Towards a Brighter Future for Institutionalised Children?

A Case Study of De-Institutionalisation of Childcare in Kyrgyzstan

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Abstract

Institutional care for children, so called orphanages, are still the most common type of alternative care for children deprived of parental care in Kyrgyzstan. The number of children who enter residential care in Kyrgyzstan has increased in recent years – this despite international attention of the need to move away from institutional childcare towards a range of family-based services. Moreover, the current strategy to de-institutionalise childcare in Kyrgyzstan will likely lead to unanticipated consequences and perverse results for vulnerable children. This study contributes to existing research and experiences of de-institutionalisation by analysing the case of Kyrgyzstan where efforts to de-institutionalise childcare is met with challenges. Semi-structured interviews were used to examine respondents' perceptions of what some of the principle challenges facing the de-institutionalisation process in Kyrgyzstan are; which the principal factors behind the choice of de-institutionalisation strategy are; and what the principal unanticipated consequences are of the current strategy. Findings suggest that there are several plausible factors behind the challenges to transition to family-based care: incomplete problem diagnosis, different social policy positions, economic, cultural and political constraints, and external pressure.

Key Words:

Institutional childcare, residential childcare, alternative care, childcare system reform, child protection.

Word Count

14,999

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Abbreviations

CCSR	Childcare System Reform
CEE/CIS	Central & Eastern Europe & the Commonwealth of Independent States
DI	De-institutionalisation
IGO	Intergovernmental Organisation
MoE	Ministry of Education
MoH	Ministry of Health
MoSD	Ministry of Social Development
NGO	Non-governmental Organisation
OP	Optimisation Plan
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund

Definitions

De-institutionalisation is a concept that is used in various different fields. The definition used in this study is derived from the European Commission Daphne Programme and refers to the process of moving away from a childcare system based on large institutions towards a range of integrated family- and community-based services. The concept encompasses four components as follows:

"1. Preventing both unnecessary admissions to and stays in institutions.

2. Finding and developing appropriate alternative care in the community for the child. This may include housing, treatment, education and rehabilitation of children and their families.

3. Improve community services to children who do require public care and provide support for the family.

4. Long term care plans and permanent placement in surrogate family for those children whose parents have been unable to respond to appropriate intervention and rehabilitation and who are assessed as incapable of caring for the child." (Mulheir et al. 2007:34).

Residential care, institution and *institutional care* are used interchangeably in this study and refer to "a collective living arrangement where children are looked after by adults who are paid to undertake this function" (UNICEF 2010:20). There are a range of different institutional facilities for children in Kyrgyzstan. Some of these are specifically for disabled children, or children in conflict with the law. Others are so called "boarding schools" where children live and study at the same premises, or so called "baby homes" for children under the age of three. All these various residential arrangements are included in the above-mentioned definition.

Child protection is a concept referring to a set of services and practices designed to prevent harm towards children and to protect children and young people who are at risk of harm.

Alternative care refers to childcare for vulnerable children other than institutional care. This includes but is not limited; to foster care, kinship care and adoption.

Contents

Introduction

"As a whole, de-institutionalisation is a big horror.
It's like a probe that's stuck and nobody can move it" (NGO/IGO representative).

Over ten years has passed since the United Nations Children's Fund (UNICEF) introduced the importance of moving away from large residential institutions for children in Kyrgyzstan, towards a range of family-based services. Yet, the number of institutionalised children has continued to increase in recent years (UNICEF 2012). This study explores key policy-makers' perceptions of what the principal challenges behind de-institutionalisation (DI) of childcare in Kyrgyzstan are, and how they are manifested. Findings suggest that respondents perceive several principal challenges to the DI process in Kyrgyzstan; incomplete problem diagnosis, different social policy positions, economic, cultural and political constraints, and external pressure.

Early on in the research process, it became clear that the current DI strategy in Kyrgyzstan may lead to unanticipated consequences for vulnerable children. Hence, this study explores which the principal factors behind the choice of DI strategy are, and what the principal unintended consequences are of the current strategy. It does so by analysing views and experiences of DI using a conceptual framework that includes relevant theoretical concepts and international best practice. However, this study does not seek to provide causal explanations to challenges of DI in Kyrgyzstan. It is a study problematizing how different factors present challenges in the DI process in Kyrgyzstan, in the views of the respondents.

There are three main reasons why DI is important (Mulheir et al. 2007). The first relates to the negative physical, emotional and cognitive consequences that institutional rearing has on children. Research has found that children who grow up in institutional care are at heightened risk of developing social and behavioural abnormalities, such as poor growth, low IQ, diminished brain activity and emotional reactivity (Purvis & Cross 2007; Judge 2004; Johnson et al. 2006)[1]. The second argument for DI of childcare relates to the high risk of violence against children who reside in residential care. The United Nations (UN) global study on violence against children (2006) concluded that the nature of residential care with poor staff-to-child ratios, and mixture of gender and ages, is conducive to child abuse and neglect. Furthermore, children's residential institutions are

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[1] Research shows that it is important to invest in supporting children and families to prevent institutionalisation of children as this increases the chances that children will grow up to become productive and healthy members of society. De-institutionalisation is thus vital for human, national and international development (Keshavarzian et al. 2014).

often found to be unhygienic and the provision of food and clothing scarce – features which add to the risk of harm to children (Mulheir et al. 2007; Browne 2009). The third argument to de-institutionalise childcare is cost related. Research and experiences from Romania, Moldova, Ukraine and Russia show that providing kinship care, or social services to vulnerable families, cost only one sixth of the total expense of institutional care. Professional foster care comes down to one third of the cost, and small residential group homes are half as expensive to run as large institutions (Carter 2005).

Throughout the 20th century, foster care sponsored by governments and churches increased in Europe and North America following the emergence of evidence of harm associated with institutional rearing. Yet, institutional care for children is still common practice in many parts of the world (Dozier et al. 2012:4)[2]. Eastern Europe, Central Asia[3], Africa, the Middle East, Asia, and Central and South America

Residential institutions for children became widespread in CEE/CIS during the socialist regimes and are still the main child protection service available to vulnerable children in the region (UNICEF 2010:6). Twelve of the twenty-two countries saw an increase of institutionalisation between the years of 2000 and 2007. This suggests that, despite efforts to reform childcare policies, residential care is becoming more frequent in a majority of the countries in CEE/CIS (UNICEF 2010:6). Kyrgyzstan is not an exception to this phenomenon. A study conducted by UNICEF (2012) found that there are at least 117 residential institutions for children in Kyrgyzstan[4]. Almost all children residing in these do have parents. The most recent analysis shows that the number of children in institutional care in Kyrgyzstan increased between the years of 2005 and 2010 (UNICEF 2012).

Purpose and Research Questions

The research problem in this study is the continuous use of institutional care for children in Kyrgyzstan, despite evidence of its negative effect on children's wellbeing. The purpose of this study, therefore, is to look at how key actors within the child protection system in Kyrgyzstan perceive the challenges of DI in Kyrgyzstan. The following research question is drawn from the

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[2] It is commonly used in Eastern Europe, Central Asia, Africa, the Middle East, Asia, and Central and South America (Dozier et al. 2012:4).
[3] Approximately 1.3 million children across CEE/CIS grow up in formal care, and out of these, 650,000 children reside in residential care. Around 200,000 of these children are disabled and 30,000 are three years of age or younger. In fact, the region of CEE/CIS contains the highest numbers of institutionalised children in the world (UNICEF 2010:4).
[4] The number of privately run institutions is believed to be on the increase in Kyrgyzstan (UNICEF 2012).

research problem and purpose and was formulated to guide the study: *What are some of the principal challenges of DI in Kyrgyzstan?*

The following sub-questions were formulated to guide the research:
- *Which are some principal factors behind the choice of DI strategy in Kyrgyzstan?*
- *What are the principal unanticipated consequences for vulnerable children of the current DI strategy in Kyrgyzstan, and in which way do they manifest themselves?*

Disposition

In the following section, the study's methodology is outlined, including its limitations, validity and ethical considerations. The next section will then present the conceptual framework, how it is applied and its main critique. Thereafter follows a literature review of institutionalisation of children, best practice, and policy implications. The next section provides a contextual insight to the situation in Kyrgyzstan, including the socio-economic situation, child vulnerability, child protection, institutionalisation, and DI. Subsequently, an analysis of challenges of DI in Kyrgyzstan is outlined, including an analysis of unintended consequences of the current DI strategy. The final section concludes and situates the study's main findings and provides recommendations for future research.

Methodology

Research Approach

The study's research strategy is a qualitative case study of DI in Kyrgyzstan. Case studies are time- and activity-bounded (Creswell 2009:9). Time in this study refers to the present moment in a developing setting. Activity refers to the experiences, perceptions, actions and attitudes of people involved in or affected by DI. The decision to undertake a case study was made since it is a useful method to understand a unique situation or a particular problem in great depth, and thereby a well suited research approach for the purpose of this study (George & Bennett 2005; Ragin 1987).

I was present in the field for a total of five months during which I gained contextual knowledge of DI and child protection in Kyrgyzstan. Three of those were spent working for UNICEF whose mandate is to promote children's rights and the protection of children. Interviews took place from September 2014 through the beginning of February 2015.

Sampling Strategies

Respondents were selected on a purposive basis, in contrast to random sampling, as that facilitated a focus on information-rich cases that illuminate the research questions (Teddlie & Yu 2007:80; Creswell 2009:178; Patton 1990:169). Three selection criteria were used to reflect the study's research questions. The first applies to respondents with professional experience of the Optimisation Plan (OP), including its creation or implementation. The second selection criteria relates to all other respondents who have experience of DI in Kyrgyzstan – NGOs, IGO[5], civil society organisations and state authorities. The third criteria involve respondents with personal experiences of alternative care, such as parents and foster parents. For professionals working with the OP or DI in general, the purposive sampling strategy used was maximum variation sampling. This was done in order to gain a broad range of experiences as opposed to a generalizable and random sample (Patton 1990). Maximum variation sampling was thus utilised to include the experiences of a wide range of actors who come into contact with DI through their professional work, and enabled a broad understanding of how challenges to DI are perceived. The selection criteria of including respondents from both state and non-state agencies were made to avoid bias. Snowball sampling was used to sample parents to institutionalised children, foster parents and some of the professionals working with DI. Access to the field was facilitated through UNICEF country office in Bishkek who acted as gatekeepers to several respondents in the vicinity of Bishkek. Additionally, a research assistant facilitated the arrangement of meetings and interpretation from Kyrgyz and Russian to English.

Interviews

The study's complex and sensitive topic lead to choosing semi-structured interviews as the preferred method since it is suitable for gaining in-depth knowledge of how people interpret the situation they experience (Mack et al. 2005:30). Face-to-face semi-structured interviews thus make up the study's main source of primary data. Two group interviews were also conducted. Open-ended questions were used for both types of interviews in order to gain a depth of information from respondents. This allowed people to express their interpretation of social phenomena in their own language, and facilitated rich discussions of the respondents' perceptions and experiences (Kvale & Brinkmann 2009). Semi-structured interviews were also found to be valuable in terms of generating data on the relationships respondents see between various phenomena (Mack et al. 2005:30). Group interviews were particularly useful to elicit information and perceptions of DI in a short period of time.

[5] This refers to UNICEF

Moreover, it was a suitable method to facilitate a discussion between different actors that stimulated a dynamic conversation regarding different perspectives and perceptions of DI in Kyrgyzstan (Mack et al. 2005:30).

A total of 35 interviews were conducted, two of these were group interviews, each including approximately ten respondents. Thirty interviews were with professionals from different fields who regularly come into contact with DI. Five interviews were held with parents and foster parents[6]. The interviews took place in settings chosen by the respondents, such as offices, residential institutions and homes. The majority of the interviews were conducted in the centre and greater area of Bishkek. The interviews were focused on themes of questions[7], and lasted typically between fifteen minutes up to one and a half hours. All interviews were recorded after gaining consent from respondents. Some recordings were briefly put on pause during the interviews upon request by respondents. This was due to the sensitive nature of the topic.

An experienced female interpreter was used for approximately half of the interviews, all those which required interpretation from Russian or Kyrgyz. The same person assisted in transcribing the interviews she had interpreted. This has likely increased the quality of the interpreted transcriptions. However, using an interpreter somewhat affected the interviews as nuances of respondents' answers, and the cultural implications of what they conveyed may have been lost in the translation. On the other hand, the interpreter has a deep understanding of the culture and context in which the interviews took place. This was notably beneficial as she was able to share her knowledge of the culture and at times direct attention to details that would have been missed otherwise. Another possible limitation of using an interpreter was that the respondents might have felt uncomfortable sharing sensitive information with an individual from their own cultural background. However, this was never perceived to be an issue, on the contrary, it is likely that her presence facilitated a more open communication with respondents.

People's perceptions are subjective, and subjective data carries various biases, such as self-serving attributional bias and cognitive bias (Shin & Montalto 2015; Sanjuán & Magallares 2013). Respondents answer subjective questions out of their personal "frame-of-reference" - which is linked to their experience and knowledge (Ravallion 2012). Frame-of-reference bias is potentially the most prevalent bias in this study. Answers are therefore likely to vary depending on each person's circumstances. For instance, the data gathered through interviews with professionals is

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[6] For a detailed record of interviews see appendix 1
[7] For interview guides see appendix 2

influenced by their respective professional backgrounds. Respondents were interviewed as representatives of their organisation or area of work and should thus be considered influenced by the general ideas and perceptions of their professional identity. For instance, childcare system reform (CCSR) was in focus during interviews with UNICEF and DI consultants. Transformation of centres was in focus during interviews with representatives from residential institutions and social services. Nevertheless, qualitative data is the richest data source available and provides rich contextual information that benefits the purpose of this study (Cecchini et al. 2014). The following section includes measures that were taken in order to deal with subjective biases and ensure credibility of data.

Data Analysis

The study followed Creswell's (2009:143) six step method of organising and analysing qualitative data, including: organising and preparing data; reading through all data; coding; identifying themes and major findings; determining representation of data; and lastly, interpreting data. Interviews were transcribed manually and coding was done using Nvivo.

Thematic coding was used as it enables incorporation of extended thematic statements, something which is especially useful when analysing qualitative data, and respondents' beliefs and perceptions (Saldaña 2013:176). Theory did partly influence coding and themes, such as 'unanticipated consequences' and 'perverse results' (expected codes). However, unusual and surprising codes were also identified (Creswell 2009:144). The following eight major themes emerged from the coding process: negative effects of the OP; transformation contra system change; disagreements on procedures; prevention; economic constraints; cultural barriers; lack of motivation; and external pressure.

A number of procedures were undertaken in order to ensure credibility and accuracy of the findings (Creswell 2009:145). To establish reliability of the data, transcripts were checked for mistakes by listening through interviews and comparing them with the transcribed material, and codes were checked for inconsistency by systematically comparing data with codes (Gibbs 2007). A couple of different validity strategies were used to ensure accuracy of findings. Triangulation was achieved by using different data sources (interviews and documents) that converged into reoccurring themes. The accuracy of the interpreted data was furthermore determined using member checking, whereby participants from UNICEF were asked to provide feedback on parts of the findings related to their contribution. Moreover, rich thick descriptions of themes using participants' perspectives were used

to facilitate the readers' own interpretation of the data. Negative and discrepant information is provided throughout the analysis in order to account for perspectives brought up by some respondents that contradict general perspectives. Group supervision and peer debriefing was furthermore utilised as a measure to enhance the study's accuracy (Creswell 2009:145). A final comment on validity regards the generalizability of the study: the respondents construct their knowledge and reality in the specific context of Kyrgyzstan. Consequently, the account of their perspectives cannot be generalised to other cases. However, since it is a qualitative study, its value lies not in its generalizability, but in its particularity (Kvale & Brinkmann 2009:280). The study's findings may for this reason contribute to understanding the specific circumstances surrounding DI in Kyrgyzstan. It may also guide and inform future research in similar contexts.

Ethical Considerations

Ethical reflections have been made throughout the data collection process in order to protect respondents. Issues of invasion of privacy and harm to participants have been particularly important to consider. The interviewed parents were in vulnerable situations and it is a sensitive matter to discuss their children's process of becoming institutionalised. It was thus important to respect parents' integrity and provide open questions to which they could choose how much of their story they wanted to share. Care was taken to not push respondents for information, or ask questions that are obviously insensitive.

Respondents were always informed of the study's purpose, intended audience, how data would be used and measures to ensure their confidentiality. Informed consent was obtained prior to all interviews and recordings. Respondents' contact details were kept confidential and separate from interview records and transcripts. All information used in the analysis is anonymously presented and details that could reveal respondents' identity were carefully removed to ensure confidentiality.

Conceptual Framework

This chapter presents the conceptual framework used to guide and problematize the study's research questions, including its application to the empirical material and main critique. The framework is compiled of four theoretical concepts; unanticipated consequences of purposive social action, system reform perspectives, institutional theory, and policy diffusion. DI is a complex nonlinear process that is influenced by various factors. The use of a single theory in analysing the DI process in Kyrgyzstan could not provide a full picture of the process. Hence, a conceptual framework was

created using concepts from multiple theories that enable a rich analysis of DI in Kyrgyzstan. Each theoretical perspective emphasises different aspects of the research questions. The use of multiple concepts thus helps to frame the problem, and guides the answers to the research questions (Bordage 2009).

Unanticipated Consequences

The decision to use unanticipated consequences as a theoretical concept was made after collecting data that clearly indicated a risk for perverse results following the current DI strategy in Kyrgyzstan. 'Unanticipated consequences of purposive social action' is a sociological concept developed by Merton (1936), who provided its basic terminology. The main use of unanticipated consequences is to explain how deliberate acts that are intended to result in social change tend to lead to further unintended results, negative or positive. At its worse, purposive actions may lead to perverse results, whereby the outcomes of an intended solution make the situation worse. The interest in unintended consequences goes far back in history and can be found in various theoretical orientations (Mica et al. 2014). Robert Merton's perspective derives from structural functionalism, a tradition that conceives society as a system with interrelated social phenomena (Elwell 2013). In his paper "The Unanticipated Consequences of Purposive Social Action" (1936:175), Merton presents five possible sources for outcomes that are not the ones intended by an action. Three of these are relevant to the study and will thus be used to illustrate different aspects of DI in Kyrgyzstan. These are: *error* in any phase of purposive action, for instance in problem analysis or selection of the course of action; *ignorance*, issues that demand immediate action tend to involve ignorance of some components of the situation which in turn causes unanticipated consequences; and, *immediacy of interest* which may cause the actor to exclude consideration of long-term consequences of an action (Merton 1936). The above-mentioned key concepts are used to analyse the principal unintended consequences of the DI strategy in Kyrgyzstan, and illustrate ways in which they manifest themselves.

System Reform

John Friedmann's (1987) framework of system reform is rooted in planning theory and consists of four major traditions of planned change efforts. These traditions are used in this study to analyse respondents' perspectives on challenges to approach DI and CCSR systematically in Kyrgyzstan. Friedmann argues that there are four fundamentally different paradigms of social change and social planning: policy analysis, social reform, social learning and social mobilization. Each paradigm has its own set of methods, assumptions, beliefs and approaches to knowledge acquisition and action.

Advocates for CCSR are prone to operate out of any of these four paradigms, while ignoring the other perspectives. This often leads to confusion and disagreements whereby reformers from different camps tend to disregard potential advantages of other perspectives - at the same time, failing to acknowledge pitfalls in their own approach. According to Cohen (2004), this is one of the reasons why child welfare has a long history of failed reform efforts. Child welfare reforms are what Ackoff (1999) refers to as a "mess" of strongly interrelated problems that make up a complex system. Hence, Cohen (2004) argues that child welfare reform requires ways to bring the four paradigms together in a unified approach. Three of the Friedmann's (1987) four perspectives on reform (policy analysis, social reform and social mobilisation) are utilised in the study's analysis. These are relevant to the empirical material and illustrate underlying factors behind the challenges to address DI systematically in Kyrgyzstan.

Institutional Theory

The decision to use key concepts from institutional theory in this study was made after a literature review that clearly indicated specific challenges to DI. Institutional theory provides insight into institutional and individual actions (Dacin et al. 2002). Organisations (institutions) gain social acceptance and support by conforming to the expectations and norms of the institutional environment (DiMaggio & Powell 1983; Zucker 1977; Meyer & Rowan 1977). Institutionalised organisational structures and procedures are furthermore taken for granted and perceived as legitimate by the institutions that embrace and maintain them (Meyer & Rowan 1977). Institutional theorists place emphasis on the force of history, habit and tradition within organisations to consolidate institutionalised activities, which in turn renders them highly averse to change (Berger & Luckmann 1967). External pressure from society and state to sustain and perpetuate legitimated organisational activities further contribute to their consolidation (DiMaggio & Powell 1983; Baum & Oliver 1991). Moreover, corruption and vested interest in the continuation of certain institutional practices is an important factor behind the difficulty to transform institutional practices (Streeck & Thelen 2005:6; Pillay & Dorosamy 2010:365). These central ideas within institutional theory are used to analyse respondents' views of the acceptance of institutional care in Kyrgyzstan, and the resistance towards DI.

Policy Diffusion

Theoretical concepts within policy diffusion were chosen as an additional analytical tool in order to problematize frequently mentioned factors to the challenges of DI in Kyrgyzstan. The phenomenon

of policy diffusion across countries can be traced to four different theoretical backgrounds (Dobbin et al 2007). Of these, two central aspects of policy diffusion are applicable and will be used for the purposes of this study. The first aspect presents the idea that most countries change their national policies upon influence by global norms. Diffusion of policies is thus present everywhere, regardless of the local need or context in which new policies are introduced (Dobbin et al. 2007). This implies that countries may or may not be ready for the change they are signing under (Boli-Bennett & Meyer 1978).

Coercion is another central aspect of policy diffusion and is typically viewed as a forceful mechanism that is exercised by NGOs, governments and international organisations. This is typically done through manipulation of benefits and costs, physical force or monopolization of expertise and information (Owen 2002). One form of so-called soft coercion is the use of conditionality (Dobbin et al. 2007). This may take the form of conditions on loans, aid or other privileges, set by powerful international institutions or countries. Conditionality is often linked to political or economic reforms that are of interest to the giver or lender. Typically, developing countries give in to such requirements since they are often dependent on financial assistance (Vreeland 2003). Central concepts of policy diffusion and coercion are used to examine plausible factors to the challenges of DI by analysing driving forces behind DI in Kyrgyzstan.

Applying the Framework

The four different components of the conceptual framework are applied to the themes as identified through the coding process. 'Unanticipated consequences' is used to explain and analyse respondents' perceptions of what the principal unanticipated consequences are of the current DI strategy for vulnerable children. The other three components are applied to the empirical material in order to analyse and explain which some of the principal factors behind the choice of DI strategy in Kyrgyzstan are and furthermore, what some of the principal challenges of DI in Kyrgyzstan are.

System reform concepts explore why and how stakeholder's different understandings of policy reform presents challenges to a unified and holistic approach to DI, and thus weaken any efforts to de-institutionalise childcare. Institutional theory seeks to explore ways in which culture, norms and expectations solidify institutional practices and thus create challenges in the DI process. Lastly, concepts from the theory of policy diffusion emphasise the significance of external pressure in the form of soft coercion. This perspective examines respondents' perceptions of premature DI efforts and its consequences on the overall DI process in Kyrgyzstan. Additionally, factors analysed using

the conceptual framework are derived from the empirical material and, for the most part, are supported by previous research.

Critique of the Conceptual Framework

The main point of critique against the conceptual framework is its breadth that causes challenges in using all four concepts comprehensively and coherently. At the same time, due to the complex nature of DI, a wide framework is needed to encompass respondents' perceptions and experiences. However, applying four theoretical concepts means that almost everything related to DI could be of value in the analysis, yet the capacity to cover all aspects is limited. This results in a wide framework and broad analysis, but also in disregarding some aspects of the empirical material. Moreover, it is challenging to separate different aspects of DI in order to analyse them since they are closely interlinked on various levels.

Literature Review

This chapter will present an overview of existing research and best practices related to institutional care for children and its policy implications. Despite extensive research on the effects of institutional care on children, there are limited studies on DI of childcare, especially case studies of unsuccessful attempts of DI. Current research on DI focuses on how it can be achieved and what the common hindrances to DI are. These aspects are interwoven throughout the study.

Institutionalisation of Children

A large portion of existing research on children's residential care concerns its consequences on child development. Some of the most well-known research findings on the effects of institutionalisation on children's health derive from Bowlby (1951) and Goldfarb's early publications (1944; 1945). Their studies revealed that children who grow up in institutional care run a higher risk than other children of developing harmful cognitive, emotional and behavioural impairments (Bowlby 1951; Goldfarb 1945)[8]. Institutionalisation of children and early deprivation of parental care has since then been thoroughly researched. According to Johnson et al. (2006), a total of 2,624 articles were written in English on the subject between the years of 1944 and 2003.

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[8] Bowlby's findings lead eventually to the development of "Attachment Theory" which pioneered knowledge of links between secure attachment to primary caregivers and healthy child development (Johnson et al. 2006; Bowlby 1951)

Best Practice

Existing research and policy recommendations focus on two main aspects of how to deal with institutionalisation of children, namely, preventative measures, and DI of children and childcare services (Mulheir et al. 2007; Mulheir et al. 2008; Tobis 2000). Preventative measures regard ways in which families can be supported to care for their children, whenever it is safe and possible to do so. These aim at getting to the root causes of why children are placed in institutions, and thereby stop the 'inflow' to institutions and the demand for their services. Findings suggest unanimously that social support services are crucial to prevent family separation (Tobis 2000; McArthur 2011; Csáky 2009; Waldfogel 2009). As previously mentioned, such services are also found to be far more cost-effective than institutional care. However, extensive capacity building on multiple levels is required in order to successfully achieve provision of family-based care in areas where there are no alternatives to institutions (Carter 2005; Csáky 2009).

DI of children and care services regard ways in which institutionalised children can be removed from residential care and placed in alternative care or become re-integrated in their communities of origin. Making use of staff and facilities is another important aspect of policy discussions on 'transition to care' (Tobis 2000; Mulheir et al. 2007).

Policy Implications

In theory, recommendations of how to move away from residential care are relatively clear and coherent. Research and policies point to the importance of a gradual transition to care. This means that whilst it is important to make sure children in residential care are removed from institutions and placed in family-based alternative care, it is equally important to build up a national child welfare infrastructure that includes a system for family support and alternative family-based care. This includes making sure policies and legislations support a nation-wide CCSR (Dozier et al. 2012; Martin et al. 2013).

Although these aspects are clear in policy, their practical implementation is oftentimes complex (Anghel et al. 2013; Costa 2012). Challenges in the DI process are many and experiences from countries that have successfully transitioned to family-based care highlight a number of common obstacles in the process. Frequently mentioned are: cultural factors of wanting to keep residential institutions; resistance from staff at institutions; and, lack of alternative placements for children (Tobis 2000; Dozier et al., 2012). Although obstacles to DI are demonstrated through experiences

from other countries, there is a lack of case studies from countries analysing challenges to transition from institutional care. This study looks at the case of DI in Kyrgyzstan and contributes to existing research on challenges to DI.

Context

This section presents a contextual background to DI in Kyrgyzstan, including the socio-economic situation, child protection, child vulnerability, institutionalisation and DI.

Socio-Economic Situation

After the fall of the Soviet Union in 1991, the Kyrgyz Republic's economy and public services suffered severely from the loss of subsidies from Russia and the end of the Soviet economic zone. Kyrgyzstan was, however, quick to adopt market-based economic reforms in the 90s, and has to date nearly regained its pre-independence level of output[9] (World Bank 2015). Yet, Kyrgyzstan is the second poorest country in Central Asia (ibid) – with a budget deficit of $600 million[10] in 2010 (Naumann 2011:13). Most of the funds to cover Kyrgyzstan's budget deficit are provided by external donors, such as the World Bank and Asian Development Bank (Bertelsmann Stiftung 2014:21).

Social services and infrastructure in Kyrgyzstan suffer from low funding and investment (World Bank 2015). Remote and mountainous areas are especially affected by scarce provision and low quality of services and infrastructure (Naumann 2011:14). Social welfare benefits are provided to certain vulnerable groups, such as disabled, impoverished and senior citizens, and approximately 12% of the population in Kyrgyzstan are beneficiaries of some form of state support. At the same time, 60% of children in the poorest quintile are not receiving monthly benefits (Mamadaliev 2013). Moreover, the support provided by the Government and the available social safety nets are barely covering the minimum needs of vulnerable groups[11] (Bertelsmann Stiftung 2014:16). Hence, poverty programs provided by external donors and remittances from labour migrants make up stronger safety nets than those provided by the Government (Bertelsmann Stiftung 2014:16).

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[9] Significant poverty reduction could be seen between the years of 2003 and 2008 with drops in overall poverty rates from 64% to 31.7% and reduction from 28% to 6.1% of extreme poverty (Government of Kyrgyzstan & UNICEF 2012a).

[10] 10.5% of GDP.

[11] Poor families with children receive 500 Som/month, which is not enough to keep a child fed (E Zaichenko 2015, pers. comm., 20 January).

Kyrgyzstan remains one of the most remittance-dependent countries in the world[12]. Its large diasporas of labour migrants are found mainly in Kazakhstan and Russia, where approximately 800,000 out of Kyrgyzstan's 5 million people are working (Bertelsmann Stiftung 2014:18). As a result, many migrants leave their children with grandparents or other relatives who may struggle to meet the emotional and material needs of the children. This frequently leads to institutionalisation of children whose parents are labour migrants (Naumann 2011:15).

Child Vulnerability

Three quarters of poor children are found in rural areas and one in five children overall is considered poor (Government of Kyrgyzstan [GoK] 2012a). A study conducted by UNICEF (Haarr 2010:31) revealed that out of 2,137 children[13], 72.2% reported experiencing neglect and/or abuse in their home environment. Furthermore, 36.6% experienced physical abuse, 38.7% experienced psychological abuse and 1.6% experienced sexual abuse by a family member. Roughly 11,000 children[14] reside in orphanages and boarding schools[15] in Kyrgyzstan. Of these, only approximately 2.4% are orphans, the remaining are so called "social orphans" who were abandoned due to poverty, migration or other social reasons (ibid). Thus, the overwhelming majority of children residing in institutions do have parents (GoK 2012a:4).

Child Protection

The Kyrgyz child protection system is a split system that involves several government bodies and agencies responsible for child protection at central and local levels. This makes the system fragmented and hard to oversee on governmental as well as local levels (UNICEF 2012). Furthermore, there is no central authority or official institution in Kyrgyzstan to coordinate efforts of children's rights (Naumann 2011). Nor is there any central authority that deals exclusively with child protection on local levels. There are instead several formal and informal organisations that work with cases of child protection[16]. There is little or no cooperation between actors, and child protection case management practices are poor at all instances (ibid). Hence, assessments of children's needs are lacking in quality and children's rights are compromised. Moreover,

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[12] Kyrgyzstan was the 4th most remittance-dependent country in 2008 according to the International Monetary Fund.
[13] From a cross-sectional sample of children in grades 5-9.
[14] There is no central database or register of residential institutions or children in care in Kyrgyzstan; hence this number is an approximate number.
[15] Boarding schools are for the purposes of this study defined as a type of residential institution.
[16] These include; Family and Child Support Department at district level, leading specialists at municipal level, spcial pedagogues at schools, Juvenile Justice Police Department, Social Commissions and various NGOs (Malanchuk 2009).

preventative measures and family support services are largely missing throughout the country and social workers are not equipped to deal with basic support delivery or case management (GoK 2011). Placing children in residential institutions is the most common solution to child protection cases. It is in fact often the only solution available to social workers (Naumann 2011).

Kyrgyzstan ratified the UN Convention on the Rights of the Child (UNCRC) in 1994 and became the first country in Central Asia to adopt a 'Children's Code' in 2006[17], as an attempt to systematically incorporate the UNCRC into national legislation (Grebennikova 2008). The Children's Code was created to provide a more adequate legislation to protect children's rights. For this reason, it promotes gatekeeping mechanisms[18] to ensure child abandonment is prevented when alternative solutions can be found (Grebennikova 2008).

Institutionalisation

More children entered than left institutions between 2005 and 2010 in Kyrgyzstan, despite international attention to the over-use of residential institutions in the country (UNICEF 2012:7). In 2013, a total of 2,503 children were deprived of parental care according to the GoK, and of those, 488 children were placed in institutional care – which constitutes an increase of 27% compared to 2012 (GoK 2012a).

Previous reports suggest that the increase of children in residential care in Kyrgyzstan may partly be due to poverty and labour migration (UNICEF 2012). The pervasive lack of alternatives to residential institutions means that responsible authorities have few options to refer children to. Additionally, cultural beliefs and family values see parents leave their children at institutions, trusting it will ensure them better food and educational opportunities (G Vockel 2014, pers. comm., 24 October).

The conditions of residential institutions (state, local self-government and private) in Kyrgyzstan range from excellent to poor. According to UNICEF (2004), there is much evidence of child maltreatment, including violent abuse and neglect at Kyrgyz residential institutions. The most frequently reported infrastructural problems are unhygienic conditions of toilets and washrooms. Other common issues regard poorly cleaned and overcrowded bedrooms and lack of recreational

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[17] The Children's Code was amended in 2012 and is currently under a second revision with assistance from UNICEF and representatives from civil society (E Zaichenko 2015, pers. comm., 20 January).
[18] A recent policy change regards the placement of children in institutions for periods longer than six months. This can now only be granted through a court order (E Zaichenko 2015, pers. comm., 20 January).

facilities for children (UNICEF 2012:8). According to a study conducted by UNICEF (2012:8) at 62 of 117 known[19] institutions in Kyrgyzstan, 58% of staff reported believing it would be in the best interest of children in their services to live with their families. Yet, 80% of staff believe that everything needed to develop children's full potential is provided in residential institutions (UNICEF 2012:8). Moreover, incidents where staff at residential institutions (mainly private) actively recruit children to their services have been reported (UNICEF 2012:7).

De-Institutionalisation

The process to de-institutionalise childcare in Kyrgyzstan has been slow, as in many other former Soviet countries. Attempts by Government agencies and NGOs to transform institutions to alternative services have been done with varying results. Initiatives by the state to reunite children with their families suggest that only 24% of staff have observed a reduction of children in their care following such programmes. Moreover, a UNICEF study (2012) reveals that 45% of staff in residential institutions believe that their institution could be transformed successfully to alternative support services. However, 33% do not believe so, while 19% reported that their institution is not ready for such change (UNICEF 2012:8).

The current national DI plan is formalised in the "Optimisation Plan on the Management and Financing of Residential Care Institutions for 2013-2016" (the OP), which was adopted by the Government in late December 2012. The plan was created by the Government with expert help and collaboration from the European Delegation and UNICEF in Bishkek (MoE & MoSD 2012). The goals and objectives of the OP are to:

> "*1. Provide all children with their right to live and be raised in a family environment, in accordance to the UNCRC. 2. To increase the effectiveness of budget spending by transferring financial and human resources of the boarding institution to the development of social services on the local level*". (MoE & MoSD 2012).

The OP is part of the EU's budget support to Kyrgyzstan, whereby 30 million Euros will be provided given that a set of conditional criteria are fulfilled. DI as stipulated in the OP is one of them (V Kuzminskyi 2014, pers. comm., 4 December).

The OP is the only concrete strategy for DI or CCSR in Kyrgyzstan. Its priority is to transform 19

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[19] There is no official registry of residential institutions and private institutions are believed to be increasing in numbers (UNICEF 2012).

identified institutions for children's care across the country within the next three years (GoK 2012b). For each institution, a transformation plan based on thorough assessment is written which specifies the intended future use of facilities and how this will be achieved. Depending on location and local demand of services, some facilities will be transformed into alternative services for vulnerable children and their families, such as family-support centres. Other facilities will be closed down altogether due to their unfavourable location (V Kuzminskyi 2014, pers. comm., 4 December) However, the process is already behind and the GoK has so far not managed to keep up with the plan[20] (E Zaichenko 2015, pers. comm., 20 January).

Analysis

The analysis is divided into the following sections: unanticipated consequences of current DI strategy; incomplete problem diagnosis; different social policy positions; economic, cultural and political constraints; and external pressure. The first section is mainly focused on exploring the current plan of transforming residential services and its possible consequences for vulnerable children. The remaining four sections focus mainly on exploring the principal factors behind the choice of DI strategy, and consequently, the principal factors behind challenges in the DI process. All sections combined aim at exploring respondents' views on what the challenges to DI in Kyrgyzstan are and how they are manifested.

Unanticipated Consequences of Current DI Strategy

Several respondents, mainly those belonging to different NGOs/IGOs and civil society organisations, consider the current strategy of DI (the OP) as problematic due to its potentially negative outcome for vulnerable children. One of the main points frequently brought up is the fact that DI is *not* primarily about moving children out of residential care and placing them in alternative family-based care, or returning them to their care givers. This is confirmed by best practices of DI and experiences from other countries (Martin et al. 2013; Mulheir et al. 2007; Mulheir et al. 2004). The concern raised by these respondents is that the OP is focusing too much on transferring children to alternative care solutions and turning specific institutions into alternative services, whilst forgetting the bigger picture. Although a transformation process is admittedly necessary, it is not an end in itself.

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[20] Only four out of nine planned transformations in 2014 were carried out (E Zaichenko 2015, pers. comm., 20 January).

Respondents argue that what is needed to successfully de-institutionalise childcare is a wider CCSR. This includes the process of transforming a childcare system based on large residential institutions to a system of family- and community-based services for vulnerable children and their families. By engaging in such reform, focus is placed on *preventing* family breakdown, rather than providing residential care as an alternative for children (Mulheir et al. 2007:34). However, according to respondents this is not a central goal or vision of the OP at all. No concrete plan to materialise a comprehensive CCSR currently exists. Instead, according to the same respondents, the current strategy risks to bring about changes to the childcare system that are in fact counterproductive for vulnerable children.

> *"It's like, let's choose these 19 institutions, but there is nothing on creating social services. If you don't address the needs of the families and children, they are still gonna be in the same trouble and it's gonna send them back to the families and then after half a year 'oh shit we cannot cope' and they send them back and children are re-traumatized."* (Respondent from NGO/IGO).

The overall goal of DI in Kyrgyzstan is to ensure children's right to grow up in a family environment, as stipulated in the UNCRC. Yet, respondents argue that the way in which DI is managed determines what the tangible outcome for vulnerable children will be. Respondents uphold that the outcome of the OP without a systematic CCSR is likely going to be negative for vulnerable children and their families. In their view, this is due to an overall weak child protection system in Kyrgyzstan[21]. Respondents report that basic procedures such as child protection case management are currently not functioning in Kyrgyzstan. Although there is provision of educated social workers and leading specialists at local and district levels, they are severely underfunded and lack skills to deliver professional support to children and families. Moreover, there is a pervasive lack of services at local levels that social workers can refer to. This often leaves them with no other alternative services than residential care for vulnerable children.

> *"What is this? This means that we have to kick out all children on the streets? They will all walk on the streets, what will we do?"* (Government representative).

Some respondents foresee a particularly problematic aspect with the OP in the fact that children in residential institutions come from various regions of the country. This means that for any given institution, children are likely to come from various different rayons (districts), including remote and mountainous areas. Transforming a residential institution into alternative services may thus aid local families and communities near each transformed institution. However, it does little or nothing

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[21] Previous reports confirm their perception of a weak child protection system that is not equipped to identify or protect vulnerable children (Naumann 2011; Malanchuk 2009).

for children and families living in areas far from these. Furthermore, given the vulnerability of institutionalised children, it is important to ensure children are handed over in good care when returning them to parents or alternative placements. But due to the lack of services in most local communities, children who are returned to their communities of origin are likely to find themselves out of the reach of child protection services. This is true even for children who are transferred to foster parents, as monitoring systems to ensure child safety are not established, according to respondents.

Another aspect as to why some respondents are critical of the OP's real impact is its limited scope. To include a plan for 19 institutions out of 117 known residential institutions for children is not enough according to these respondents.

> *"The problem is that only a very small plan, optimisation plan, was developed for 19 institutions in the country, and of course you cannot understand the full picture if you have only 19 institutions in the plan. Why, because for example, they consider one institution for transformation to services. But then you cannot plan services for one child for 'this institution' from 'this rayon'. If you have an overall picture from the whole country you know for example that 18 children from this rayon are at different institutions."* (Respondent from NGO/IGO).

This might seem contradictory as the same respondents argue that children, who are transferred from institutional care back to their original communities, or to foster care, run a risk of becoming even more vulnerable. However, at the core of their argument is the view that the OP is not addressing the issue of residential institutions in the correct manner. Instead of tackling the huge undertaking of a CCSR, the GoK has now committed itself to a plan that might, to some, look as an appropriate measure, whilst it could, in fact, be counterproductive for the very children it is intended to protect. Firstly, by placing children removed from care in a vulnerable position. Secondly, by committing to a plan which only includes a small number of the total number of residential institutions, and by doing so, signalling that DI is being done – which could then prolong DI for the remainder of institutions. In essence, by focusing exclusively on transforming 19 specific institutions, attention is moved away from a necessary CCSR.

> *"They approve a small plan but there is no system change in the plan, it's only about 19 institutions. Some elements are there, but it's not a real childcare reform plan."* (Respondent from NGO/IGO).

As argued above, the current plan of DI found in the OP risks further harm to the most vulnerable children in Kyrgyzstan. The effects of DI are meant to protect children from harm caused by

deprivation of parental care – instead, the OP risks causing further harm to children by placing them in situations where they are completely without protection and support from state authorities. This could, in the long run, backfire and lead to what Merton (1936) calls perverse results, whereby the result of an intended action creates an even worse situation.

The findings above suggest that programme developers and policy-makers must find a way of agreeing on a more holistic plan of DI. One that encompasses not only transformation of centres, but transformation of the entire child protection system in Kyrgyzstan. To date there are no such plans even though the OP has been criticised – and, there is an increase of children who enter residential care.

The question becomes, if there are issues with the current DI strategy in Kyrgyzstan, why is the OP the only DI strategy? Wherein lies the real problem behind the challenges of DI in Kyrgyzstan? I argue that four principal factors contribute to the current situation and challenges to DI: incomplete problem diagnosis; different social policy positions; prevailing economic, cultural and political constraints; and external pressure.

Incomplete Problem Diagnosis

Ignorance of certain components of a situation is a common reason why purposive actions lead to unanticipated consequences. Another issue is *immediacy of interest*, which, according to Merton (1936), causes actors to miss or exclude long-term perspectives of their actions. Ignorance and immediacy of interest are two examples of issues that cause actors to misinterpret a situation that needs to change. In order to efficiently achieve change, there must be a common understanding of the change that is required and its root-causes. So, what is the perceived problem behind the idea of DI in Kyrgyzstan? Two major perspectives (problem diagnoses) emerge upon inquiring of respondents from various backgrounds and professional fields. These perspectives are different ways of perceiving the core problem that arguably leads to challenges in approaching DI holistically, and consequently a compromised DI strategy.

Emptying Institutions of Children

The first perspective is pre-occupied with the assumption that the high prevalence of institutions and institutionalised children are the main problem that needs solving.

> *"Last year they created a working-group and approved this regulation (OP). When there are meetings with other members I am trying to propose that we do not need*

institutions where there are lots of children. We need to decrease the number of these institutions." (Representative from residential institution).

"The main goal was to decrease the number of children in the institutions. For example, to help the natural family and return their child or give the children for adoption to good families." (Representative from residential institution).

Respondents who frame *the institutionalised child*, or *the institution* as the main issue, express a primary concern of making sure children are returned to their communities if possible, and that institutions are closed or transformed.

"As I understand, the DI process is a process of transforming boarding institutions and returning children back to their natural families, or adoptive families. This is in order to ensure children live in family conditions." (social work representative).

As illustrated, this appears to be one way of perceiving what the problem at hand entails, and consequently the reason for DI. The problem with this reasoning is that it fails to see DI as a holistic process to reform the entire system; in other words, it *ignores* other components of the issue (Merton 1936) – such as the *reason* why children end up in institutional care.

Preventing Admittance to Institutions

The other 'problem diagnosis' highlights the lack of gatekeeping mechanisms and alternative services as the main problem that needs to be solved, and was mainly heard from respondents representing different NGOs/IGOs and policy-making positions. Respondents who approach the issue from this angle argue that there are reasons why children are being admitted to institutions, and tackling these is the main mission.

"So we try to re-focus a bit. Try to reduce number of entrances to institutions, not taking out children, it's almost impossible. We presume that if gatekeeping mechanisms would really work we will be able to establish at least some different alternative services before children are sent to institutions - and if family support will be provided, including cash assistance that too will help. For the moment, cash assistance is not considered as complex measure as family support." (Representative from NGO/IGO).

Perceiving lack of gatekeeping mechanisms and alternative services as the main problem leads to a different approach to what the solution and preceding actions should be. Steps to improve preventative measures will here be the main concern. Examples of such initiatives are plenty and improvements of regulations and practices are reportedly on-going. According to UNICEF (2012), these experiences have proven to efficiently reduce the number of children who enter residential

institutions. However, most initiatives are low-scale pilot projects at specific locations[22] (UNICEF 2012).

> "It's much easier to prevent children becoming orphans, than working with already existing orphans. So preventive care and measures are always underestimated unfortunately, especially in this country." (NGO/IGO representative).

The importance of investing *more* in preventative services than substitute care is furthermore highlighted in international best practice and experiences from de-institutionalised countries (Mulheir et al. 2007). By doing so, focus is placed on tackling the root-causes for abandonment and parental deprivation. Respondents report being concerned that there is to date no systematic approach of building up community-based and preventative services on a national scale in Kyrgyzstan. In fact, it is not unusual that basic services, such as schools, are absent in remote and mountainous areas, which is one of the reasons why children enter institutional care.

> "There is still no school there, while you send the child home it's going to sit around with the parents and not get schooling, that's not much better. If the family is so poor, he is going to end up malnourished and also not end up anywhere good. So what we need are more social workers, more cash transfers that gets to those people. We need facilities, day-care centres for children with disabilities, otherwise the mum will have to stop working, and again doesn't have enough money, and the two children that aren't disabled will go to the market to work and earn money. That's also not good. So you need social support services and that's hard to organise, it's very costly and there is need for a lot of knowledge to do it well. It's so huge." (NGO/IGO representative).

Poverty and migration are other well-known reasons for child abandonment in Kyrgyzstan (UNICEF 2012). This is confirmed by interviewed parents who see their economic situation as a critical reason for the decision to institutionalise their children.

> "Well, the Government cannot help me with the housing, right? Or with employment. They cannot help me. It has been 2 years already. Of course if they provided me with housing and job I would keep my children with me. Also, when I work the whole day, nobody looks after my children. Nobody takes care of their education." (Mother of two institutionalised children).

More attention to underlying structural and social issues is needed in order to successfully move away from dependence on institutional care, according to some respondents. It is the *demand* for institutional care, not the institutions themselves, that is the main issue according to this argumentation. A minority of children, for instance, severely disabled children, will continue to

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[22] Such as family-type homes in the provinces of Chuy, Jalalabad, Naryn and Issyk-Kul (UNICEF 2012).

require specialist residential care as other alternatives are inadequate to their needs[23] (Mulheir et al. 2007). It is thus a matter of making sure the most appropriate care is given each individual child – and not necessarily getting rid of all institutions. But in order to do so, case management procedures need to be established.

> *"You have witnessed the weakness of case management. I think that's the real bottleneck. Most of the children who enter institutions come from socially and economically deprived families. But those social risks can be prevented if there is a stronger social care and support services, and if case management works, so that the problem can be identified earlier."* (NGO/IGO representative).

> *"So if I summarize, what is missing really is a competent model of social work divided into programmes intervening at early stages. And, a range of referral services which can respond to rehabilitate or support these families at risk so that children do not have to go to institutions."* (NGO/IGO representative).

Planning Error

Although most respondents seem to perceive both prevention and transformation of centres as important measures, it appears problematic to incorporate both into a holistic plan of action. In other words, institutionalisation is so interlinked with factors outside the immediate institutions that it becomes difficult to know where and how to begin the DI process. These fundamental issues of defining the core problem and providing a holistic and accurate solution seem to be at the heart of the challenges to carry out DI in Kyrgyzstan, according to some respondents. Merton (1936) discusses these phenomena in terms of 'error in planning'. This may, for instance, involve addressing only one or some of the relevant aspects of the situation that affects the outcome. This in turn may be due to neglect of the vastness of circumstances surrounding a situation, and failure to carry out systematic and thorough assessments of the problem.

> *"The optimization plan is not comprehensive, it could be considered as a first step but you should not only pay attention to institutions. CCSR is much bigger and more comprehensive than taking only the DI process into consideration. This is my biggest concern about the OP."* (NGO/IGO representative).

As suggested above, the OP is a first step towards DI - but as Merton (1936) concludes, plans that involve immediacy of interest frequently lead to excluding long-term perspectives, and hence cause unanticipated consequences.

> *"It is of course good that we started to work on DI and take the experience of Europe.*

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[23] It is, however, crucial to make sure such care is of high standard and quality.

However, after doing all reforms in institutions, we found out that there are no alternative services. Kyrgyzstan adopted the law on transforming boarding institutions, and the launching of foster families and adoptive families. But all of these laws do not work because they are not properly prepared. I always hear: "there are pilot projects launched". Excuse me! We have five thousand children living in boarding institutions. Where will the Government put them? If I were in the government, I would not ruin the system of boarding institutions. Before ruining this system, it is necessary to develop another system at the same time." (Representative from institution).

To sum up, although these two perspectives conceptualise the issue in different ways, most respondents seem to realise they are both valid. This is concurrent with international best practices of DI that point to the fact that these are two sides of the same coin. Both are necessary in order to successfully move from institutionalised practices towards family-based alternatives (Tobis 2000; Bulic & Anguelova-Mladenova 2012). However, it is critical to prioritise actions and begin with the "first steps first" to ensure children are kept safe at all times. According to best practice (Tobis 2000; Bilson & Harwin 2003), this means creating or strengthening child protection services and social welfare infrastructure, before closing down or transforming institutions. The current plan seems to approach the matter in a reversed order, and there are currently no other initiatives that embody both processes in the right sequence.

Several respondents perceive DI as a highly complex process. If it is hard for one person to identify the complex root problems of a country's dependence on institutional care, how hard is it for different actors to agree on a holistic plan of implementation? In conclusion, as argued by several respondents, and as emphasised in previous research, CCSR is crucial for successful DI. But knowledge without implementation is not enough. The following section will explore another layer of differentiating views, namely *how* to go about implementing system change.

Different Social Policy Positions

Among the respondents who are in positions that have a direct impact on policy-making in Kyrgyzstan, there seems to be a clear understanding of the need for a CCSR. Yet, among the same respondents, there are different understandings of *how* to implement such a reform. According to Cohen (2004:653), it is common to see efforts to reform childcare systems fail due to the inclination of reformers to operate out of different paradigms on social change. Although people may agree on the failure of a child protection system and its need of fundamental reform, it is often more problematic to agree on the definition of reform, or ways to go about it. Reformers from different perspectives tend to reduce complex social problems to issues that can be resolved by their self-

contained solutions - which often fail to include alternative strategies or perspectives. Although the problem to solve is the same for all, people's different world-views can stand in the way of agreeing on a holistic approach to tackle complex phenomena (Cohen 2004:654).

Three main perspectives are evident from interviews with key child protection policy-makers in Kyrgyzstan. They are what Cohen (2004) presents as: social reform; policy analysis; and social mobilization paradigms.

Social Reform

Social reform refers to addressing social change from the top-down whereby "grand reforms" at macro-levels of society are believed to be the best tool for social change. In relation to CCSR, proposed solutions here are often delivered in the form of large-scale changes in macro-governmental policies (Cohen 2004:655).

> *"Because the Government changes, in my opinion, it has to be institutionalised as a concrete governmental policy. This overall policy strategy does not exist yet. That's where we really need to push I believe."* (Representative of NGO/IGO).

One of the main adherents to social reform in Kyrgyzstan is, in fact, UNICEF who has slightly changed their approach to DI in the last year and now focuses mostly on influencing high-level politicians and policy-makers. Their reasoning is that other countries' experiences have shown that the subject of heavy reliance on institutional care is best tackled through governmental policies and regulations. In contrast to other social issues that could be managed through sensitisation and awareness raising strategies, institutionalisation is believed to be so deeply rooted in the Kyrgyz history and culture that only policy enforcement can break the vicious cycle.

> *"In these former Soviet countries, change of the opinion in the society, or the demand for children to grow up in a family environment, can't easily be brought up from civil society because they don't see alternative care. People don't have knowledge about alternative care so how can they demand it?"* (NGO/IGO representative).

Another key challenge seen from this perspective is the current lack of coordination amongst actors. Although the OP is the guiding document for implementation, coordination of efforts is largely missing since there is no single authority or leader in place to usher the process of optimisation, and even less direction in terms of a wider CCSR. Respondents raise the concern that too much responsibility to drive DI is placed on the shoulders of various ministries, when it is necessary to engage key leaders for change on a higher level, for instance, the vice president or even higher

positions.

The social reform paradigm is credible on many grounds in arguing that implementing a reform requires a set of rigorous control mechanisms and regulations to be successful. However, the problematic side to this argument is the sheer difficulty in delivering major structural changes, such as an entire child protection system. Not only is change on these levels rare, it is also a time-consuming effort, which in the end might result in policies that are too watered down to be efficient – all because major policy changes require continuous support and input from a range of constituencies (Cohen 2004). Additionally, the implementation of many years' worth of policy change may likewise lead to unanticipated consequences. An example of this, as brought up by respondents, is the newly implemented regulation on child court proceedings. This new piece of legislation requires a court decision in order to place children in residential institutions. So far, there have been some positive effects of this as the share of children who enter care through formal proceedings has increased significantly since its introduction. But policy-makers were forced to include a minimum time condition to the protocol due to disagreements on Government levels. This means that children may be placed in residential institutions up to six months without a court order. Respondents reveal that this is, in practice, a loophole that is regularly abused by actors within the system. Children are on purpose admitted to institutions for periods of just less than six months, only to be re-admitted again, following a short stay elsewhere. In this way, people who benefit from admitting children into institutions can do so despite the new legislation. As this illustrates, social transformation may provide an adequate method to implement a CCSR, but it is not unproblematic.

Policy Analysis

Representatives from what Cohen (2004) calls policy analysis are more concerned with identifying and promoting the most effective programs or policies. Focus is on finding and evaluating programs that have been successful in other locations and that could be introduced in entire systems. This could, for instance, mean using foster care as a tool to carry out a CCSR (Kulla 1988). Interviews reveal a tendency amongst several stakeholders to view the implementation of foster families as a solution to the current dependence on residential care. The recent regulation on foster families, which was adopted by the GoK in 2012, raises expectations among child protection actors who view this as a valid alternative to residential care. However, only very few[24] foster families have so far been trained and approved.

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[24] The GoK's (2011) social development strategy for 2012-2014 stipulates that only 30 foster families were to be trained within this period, even though there is a need for approximately 300 foster families per year to meet demand (E Zaichenko 2015, pers. comm., 20 January).

> *"I was amazed that in Denmark and in England they do not have these kinds of institutions. Children are in fosters families temporarily and then they are returned to natural families or for adoption. Why should not we do the same with our children in Kyrgyzstan?"* (Representative from institution).

This optimistic view on the potential for foster families is met by others with scepticism, some out of safety concerns, since mechanisms to monitor and quality assure foster families are currently inadequate, others out of cultural reasons, since caring for a child who is not related to one's own family is not common practice, according to respondents. Yet others voice their concern that foster families attract people who are more interested in receiving financial support than caring for vulnerable children. This is linked to the fact that there is an uneven distribution of financial assistance between foster parents and biological parents. Whereas the monthly allowance for low income families is kept at 500 Som[25]/child, and 3000 Som/disabled child, the amount given to foster families is significantly higher; 11,800 Som/child. This can be compared to the average of 10,000 Som/child that is spent each month for children residing in residential care. The concern regarding the unequal distribution of financial support is that children will end up where the flow of money is, in residential care or foster care. This links to one of the main critiques against the policy analyst approach - which is the tendency to introduce programs prematurely before there are functioning systems that support and regulate them (Cohen 2004:662).

Another issue with approaching CCSR or DI from a policy analyst approach is its readiness to promote "one size fits all" solutions to complex issues. Monthly allowances for vulnerable families may serve as an example.

> *"We recommend the Government to redirect these funds from institutions to the families who get small monthly allowances and children will not end up in institutions. Also, we ask them to make equal the allowance of foster families and the allowance for parents of disabled children who stay at home and were not put into institutions. And then the demand for institutions will disappear."* (NGO/IGO representative).

The problem with an over-reliance on monthly benefits is that it ignores research that clearly implies that monthly allowances without other forms of family support will not suffice to prevent child abandonment (Temin 2008). A respondent who does not support a policy-analyst approach provides the argument below:

> *"Never say that allowances could improve the situation of children. It's proved already. Only allowances or benefits could not improve the situation. It should be a complex support system, families should be supported."* (NGO/IGO representative).

[25] 1 Euro=66.5 Kyrgyz Som as of 2015-04-24.

Social Mobilisation

The third paradigm in the discussions of how to carry out CCSR in Kyrgyzstan approaches this by confronting authorities and those in power positions. One such example is approaching change by campaigning for the voiceless through organised confrontation and lawsuits, which is characteristic for the social mobilisation tradition (Cohen 2004:656). This approach is mainly heard from NGOs and civil society child rights representatives.

> *"They (GoK) actually do not care at all. They start to work in the last minute, when there is for example a severe incident, like a child is already dead from domestic violence."* (NGO representative).

> *"About challenges and opportunities (of DI), I would say that there is a lack of civil society. The number of NGOs who are monitoring government politics is decreasing. We need to increase the civil society's monitoring. It is very important to activate civil society."* (NGO representative).

Whereas this approach is becoming increasingly useful in bringing about social reform internationally, it also has its limitations. One of which is the difficulty through which institutional change is brought about by fighting court battles or raising public opinion (Cohen 2004). Although court proceedings and confrontations with authorities might be a step on the way, questions remain of how to manage a complex CCSR.

The above-mentioned ideas (social reform, policy analysis and social mobilisation) represent three different perspectives on how reforms should be carried out. These three differentiating views are evident in the interviews with CCSR stakeholders in Kyrgyzstan who, despite their different backgrounds, all see the need for a system-wide reform. It appears, though, as if respondents operate from different paradigms and fail to see the bigger picture which results in miscommunication and disagreements. Although all three perspectives are important to some degree, used in isolation they will unlikely achieve the change required (Cohen 2004). The discrepancy in approach to CCSR in Kyrgyzstan is arguably one factor to why no better or more holistic DI strategy than the OP has been agreed upon, and consequently, this presents a challenge to the DI process. Additional challenges such as economic, cultural and political constraints will be examined in the following section.

Economic, Cultural and Political Constraints

In most interviews with respondents who are directly involved in the DI process in Kyrgyzstan, a number of constraints linked to finances, culture and politics were brought up. These are factors that, according to respondents, present challenges in the DI process. Firstly, capacity and knowledge of how to de-institutionalise childcare is largely missing, according to respondents.

Capacity

Although there are many opinions on what should and could be done, the actual "know-how" of how to go about it is generally weak, at least on implementing levels. Several study trips and exchanges to other countries have been done in order to increase knowledge of the DI process. Yet, experiences from other countries show the importance of in-country technical assistance throughout the entire process in order to successfully reform childcare systems (Frimpong-Manso 2014; Tobis 2000). This appears to be missing in Kyrgyzstan, according to respondents. Without expertise and good examples or experiences of DI in the country, it is difficult to motivate and inspire change - especially given the complex measures required, and the potential for failure and bad publicity that it would produce.

> *"The good thing for Moldova is that there were many NGOs /.../ who pushed a lot and developed a lot of pilot projects, who invested a lot of money and resources into the country to show the models. Kyrgyzstan wasn't so lucky, there are very few NGOs here who did some work and they now left as well. I would say there are very few international NGOs with appropriate experience on the ground that can help with technical skills and help the Government to implement the work as well."* (DI expert).

Funding

Another pressing issue to resolve is the lack of funding for DI. Previous research and experience shows that DI will likely lead to large savings in the long run as alternative care is, in general, significantly cheaper than residential care (Carter 2005:8; Mulheir et al. 2007:76). However, the initial transition phase requires an additional injection of funds, at least double the regular budget. This is perceived to be a major challenge to DI, as such funding is presently not available in Kyrgyzstan, according to some respondents.

> *"They say 'no, we can't do any reform because we don't have any money'. And that's true, usually you have to have transitional money because some funds should be frozen, but anyways that's not enough to provide funds for alternative services, usually it's double in the first stage. Somehow we need transitional money."* (NGO/IGO representative).

At the same time, other respondents argue that there are, in fact, enough funds to carry out DI in Kyrgyzstan. The problem is rather a pervasive lack of motivation and political will.

> *"Lack of motivation is a big problem. Finances exist. We have to be considered as a very rich country because a bulk of the budget is provided to residential institutions. For example, 7000 Som per month per child is calculated for children in institutions, that's quite a big amount of money."*(NGO/IGO representative).

Lack of Political Will

Interest and agency are concepts within institutional theory that point to the fact that "institutions have never developed and operated without the intervention of interested groups /…/ which have different degrees of power" (Zucker 1988:12). In other words, the persistence of institutional practices is often the "outcome of a contest between those who want it and those who do not" (Zucker 1988:12). Respondents frequently report perceiving resistance towards DI from powerful individuals. This is believed to manifest itself through poor cross-sectorial collaboration across ministries and professions, corrupt activities and resistance to change. Firstly, respondents from various backgrounds frequently mention issues of poor communication and cooperation between ministries.

The ministries of social development (MoSD), health (MoH) and education (MoE) are all jointly responsible to lead the DI process in Kyrgyzstan since they govern different types of residential institutions. Thus, close cooperation is needed to secure a smooth transition of care. The MoE is responsible for most residential institutions (of the three ministries), with twenty-four residential schools (so called boarding schools) hosting approximately 3,700 children[26] (UNICEF 2012:7). MoSD is responsible for two institutions and approximately five percent of institutionalised children, most of who are severely disabled. MoH is responsible for three baby homes and approximately 1.8% of institutionalised children. The remainder of institutions are financed locally or by non-state funding (UNICEF 2012:20). This means that the MoSD, who are responsible for creating alternative services to accommodate for the needs of children who are removed from institutions, are dependent on increased funds to begin the process. These funds are supposed to be reallocated from MoE who have more institutions than MoSD and MoH. However, many of the institutions under MoE are so called boarding schools, which are not easily rationalised. The reason for this is that many children residing in boarding schools come from remote and mountainous areas where there are no schools to return them to. This dilemma creates a situation where DI is compromised due to issues of transferring funds between ministries. Whilst there are savings to be

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[26] 34.2% of all institutionalised children

made by closing boarding institutions and transferring finances to fund other parts of the DI process, this is not being done due to challenges tied to the creation of alternative services – something that can only happen if funds are released. This dilemma is worsened by reportedly poor communication and collaboration between ministries, and lack of coordination among actors.

> *"The minister himself often tells me 'look, I can't do it by myself because many institutions are under the MoE'".* (NGO/IGO representative).

Transferring funds is, however, not the only problem mentioned at Government levels regarding DI. Several respondents report feeling frustrated about the pervasive lack of commitment and political will amongst different actors, especially at Government levels.

> *"We have a legislative foundation and we just need political willingness, that's it. As a whole, DI is a big horror. It's like a probe that's stuck and nobody can move it"* (NGO/IGO representative).

Several respondents report issues of corruption and economic interest in keeping institutions full as a major challenge for DI.

> *"Each child brings in money. The state knows that we need to spend money on these children because they are now in our care and it's good for them, they think it's the best thing. So if you have 8000 it's 8000 times so and so much money, and of course a lot of the institutions have a lot less children. Some leave and are not replaced by others, so it's very good pocket money for the directors and the staff, but also for the ministries. DI is not in their own vital economic interest because they are going to lose access to that money, so that is a really huge thing as well, just corruption."* (NGO/IGO representative).

According to institutional theory, vested interest in certain practices is a common hindrance to institutional change (Streeck & Thelen 2005). This links to previous reports and experiences that highlight large-scale corruption as a major challenge to overcome for successful DI (Bulic & Anguelova-Mladenova 2012:155; Davis 2005:36). Economic interest in institutionalisation affects individuals on all levels, from ministries down to staff at institutions and social workers. They all have gains to be made in keeping the situation as it is. It is, however, believed by some respondents to be a system error and not a fault that lies with individual people. Salaries across the social sector, from ministry levels down to social workers, are extremely low, hence using bribes to make ends meet is believed to be common throughout the sector. For instance, social workers are more often than not forced to fund their own travel expenses and utilities. With salaries around 7000

Som/month[27] this quickly becomes impossible, and accepting bribes appears an attractive solution (G Vockel 2014, pers. comm., 24 October).

Resistance

Cultural barriers to DI are another frequently mentioned theme in interviews with stakeholders. This links to central ideas within institutional theory that suggests that history, habit and tradition form strong barriers to DI (Berger & Luckmann 1967). Respondents report that there is a widespread acceptance of residential institutions among the general public in Kyrgyzstan. This phenomena is believed to date back to the Soviet era when letting ones children grow up in the care of the state was somewhat considered a privilege.

> *"Because many Kyrgyz people were shepherds and they would go out with their sheep, they would put children in boarding schools for them to receive education which was required by the Soviet government. So this is another piece of long-lived history and it's embedded in people's understanding that institutions are ok, that they're not abandoning the kids. But there are also these believes that institutions will care better for my kid, at least they will have a roof, food and education. And more and more the value of family is declining."* (NGO/IGO representative).

> *"I think there's probably just a deep perception that institutions are needed and a good thing for a group of people who are marginalised and poor and need to migrate for work. Institutions offer a viable alternative for children so therefore they are needed and they provide employment and other possibilities for people. So whilst there's an academic understanding that things should change, I think there's a pragmatic expectation on grass-root level that they should continue the way they are."* (NGO/IGO representative).

According to respondents, many parents prefer their children to be brought up in residential care compared to other alternative care, such as foster families. With a long tradition of heavy reliance on institutional care, many parents trust that the state will take good care of their children. Foster parenting and other alternatives, however, are still new concepts in Kyrgyzstan and are met by some with scepticism.

> *"There is a huge opposition for transformation, and there is here in Kyrgyzstan, from my experience, still a very public opinion of acceptance for institutions. So many people, not only ordinary people, but included on the Governmental top level, key decision makers, they still think that institutions are good for children. Education is provided, clothes, food is provided, shelter for children and so on. I would say that is the biggest obstacle for change."* (DI expert).

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[27] 1 Euro=66.5 Kyrgyz Som as of 2015-04-24.

Another form of resistance to DI is found amongst the thousands of staff working at institutions across the country. Under MoE alone, in 2012, a total of 1,138 staff members worked in the ministry's 15 residential institutions [28] (UNICEF 2012:7). Staff resistance is a well-known phenomenon that often presents itself in any situation where large structural change is undertaken (Coulshed & Orme 1998). Experiences from other countries show that resistance from staff, not just management at institutions, is to be expected. Rural areas are particularly prone to resist any transformation or closure of residential institutions as these are often a major employer and source of income for entire communities. Thus, even people at local governance levels are likely to resist DI as they may have personal contact with people who fear losing their jobs, or are concerned that there will be an increase of poverty and vulnerability in their community following DI (Mulheir 2004:112).

> *"Institutions receive money according to the number of kids, so directors are not interested in a smaller number of kids. There's another question, people are asking 'what are all the staff to do?' The carers will lose their jobs, the directors will lose their jobs."* (NGO/IGO representative).

Resistance to DI is expressed in various forms, as illustrated. One perhaps surprising form of resistance is linked to the legitimation of institutions by the international donor community. Interviews with staff at residential institutions reveal a paradoxical relationship between international donors and institutions in Kyrgyzstan. Although the international community is a major force behind DI, it is noticed that several international organisations' continuous financial support of residential institutions is counterproductive to the DI process. This dilemma is also evident on local levels, according to respondents who report that people in high positions like to be seen "helping poor orphans" by donating money and gifts. According to institutional theory, this may serve as an example whereby the practice of institutional care is maintained through societal pressure that legitimises their existence (DiMaggio & Powell 1983; Baum & Oliver 1991).

> *"These so called orphanages are an appealing charity. People think 'children don't have parents and it's better to help them in the orphanages'. In many countries this really appeals to the charity mentality of people. When people read and they want to do something for children it's an easy solution, but it's very difficult to explain that it's not a solution. In a country like Kyrgyzstan where there is no alternative care, it's strongly resisted."* (NGO/IGO representative).

DI is met with many challenges in Kyrgyzstan. According to respondents, some of the major challenges to overcome in order to achieve a transition to family-based care are linked to economic,

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[28] Of these, 394 were support and maintenance staff (UNICEF 2012:7)

cultural and political factors. Yet, it appears to respondents that there are also external factors that present challenges to the DI process. The relationship between external actors and the DI process will be further explored in the following section.

External Pressure

External pressure to de-institutionalise childcare is believed by respondents to affect the process in different ways. To begin, several respondents representing various fields argue that the DI process is challenged since external pressure to reform childcare is not met with a genuine will (by society and Government) to change the system. Instead, EU's promised financial support is believed to be the major motivational factor behind the government's ambitions to DI.

> *"Due to the huge pressure from the EU and the international donor community, this is my impression, the Government is making steps, but it's not from their heart, not from their belief and political will, but from some kind of external pressure, that is my perhaps subjective opinion, but it is based on what I can see here."* (DI Expert).

Several respondents state that Kyrgyzstan is simply not ready for DI. At the same time, it is said that the country cannot afford to miss the opportunity of receiving EU's financial support. Theory of policy diffusion discusses these mechanisms in terms of coercion, whereby big actors, such as the EU and the World Bank, may use countries' dependence on their financial aid to shape national policies (Dobbin et al. 2007:454). This is believed to result in a willingness to engage in DI, at least "on paper". But the real drive to implement change is not there.

> *"When I talk about child care reform in our country, I call it the famous 'virtual commitment' of the GoK. They're not motivated."* (NGO/IGO representative).

According to theory of policy diffusion (Boli-Bennett & Meyer 1978), most countries are likely to change their policies when they are influenced by international norms, no matter if they are developmentally prepared for such change or not. Interestingly, research has shown that developing countries are prone to sign on new policies that are becoming the international norm, without actually having any hope of being able to implement them (Meyer & Rowan, 1977; Weick, 1976). Respondents report feeling concerned that this might be happening in Kyrgyzstan. Although significant progress has been made in terms of establishing a legal framework for children's rights, there are few signs that children's situation has changed for the better. According to Cole (2005), it is common for newly established states to sign international agreements on human rights as a means to officially display their commitment. This does not, however, mean they willingly sign optional

protocols to ensure enforcement of the same policies, quite the opposite. They are, in fact, less likely to do so (Cole 2005). This corresponds to respondents who believe that DI is just a "show" for the international community, and any talk about change is just to satisfy the requirements of the EU. External pressure is believed by these respondents to contribute to a situation where efforts to DI are premature and not grounded in a national sense of urgency – hence failure is inevitable.

There is, however, another more positive side of external pressure. People's attitude towards institutions is slowly beginning to change, according to some respondents. This is believed to be linked to external pressure in the form of international attention to the issues of child maltreatment in residential institutions. Thus, external pressure is not perceived as entirely negative. Oliver (1992:575) affirms the importance of outside influence in changing taken-for-granted practices in a society. It is not until presented with alternative frameworks and interpretation of social phenomena that an organisation or society begins to re-define its traditions and beliefs. However, such change takes time and will unlikely happen in three years.

> *"Look, if now we have to close the boarding institutions, we need to do it slower, step by step. I was in England and I asked them questions about the process on DI, how it was done there. They said '50 years we prepared until we reached present results!' Can you imagine? But in Kyrgyzstan, we want to do this in 3-5 years."* (NGO/IGO representative).

> *"I'm very familiar with Moldova as well, I got a project there, and I just got back. Moldova made a significant progress in terms of the proper closure of institutions and reducing the number of children in residential care. This is good. But we have to remember that it took them quite a lot of time /.../ Within 7 years they made progress, so you can see that it took almost 10 years to create so called precondition and political will to make it possible, and with the pressure of donors and everyone, with lots of NGOs who provided good examples of alternative services, only then they started moving. Kyrgyzstan is at the stage still of changing their minds, and they are changing their policy only under pressure of the donors. Sometimes I think that they just adopted this document but they don't implement it, they just - 'ok we leave it here' and that's fine, you know what I mean."* (DI expert).

As discussed, external pressure from the international community and donors is believed to influence the DI process in Kyrgyzstan in two ways. Firstly, by pressuring the country to begin a process that it is not yet prepared for. Secondly, by lifting issues of institutionalisation to public attention and slowly beginning to change people's attitude towards residential care. For policy-makers and others involved in the DI process it is a frustrating situation. International experience from various countries shows that DI is a process that usually takes generations to change (Tobis 2000; Keshavarzian et al. 2014; Mulheir et al. 2008). Although nobody is questioning the logic in a

steady and long-term approach to DI, the question is, who is willing to commit to such a slow-moving and energy-consuming reform?

> *"Unfortunately no one here has been able to say 'ok let's have a thirty-year plan'. 'These are the steps we take, we start with this and then do that'. That, having worked in development and Kyrgyzstan for many years – that is so difficult for anyone to do. Because governments are looking at elections, and if you look at it cynically here, the ministers are looking at the next one and a half years and what he can do for himself before he gets moved on. Donors are looking at a five-year plan, if not less. Who takes a long-term perspective? No one. If you're looking at reforms, you have to."* (international consultant).

Conclusion

This study contributes to existing research and experiences of DI by analysing the case of Kyrgyzstan where efforts to de-institutionalise childcare have so far been unsuccessful. This is of value since understanding challenges behind the DI process may lead to improved plans and methods of DI in Kyrgyzstan. It may further provide guidance in planning for DI of childcare in countries of similar context to Kyrgyzstan.

Interviews with key actors reveal that the current national DI plan will likely lead to unanticipated consequences and perverse results for some of the most vulnerable children. This is due to the OP's short term focus on transforming or closing a small number of institutions whilst ignoring the need to first build up and strengthen the national child protection system. Hence, children who are returned to communities where there is still a lack of basic social protection and family support services will suffer the consequences. In other words, the OP may lead to situations that are worse for children than living in residential care.

The OP has been criticised by several actors, yet it is the only concrete DI strategy in Kyrgyzstan. This study argues that four principal factors contribute to the current challenges of DI: incomplete problem diagnosis; different social policy positions; prevailing economic, cultural and political constraints; and external pressure. Firstly, the understanding of the core problem of institutionalisation and its consequent solution seem to be incomplete. This suggests that actors who are tasked with resolving the high dependence on institutional care are not seeing the whole picture. An incomplete understanding of the problem will likely continue to lead to plans that are limited in scope and effect. Some respondents argue that DI can only be efficient when done systematically and as part of a CCSR – but, there is no such strategy in Kyrgyzstan and hence, the situation will

likely continue as it is.

Among DI experts and NGO/IGO representatives in Kyrgyzstan, there seem to be an awareness of the complex reform required to complete DI. Yet there is no united approach of *how* to implement such large-scale structural changes. Actors appear to be operating out of different paradigms of how social policy change should be done, and this creates challenges in agreeing on a holistic approach to the situation.

Apart from a pervasive lack of unity and clear leadership to drive DI, there are several internal and external factors that further present challenges to the DI process. Lack of capacity and finances, and resistance to change are three major challenges to DI in Kyrgyzstan according to respondents. Without a resolve to these, any change that is required is not going to be possible to implement. At the same time, interviews reveal respondents' belief that if the GoK was really motivated to de-institutionalise childcare they would find ways of doing so despite the poor economic situation. Moreover, the EU's conditional budget support is believed to be behind the Government's "virtual" commitment to DI. As such, DI is not driven by an actual will to change the system, which many officials currently benefit from, but instead driven by external pressure. External pressure may, however, according to some respondents also include positive aspects as the situation in Kyrgyzstan is given international attention, and in that way slowly beginning the process of changing people's attitude towards institutional childcare.

The main findings in this study confirm best practice and experiences from other countries that emphasise the importance of a holistic approach to DI and not just closure of institutions. It furthermore confirms findings of some of the most common hindrances to DI. However, the specific context of Kyrgyzstan adds to existing research by examining the relationship between different factors that present challenges to DI in Kyrgyzstan. It is furthermore important to bear in mind that more factors play into the challenges of DI than those mentioned in the study. Additionally, the results are based on respondents' subjective opinions and must therefore be understood in relation to that.

To conclude, a central theme throughout this study is the importance of a long-term holistic approach to complex social phenomena. The practice of institutionalisation is so deeply rooted in Kyrgyzstan that it has to be dealt with on various different levels - from cultural values to anti-corruption policies and regulations, to combating poverty and urban bias of the national educational system. The question becomes, who will take responsibility to implement a comprehensive CCSR

that may lead to a national shift away from institutional childcare towards family-based care? Measures to do so are complex and will require immense efforts, not to mention time, resources and political will. A particularly important issue to resolve are the root-causes of child abandonment in Kyrgyzstan, such as labour migration and rural poverty. This is an area that would benefit from more research and has potential to contribute to improve DI efforts in Kyrgyzstan and other parts of Central Asia.

Word Count:
14,999

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Appendix 1

Interview	Date	Type of interview	Characteristics	N*	Translated
1	140929	Semi-structured interview	Social work consultant	1	No
2	141024	Semi-structured interview	Child protection specialist UNICEF	1	No
3	141028	Semi-structured interview	Staff at institution	3	Yes
4	141204	Semi-structured interview	DI expert	1	No
5	141208	Semi-structured interview	International consultant - social policy	1	No
6	141209	Semi-structured interview	Deputy Minister of Social Development	1	Yes
7	141216	Semi-structured interview	Representative of Ministry of Education	1	Yes
8	141217	Semi-structured interview	Representatives of NGO	2	No
9	141218	Semi-structured interview	Director of Baby Home	1	Yes
10	141218	Semi-structured interview	Director of Mother at baby & mother unit	1	Yes
11	141222	Semi-structured interview	Director at Save the Children	1	Yes
12	141222	Semi-structured interview	Director at Kelichek institution	1	Yes
13	141222	Semi-structured interview	Parents at Kelichek institution	2	Yes
14	141222	Semi-structured interview	Parent at Kelichek institution	1	Yes
15	141222	Semi-structured interview	Social Worker at Kelichek institution	1	Yes
16	141222	Semi-structured interview	Director at Tsvetli Put institution	1	Yes
17	150107	Semi-structured interview	Director of SOS Village Kyrgyzstan	1	No
18	150108	Semi-structured interview	Director at NGO	1	Yes
19	150109	Semi-structured group interview	Social work experts from CIS	11	No
20	150110	Semi-structured group interview	Social work experts from CIS	14	No
21	150112	Semi-structured interview	Rep. of Association of NGOs for promotion of child's interests	2	Yes
22	150112	Semi-structured interview	Director at Centre For Adaptation	1	Yes
23	150112	Semi-structured interview	Foster parent	1	Yes
24	150112	Semi-structured interview	Social worker at Centre For Adaptation	1	Yes
25	150112	Semi-structured interview	Director at Centre For Rehabilitation	1	Yes
26	150113	Semi-structured interview	Adoption Lawyer	1	No
27	150115	Semi-structured interview	Leading Specialist OPSD (district administration)	1	Yes
28	150115	Semi-structured interview	Head of Department OPSD (district administration)	1	Yes
29	150119	Semi-structured interview	Parent of institutionalised child	1	Yes
30	150120	Semi-structured interview	Head of Child Protection at MoSD	1	Yes
31	150120	Semi-structured interview	Child protection specialist UNICEF	1	No

32	150122	Semi-structured interview	Director of Child's Rights Defenders League	1	Yes
33	150123	Semi-structured interview	Directors at Vojeno Antonovskij children's institution	2	Yes
34	150126	Semi-structured interview	UNICEF Representative, Kyrgyzstan	1	No
35	150128	Semi-structured interview	Director at Belavodsk children's institution	1	Yes

* Number of participants

Appendix 2

Interview Guide for Policy Maker/Government Representatives/NGOs/UNICEF

- What is your understanding of de-institutionalisation (i.e. what is your definition of this, what does it mean/entail)?
- Where in the process of de-institutionalisation is Kyrgyzstan now (how far have you come)?
- What are the main challenges for de-institutionalisation?
- What are the reasons for these challenges?
- What could be done to overcome these?
- How is de-institutionalisation prioritised nationally? By the government?
- What are the "opportunities" for de-institutionalisation in your view?
- What are the successes in de-institutionalisation so far?
- What were the important factors behind such success? And what were the challenges?
- What is the main motivation behind de-institutionalisation in your view (saving money, interest of children, international reputation)?

Interview Guide for Staff at Residential Institutions

- What is your understanding of de-institutionalisation (i.e. what is your definition of this, what does it mean/entail)?
- What is your opinion of de-institutionalising childcare in Kyrgyzstan?
- Are there plans/have there been plans, to transform your workplace?
- What do you think the future of this residential institution will be like?
- What in your opinion is the "best interest" of the children in your care?
- What are the main challenges for de-institutionalisation?
- In whose interest is the de-institutionalisation process being launched? Who wins/looses?
- What are the "opportunities" for de-institutionalisation in Kyrgyzstan in your opinion?
- What is the main motivation behind de-institutionalisation in your view (saving money, interest of children, international reputation)?