criteria to widen entitlement” to services for vulnerable families still need to be made. Active assessment and reviewing systems based on care plans for each child still needs to be underwritten in law and policy and developed in practice. This in turn means improving the quality of information collected by the gatekeepers to provide the basis for explicit and considered choice of intervention from the initial stages onwards. Finally management information systems, although improved, need to collect more rigorously data on referral patterns, profile of need to particular groups, service responses and availability. Crucially, this information needs to be fed back to local managers and planners so that it can influence local policy and practice as well as informing national evaluation.

Box 2 De-institutionalisation in Samara – a success story in restructuring and gatekeeping

The Samara region, offering an example to the rest of Russia, significantly increased the provision of both foster care and guardianship over the 1990s. It nearly doubled the number of guardians and achieved an increase in the placement of children with guardians who have no children of their own. Payment has been one important factor, with the proportions receiving index-linked benefits rising up to 64 percent in 1998 from only 7 percent in 1991. But also a range of other supports has been offered for the children that are directed at enhancing their welfare outcomes and simultaneously relieving the pressures on the carers. These include free travel and health camps, free extra schooling, financial support at age 18 with housing, opportunities to send the children to lycees and other schools with in-depth learning schemes and fostering access to higher education through exemptions from examinations. At the same time, foster care programmes have also been established to serve children with complex needs (three in five had health difficulties). The number of children involved rose rapidly, from 200 in 1996, when the programme started, to 1,109 in 1999, partly because of the implementation of more flexible eligibility criteria than elsewhere in Russia (including single parents and no requirement for higher education), as well as generous social supports for the carers.

Between 1992-1999 Samara region was able to close down three infant homes and three preschool children’s homes as a result of the above measures, an active approach to adoption and the introduction of an entirely new network of family support services for children in need -including those with disabilities. An establishment for children with severe learning difficulties was turned into a school offering rehabilitation. Finally, an outcome singled out for special mention was the drop in re-referrals of children left without parental care- only 14% at the end of the period.

The gatekeeping strategies which stem from a commitment to raising the welfare outcomes of children left without parental care were as follows :-

- The introduction of a range of alternatives to institutional care
- The introduction of an integrated committee with responsibility for the family, motherhood and childhood at regional and local level. This inter-agency committee took on the former responsibilities of the guardianship and trusteeship agencies (under the Ministry of Education) for children left without parental care and in need of placement out of home.
- Information systems to monitor changes
- An explicit policy agenda to family-based care for vulnerable children and those left without parental care

Source: Vozniuk, A.M., Taseev, V.B., Smoliakov, Yu. M. ‘How the identification and placement of orphans and children left without parental care has been resolved in the Samara region’ in UNICEF and the Department for the Affairs of the Family, Women, Children and Youth, Ministry of Labour and Social Development (1999), “State Policy: The Experience of the Regions of Russia in the Provision of Social Protection to Children and Families”.

Moscow: UNICEF and the Ministry of Labour and Social Development. -In Russian.- In part reproduced from UNICEF 2001: p. 105

Transition constraints on the development of active gatekeeping

A number of difficulties will need to be tackled in order to achieve the basic elements of gatekeeping outlined earlier (co-ordinating agency; a range of services; assessment, planning and review; information systems). These are listed below:

- The need for a paradigm shift in child care policy and practice
- Shortfalls of suitably trained staff in community services
- Divided and overlapping responsibilities between agencies
- Resources locked into institutional care
- Weak management information systems
- Lack of experience of applying an integrated gatekeeping strategy

The need for a paradigm shift

Whilst there have been many developments and changes and different countries are at different stages in the reform of child protection systems the legacy of the former communist ideologies is still apparent in many of the child protection systems (Harwin, 1996). The following paradigm shifts overlap but have the common outcome in supporting the current practice of over-reliance on institutionalization.

Rescue and State Paternalism A key factor in maintaining institutional care is the belief that the state's role is to rescue and provide for children. This can vary from what Momeu (2000) in Romania cites as 'an authoritarian mentality inherited from the communist era' through to a belief amongst civil servants, residential staff and even parents that children are better off in an institution (e.g. in Lithuania see Bertmar 1999 and Gomart 1998). Policy based on a rescue mentality is paternalist operating on the basis that the state knows best, cares best and devalues the part that can be played by parents, communities, NGOs and so on.

The rescue paradigm was fuelled by lack of access to western theories and research on psychology and social work, and a lack of critical information and research into the outcomes of the policy of institutionalisation of children in the ECA region. Whilst there is a growing acknowledgement of the limitations and disadvantages of institutional care for children amongst senior policy makers and practitioners alike, much of the system still operates on this ideology.

Medical and deficit models of disability A second paradigm linked to that of state paternalism is the medical model of disability. Whilst this model, in which children with disabilities are assessed in terms of their limitations rather than their potential, has been prominent in many countries it is widely prevalent in the ECA region and normalisation uncommon. The treatment of children with disabilities is often seen as almost exclusively a medical issue and children with mild disabilities continue to be institutionalized in some parts of the region. A belief amongst continues amongst some defectologists¹ that children need to be separated from their families and from "normal" children so that they can receive the specialized instruction necessary to "catch up"

¹ This is the term still used in some parts of the ECA region for specialists in disability

with the rest of society. In this paradigm institutions are the venues for a "corrective process" and since many children will never be 'made normal', institutions become their permanent homes. In Romania the government states (DPC 1998) that whilst the needs of institutionalized children with severe disabilities are rarely met, they also estimated that 20% of the children in these institutions were not disabled. A key problem of the deficit model is its failure to emancipate and hence empower persons with disabilities. There are signs that the model is coming under challenge in a number of countries and projects which promote rights based approach are developing including ones in the Samara region of Russia, Belarus, Kyrgyzstan and the Rouse region of Bulgaria. However it still can be seen in the policy and practice with children with disabilities in a number of areas within the ECA region.

Ethnic Discrimination Linked to the rescue and state paternalist ideology is the use of state care in a way which discriminates against minorities. For example in a number of countries Roma minorities are substantially more likely to be placed in the orphanages or to be educated in special schools for children with disabilities². In fact one of the historical purposes of the institutional sector in the ECA region was that it "Deculturated ethnic minorities such as Roma (gypsies)" (Tobis 2000).

Ethnic conflict and deep historical prejudices are reflected in practices in the child protection system. Tobis also suggests that staff in institutions are particularly likely to discourage contact with parents and families, and access to foster care, adoption and community based services is less available for ethnic minorities and particularly Roma children in many parts of the ECA region. Reform of gatekeeping will need to combat this deep-seated problem to have any chance of success.

Staffing shortages

At the beginning of the era staff resources were tied into two kinds of provision - residential care and universalist services to support all families with children. Vigorous efforts to build capacity include setting up social work training programmes and, less consistently, retraining institutionally based staff. Despite this effort recruitment has lagged well behind the massive rise in child vulnerability that has accompanied the transition. The shortages of social care staff in community based agencies is particularly acute in some parts of the region. In part this reflects the fact that the services themselves are very new but even where the structures predate the transition, staffing levels have not kept pace with rising need. For example the numbers of staff employed in the organs of guardianship and trusteeship in Russia have not expanded over the decade, despite the marked rise in referrals. Many countries have reported that the lack of personnel has restricted capacity to respond to demand and led to a narrow focus on the most acute and urgent needs. It has also limited the type of response. For example, where the functions of social workers to help vulnerable families are combined with a duty to provide

² for example in the Czech Republic data for 1997 showed that 64% Roma children in primary schools were in special education (cited in Ringold 2000). Similarly the over-representation of Roma children in institutional care for infants has been identified in a number of countries in the ECA region. (Tobis 2000 p. 23)

financial support, the latter role has predominated. Assessment of child and family need has tended to be narrowly focused.

Another major difficulty is the imbalance of staffing resources within the child protection system as a whole. More staffing is tied into institutional provision than community based services and within the institutional sector, staffing often accounts for the largest item of expenditure. Finally, there is a problem of status and pay. Income levels for the new community based social care sector are often low and this affects recruitment, retention and quality.

Divided and overlapping responsibilities and patchy community provision

Responsibilities for addressing the needs of vulnerable families are currently split between many agencies at local and national level. This is in part a legacy of the pre-transition era. But it also reflects the way in which new community based services have tended to develop piecemeal. Examples of organisational reform to establish comprehensive integrated family support and substitute care services are the exception rather than the norm. The fragmentation of responsibility and structure – including between statutory, voluntary and private sector - produces particular difficulties for effective gatekeeping. It leads to uncertainty over criteria for referral, fragmented interventions, duplication of effort and confusion for families who are left uncertain about whom to turn to when in need. Gaps in services increase the likelihood of referral to institutional care simply because of its availability, and this risk is reinforced by the absence of clarity on procedures for referral. Efforts to consolidate and devolve responsibility by decentralisation are not always carried through consistently. For example the otherwise exemplary reform in Latvia has created a perverse incentive by leaving responsibility for the institutional care of infants and children with disabilities at regional rather than municipal level.

Weak laws

One of the major areas of government action since the transition has been widespread reform of family law and child care legislation. However, implementation mechanisms are often weak and key provisions to support active gatekeeping are missing. Laws that make effective use of broad-based criteria for entitlement to services and high thresholds for substitute care are largely lacking. Indeed, perverse incentives persist. For example in Russia, the 1944 Stalinist provision to enable single parents to place their baby in public care to be brought up at the expense of the state remains on the statute book. Such legislation makes it very easy for parents to give up their children. Legal reinforcement of active planning and mechanisms to reduce risk of family ties withering are also not much in evidence. The legislation has not always been helpful in resolving divided duties between child protection agencies. For example in Russia, the pioneering and important legislation to establish community services for vulnerable individuals and families has placed this duty within the Ministry of Social Protection. Yet the obligations to find substitute care remain with the Ministry of Education. Latvian and Bulgarian reforms of local government responsibilities for different elements of the child care system have created similar divisions.

Resources tied into the institutions

A detailed discussion of this issue is found in the accompanying concept paper by Fox and Gotestam (2001). Only four points need to be made here because they constrain the development of effective gatekeeping. First, perverse incentives to institutionalise continue in a number of countries where agencies can reduce their own expenditures by placing children in public care who are then funded from a different pot of money. Secondly, because institutional care absorbs the major element of expenditure in child care services it inhibits the development of community based provision. Third staffing is locked into institutional structures at the expense of community services. Finally institutions are often physically isolated and distant from the communities that they serve, so retraining staff and alternative use of the resources such as buildings is not feasible in these cases.

Weak management information systems

Despite the improvements noted earlier, problems persist in data quality, range and utilisation as a planning tool. The common absence of flow data both at central government and local level makes it difficult to obtain a reliable picture of trends in respect of all substitute care options. Yet this data is more revealing about patterns of usage than stock data because it shows turnover. Other important gaps in data include reasons for substitute care (broad administrative categories such as abandonment need to be broken down into more meaningful categories), duration of stay, ethnicity, gender and age profiles. A further problem relates to patchy information on need and services provided at community level. These difficulties are partly due to gaps in collection, lack of mechanisms to co-ordinate across agencies but also more fundamentally reflects conceptual difficulties in classification of need. Finally, data is not used sufficiently as a planning tool. In particular, there is little evidence of targets for change being formulated on the basis of the empirical evidence.

Lack of experience of an integrated approach to gatekeeping

While many countries or regions have pioneered individual components of gatekeeping, very few have been able to link them together systematically. The reasons for this lie mainly in the problems that have been described above and, more basically, in the fact that gatekeeping has not been identified and targeted as a priority reform mechanism. In this final section a strategy will be suggested for progressing gatekeeping in the ECA.

Summary

This section has looked at the experience of gatekeeping in the ECA region. The current situation is that, whilst in many countries there are good examples of elements of gatekeeping, the need for systemic change which addresses all the elements of gatekeeping in a coherent strategy has still to be achieved. A number of factors combine to make such a coherent strategy difficult to achieve and key constraints on it have been summarised.

I CHANGING MINDS, POLICIES AND LIVES

The discussion of the constraints on implementing gatekeeping discussed above will seem daunting to anyone wishing to take this route. We think that a government or agency looking at the proposals we have laid out above will need to address the following challenges:

- Gatekeeping will require major changes not only in the decision-making systems and services but also more fundamentally in the attitudes and beliefs about children and the role of parenting. Reforms are unlikely to be effective without a shift from the paradigms of rescue, state paternalism, ethnic discrimination, and the deficit model of disability. Such a change will require staff, managers and policy-makers to reconsider the value they place on children, their rights and the importance of parents and families in the upbringing of children.
- Gatekeeping is a function of the system as a whole. It cannot be achieved by an incremental approach but requires a step change in the whole of the operation of the child protection system requiring new services, new decision-making processes, new roles for staff and managers and changes in the interactions between all these parts of the system.

These challenges will need a strong lead from national government and a clear strategic direction will need to be developed if this does not already exist. From the above review such a strategy would need to operate at two levels. This involves changes to be made both by central government and at local government level. In particular experience needs to be gained of a holistic approach to implementing gatekeeping. This does not mean that all aspects of child care need to be tackled at once but that key areas should be prioritised and a strategy for change in the whole system related to that area should be devised. UNICEF's MONEE Report (2001) outlines the different nature of problems in different parts of the region. It suggests that prioritising these problems can be followed by setting concrete targets based on assessment of the countries' specific difficulties. The targets might include plans to:

- ◆ *End infant institutionalization,*
- ◆ *Close down all big institutions and*
- ◆ *Establish regular, independent and high-profile reporting on and control over the quality of care* (UNICEF 2001 p.113)

A similar approach is also feasible at the local level where selected targets can be tackled through a pilot aimed at implementing all 4 basic elements of gatekeeping in the specific target area.

The changing minds, policies and lives project intends to work with governments to develop toolkits which will help in the assessment of what needs to be done at the local government and the national government level. The toolkits will need to be developed and tested in partnership with governments before wider dissemination will be possible. In order to address these issues appendix 1 outlines for each of the 4 basic elements of gatekeeping what we regard as the major problems in many countries, the aims of reforms, the transition activities that are required to change policies in the country or locality and lives for children and their families. Not all countries

will be at the same starting point on these issues and the tables are intended to help to identify priority areas on which to concentrate. The appendix is split between actions needed at the national level and at the local level. The templates, checklists and best practice examples we refer to in appendix 1., are tools we think might be helpful when assessing the situation and starting to take steps forward.

Conclusion

This review has explored the concept of gatekeeping and its usage across a range of health and welfare services in a number of countries. Gatekeeping appears to be a relatively recent concept and this may explain why it does not feature in the descriptions of the post war transformation of western child care services and de-institutionalisation and also why the literature is patchy and uneven. However, gatekeeping has certainly played a valuable part in child care reforms adopted far more recently in the West, but to date ECA practice has tended to lag behind the West. The historical legacy in the region with regard to the models of service delivery is undoubtedly an important explanatory factor, but just as crucial are the huge economic, political and social upheavals of the last decade. Despite the many encouraging developments now taking place in the region to diversify provision, the trend data on usage of public care underline the need for active gatekeeping strategies. This is further supported by microdata surveys showing the lack of commitment to active discharge strategies and ways of keeping birth parents involved. For these reasons the paper has argued that the key target should be gatekeeping entry to public care. Gatekeeping at this tier of service has its strongest evidence base with research showing the harmful effects of large-scale institutions and particularly the institutionalisation of infants on child welfare. This is also where changes can be measured and monitored most reliably.

The review has found that gatekeeping is used in differing ways that include both rationing and welfare purposes. Perhaps the single most important long-term decision to be taken by service planners is whether to adopt a model of gatekeeping that combines the functions of rationing and child-care decision-making or to keep the two separate. The literature has shown that these two roles can be in conflict; they certainly require different kinds of training and are likely to lead to different organisational structures in which the purchase and provision of services are kept separate. Thereafter, the specific gatekeeping strategies discussed in this paper apply equally to both models. This includes the development of effective assessment and reviewing strategies; management information systems to profile and monitor service use and need; an agency to carry out gatekeeping. However, some of the suggested measures can be implemented more quickly than others. For example legal reform, which has been put forward as an essential arm of gatekeeping, is likely to be a longer-term strategy. But this paper has shown that gatekeeping practices can be introduced successfully ahead of legal reform.

Finally, ways of involving parents and children also need active consideration in gatekeeping strategies. Parental attitudes play a large part in shaping the uptake of public care and as such constitute an important informal regulator of practice. There is considerable potential for a clash in view in what services are required between gatekeepers and parents- or indeed in respect of older children. In this paper we have called for a wide debate on the balance of responsibility between state and family in

respect of public care, although gatekeeping can be introduced first as a way of bringing about changes in public attitudes. We have suggested ways in which legal reform may address such a shift by attention to specific highly focused issues

The proposals in this paper aim to provide real practical support to policy makers and practitioners wanting to bring about reform. They provide an approach which requires action at both local and national level. The suggested framework and criteria will enable countries and localities to profile their own situation to identify individualised targets. We are not advocating a crude one size fits all approach and solutions will vary in the light of culture, tradition, size and nature of the public care population and available resources. Gatekeeping has not proved easy to implement even in welfare systems not experiencing the widespread poverty and history of reliance on institutional care widely seen in the ECA region. This makes gatekeeping a challenging but essential reform.

APPENDIX 1

Local Level			
Major concerns¹	Target for strategy	Transition Activities	Toolkit
<i>An agency responsible for co-ordinating assessment</i>			
A range of agencies and ministries make decisions about children entering state care leading to a fragmented response	A single agency has responsibility for the coordination and management of assessment, developing and reviewing care plans	Local or national agreement about the agency to carry responsibility Staff training on assessment, review and gatekeeping	
<i>Range of Services</i>			
Little coordination of services and insufficient alternatives to institutional care	Range of coordinated targeted services to provide help and support to children and their families	Develop multidisciplinary planning system Develop new services	Best practice examples on planning Template for planning Changing Minds, Policies and Lives exemplary practice database
<i>Decision Making based on Assessment and Review</i>			
Decision making promotes institutional care, provides little or no review and not based on thorough need assessment	Decision making based on thorough assessment with criteria, assessment, review and gatekeeping mechanisms	Develop assessment process Develop gatekeeping arrangements Develop review system	Best practice examples Exemplars of gatekeeping arrangements Template for review system
<i>Information Systems</i>			
Insufficient information about reasons children enter institutions, background factors and careers through system	Sound information on the local system on which to base strategy	Develop or consolidate information system and/or study of local system	Checklist for study of local system Template for information system

¹ These tables outline for each of the 4 basic elements of gatekeeping what we regard as the major problems in many countries, the aims of reforms, the transition activities that are required to change policies in the country or locality and lives for children and their families. Not all countries will be at the same starting point on these issues and the tables are intended to help to identify priority areas on which to concentrate.

National Level			
Major Concerns	Target for strategy	Transition Activities	Toolkit
<i>An agency responsible for co-ordinating assessment</i>			
No single agency is responsible for assessment, review and coordination of services at local level	A single agency has lead responsibility for the coordination and management of assessment, developing and reviewing care plans for children in need	Establish agency	Exemplars from ECA region
Lack of co-operation at inter-ministerial level prevents changes	Clear responsibility for services and a system to promote inter-ministerial co-operation	Setting up agreement and coordinating arrangements	
<i>Range of Services</i>			
Institutional care as main form of support, limited or no community based services	A range of targeted services providing support to families to care for their own children and substitute care.	Promote pilots of gatekeeping at local level including alternatives Promote transfer of resources from institutional sector to alternatives Develop standards for all services Set up and monitor process for planning services Set concrete targets	See local level toolkits See Fox and Gotestam (2002) paper on transfer of resources See Bilson and Gotestam (2002) paper on standards See UNICEF (2001) for examples
<i>Decision Making based on Assessment and Review</i>			
Legislation makes it easy for children to enter public care	Raise thresholds for public care	Review current legislation and guidance for its impact on gatekeeping entry to care/institutions	Exemplars of relevant aspects of gatekeeping in legislation Checklist of key issues
Legislation lacks active individualised care planning framework	Introduce individualised care planning and review framework	Review current legislation and guidance with regard to review, contact and rehabilitation	Exemplars of legislation on reviews Checklist of key issues
<i>Information Systems</i>			
Insufficient information and lack of systems to monitor policy implementation	Sound information systems able to provide information at national, regional and local level	Develop national level data systems Establish feedback systems with local level Develop system to monitor implementation	Best practice examples Exemplar of best practice implementation

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