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EVALUATION REPORT

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Disclaimer

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**Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection**  
*with a Focus on Child Care Reform in Serbia (2013-2017)*  
- Evaluation Report –

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<th>Description</th>
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<tbody>
<tr>
<td>CFC</td>
<td>Center for Foster Care</td>
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<tr>
<td>CRC</td>
<td>UN Committee on the Rights of the Children</td>
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<td>CSW</td>
<td>Centre for Social Work</td>
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<td>CwD</td>
<td>Children with disabilities</td>
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<td>DI</td>
<td>De-institutionalization</td>
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<td>EU</td>
<td>European Union</td>
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<td>FL</td>
<td>Family Law</td>
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<td>FOS</td>
<td>Family Outreach Service</td>
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<td>FOW</td>
<td>Family Outreach Worker</td>
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<td>HRBA</td>
<td>Human rights-based approach</td>
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<td>IR</td>
<td>Inception Report</td>
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<td>LFAFC</td>
<td>Law on Financial Assistance to Families with Children</td>
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<td>LG</td>
<td>Local Government</td>
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<tr>
<td>MoLEVSA</td>
<td>Ministry of Labour, Employment, Veterans and Social Affairs</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
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<tr>
<td>OECD/DAC</td>
<td>Organization for Economic Cooperation and Development/Development Assistance Committee</td>
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<tr>
<td>RDS</td>
<td>Serbian dinar</td>
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<tr>
<td>RISP</td>
<td>Republic Institute for Social Protection</td>
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<td>SWL</td>
<td>Social Welfare Law</td>
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<td>TM</td>
<td>TransMONEE</td>
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<tr>
<td>ToR</td>
<td>Terms of Reference</td>
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<tr>
<td>UNICEF CO</td>
<td>UNICEF Country Office</td>
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<tr>
<td>USD</td>
<td>United States Dollar</td>
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<tr>
<td>y.o.</td>
<td>Years old</td>
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**Executive Summary**

This section summarizes the results of the *Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with a Focus on Child Care Reform in Serbia (2013-2017)* which was carried out under the Contract No. 43229032, between the United Nations Children’s Fund (UNICEF) Country Office in Belgrade and Pluriconsult Ltd.. The evaluation was implemented between July and November 2017. This document closely follows the Terms of Reference (ToR – Annex 1) and the Inception Report.

The overall aim of the evaluation was to determine to what extent advocacy, policy, regulatory, modelling and capacity building activities aimed at supporting birth families/preventing family separation and improving the quality of formal care succeeded in ensuring that vulnerable children grow up in safe and caring family-based and family-like environments.

The object of the evaluation was the country’s child care reform (within the reference time 2013 - October 2017) which was focused on 1/ strengthening services and measures aimed at supporting birth families and prevention of family/child, and on 2/ improving quality of formal care for children. The reform was made mostly based on two projects implemented by UNICEF: 1/ “Strengthening the justice and social welfare systems to advance the protection of children in Serbia” funded by EU, and 2/ “Stopping the placement of children under 3 in institutional care and developing services for families at risk” funded by Novak Djokovic Foundation.

In terms of evaluation’s scope, this was envisioned as nation-wide and to cover the period from 2013 to October 2017. The evaluation particularly focused on the EU-funded project components: 1/ strengthening case management, 2/ strengthening birth families and preventing family separation through piloting new service ‘Family Outreach Worker’ in four main cities, 3/ better use of financial transfers targeting children with disabilities, 4/ enhancing the foster care system through piloting intermittent foster care) in four main cities and supporting improved kinship practices, and 5/ supporting the down-scaling of large-scale institutions through assistance in developing transformation plans. In geographical terms the evaluation focused on four cities where the piloting of Family Outreach Worker and intermittent foster care was implemented (Novi Sad, Belgrade, Kragujevac and Nis).

The evaluation methodology followed internationally agreed evaluation criteria of relevance, efficiency, effectiveness, impact, and sustainability. The evaluation was based on a mix of quantitative, qualitative, participatory methodology. The evaluation methodology employed a mixed methods approach including interviews (29), focus group discussions (4), desk review and administrative data analysis.

**Main findings and conclusions**

**Relevance**

The interventions derived from the priorities stated in the national legislation, Government’s strategies and plans, EU accession priorities and country’s obligations in relation with human rights treaties and conventions. The IPA-funded project is highly relevant from the perspective of complementarity and continuation with the previous projects supported by international donors (mostly EU, but not limited to it). The interventions implemented in the reference period were designed to be aligned with the international standards and regulations. Documents of both projects refer to child’s rights and rights of persons with disabilities which makes them highly relevant from this perspective. In the project document of the IPA-funded project it is clearly stated that the project was conceptualized around ‘the best interest of the child’ as a guiding principle for advancing reforms towards a child-centered social welfare system.

At the basis of FOS design there was this concept of responding to a perceived lack of support services for families with multiple and complex problems. The relevance of beneficiaries’ selection and referral mechanism was subject of constant analysis over the piloting of this service.
Intermitent foster care was conceptually developed starting from the idea of providing support to reduce the burden on biological families with CwD, thus avoiding placement of children in institutional care even for a short time. As a solid ground for relevance of this service, the Provincial Institute for Social Protection started the preparation of this service by consulting parents of CwD about their needs.

Overall, the IPA-funded project was relevant because it focused on strengthening vulnerable families and demonstrated that with the right kind of support these families can provide caring and supportive environment for their children. The high relevance of the project also derives from the multiple aspects of the system that were simultaneously addressed i.e. strengthening CSWs (case management and guardianship part of system), community service provision through family strengthening, financial aspect and transformation of institutions.

**Effectiveness**

The development of the Family Outreach Service was very important to the case manager and to the family because of the more intensive support and better monitoring and supervision of the family. Before the development of FOS, there was a big burden and responsibility on CSWs and case managers to cover all areas of family functioning, to monitor, to implement measures and activities of family support provided in the plan. The experience gained from practice proves that multi-problem families need a longer term service, but for the families that are facing an acute crisis, it is possible to introduce some changes and to help them even in this interval of service provision decided for FOS (maximum 12 months).

Also due to FOS the competences of professionals and staff of CSW increased systematically. This is demonstrated by the fact that later in the implementation of this service CSWs were more successful in detecting families for whom the service was appropriate.

Permanency plans are adopted by the CSW in cooperation with the beneficiaries, but the practice has shown that this is not fully under CSW’s control because there are some external circumstances related to other needs of the family, that can prevent these plans from being executed. An effective implementation of the plan requires systemic support and links between different sectors and while this is regulated by the law, in practice the responsibility belongs entirely to the CSW. A major limitation in relation with improvement of case managers’ capacity is represented by the high workload and increasing responsibilities in parallel with increasing number of cases.

Regarding intermittent foster care, family members who are already in a relationship established with the child were selected to provide this service. This service proved to be very useful, except when it comes to administration because the decision for service provision is on short term basis and every month CSW has to issue a new decision. The major challenges in relation with these two services refer to understaffing of the CSWs and CFCs, and the uncertainties about their sustainability.

The lack of community-based services limits the capacity of the system to respond to the needs of biological families and to prevent separation. At the level of MoLEVSA level there are concerns not only about the sustainability of these services but also about how to support their development in the communities where they do not exist. The interventions implemented in the reference period contributed more to raising awareness of families and professionals from the welfare system to the importance of community-based services and much less to the actual development of these services. Another contribution of family strengthenign intervention (FOS and intermittent foster care) was to increase referal of vulnerable families to the community-based services.

Three transformation plans were developed for Zvecanska – Belgrade, SOS Children’s Villages – Novi Sad and Dusko Radovic – Nis and were presented to the Ministerial Working Group before final endorsement by MoLEVSA. These plans are comprehensive, based on sound analysis of capacities and needs. It is acknowledged that the implementation would require time and resources. In line with the international standards for DI, the plans were drafted based on individual needs of each child.
The methodology for functional assessment of disability is making a shift from a purely medical assessment of disability towards an assessment which takes into consideration the functional capacities of the CwD. In the new law of financial assistance for families with children the child allowance for CwD is increased from 30% to 50% which will contribute to strengthening biological families.

In spite of the bureaucratic functioning of the administration and the limitations either in number or in the professional capacity of the staff involved, the social welfare system addressing child care proves that it has potential for intersectoral cooperation. Piloting FOS required cooperation between social welfare professionals newly appointed in the system (i.e. FOWs) with medical staff or with educational institutions. Due to the very practical nature of work, the FOS is a model of cross-sectoral cooperation at grassroots level.

**Sustainability**

In 2015, the Ministry (MoLEVSA) initiated amendments to three key laws with significant impact on vulnerable groups of children, including children with disabilities. These include: the Social Welfare Law (SWL), Family Law (FL) and Law on Financial Assistance to Families with Children (LFAFC). The SWL and FL are still in the process of amending, while the new draft LFAFC was open for public discussion in March 2016 and it has not yet entered official endorsement procedure.

As regards the FOS standards as well as the Standards for Intensive Family Support - which are wider and are based on FOS and two more family support services that were implemented in Serbia – these were supported through a very participatory process by the two projects covered by this evaluation. Currently, since within the subset of “intensive family support services” standards have been developed, these can be followed by defining the standards for the wider/bigger cluster of services (i.e. the cluster of socio-educative and psycho-therapeutic cluster of services).

For other community-based services even if standards exist and the system of licensing community-based services providers is in place, MoLEVSA is currently working on amendments. The amendments are needed in order to allow for intensive family support to be financed from the national level on a consistent basis and not just through the ministries’ annual disbursements that are made year by year with little long term sustainability of service provision. Municipalities, in cooperation with MoLEVSA, LGs and city secretariats are working on some guidelines. However, certain amendments to the Law on Social Welfare are needed in order to finalize this process so as to ensure the monitoring and reporting system is in place. According to MoLEVSA representatives these amendments will be adopted in the first quarter of 2018.

The overall perception of the social welfare professionals about the trainings is that at the system level there was a strong emphasis on family as a service user and it managed to facilitate inter-sectoral cooperation. Case managers consider that the training gave them the opportunity to better answer the needs of the families and to improve communication with FOWs. The training, mentoring and supervisory support to FOWs was high standard and continuous. The quality of the service, according to the University of Belgrade assessment, was primarily due to the competencies of the people involved, highly motivated and committed, respectful of their clients and knowledgeable to the system with special skills in working with families and on improving their relationships. This was a result of focusing on competencies during selection as well as during training because the FOW competency framework designed at the beginning of the project emphasized on the importance of motivation, commitment and relationship building skills. This competency framework also guided the design of the training.

The Guidelines for CSWs for supporting families at risk of separation and the training on permanency planning are appreciated by the case managers, but they admit not everything they learned can be implemented in practice because of systemic limits. Both family strengthening services which were developed within the reference period have a strong participatory component.
The financial sustainability of the intensive family strengthening services should be ensured from central level. This was overcome by MoLEVSA by giving a set of instructions, but currently secondary legislation is drafted to address this issue in a much better way than it is so far. As concerns the FOS at the level of MoLEVSA this is considered a very important service which proved very good results and it has to be mainstreamed. For the time being this service has been defined within the Working Group for amending the SWL as regional service which is financed by the central budget. This is a solution aimed to ensure a minimum level of service availability for the most vulnerable and at risk cases, uniformly accessible in all localities, and this is only possible through regional provision and national financing. Nevertheless, the ‘enabling’ solutions are preferable to the ‘restrictive’ ones in the sense that funding the services by local authorities may remain an opened alternative as well.

The original idea for the transformation of institutions was to set-up the centres for children and family and to amend the SWL in order to include in the legal basis for the establishment of these centres. This idea was included in the draft plans for transformation of institutions. During the last meeting of the Working Group a decision was adopted to create formal and legal provisions to integrate in the SWL the new organizational model of services to be provided by the centers children and family and in the bylaws to define the basis for these further transformations. However, at MoLEVSA level an analysis is being done considering whether it would be easier in terms of implementation to adopt these separate plans or come to one plan for all institutions.

The main bottlenecks for the sustainability of the achievements of the reform made so far refer to quite often changes of the decision makers which prevent continuity of the reforms, as well as to the insufficient organization and collaboration among sectors. As concerning the changes in financial flows and budget which influence the future of formal care the only negative tendency at the moment is the freeze of employment creating a reduction of the number of staff in the social welfare system.

The draft law of financial assistance for families with children will be adopted soon by the current Government. Apart from increasing the child allowance for CwD, the revision of the law addressed the enrolment of CwD in preschools. The current law ensures that share of the costs to be paid by parents are covered directly from the national budget but only for CwD who are enrolled into segregated so called ‘development’ groups in preschools. UNICEF advocacy succeeded in ensuring that this provision in the new draft law, currently in the process of adoption, is more inclusive, i.e. does not favour segregated groups and parents’ share of the costs are to be paid from the national budget for all CwD enrolled in preschools regardless the group composition. The improvements also relate to easiest administration as well as increasing coverage of CwD.

Impact

The interventions were designed to address the decrease of the number of children in residential care by focusing on the root causes of placement of children in residential care i.e. on strengthening the biological families. UNICEF has consistently been advocating for a childcare system that does not rely on institutional care and kept the topic on the public agenda. All activities have included representatives of the MoLEVSA (specifically from the Department which approves placement in residential care). More than five years ago MoLEVSA introduced gate-keeping mechanism which demonstrated that these efforts has influenced this continued reduction. Thus, the rates of children in residential care were constantly declining over the reference period for age groups 3-6 y.o. and 7-17 y.o., while for the age group 0-2 y.o. there was a very slight increase from 2015 to 2016 but it is too small to indicate a trend.

At the national level there is both an increase of the number of CwD in residential care and an increase of the share of CwD in the total number of children in residential care over the reference period. The total number of CwD in all large-scale institutions decreased. It should however be emphasized that the number of children in residential care in Serbia are now small and the fluctuations in numbers are in tens rather than hundreds. What remains a concern is the quality of care in large scale institutions for CwD and the need to move from large scale institutional care to small group homes, which with such small numbers in residential care, should be an achievable goal in the coming years. It is considered that
further pressing to reduction on the number of children in residential care does not represent a purpose in itself. Nevertheless, having no CwD in residential care requires that every community to have a full range of community based services and foster parents close to hospitals. This indicates a shift in approaching further development of the national childcare towards a reduction of numbers of children in residential (but not institutional) care as a result of an increase of quality of residential care. Also, it should be noted that between 2013 and 2015 the share of CwD in the total number of children in foster care nearly doubled.

The distribution of children left without parental care during the year by age over the last four years shows that less babies and small children less represented at the end of the reference period. Between 2013 and 2016 the percentage of children left without parental care placed in kinship care increase substantially.

There are different perspectives on the benefits of family strengthening services for families and children, but in general there is a high appreciation of these services both from the end users’ perspective and from the stakeholders involved in planning, implementation and monitoring. The assessment study of piloting FOS concluded that the service contributes to better parenting and care of the children in the families that benefited from the service due to the improvement of family relations, advancement of parenting skills, enhancement of the status of both child and adult members and improvement of living circumstances.

As far as children are concerned in all areas FOWs intervened positive changes have been achieved after the service was completed. Thus, in the field of education the progress was not measured only by better school results, but also based on regularity of school attendance, improvement of behavior in school with peers and/or teachers and whether the child or the young person gets involved in extracurricular activities. In relation to the child's health, a high level of progress was also achieved. FOWs supported the family to obtain the necessary health documentation for children's care, enrollment of children for regular health screening and meeting the health needs of the child, thus reducing or preventing neglect of children's health care. When it comes to CwD, the FOS was directed primarily to identify children’s difficulties in the family, school, community and to provide optimal treatment conditions, so that children can achieve their optimum within the limits of their difficulty sets.

In the functioning of the adults notable progress was achieved in changing parents' perception of the situation in which they find their families and children.

**Efficiency**

Allocations were properly channelled. According to the financial plan activities were implemented and the budget was spent accordingly. In terms of efficiency in engaging donors’ funds, UNICEF had almost 100% rate of disbursement which indicates a high level of efficiency and capacity to use resources in accordance with the planned grant application. UNICEF engaged financial resources based on clearly established internal regulations and by carefully observing donors’ requirements. In case of budget savings, funds were reallocated for activities identified in accordance with the needs of the beneficiaries and also, with donors’ approval. The quality of UNICEF management of activities related to both programme components was highly appreciated by donor and partners. All the institutional arrangements managed by UNICEF jointly with designated government structures set the ground for a close cooperation in terms of coordination of efforts, exchange of information and addressing the issues occurred during the project implementation.

**Lessons learned**

Serbia has a good child care system including a network of 24 children homes which should be used for placement if there is no other option for placement of children into family like accommodation. The main focus should be put on decrease of number of children in large scale institutions. When the number of children in institutions goes below 1,000 it is difficult to further constrain placement in care until the community based services become fully inclusive and health services become available in all locations.
As for some children, in the current circumstances, placement in child homes appears to be in its best interest.

Efforts that were invested in strengthening kinship care (guidance and capacity building) have contributed to an increase in the ratio of children in kinship care in total number of children in foster care and this type of care is gaining an increased relevance in the national childcare system. Nevertheless, the services piloted so far did not reach their full potential, the access of families to shared parenting and intermittent foster care should be easier and the coverage of these services should be increased.

Assessing interventions’ impact at the level of shift in the child care reform towards prevention is challenging because 1/ there were no specific indicators defined to measure changes in prevention at the beginning of the project and at the end of it, and because 2/ imputing causality on whatever changes related to prevention to only one intervention appeared to be simplistic and overlooking the complexity of prevention. The key stakeholders of the child care reform will probably have to agree ex-ante upon the indicators of progress related to prevention included as part of other future interventions.

Recommendations

**Recommendation 1: Strengthen the capacity of Centers for Social Work**

MoLEVSA and RISP should look at the capacity of CSWs in terms of number of staff, organization of work, its quality and workload as they are fulfilling case management and guardianship role as the most important roles for child wellbeing. In further strengthening CSWs focus must be on increasing the capacity of management structures in CSWs so as to advance human resource management, better deal with burnout, improve case distribution and the implementation of supervision, as well as improve referral practices of CSW (that can ultimately also help with dealing with case loads).

If freeze on employment continues, innovative solutions need to be identified. In order to overcome present challenges this may include assessment of which aspects of CSWs’ work can be outsourced, undertaking changes in functional organization, assessment of quality of work and workload.

**Recommendation 2: Increase impact of child care reform on the most vulnerable children and families’ lives**

Children under 3 gets placed in residential institutions as victims of abuse and neglect under the cover of temporary placement in the shelter of the City of Belgrade and its legitimacy should be questioned as it promotes institutionalization. Shelters were not even envisioned for children 0-3 but standards are applied to them. The City of Belgrade should recognize children 0-3 in their standards for shelter placement and should prioritize family like accommodation for these children (through emergency foster care). The Government needs to re-start and transparently intensify the process of transformation of residential institutions and re-activate the Working Group designated for this purpose.

**Recommendation 3: Improvement of residential care for children with disabilities**

Within the homes for children without parental care (standard urban homes) there is potential for the admission of children with disabilities as it is already the case for children with milder disabilities. In order receive children with complex disabilities these homes need to be organized on the principle of care of small communities. According to this principle a higher ratio of staff to the children accommodated is available and a greater emphasis is placed on developing close relationships between children and carers/teachers, the relationships with biological family is gaining more importance, and the work is organized based on a higher focus on individual/customized approach adjusted to the specific needs of each child.

**Recommendation 4: Further development of family support**

Intensive family support services should be part of the mainstream system but they do not have to belong to only one level. These services could be also financed from the local level but the source of financing should depend on the level of child vulnerability. A child in severe situation should be
supported irrespective if it lives in a poor municipality which cannot afford to pay for outreach worker. In that case, the outreach worker paid from the central level should be engaged.

Local governments should be encouraged to establish different types of family support services, of different intensities, following the main principles of effective social work with a family. Local government should be encouraged to establish peer support groups and lower intensity support groups for families which were recipients of FOS.

**Recommendation 5: Increase the involvement of LGs and strengthen cross-sectoral cooperation**

The continuation of the child care reform should be embedded in structural changes by improving accountability and monitoring mechanisms of community service provision, especially when financed from national level through earmarked transfers. The cross-sectoral approaches should better address prevention of separation of the child from the family and this should be done by accurately documenting and disseminating good practices learned from the previous projects. Inter-sectorial collaboration should be promoted under the basic premises that all services are to be held accountable for quality delivered. Continuity of the reform should be ensured by shifting from the work in project cycles towards more systemic work.

**Recommendation 6: Stronger focus of child care reform on children and families' lives on changing attitudes**

The future child care reform measures will have to continue working on changing mentalities, stereotypes and discriminatory attitudes and practices (e.g. against Roma minority or in relation with children with disabilities) by applying in a more systematic manner activities rooted in the local culture of communities and in the experience resulted from previous projects, such as the experience gained from the implementation of the activities related to culturally competent practices in the IPA-funded project. There should be a specific effort of documenting these experiences and the result will have to be widely promoted/easily accessible. Evidence will have to be collected in order to challenge attitudes that could supply discriminatory practices against children with disabilities and families from marginalised communities among child care professionals, but also in health and education services. Stronger involvement of ‘local agents for change’ will have to be considered.

**Recommendation 7: Continuity of international actors' support to the maintaining direction of the childcare reform in the country**

EU and UNICEF were important actors whose engagement helped to maintain continuity of reforms as decision making level in Serbia was changing very frequently. EU and UNICEF should keep their advocacy role together with the experts in the country working at the field level.
1. Introduction


2. Background and context

2.1. Before 2013

The child-care reform in Serbia started in early 2000th and since then considerable progress has been made in reforming the protection of children without parental care. The process of de-institutionalization (DI) has been initiated as a priority facet of the overall social system reform and as one of the long-term priorities of the Government of the Republic of Serbia. The efforts were aimed at initiating the transformation of existing residential institutions, the development of alternative forms of care for children (foster care), the (re-)integration of institutionalized children into birth/foster families or family-like environment and development of community-based services with a focus on children with disabilities (CwD).

Using the Poverty Reduction Strategy (2003)¹ as its strategic framework, through active participation of various stakeholders (international and domestic NGOs, professionals, independent experts, citizen’s associations), the Ministry of Labour, Employment, Veterans and Social Affairs (MoLEVSA) developed its Social Welfare Development Strategy, which was adopted by the government of the Republic of Serbia in 2005. The Strategy stipulates the main aspects of the social policy reform: deinstitutionalisation, decentralization and democratization of social care and protection services, local community involvement in provision of social services and partnerships with the civil society. It embraces the following guiding principles: 1/ addressing the needs of individuals within the family and community context, 2/ the diversification of services and service providers, 3/ participation of beneficiaries in the design and provision of social services, and 4/ maximising community-based services over institutional care (as part of the process of deinstitutionalisation). Another policy document of critical importance which embraces the DI process as its fundamental principle is the National Plan of Action for Children (NPA), adopted by the Government of the Republic of Serbia in 2004. The improved protection of the right of the child to live in a family environment is one of seven NPA constituting components, and the related objective implies “the de-institutionalisation of child protection system along with the gradual switch to other forms of protection that enable growing up in a family environment”.

In this period two important laws relevant for child protection were adopted and support to their further operationalization through by-laws provided, including service standards development. These are: the

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¹ The Poverty Reduction Strategy, adopted by Government in 2003 emphasizes that: “the main goals of the reform of social services are deinstitutionalisation and development of alternative forms of social protection, definition of the role of different sectors and their interlinking (health care, education, employment, police, judiciary), involvement of different stakeholders in the area of service provision, first of all those from the NGO sector and greater reliance on day care, organized within local communities instead of institutional placement with the categories of the beneficiaries where that is possible”…“Basic guidelines in the reform process are deinstitutionalisation and development of open i.e. alternative forms of protection: decentralization; development of professional standards, procedures, protocols and norms in service provision; establishing partnership between governmental and non-governmental sector; creating an environment for involvement of the private sector; introduction of permanent education principles for the service providers...”
Family Law\(^2\) (2005) and Social Welfare Law\(^3\) (2011) – both ensuring harmonization of Serbia’s legislation with relevant EU norms and practice in line with international human rights standards. The new Social Welfare Law (SWL) has been particularly important as it prioritizes community-care and limits residential care (including a ban on institutionalization of children under 3 years old, brings non-state actors into the social service provision system and strengthens internal oversight and accountability systems. Also, this Law provides for three types of special purpose transfers\(^4\) aimed at stimulating community services at the local level.

In 2008, the MoLEVSA signed a Memorandum of Understanding with UNICEF to develop community based support for extremely vulnerable groups of children with a view to reducing the need for residential care. With the financial support of donors and technical support of UNICEF, the Ministry developed a Comprehensive Plan of Transformation of Residential Institutions for Children (2008) to reduce the size of residential care institutions, and develop new services for better quality care. This work also included support to professional development for staff in residential care institutions, centers for family placement and centers for social work, especially when it comes to working with children with complex disabilities\(^5\).

In parallel to down-sizing (and closing) four residential institutions the Government established four new\(^6\) Centres for Foster Care (CFS) out of the seven initially planned. CFSs are responsible for the selection and careful screening of potential foster families, as well as capacity building, regular monitoring and on-going support to ensure adequate care for the child. In cooperation with international partners, and particularly with the European Union and UNICEF\(^7\), the Government has stepped up also the development of community-based services for vulnerable groups, including for CwD.

Overall, in the period 2000-2013, the total number of children and youth\(^8\) in residential institutions decreased by 54%, and an even more significant reduction of 66% was recorded for children under the age of 18. The biggest reduction occurred in the age-group under three, where the number dropped by 90% from 370 to 38 over the same period. For the older age-groups the decrease has been slower, and as a result the share of young persons placed in institutions has increased relative to the number of children.

The number of children and youth with disabilities in residential care has also decreased but at a slower pace. While in the period 2000-2013, there was a 65% overall reduction in the number of children and youth without disabilities placed in institutions, the corresponding number for those with disabilities was 40%. As a result, the share of children and youth with disabilities in residential care increased from 60.2 to 69% between 2000 and 2013\(^9\). While significant progress has been made to preventing institutionalization of children under 3 years old, of particular concern is the fact that the majority of children and young persons with disabilities, particularly the ones with serious, severe and combined

\(^2\) “Official Gazette of the Republic of Serbia”, No. 18/2005
\(^3\) “Official Gazette of the Republic of Serbia”, No. 24 / 2011
\(^4\) 1/ For underdeveloped municipalities, 2/ For municipalities where there are child homes in transformation, including for those child homes, 3/ For innovative services of national importance
\(^5\) Project “Transforming Residential Institutions for Children and developing Sustainable Alternatives”, 2008 – 2011, UNICEF in partnership with the line ministry and supported by EC
\(^6\) In addition to one already existing in Milosevac (the village with a long tradition in fostering), four new CFSs established in Belgrade, Cuprija, Kragujevac and Nis. Three remaining CFSs are planned for Vojvodina (northern province of the Republic of Serbia)
\(^7\) Projects: ‘Support to the deinstitutionalization, in particular those with disabilities, in the Republic of Serbia: Strengthening the continuum of services at national and local level (2009-2012)’, UNICEF in partnership with the line ministry and supported by the Government of Italy; “Developing Community-based services for children with disabilities and their families (2010-2013)”, UNICEF in partnership with the line ministry and supported by EU
\(^8\) Children (0-17), youth (18-25)
\(^9\) The share of only children with disabilities increased from 49% to 58.5% in the same period.
disabilities, are placed in large-scale institutions which are often also intended for adults, and where the conditions and quality of care are far from satisfactory.

At the end of 2013 there were an estimated 6,041 children separated from their parents and placed in formal care. Among them, around 85% were placed in foster care while 15% were accommodated in residential institutions. These indicators put Serbia among the countries with the lowest rate of institutionalization in Europe. However, while fewer children end up in institutions, the overall number of children placed in formal care continued to grow, with a 36% increase recorded between 2000 and 2013. This increase applied to both girls and boys placed in care.

Efforts invested in developing community-based services for CwD and in strengthening the fostering system through use of pre-accession funds over the past decade, have undoubtedly contributed to the overall reduction of children with disability in residential institutions – and this has been clearly confirmed in official reports and conducted project evaluations. In other words, the efforts were primarily put in reduction of entry, rather than de-institutionalization programmes as such – and this is what led to the drop in numbers. Recommendations of evaluations, however, pointed to the need for greater emphasis on strengthening the case-management of centres for social work (CSW) so as to prioritize family-based solutions (especially birth family solutions) wherever possible. They also pointed to the lack of intensive family support services – that specifically target families identified as being at risk of separation in an effort to avoid that separation whenever it is in the best interest of the child and to remain living with his/her family. The study completed by Belgrade University (Department for Social Work, Faculty of Political Science) has drawn attention to the fact that poverty was one of the root causes for removal of children from family in 28% of cases. Poor children are over-represented in care but poverty was not the explicit cause for removal. In most cases families had multiple problems and concerns over neglect or abuse were reasons for placement of children in care. The study also drew attention to the fact that CwD are over-represented in formal care (16% of children in care) as well as Roma children (26.4% of children in care).

2.2. After 2013

The evidence generated through the implementation of initiatives until 2013 created a new understanding that number of children in care needs to be tackled through addressing family separation and in that sense opened a new period in child care reform efforts. Evaluation findings and lessons learned from the previous period provided clear pointers to how both case-management need to be improved as well as how distinct family-strengthening services need to be shaped so as to address issues of poverty, disability and minority-vulnerability – in a way which avoids removal of children from their families when and if this is not in their best interest. Focus of intensive family support services is also central to ensuring that fostering becomes what it was intended to be – a short term solution in the context of well-defined permanency plan for a child.

The lack of intensive family support services was put at the center of development efforts since there were no services specifically designed to assist families with children the most in need. In partnership

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10 There are five large-scale institutions for CwD with over 100 children thus requiring further down-scaling.
11 Formal care includes both institutional and foster care
14 “Tracking the Causes, Decision-Making Processes and Outcomes for Children in Care “, University of Belgrade, Faculty of Political Science, Centre for researching in social policy and social work, 2013
with UNICEF and supported by the donors\textsuperscript{15}, the Government piloted Family Outreach Service (FOS) – the service aimed for multiply vulnerable families and families with CwD being at risk of separation and placement of children into care. The three year process resulted in more than 600 families with around 1,400 children supported, professionals trained, service standards drafted, service cost analysed and recommendations for the service mainstreaming formulated. The FOS pilot programme acted as a critical catalyst in child care reform in Serbia to prioritize family-based support. The service model was used and expanded by the MoLEVSA for parents of CwD and family support provided after the floods in 2014. As a result, an additional 691 families and 1,504 children were also supported through various family support programmes. Given the over-representation of Roma children in care, focus was also put on advancing culturally competent practices, including in the FOS. Although the analysis showed no major gender differences in terms of placement of children in care, gender disparities were reflected in the types of domestic violence FOS workers were coming across, which required the additional building of their skills to address such issues. Due to EU funds, the initiative has been further expanded to include CwD and additionally closely linked with efforts invested into strengthening case-management in centres for social work (guidelines developed and trainings realized) so as to move planning away from placement into care towards supporting families at risk. Particular attention was placed on enhancing the foster care system so as to fully benefit families with CwD that are at risk of separation. In addition to strengthening kinship care, intermittent foster care was piloted thus promoting foster care as support to birth families (shared-parenting concept) and not only as an alternative care option. However, this component was modest in terms of resources available and timeframe compared with the results envisaged by the project. By 2017 only one (out of 3 remaining) Centre for Foster Care was established which is seen as a result of budgetary constraints and ban on employment in public sector. Given the constantly rising number of children in foster care, insufficient capacities of CFS could be considered as an additional but important barrier to ensuring quality support to foster families and children in foster care.

In order to address concerns related to over-representation of CwD in residential care and particularly those related to still existing large-scale institutions, child home transformation plans were revisited and development of new down-scaling plans was supported. This process was clearly guided with a vision of establishing Family and Child Support Units as a new transformation direction for residential institutions. Better use of financial transfers targeting children, with a particular focus on CwD, was supported through research on cash transfers to children and families and technical support to advance the way disability-related allowances are approved (to facilitate move from medical to functional approach to disability).

UN Committee on the Rights of Persons with Disabilities provided its concluding observations in 2016 in response to the first state party report submitted by Serbia. In its observations, the Committee urges the government to strengthen its efforts to deinstitutionalize children, in particular those with intellectual and/or psycho-social disabilities, to prevent any new institutionalization of infant children under the age of 3, and to ensure a more efficient transition of boys and girls from institutions into families. In June 2016, Human Rights Watch published a report on the quality of care provided for children with disability in large scale institutions. Concerns were raised about the violation of rights of children in institutional care and the lack of progress regarding the downsizing of large scale institutions. Recommendations were made on prevention of placement of children with disability in care. The Family Outreach Service was recognized as a good practice example. As the most immediate response, in October 2016 the MoLEVSA formed two Working groups (one for transformation of institutions and the other one for family intensive support services’ standards) to come up with plans and recommendations on concrete

\textsuperscript{15} “Stopping the placement of children under three in institutional care and developing services for families at risk” (2013-2016), Novak Djokovic Foundation, with a budget of 746,874 USD; “Strengthening the justice and social welfare systems to advance the protection of children in Serbia” (2014-2017), EU IPA, with a budget of 2,600,000 EUR.

\textsuperscript{15} "Stopping the placement of children under three in institutional care and developing services for families at risk" (2013-2016), Novak Djokovic Foundation, with a budget of 746,874 USD; “Strengthening the justice and social welfare systems to advance the protection of children in Serbia" (2014-2017), EU IPA, with a budget of 2,600,000 EUR.
regulatory and implementation activities to ensure mainstreaming of family strengthening services and transformation of residential institutions. Overall, one of the most visible policy advocacy results in this period is that key targets related to institutionalization of family strengthening services and further transformation of residential institutions have become integral part of the EU accession mechanisms (Action plan, Chapter 23)\(^\text{16}\).

3. **Object of the evaluation**

As defined in the ToR, the object of this evaluation was represented by the country’s child care reform (within the reference time 2013 - October 2017) which was focused on 1/ strengthening services and measures aimed at supporting birth families and prevention of family/child, and on 2/ improving quality of formal care for children. The reform was made mostly based on two projects implemented by UNICEF: 1/ “Strengthening the justice and social welfare systems to advance the protection of children in Serbia” funded by EU, and 2/ “Stopping the placement of children under 3 in institutional care and developing services for families at risk” funded by Novak Djokovic Foundation. The Theory of Change (ToC) within the frame of the reform was defined by UNICEF retroactively (Annex 2).

According to the ToR, the vision and impact statements of the ToC are embedded in the Convention on the Rights of the Child and related legislation in the Republic of Serbia that regulates the protection of children from violence and the right of every child to live in a family environment. The ToC was defined within the UNICEF Global Child Protection Strategy and UNICEF regional theory of change on the right of the child to live in a family. The document was also framed within the UN Guidelines on Alternative Care that put special emphasis on the prevention of placement of children in care as well as the provision of family like care when children are separated from their families.

The problems and challenges that are particularly relevant to Serbia have been elaborated in Serbia’s SitAn and in analytical studies and data that UNICEF Serbia have completed in collaboration with partners, in particular with the Department of Social Work at Belgrade University and the Republic Institute for Social Protection.

These challenges were summarized in the ToR as follows: Although the removal of children from their families is stipulated in legislation as a last resort, Serbia had no regulated services that target vulnerable families and children living at risk of significant harm that are aimed at preventing family separation and supporting parents to create a safe and caring environment for their children. The research entitled “In the Labyrinth of Social Protection” which included a review of over 500 case files of children in care showed that children living in poverty, children with disability and Roma children are over-represented in care and that the design of any prevention services need to take into accounts the characteristics and needs of these families. Reviews of official data on children in care demonstrated a continual increase of the placement of children in care (over 30% in an 11 year period) with no corresponding commitment to increase staff in formal care. The existence of children with disability living in large scale institutions was recognized as a major concern for child wellbeing and research completed by NGOs (MDRI) demonstrated that there have been multiple violations of children’s rights in such settings. Data also demonstrated that children were often placed in residential care in emergency situations, because the fostering system was not adapted to provide emergency support. In light of the above, UNICEF and the Ministry of Labour, Employment, Veteran and Social Affairs (MoLEVSA) agreed to focus more attention on prevention of placement of children in care as well as to continue supporting the improvement of formal care in line with the UN Guidelines on Alternative Care. This was reflected in the way the IPA 2013 was conceptualized and the logic was later incorporated into National Action Plan for Chapter 23.

which was adopted by the Government of Serbia, as well as the UNICEF Country Programme Document and by-annual plan.

One of the priorities recognized was the need for piloting innovative prevention services that are flexible and can provide tailor made support to families with diverse needs. This was defined as an output, but from the beginning the ultimate goal was to look into incorporating such services into the system – if service evaluations met expectations regarding increasing child and family wellbeing and reducing the risk of placing children in care. The main assumption here was that expected changes in government would not negatively influence the commitment to this service that was provided by the MoLEVSA. The plan for mitigating this risk envisaged to put significant emphasis on sound scientific evaluations and media communication. The strategy to manage the risk also included actively engaging all influential stakeholders in inputting in service design or playing a key role in assessing service outcomes.

The analysis and studies completed also provided evidence on the challenges related to the placement of children in foster care. The lack of availability of emergency foster care meant that children were too often placed unnecessarily in residential care. Analysis also showed that children were being “warehoused” in foster care indefinitely, i.e. with no clear plan on when and what long term solutions regarding family care would be secured for them. This meant that children were placed in foster care for longer period of time than initially envisaged and significantly longer than in other countries in Europe. The analysis also showed that although the UN Guidelines, good social work practice and the national normative framework stipulate prioritization of kinship care over foster care, there was an insufficient investment in supporting kinship care in Serbia. In the short-term, professional foster care was an easier options for social workers, but for long term, this meant that children were leaving care with no family or extended-social networks upon which to rely on when transitioning into adulthood.

Outcomes were agreed with MoLEVSA to address each of these challenges. Emergency foster care needed to be fully operational, so that children were not placed in institutional care (even for short periods of time). CSW permanency planning needed to be implemented in order to avoid the placement of children in care without any kind of plan of securing a long-term family for the child. CSW’s decision making needed to more explicitly explore options of kinship care, whilst being aware of the challenges this brings and the more intense advisory support some kinship families may need in comparison to regular foster families. In addition, the need to ensure the CSWs and social welfare services can reach out to Roma families needed to be addressed. In most cases, the normative framework was appropriate, but behaviour change at the level of professionals was not taking place in line with the framework. For this reason, the development of guidelines (where possible mandatory) through wide participation processes and being accompanied with capacity building (and in some cases piloting) was planned. The highest risk identified in this area was the low numbers of social workers and the continued drop in the overall number of employed social workers/case managers – due to the public employment banning. This meant that working towards greater quality case management would be exceedingly difficult – especially as this requires more time in engaging with clients and in planning and decision making. This was partially addressed through the introduction of a prevention service that incorporated more in-depth planning and also included support for fulfilling administrative procedures so as to obtain entitlements – work that would often be carried out by case managers in CSWs. The assumption was that the public employment banning would last one year, as stipulated by the Prime Minister.

There is consensus in Serbia, across all relevant stakeholders that growing up in large scale institutions for children is detrimental to their physical, emotional and social development and that such care practices need to be brought to an end. However and unfortunately, the closure of the five large scale institutions for children with disability was not part of any government plan. Through the EU accession planning processes, the downsizing of the large-scale institutions became part of the Government plan for chapter 23. Emphasis was primarily put on reducing the number of children in two out of five large-scale institutions, preferably those that are located in isolated areas, away from the community and where human rights reports have consistently pointed to child rights violations. It was also agreed that organization of children in small group home structures in ALL homes should be a priority. Finally, the
need to shift resources from residential care into prevention/community was also recognized. The sophisticated network of children’s homes (those in urban areas) that are nationally funded were identified as an important resource for developing prevention services. The outcomes defined therefore include the transformation of Children’s Homes into Centres for Children and Family (providing family like residential care as well as carrying out prevention services).

As already mentioned, the high percentage of children in care from extremely poor families pointed to the complex causal relationship between poverty and placement of children in care as well as to the need for improving access to financial transfers for children living in multiple deprivation (poverty + disability or poverty + Roma). The solution identified was to increase access to financial transfers for families with children with disability, by influencing legislation and eligibility criteria. As for Roma families, this challenge was integrated into the way preventative services were conceptualized (to provide support to accessing financial transfers) and in the way cultural competent practices in social work is being developed. The main assumption agreed here was that MoLEVSA would implement the planned normative changes defined.
4. Purpose, objectives and rationale

4.1. Purpose of evaluation

The aim of this summative evaluation was to determine to what extent advocacy, policy, regulatory, modelling and capacity building activities aimed at supporting birth families/preventing family separation and improving the quality of formal care succeeded in ensuring that vulnerable children grow up in safe and caring family-based and family-like environments. The right of the child to live in a family environment is clearly stipulated in the CRC and is further elaborated in the UN Guidelines for the Alternative Care of Children.

4.2. Objectives

As defined in the ToR the evaluation objectives were to:

1. Provide evidence of the extent to which interventions which are the object of this evaluation contributed to achievement of results articulated as 1/ decreased number of children in residential care institutions, 2/ decreased number of children in large-scale residential care institutions specialized for children with disability, 3/ stopping the continued increase of the number of children in formal care and 4/ increased number of families with children at risk of separation accessing family strengthening services.

2. Evaluate to what extent were the interventions which are object of this evaluation relevant, effective, efficient and sustainable and equally benefiting the most vulnerable children (poorest, Roma, CwD) and whether gender issues were adequately addressed.

3. Assess contribution in this area of the EU supported project “Strengthening the justice and social welfare systems to advance the protection of children in Serbia” implemented by UNICEF in partnership with the MoLEVSA (from July 2014 – October 2017).

4. Identify good practices and lessons learned.

5. Provide feasible recommendations aimed at further programming and advancing social protection/child-care reform in Serbia.

4.3. Rationale

The child-care reform is ongoing process in Serbia since 2000th as a part of the overall social system reform. Efforts aimed at DI (closing, down-sizing, transforming residential institutions), strengthening alternative forms of care to institutions (foster care) and development of community based services, have produced significant results and put Serbia among countries with the lowest rate of institutionalization in Europe. At the same time the total number of children separated from their families and placed into formal care (predominantly in foster care) continued to grow. Several (project) evaluation reports pointed to the need for moving reform efforts to prevention – i.e. focusing on strengthening capacities to support birth families and prevent separation whenever in the best interest of the child. The evaluation will take a stock and assess all above listed interventions and their results in order to provide on-time recommendations for further programming and guiding the reforms.

4.4. Intended audience

This summative evaluation looked at the changes brought by social welfare/child-care reform between 2013 and October 2017 which, for the first time, more explicitly moved towards prevention of family separation rather than just focusing on DI and quality of care. The evaluation is meant to inform discussions among the key stakeholders on future areas of action. The knowledge it generates can be used by:
- The MoLEVSA to strategically create policy and implementation measures in the area of prevention of family separation and quality of formal care. More specifically, the evaluation will provide inputs in that regards that can be later on used in new policy and regulatory documents, such as new Social Welfare Strategy, revision of Social Welfare and Family Law and related by-laws, more strategic approach towards development of community based services and further transformation of residential institutions;

- Social welfare system institutions (institutes for social protection, centres for social work, foster care centres, residential institutions, service providers) - as a ground for evidence-based contribution and active participation in reform processes;

- Social welfare professionals, professional associations, academia – whose driving role is essential in improving practices and contributing to sustaining motivated and reform-oriented critical mass within the child care system;

- Civil society organisations (both those providing services and those having more advocacy and monitoring role), including associations representing beneficiary groups (such as parents’ associations, disability persons organisations) to further monitor and advocate for child care advancements;

- Council on the Rights of the Child and the Parliamentary Child Rights Committee in guiding and overseeing overall policy and regulatory process of relevance for child care reform;

- UNICEF and other development partners supporting social welfare/child care reform in designing and implementing new programmes to support prevention of family/child separation and entering children into improved formal care whenever in the best interest of the child.

The main evaluation findings and recommendations were presented and discussed with key stakeholders and the full text of the evaluation report will be shared with all relevant stakeholders.

4.5. Scope of the evaluation

The evaluation was envisioned as nation-wide, to cover the period from 2013 to October 2017 and to address the six interventions referred in the Section 3 – “Object of the evaluation”. The evaluation particularly focused on the Project “Strengthening the justice and social welfare systems to advance the protection of children in Serbia” and its components that were integral part of the overall package of interventions of the child-care reform:

- Strengthening case management in centres for social work to move planning away from placement into care towards supporting families at risk through: 1/ capacity building and 2) development of relevant professional guidelines/instructions.
- Strengthening birth families and preventing family separation through: 1/ piloting new service ‘Family Outreach Worker’ in four main cities and 2/ supporting development of documents of relevance for its mainstreaming.
- Better use of financial transfers targeting children with disability through support to improvements of regulations (criteria/methodology) related to financial transfers for children with disability.
- Enhancing the foster care system to operate in line with the best interest of the child through: 1/ piloting ‘fostering as shared parenting’ (intermittent foster care) in four main cities and 2/ supporting improved kinship practices.
- Supporting the down-scaling of large-scale institutions through assistance in developing transformation plans.

In geographical terms the evaluation focused on four cities where the piloting of Family Outreach Worker and intermittent foster care was implemented (Novi Sad, Belgrade, Kragujevac and Nis).
5. Methodology

The evaluation followed internationally agreed evaluation criteria of relevance, efficiency, effectiveness, impact, and sustainability. The Terms of Reference proposed five evaluation questions, one per each OECD DAC evaluation criteria, and three evaluation question addressing cross-cutting issues (child rights, gender and equity). Each evaluation question corresponding to OECD DAC criteria was operationalized in the ToR in sub-questions and further correlated in the Evaluation Framework with descriptors and data collection methods and sources. In the Inception phase out of the 29 evaluation sub-questions proposed in the ToR few were slightly revised and five were dropped for reasons explained in the Inception Report. The detailed Evaluation Framework Matrix is presented in Annex 3. This considers relevance and appropriateness of the interventions covered by the evaluation and considers how the inputs, activities and outputs contributed to achievement of the outcomes (results) and wider impact, in line with the UNICEF GEROS Methodology17.

The stakeholders participated in the evaluation through discussions and consultations, provision of data and some of them are responsible for follow-up to the draft evaluation report findings, conclusions and recommendations. In gathering data and views from stakeholders, the evaluation team ensured that it considered a cross-section of stakeholders with potentially diverse views to ensure the evaluation findings are as impartial and representative as possible. The evaluation was based on a mix of quantitative, qualitative, participatory methodology to ensure triangulation of information through a variety of means. The evaluation methodology employed a mixed methods approach including interviews, focus group discussions, desk review and administrative data analysis. The qualitative data (i.e. field data resulting from interviews and focus groups) was processed using a combination of framework analysis (focused on pre-determined topics) and thematic analysis (a more exploratory perspective).

The desk review relied on documentation including assessments, studies, policy documents, strategy papers, plans of action and documentation of projects implemented. A list with documents which were subject to desk review is available in the Annex 4. The desk review allowed the evaluation team to collect evidence available at country level in relation to both systemic results and impact of the interventions. The official MoLEVSA data was considered absolutely key to look into. This was in effect the RISP annual reports. Overall, the evaluation had planned to use RISP data more than it turned out to be feasible at the end, as obtaining additional segregation of data available in the existing report was not possible.

Our methodological approach to field work/primary data collection combined focus group discussions with interviews in order to ensure, together with desk review, the triangulation of information from a cross-section of programme stakeholders (Annex 5). A summary of the planned and achieved field work is presented in Table 1.

The evaluation team conducted four focus group discussions, one per each location mentioned in the ToR (Novi Sad, Belgrade, Karagujevac and Nis). The focus group discussions aimed to collect more detailed, qualitative information on the changes assessed by the evaluation. Specifications for the composition of each group were set to achieve a diversity of representation based on two main criteria: location of services and typology of the beneficiaries. Each focus group gathered 5 - 6 participants represented by staff of CSWs, FOS and CFC, NGOs and Institute of Social Protection (Republican and Provincial). The recruitment of the participants at the focus groups was made by the evaluation team with UNICEF CO support based on the availability of the informants and their involvement in the activities relevant for this evaluation. Each focus group discussion lasted around 120 minutes and was moderated by the national consultant following a focus group guide (Annex 6).

In order to capture the views of the evaluation stakeholders in relation to various evaluation questions, the evaluation team carried out 29 semi-structured interviews conducted with the following categories

17 http://www.unicef.org/evaluation/index_60830.html
of stakeholders: representatives of MOLEVSA, Association of Social Welfare, NGO Center for Social Policy, Republic Institute for Social Protection, Staff of Child Homes from Novi Sad, Belgrade, Karagujevac and Nis, Faculty of Political Science, Provincial administration, Provincial Institute for Social Protection, centers for social work and center for foster care (from Novi Sad, Belgrade, Karagujevac and NIS), NGO IDEAS and other NGOs, UNICEF CO staff, other relevant stakeholders (EC Delegation staff, funders etc.).

Table 1 - Primary data collection design

<table>
<thead>
<tr>
<th>Target groups</th>
<th>Method</th>
<th>Data collection instruments</th>
<th>Sample</th>
<th>Completed</th>
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<tbody>
<tr>
<td>- Representatives of MOLEVSA, Association of Social Welfare, NGO Center for Social Policy, Republic Institute for Social Protection, Staff of Child Homes from Novi Sad, Belgrade, Karagujevac and Nis, Faculty of Political Science, Provincial administration, Provincial Institute for Social Protection, centers for social work and center for foster care (from Novi Sad, Belgrade, Karagujevac and NIS), NGO IDEAS and other NGOs, UNICEF CO staff, other relevant stakeholders (EC Delegation staff, funders etc.)</td>
<td>Interview</td>
<td>Interview guide</td>
<td>45 interviews</td>
<td>29 interviews</td>
</tr>
<tr>
<td>- Local stakeholders (CSWs staff, FOWs etc.)</td>
<td>Focus group discussion guide</td>
<td>Four groups of 8 – 10 participants/group</td>
<td></td>
<td></td>
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<tr>
<td>- NGOs staff</td>
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<td></td>
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<tr>
<td>- Centers’ for social protection and centers’ for foster care staff</td>
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The data collected through interviews informed in-depth the evaluation report and the desk review data and information. Therefore, the selection of participants was made during the preparation of the country visit in accordance with their profile, specificity of their activity and their availability. The interviews were the international consultant, during the 10-day in-country mission (Country Mission Agenda attached in the Annex 7). The interviews were based on a guide (Annex 6) which was developed based on the Evaluation Matrix. At the end of the field visit to Serbia, the evaluation team debriefed UNICEF staff about the results of the filed data collection.
5.2. **Limitations**

**The process of reviewing quantitative data from RISP reports was difficult** because the structure of the reports, some indicators and the quantification has been changed every year within the evaluation's reference which made the data difficult to compare. Also, because of the gap between the data collection system at the level of CSWs and the central system at RISP, certain data that might have been relevant for the evaluation (e.g. families at risk or permanency planning) were not available. Also, data disaggregation at local and regional level was not available in quantitative terms, evidence about local and regional disparities could only be collected from interviews.

The evaluation team did not reach the planned number of interviews as many professionals participated in focus group discussions rather than being interviewed and some stakeholders were not available. Nevertheless, the sample reached provided good and reliable insight into the intervention.

**Collecting data from families and children was not possible** because the necessary arrangements require a longer time frame which overpasses the time allocated for the preparation and implementation of field work. For this reason it has been agreed to use secondary data sources (i.e. data from other studies, evaluations and reports).

6.3. **Observance of norms, standards and ethical considerations**

The design of the methodology considered UNEG Norms and Standards. The methodology combined qualitative and quantitative approaches, and involved a variety of stakeholders in order to reflect different perspectives and to ensure triangulation of information. As defined in the ToR, the evaluation mainstreamed gender\(^\text{18}\) and human rights considerations throughout.

The evaluation team who undertook field data collection ensured that local knowledge and information was adequately taken into account in evaluation. Questions were addressed in a non-judgemental open-ended fashion to encourage discussion.

Ethical considerations were taken into account in the evaluation process since this included collecting data directly from stakeholders. As it is stipulated in UNEG Norms and Standards, the evaluators were sensitive to beliefs, manners and customs and acted with integrity and honesty in their relationships with all stakeholders, ensured that their contacts with individuals were characterized by respect and protected the anonymity and confidentiality of the persons who informed the evaluation.

The evaluation team members were fully aware about the ethics that guided their activity within the evaluation. Also, the process of identifying stakeholders from different institutional levels followed a standard procedure in order to ensure an informed consent to participate in the evaluation (letter of introduction presenting the evaluation process, protection of privacy and information confidentiality, followed by a verbal communication regarding the interview/focus group details). Participation in the evaluation was voluntary and opinions were presented in the report in an anonymous manner.

The group discussions were facilitated sensitively, which means that before starting the focus group the evaluation team member became acquainted with the context, the relationships between individuals and groups, the power dynamics, and how the different individuals and groups represented in the group discussion might have been affected by human rights and gender issues. During facilitation, the evaluators used this knowledge to guarantee an adequate interaction between participants. Also, it is important to mention that the nature of data collection did not require approval of the ethical review board.

6. Findings

6.1. Relevance

This criterion refers to the extent to which the interventions suited to the priorities and policies of the target group, recipient and donor. The analysis was focused on to what extent are measures/interventions implemented relevant to the needs of right holders and stakeholders of the child protection system in Serbia and it was operationalized based on the following four indicators: 1/ the appropriateness of the design of interventions in order to address the reduction of the number of children in institutions, 2/ the alignment of the project “Strengthening the justice and social welfare systems to advance the protection of children in Serbia” to the country’s priorities to develop family-based solutions for families at risk, 3/ specific target of the design of interventions on the most vulnerable/at risk children, and 4/ alignment of interventions with international standards and regulations.

6.1.1. Interventions designed to aim the reduction of the number of children in institutions

The relevance of the interventions covered by this evaluation should be assessed from the perspective of child care reform’s dynamic in the country over the last 15 years. Until 2008 the focus of interventions was on children victims of violence. Children without parental care and children with disabilities were in the scope of main interventions since 2008 through normative framework development, support to deinstitutionalization, promotion and development of family based care services such as foster care and small group homes, and support services such as day care centres, home help and respite. More recently, there was a shift from developing community-based services for CwD and strengthening foster care, which proved results in terms of reduction of CwD in residential care, towards addressing the need for strengthening case management of CSWs and prioritizing family-based solution. As pointed out in the Inception Report of the IPA-funded project, the studies and evaluations carried out in the earlier phases of the reform indicated a lack of intensive family support services specifically targeting families ‘at risk of separation’ and preventing separation if this was in the best interest of the child.

An analysis aimed to define modes and priorities of the transformation, i.e. deinstitutionalisation, of the five large scale homes for children and youth with disabilities and covering the period 2009-2013, was quite critical towards how the social welfare system has been developing in relation with child care. According to this study, “instead of accompanying the decrease in the number of institutionalised children in Serbia with measures of support to biological families, the child care reform has almost entirely been founded on the dynamic development of foster care. Even though this represents a positive tendency when it comes to the quality of care for children without parental care, it did not contribute to the prevention of family separation.”

The data from MoLEVSA shows that between 2000 and 2011 there was a 48% reduction of the total number of children and youth in residential care which proves a significant progress in reforming the protection of children without parental care. While fewer children ended up in institutions, the overall number of children and young people placed in formal care in the same period of time continued to grow, with a 36% increase. Another study carried out prior to the reference period showed that foster care was used as a long-term form of protection where children were most likely to exit as adults (36.6%) and only for a small proportion of children and youth (15%) returning to their biological families was taking place.

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20 As per the data from Ministry of Labour, Employment and Social Policy in the Inception Report of the project “Strengthening the justice and social welfare systems to advance the protection of children in Serbia”
21 ‘In the labyrinth of the social welfare system: lessons learnt from research on children in care’, (http://www.fpn.bg.ac.rs/naucno-istrasivacka-delatnost/naucno-istrazivacki-projekt) a research project funded by the EU through a UNICEF supported project
All these challenges required a stronger focus on intensive family support services, improvements of permanency planning in CSWs, further improvement of foster care system, better use of financial transfers targeting CwD and supporting down-scaling of large-scale institutions. In terms of expanding the target groups of the projects, i.e. children at risk of entering formal care and those already in the formal care system, these were considered more widely because the profile of children entering care has changed. The study previously mentioned demonstrated that most of the cases entering the system are at risk of neglect and their biological families experience multiple vulnerabilities.

These challenges were covered by the two projects implemented in the reference period and the above rationale was strongly supported by stakeholders: “For the last decade or even more, we experienced a decrease of the trend of child institutionalization and we started to develop family care for children. More recently we realized that a stronger support to biological families is needed in order to prevent separation of children from their natural families. Strategically, it was a better decision for children’s well-being.”

6.1.2. The project “Strengthening the justice and social welfare systems to advance the protection of children in Serbia” designed to contribute to the development of family-based solutions for families at risk

The project interventions derived from the priorities stated in the national legislation, Government’s strategies and plans, EU accession priorities and country’s obligations in relation with human rights treaties and conventions. According to the field evidence “the project design phase was the least problematic because there was a shared interest among stakeholders for the project. The relevant ministries were engaged and collaborated in the project’s preparation. Maybe it was an extremely prolonged process which challenged all partners’ patience. IPA planning procedures involved several rounds of meetings, consultations, documents’ reviews etc. It was a long process which took probably a year and a half, but I would not say that there were any major problems in the design phase.”

The project is highly relevant from the perspective of complementarity and continuation with the previous IPA-funded projects ‘Transforming residential institutions for children and developing sustainable alternatives’ and ‘Developing community based services for children with disability and their families’. “The relevance of this project was in line with reform priorities in MoLEVSA and inferred from the previous projects in the domain”.

The project relevance is supported by evidence resulting from official documents and is widely acknowledged by the stakeholders. As per the EU’s external monitoring report, the project approach created a precedent in a collaborative outreach benefiting all involved parties, reaching the end users (children at risk of being institutionalised and most vulnerable low income families). The beneficiaries and state authorities, municipal governments, service providers, staff of CSWs, NGOs, children at risk of institutionalisation with their families receiving social outreach services, considered the project of great importance for the further development of the reform process at national and local/regional level.

The project design responded highly to the requirements and priorities of the main beneficiary (MoLEVSA) and its partners, as well as to the needs of children and their families. During the preparatory phase of the project, one of the partners on this action (Faculty of Political Sciences in Belgrade) analysed previous projects’ outcomes and followed families that had social service support/services.

"In the labyrinth of the social welfare system: lessons learnt from research on children in care", (http://www.fpn.bg.ac.rs/naucno-istrazivacka-delatnost/naucno-istrazivacki-projekti)

Interview with NGO representative

Interview carried out for this evaluation.

The interview covered only the social welfare component of the project which is subject of this quote.

Interview carried out for this evaluation.

ROM Report 17.05.2016

Pluriconsult Ltd.
This analysis\(^{28}\) concluded that multiple disadvantages represent a major concern and one service alone is not enough to respond to such complex needs, thus a more holistic approach was recommended.

As already presented in the sub-section 6.1.1., in spite of the previous efforts, at the time the project was designed there was a trend of increase of children in formal care. For this reason, ensuring greater quality of care was included among priority interventions. This referred to strengthening of the fostering system and continued down-scaling of large-scale institutions for children. The role of CSWs as legally responsible for the wellbeing of children registered with this institution, specifically for regular updates of the child’s case file and advising on any changes needed in the care plan, was considered very important. Consequently, one of the key interventions included in the social welfare component of the project aimed at strengthening case management in the CSWs.

*The project relevance for country’s legislative framework envisages three laws: Social Welfare Law (SWL), Family Law (FL) and Law on Financial Assistance to Families with Children (LFAFC).*

The guiding regulations for all the interventions covered by the social welfare project component are to be found in these legislative acts. The Social Welfare Law emphasizes the importance of support to birth families and family-based solutions for all children and it envisages intensive family support services. According to the projects’ Description of Action, this general provision of the law was still in the process of being operationalized at the date the project started. This demonstrates the high relevance of project’s interventions which prioritized family-based solutions.

The Family Law defines the custody, the roles of the guardianship authority and courts for cases of death of parents, children removed from the family or following parents’ divorce etc. In addition, the Law on Social Welfare created a normative framework that is supportive for development of community services including those aimed at prevention of child separation from the family. Nevertheless, at the date the project was designed, a lot of work was supposed to be done on harmonization and creation of a fully functional normative framework without contradictions and inconsistencies especially in relation with full application of case-management and the development of integrated community-based services. This indicated a need for a stronger focus on family–oriented solution which was clearly mentioned as part of the rationale of the Sector Fiche for Social Development (IPA National Programmes 2013), consequently for the project that was planned within the logic of this programming document.

In case of the LFAFC, the project’s relevance derived from a study carried out by UNICEF on financial transfers for families with children\(^{29}\). According to this study, there was a need for revising the way disability-allowance was approved in order to increase reaching the most vulnerable families and the children most at risk of being placed in formal care. This was the rationale for including among the project interventions the one addressing “better use of financial transfers targeting children with disability”.

### 6.1.3. Specific target of the design of interventions on the most vulnerable/at risk children

Conceptually, *FOS* was designed to provide holistic support to the families at risk by preventing child’s removal from the biological family or contributing to child’s return to the biological family, as well as by preventing child abuse and neglect, and developing parents’ capacities through acquiring new knowledge and skills in the fields of parenting, living skills, partnership and other relations\(^{30}\).

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28 ‘In the labyrinth of the social welfare system: lessons learnt from research on children in care’, (http://www.fpn.bg.ac.rs/naucno-istrazivacka-delatnost/naucno-istrazivacki-projekti)


30 UNICEF: Final Report of the project ‘Stopping placement of children under 3 in institutional care and developing services for families at risk’ (2017)
The study “Outcomes of the Family Outreach Service for Children with Disabilities and Their Families”\textsuperscript{31} showed that at the basis of FOS design there was this concept of responding to a perceived lack of support services for families with multiple and complex problems. Families of CwD appeared clearly as a target group for this service aimed also at improving family functioning, ensuring safety and encouraging the development of children, overcoming social isolation and connecting the family with resources and network in the community. The service was designed to address families with complex and numerous needs, or families with children that are often faced with extreme poverty, unemployment, very poor housing conditions, in which there are challenges related to the mental health problems of both parents and children, where the child or the parent is a person with disability, where there is violent behavior, the families in which parents neglect the needs of the child or do not know how to respond to them. These were families with real threat or risk to the safety of the child, which could result in the separation of the child from the family. The initial design of the service, as well as its functional and structural standards have been continuously improved and adjusted for two and a half years. The concept was adapted and improved according to the experience of the service providers from the field, with the needs of families and with the growing knowledge of the team on intensive support services\textsuperscript{32}. This constant adjustment of FOS demonstrates the stability of its relevance to the beneficiaries’ needs over the piloting stage of the service.

Apart from CSWs’ role in the referral of the cases, another important element for relevance of FOS design was the family motivation for accepting the service. It was considered that the initial motivation of the family helps in the realization of the first tasks of FOW: developing a relationships of trust, as well as joining and creating a working alliance with the family. It should be noted that in designing the service, the importance of family motivation for accepting service has been recognized. One of the preconditions for the family to be included in the service is the consent of at least one adult family member to accept the service, which was regarded as the minimum of motivation for all activities implied by this service. The task of the FOW is to encourage family motivation and reduce family resistance, but it is important at the beginning to have an assessment of the status of the motivation of the family and its individual members, in order for the FOW to plan further actions more efficiently.

**Emergency foster care** was developed within the second component of the project funded by Novak Djokovic Foundation. The design of this service aimed at replacing whenever possible existing institutional forms of emergency placement organized through emergency shelters. This service was designed to address concerns resulting from a preliminary analysis of the case files which has revealed that children under 3 y.o. enter institutions in three main ways, one of them being through emergency shelter\textsuperscript{33}. The analysis showed that these children are at risk of abuse or neglect and need to be removed from their families urgently.\textsuperscript{34}

**Intermitent foster care** was conceptually developed starting from the idea of providing support to reduce the burnout of parents of CwD, thus avoiding placement of children in institutional care even for a short time. The target group was initially envisaged to include families with children with disability living in multiple deprivation. Because of the limited CSW capacities the service was provided to families with children with disabilities that did not necessarily have many different types of vulnerability. The assessment of the service showed that CSWs referrals to this service include in fact families with well developed parental, communication and living skills, and solid, but probably exhausted social support network. These are families with moderate capacity for searching and using community resources, without special problems regarding children’s behaviour except those derived from the developmental

\textsuperscript{31} This was part of the research project “Monitoring of Results of Community Services for Vulnerable Families with Children with Disabilities or Children in Conflict with the Law” (2017)

\textsuperscript{32} RISP (2017): ‘Piloting the Family Outreach Service and Evaluation of Service Provision Outcomes’

\textsuperscript{33} According to the same analysis the other two are abandonment of new born babies and children with disabilities.

\textsuperscript{34} UNICEF: Final Report of the project ‘Stopping placement of children under 3 in institutional care and developing services for families at risk’ (2017)
disabilities. In addition, prior to inclusion in this service families had contacts with the CSW mostly because the family was receiving disability allowance for the child.\textsuperscript{35}

As a solid ground for relevance of this service, the Provincial Institute for Social Protection started the preparation of this service by consulting parents of CwD about their needs. Parents were asked how they think the service will help them, what could prevent them from using this service, what other forms of support services do they use etc. Inspite of the wide variety of answers and needs expressed, it came very clear that this service should provide respite for parents who are in a situation of burn out which reduces significantly their capacity to care for the child.\textsuperscript{36} “Social care services for CwD are only partially developed in our country. Parents who have children with multiple disabilities are mostly left on their own and they are in such a situation that they have to focus on the child 24 hours a day because a lack of a wider support network. This prevents them from working and there is also the issue of emotional burn-out. Also, this is jeopardizing the financial security of the family, because they cannot work. Very often parents disregard their own needs, the needs of other children, partner and other people around them. This service enables them to reduce the burden on them and to take care of their needs too. Thus, they can work and take care of their own needs and this is very important as well.”\textsuperscript{37}

The choice of the person providing intermittent foster care to the family was an essential element of this service. The design of the service foreseen preparation, assessment and training for future carers. As for their recruitment the previous practice indicated that the initial advantage of kinship foster parenting represented by maintaining the continuity of child’s life in the family turned into a disadvantage because, most of the time, in practice the relatives who take care of children are grandparents who were passing the family problems from one generation to the other. Therefore, the service concept was to widen the circle of relatives and to involve younger family members or to involve neighbours, family friends other acquaintance trusted by the beneficiary family.

### 6.1.4. **Alignment of interventions with international standards and regulations**

The interventions implemented in the reference period were designed to be aligned with the international standards and regulations. Thus, documents of both projects refer to child’s rights and rights of persons with disabilities which makes them highly relevant from this perspective.

In the project document of the IPA-funded project\textsuperscript{38} it is clearly stated that the project was conceptualized around ‘the best interest of the child’ as a guiding principle for advancing reforms towards a child-centered social welfare system. In the Inception Report it is presented a more detailed set of international standards which actually provided the guidance and shaped the project interventions for achieving adequate support to ensure the right of a child to family environment:

- UN Committee on the Rights of the Child, General Comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration;
- The Common European Guidelines from Institutional to Community based care, The European Expert Group, 2012;
- UN Committee on the Rights of the Child, General Comment No13 (2011) – The right of the child to freedom from all forms of violence;
- UN Committee on the Rights of the Child, General Comment No 9 (2006) – the right of the child with disabilities;
- UN Guidelines for Alternative Care of Children (2010);

\textsuperscript{35} “Outcomes of Intermittent Foster Care for Children with Developmental Disabilities and Their Families’ part of the research project “Monitoring of Results of Community Services for Vulnerable Families with Children with Disabilities or Children in Conflict with the Law” (2017)

\textsuperscript{36} Interview with MoLEVSA expert carried out during in-country field work for this evaluation (26 September - 06 October 2017)

\textsuperscript{37} Interview with CFC staff carried for this evaluation.

\textsuperscript{38} ‘Description of Action: Strengthening the justice and social welfare systems to advance the protection of children in Serbia’
- CoE Strategy for the Rights of the Child (2012-2015);
- CoE Recommendation CM/Rec (2010)2 of the Committee of Ministers to member states on
deinstitutionalization and community living of children with disabilities;
- CoE Recommendation CM/Rec (2011)12 of the Committee of Ministers to member states on children’s
rights and social services friendly to children and families;
- Common European Guidelines on the Transition from Institutional to Community-based Care (2012).

The Final Report of the project ‘Stopping the placement of children under 3 in institutional care and
developing services for families at risk’ is emphasizing on country’s strong commitment to work towards
prioritizing family-based solutions for all children in need of care and on the recognition of the detrimental
impact of institutionalization on children’s development. The UN Guidelines for Alternative Care of
Children is mentioned explicitly, while The Common European Guidelines from Institutional to
Community-based Care and the Common European Guidelines on the Transition from Institutional to
Community-based Care are rather implied, nevertheless, the whole project was built around these
standards.

The analysis and studies carried out within the frame of these interventions looked at the actual
implementation of international principles and regulations, especially those related to child rights. The
study mentioned in the sub-section 6.1.1. pointed to the importance of continuation of reforms in the
social care system in order to fully harmonize it with the UN Guidelines for Alternative Care of Children
(2009) by making a shift from the focus on deinstitutionalization to the development of preventive
measures against family separation and on the development of services addressing the needs of
biological families.

A study carried out by Faculty of Political Sciences of University of Belgrade assessed to what extent
the alternative care system in Serbia is able to ensure implementation of the two basic principles of the
This study showed that compared to the data collected prior to the evaluation reference period,
“progress was noticeable in applying and recording procedures regarding follow-up review and planning
(in terms of larger coverage of children in these procedures), as well as in individualized documentation, while
timeliness remained on the similar level. Unfortunately, these positive trends have been compromised
by noticeable increase of rate of copying documentation of children in alternative care. That points to the
routine approach to these procedures, and perhaps on the fact that professional social workers in
CSWs do not see the purpose of cyclical and regular assessment of necessity and suitability of
residential care of children.” This important finding supported the stability of relevance of the IPA-funded
project interventions, particularly the one addressing strengthening case management in the CSWs so
as to ‘move’ planning away from placement into care towards supporting families at risk.

6.2. Effectiveness

This criterion assessed the extent to which the interventions attained their objectives, more specific if
the intervention package was effective in decreasing the number of children in care and improving the
quality of care. The analysis was based on seven indicators: 1/ changes made in the social welfare

40 N. Zegarac (2016): ‘Necessity and Suitability in Alternative Children Care in Serbia: Follow-up Review and
Planning in Practices of Centers for Social Work’
41 Necessity Principle (Items 32-52 of the Guidelines) points to the need to prevent situations that may lead to
separating a child from the family, while for the children that start receiving residential care includes regular review
of necessity of residential care through follow-up reviews and planning of activities for achieving permanency for the
child. Suitability Principle (Item 15 of the Guidelines) points to the fact that each child, in need of alternative
care, has individual needs and circumstances, for instance, for short-term or long-term residential care, residential
care with brothers and sisters etc. Guidelines emphasize that it is necessary to regularly review suitability of
residential care, in order to assess whether there is still a need to provide the current form of care, and whether it
is appropriate and possible to potentially reunite child with his/her family.
42 May-July 2012
43 Last quarter of 2015 when the data collection for this study was carried out.
system targeting changes in technical support of case managers, 2/ contribution of interventions to an increase access of families and children to intensive family support services, 3/ contribution of interventions to the development of community based services to the level of reaching the most vulnerable families and children, 4/ contribution of interventions to support further down-scaling and transformation of large-scale institutions for CwD, 5/ contributions of interventions to creating a ground for increased access to cash benefits for the most vulnerable families and children, 6/ contributions of interventions to cross-sectoral cooperation, and 7/ synergetic effect of interventions.

6.2.1. Changes made in the social welfare system targeting changes in technical support of case managers

Improvement of case management planning practices, especially permanency planning, were among the priorities for reforming in the reference period. UNICEF reported a set of activities which were aimed to develop the capacity of professionals in CSWs, mostly case managers, to shift the approach of the cases from placement into care to supporting families at risk. In order to achieve this outcome a total of 28 one-day trainings aimed at raising competences of case managers and other professionals in permanency planning were held, covering a total of 511 participants. The training was based on the Permanency Planning Guidelines. 44

As per the case managers’ experience even though the training was comprehensive, it was not possible to cover all aspects of such a complex topic. In practice, the knowledge gained during the training is complemented by the guidelines which proves very useful in maintaining case managers’ focus on the importance of defining the permanency goal and few additional sub-goals which set the path towards the implementation of the general goal. The case managers consider that in implementation of permanency plan their cooperation with judicial system is required, in particular for younger children, it is very important how long the procedures relating to parental rights last. Sometimes these may take a very long time, from two to three years, the final court decision is delayed and consequently the permanency goal may not be achieved with a negative effect on child’s well-being. 45

It is also important to mention that permanency plans are adopted by the CSW in cooperation with the beneficiaries, but the practice has shown that this is not fully under CSW’s control because there are external circumstances related to other needs of the family, 46 that can prevent these plans from being executed. An effective implementation of the plan requires systemic support and links between different sectors and while this is regulated by the law, in practice the responsibility belongs entirely to the CSW.

A major limitation in relation with improvement of case managers’ capacity is represented by the high workload and increasing responsibilities in parallel with increasing number of cases. As per RISP data, the number of children registered with CSWs increased (Figure 1), while the new staff could not be employed in the system because of the ban on hiring in public sector. The RISP data (Table 2) show a constant decrease in the total number of social workers in CSWs from 1,971 in 2012 to 1,760 in 2016.

Table 2 – Total number of social workers in CSWs

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of social workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>1,971</td>
</tr>
<tr>
<td>2013</td>
<td>1,925</td>
</tr>
<tr>
<td>2014</td>
<td>1,905</td>
</tr>
<tr>
<td>2015</td>
<td>1,902</td>
</tr>
<tr>
<td>2016</td>
<td>1,760</td>
</tr>
</tbody>
</table>

44 http://www.unicef.rs/publikacije-2016/
45 Interviews with case managers carried out for this evaluation.
46 For example related to housing, employment, health etc.
“The situation in the CSW in Serbia is very bad. The colleagues are faced with excessive responsibility. There are fewer and fewer of them, the issues they are dealing with are becoming more complex and more frequent. The way they deal with this situation is that usually they dedicate less time to the families of the beneficiaries than they even think it should. They are fully aware that this jeopardizes the quality of work, but on daily basis they have dozens of cases they are working on.”

In addition to the assistance for the development of permanency planning the intervention provided support for piloting and distributing the indicators for assessing the risk of placement in institutional care. Also, as per UNICEF’s reporting a total of 27 one-day trainings for application of CSW guidelines for supporting families at risk of separation were organized. A total of 519 case managers and other CSW professional staff have completed the training. The training was accredited by the Social Welfare Training Accreditation Committee in February 2017. The implementation this training was tailored to the needs, for example few sessions of this training targeted CSWs close to the four main cities where FOS was piloted in order to enable referral to the FOS, while there were other sessions which targeted CSWs that have higher rates of placement of children in care.47

Figure 1 - Number and rate of children registered with CSWs (2013-2016)

![Figure 1 - Number and rate of children registered with CSWs (2013-2016)](image)


The case managers consider that this training was very useful because it gave them the opportunity to better understand the difficulties families are facing and to improve the answer to these needs. Also, it introduced the case managers in the nature of work of FOWs and how to work with them. The training strongly emphasized on family as a service user, “it managed to put more focus on the family and it brought professionals from different fields (case managers, education professionals and health care staff) to work together to help the family.”48

Overall, the way case managers currently understand the practice of permanency planning refers to defining permanency goals for all children who are using social care services for a longer period of time, i.e. for all children for whom there is a plan for the child and family. This is an important shift because “in the past we were primarily focused on children being separated from their biological family, but now the goal is to focus on children at risk of separation so that we can plan the support to family and make it time bound. Sometimes this support to family can be really prolonged with a family

47 UNICEF (2017): Third Progress Report of the Project “Strengthening the justice and social welfare systems to advance the protection of children in Serbia”
48 Focus group with social welfare professionals carried out for this evaluation.
not making progress and we do not redefine the permanency plan in time. In our practice we observed that when we separate temporary the child from his/her family the support to biological family needs to be intensified in order to shorten the time and reach the goals. But this is linked with our case load and we do not have time to act in real time.49

6.2.2. Contribution of interventions to an increase access of families and children to intensive family support services

The Family Outreach Service was designed in four phases. The first phase was devoted to generate a consensus at the onset of the project among all key stakeholders, and to identify all key implementing partners in the process. The second phase consisted of the full conceptual design of the service, the design and implementation of training programmes and logistical preparations for the initiation of the service. During the third phase, the service was provided continuously to families, while mentoring and on-going support was provided to the FOWs. The fourth phase focused on documentation of lessons learned, evaluation of results and systematization of the service. FOS was designed to cover the following activities, in accordance with the assessment and the family plan: 1/ practical support, 2/ advisory and educational activities, and 3/ representation, mediation and coordination in the community50.

The Family Outreach Service was piloted by UNICEF in close partnership with the Republic Institute for Social Protection (RISP) that played a key strategic role in conceptualizing the service, enabling knowledge exchange with similar initiatives in the region. A participatory approach was used to design the service through a number of preparatory round-tables, study visits, and focus groups discussion.

The Family Outreach Service (FOS) was piloted in four cities (Belgrade, Kragujevac, Niš and Novi Sad) and from 2014 to 2017 it reached a total of 1,596 families with 3,442 children51.

The Family Outreach Service was very important to the case manager and to the family because of the more intensive support and better monitoring and supervision of the family. Before the development of FOS, there was a big burden and responsibility on CSWs and case managers to cover all areas of family functioning, to monitor, to implement measures and activities of family support provided in the plan. The experience gained from practice proves that multi-problem families need a longer term service, but for the families that are facing an acute crisis, it is possible to introduce some changes and to help them even in this interval of service provision decided for FOS (maximum 12 months).

Also due to FOS the competences of professionals and staff of CSW increased systematically. This is demonstrated by the fact that later in the implementation of this service CSWs were more successful in detecting families for whom the service was appropriate. “Gradually, there were less cases of families leaving the service in the early stages because these families with multiple issues, who were referred to this service in the initial stage and not trusting in its usefulness, were given a chance52. All of us wanted to pilot the service to see who could benefit the most from this service. We realized that vulnerable families need multiyear services in order to sustain the positive progress reached through FOS.”53

According to the assessment of piloting FOS54 CSWs did not equally refer cases to FOS. Also, within a CSW, case managers did not accept the service equally. It turned out that it was necessary to intensify

49 Focus group with social welfare professionals carried out for this evaluation.
50 UNICEF: Final Report of the project ‘Stopping placement of children under 3 in institutional care and developing services for families at risk’ (2017)
51 This is a cumulative result from both projects covered by this evaluation over their entire implementation period.
52 Since there were no other services available in community.
53 Interview with case manager carried out for this evaluation.
54 RISP (2017): ‘Piloting the Family Outreach Service and Evaluation of Service Provision Outcomes’
presenting the service to as many case managers as possible. It was important to continuously work with case managers to understand the service and its goals.

There were several obstacles to the continuous and uniform process of referral to the FOS. The complexity of the referral format that the CSW delivers to the service provider is an obstacle for more regular referral of families for whom the case manager estimated that the service is adequate. In a later stage of piloting this format was simplified (i.e. it included only basic family data and a FOW’s task). In the past, there were situations of an insufficient understanding of the service, its functions, as well as of the role and nature of FOW’s work. In some instances there were case managers considering that the FOWs took over responsibilities which belong to them.

Starting a service by organizing an initial meeting (case manager, FOW and family) proved to be a problem due to organizational difficulties which postpone delivering the service. There were different approaches proposed for overcoming these difficulties such as: the case manager is consulting the FOW orally on whether the family was informed about the service, how family members reacted, whether there were some risks related to the involvement of FOW in the family and in this way etc. However, the experiences of family members themselves say that the initial meeting with the case manager is more desirable because it clearly defines the roles of case managers, FOW and responsibilities for the family according to the task delegated by the case manager, as a representative of the guardianship authority.

Regarding intermittent foster care family members who are already in a relationship established with the child were selected to provide this service. In itself this service proved to be very useful, except when it comes to administration because the decision for service provision is on short term basis and every month CSW has to issue a new decision. This complicates the work of CSW lawyer and it is an additional task on top of daily work. The service proved to be good, families were interested and it was good for parents who needed respite because these are mostly parents of CwD. However, during piloting this service has been perceived by both the users and the professionals involved as complex, demanding and rigid.

In terms of training outcomes, there were over 1,000 child protection practitioners trained with a significant number of them participating in more than one training. As for the total number of families reached, this is the result of the piloted services and the training of CSW and fostercare staff, as well as of introducing guidelines that are being applied. Basically, all 6,083 children in care in 2016 benefited from the above mentioned interventions.

The major challenges in relation with these two services refer to understaffing of the CSWs and CFCs, and the uncertainties about their sustainability. “Our biggest problem is that at this moment we have a very small number of staff for the territory that we cover. On the other hand, we have standards when it comes to the number of foster parents per fostering advisor and we decided that we do not take more families than we can cover based on the standards. It would be very useful to get approval to hire additional staff in order to be able to fully conduct all the activities for the whole territory.”

UNICEF also worked towards strengthening kinship care in Serbia which is in line with the UN Guidelines of Alternative care, as options for kinship care need to be explored before placing a child in a professional foster family. This is why separate Guidelines on kinship care were developed and advocacy efforts invested in communicating the advantages of this type of care. The end result was a significant increase in the ratio of kinship families in comparison to professional fostercare families in the total number of family based placements. According to RISP data the ratio of children in kinship care

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55 ‘Outcomes of Intermittent Foster Care for Children with Developmental Disabilities and Their Families’ part of the research project “Monitoring of Results of Community Services for Vulnerable Families with Children with Disabilities or Children in Conflict with the Law” (2017)
56 Interview CFC staff carried out for this evaluation.
out of the total children placed into care increased from 18.3% in 2013 to 59.4% in 2016, while the ratio of children in foster care decreased from 56% in 2013 to 29% in 2016.

6.2.3. Contribution of interventions to the development of community based services to the level of reaching the most vulnerable families and children

A comprehensive research about the status of local social care services in Serbia\textsuperscript{57} refers to the following five types of local social care services addressing children: child home help/assistance, day care for children/youth with developmental and other disabilities, child personal attendant, shelter for children and FOS\textsuperscript{58}.

There is a consensus among all stakeholders about the fact that community-based services have an important effect on the quality of life of families and children in need. However, the above mentioned research and the field data collected for this evaluation revealed a series of challenges and limitations which indicates that much work needs to be done for increasing availability of these services for families and their children, especially the most vulnerable.

According to the above mentioned study between 2012 and 2015 for the services where data was available the number of clients decreased (Table 3). The data show a major decrease in the number of clients for child home assistance and an increase of the percentage of clients from urban areas for the child home assistance and day care for CwD. As indicated by the data in Table 3, FOS and child personal attendand service were not available in 2012. As for the other services accessible in 2012 (i.e. child home care, day care for children/youth with disabilities, shelter for children and supportive housing for youth leaving social protection system) these were introduced and developed as a result of heavy donor support which was not available in 2015. Consequently, most of these services decreased in 2015 (except for supportive housing for youth leaving social protection system).

Table 3 – Clients per type of social care service\textsuperscript{59}

<table>
<thead>
<tr>
<th>Type of social care service for children and youth</th>
<th>Number of clients</th>
<th>Women clients (%)</th>
<th>Clients from urban areas (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child home care</td>
<td>611</td>
<td>262</td>
<td>45</td>
</tr>
<tr>
<td>Day care for children/youth with developmental and other disabilities</td>
<td>2,519</td>
<td>2,111</td>
<td>47</td>
</tr>
<tr>
<td>Shelter for children</td>
<td>773</td>
<td>719</td>
<td>29</td>
</tr>
<tr>
<td>Child personal attendand</td>
<td>n.a.</td>
<td>709</td>
<td>n.a.</td>
</tr>
<tr>
<td>Family outreach worker</td>
<td>n.a.</td>
<td>1,152</td>
<td>n.a.</td>
</tr>
<tr>
<td>Supportive housing for youth leaving social protection system</td>
<td>44</td>
<td>67</td>
<td>51</td>
</tr>
</tbody>
</table>

The day care for children and youth with developmental and other disabilities was found the second most prevalent social care service within the mandate of LGs. According to the law, this service is

\textsuperscript{57} G. Matkovic and M. Stranjakovic (Center for Social Policy): “Mapping Social Care Services within the Mandate of Local Governments in the Republic of Serbia” (2016)

\textsuperscript{58} Referred in the text as “family outreach worker”. At the time the study was carried out (i.e. October 2015-March 2016) FOS was considered as an “emerging new service” along with child personal attendant.

\textsuperscript{59} G. Matkovic and M. Stranjakovic (Center for Social Policy): “Mapping Social Care Services within the Mandate of Local Governments in the Republic of Serbia” (2016)
targeting children and youth with physical disabilities or intellectual difficulties who need daily care and supervision, as well as support in sustaining school attendance and developing their potential. In 2015 this service was provided in 68 LGs and covered 2,111 clients out of which 71% were aged up to 26 and predominantly from urban areas. The service was mostly (96%) funded from local budgets. The service was designed and piloted with donor support and it proved to be unsufficiently sustainable, nevertheless, it appears that the service would not have been established in the absence of donor support.60

The reasons for insufficient development of community-based services would be the followings: 1/ highly dispersed or remote settlements in which potential client live, 2/ lack of funds, 3/ lack of staff, 4/ inadequate knowledge to establish the service, 5/ no need for the service at the local level/few potential clients, 6/ insufficient local government awareness of competences in the area of social protection, 7/ insufficient local government interest in the importance of social care services and meeting client needs.61 However, when it comes to the lack of funds, it should be noted that in 2016 a funding mechanism for supporting community-based services was launched by MoLEVSA as earmarked transfers to the LGs to develop these services. This mechanism came quite late to support local services but currently is in place. Its results largely depend on the capacity of the LGs to engage in assessing the local needs, plan for the services in real time and administrate this financial support in an accountable manner.

The lack of community-based services limits the capacity of the system to respond to the needs of biological families and to prevent separation. “The capacity of day care centres is limited. Some primary needs of the children which could have been addressed through this service are not met and consequently, in practice, there are cases of children who could have been kept in or returned to the biological family but are directed towards international adoption, which is the only way to provide permanent protection and care to them.”62

At the level of MoLEVSA there are concerns not only about the sustainability of these services but also about how to support their development in the communities where they do not exist. This would include strengthening the capacities of LGs and of the service providers. “We need more services providers for the development of community-based services. There are still some local communities without any type of services and this is a problem for preventing separation of children from families. In the past CSWs established services, but now they have a problem because they need new organization unit which means new staff63. In order to ensure sustainability of services we advised them to transfer these services to NGOs. The existing standards are very high, in particular for community-based services. We tried to point that out because we did think this leads to certain services being abandoned. Of course there is the option of ‘limited license’ which is issued under circumstance when not all standards are fully met, but a certain level of quality is still there” 64

The interventions implemented in the reference period contributed both to raising awareness of families and professionals from the welfare system to the importance of community-based services and to the actual development of these services, especially FOS. There are professionals in the CSWs who consider that the situation of vulnerable families would be improved in a sustainable manner only if there would be a continuum of services (intensive family support and community-based other than FOS). “In order to consolidate what is achieved by providing FOS, after the service is over we need other

60 G. Matkovic and M. Stranjakovic (Center for Social Policy) : “Mapping Social Care Services within the Mandate of Local Governments in the Republic of Serbia” (2016)
61 Ibid.
62 Ibid.
63 This should be considered from the perspective of the new service standards and licensing requirements which, among others should contribute to clear separation of statutory function and quality of service delivery. As such this is needed, but it is challenging because in the past the CSWs used to do both (although it is seen also as a conflict of interest).
64 Interview with MoLEVSA expert carried out for this evaluation.
community-based services to help in maintaining the change. As for intermittent foster care, this is contributing to help family to take care about their children, but this service is not enough itself to help every child with disability."\textsuperscript{65}

Another contribution of family strengthening intervention (FOS and intermittent foster care) was to increase referral of vulnerable families to the community-based services. “Sometimes even the case managers from CSW knows the family, they overlook to recommend the child to attend day care within the CSW. But when we start working with the family and see that there is need, in cooperation with the case manager we refer the child to this service."\textsuperscript{66}

6.2.4. Contribution of interventions to support further down-scaling and transformation of large-scale institutions for CwD

In the evaluation reference period the placement of children in one large-scale residential institution (Veternik) has been stopped. This has been achieved through the adoption of a ministerial Decision to introduce a freeze of any further admission of child entries. For the children who were already in the institution the social workers from municipalities with children placed in Veternik identified and implemented alternative care options under the auspices of MoLEVSA. It is reported that these measures contributed to the reduction in the number of children in Veternik. According to RISP data, the total number of children in large-scale institutions for children with disability in 2016 was 416 (Table 4).

Table 4 - Number of CwD in large-scale institutions

<table>
<thead>
<tr>
<th>2012</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>415 (Kolevka, Stamnica, Veternik, Sremcica)</td>
<td>264 (Kolevka - 166, Stamnica - 12, Veternik - 38, Sremcica - 48)</td>
</tr>
<tr>
<td>162 (Zvecanska)</td>
<td>152 (Zvecanska)</td>
</tr>
<tr>
<td><strong>577</strong></td>
<td><strong>416</strong></td>
</tr>
</tbody>
</table>

This data should be interpreted through taking the defined indicators in mind, namely securing the reduction of less than 50 children per institution, in at least two out of the five large-scale institutions – that all had over 50 children at the time of developing the project.

UNICEF supported the establishment of the Ministerial Working Group on the Transformation of Children’s Homes. Three transformation plans were developed for Zvecanska – Belgrade, SOS Children’s Villages – Novi Sad and Dusko Radovic – Nis and were presented to the Ministerial Working Group before final endorsement by MoLEVSA. According to MoLEVSA representative in this Working Group, these plans are comprehensive, based on sound analysis of capacities and needs. It is acknowledged that the implementation would require time and resources. The plans are aimed to address the territorial needs of the current users and of the beneficiaries estimated for the future services to be developed in the course of this transformation. The plans also paid attention to the resources and missing capacities of these institutions. The biggest problem is the hiring freeze, which is problematic for the whole social welfare. Standards are prescribed for services and the number of staff is defined in terms of capacity. At this moment because of hiring freeze these standards could not be complied to a great extent which would not affect the process of licensing because these circumstances will enable them to obtain a so called ‘limited license’ which requires only 70 per cent staff engagement. Apart from the staff issue, there was also a problem with the big premises these institutions have at their disposal and were found inappropriate for the future services. The Working Group recommended that perhaps these large buildings could be exchanged for several smaller ones in order not to concentrate all the

\textsuperscript{65} Group interview with case managers carried out for this evaluation.
\textsuperscript{66} Interview with FOW carried out for this evaluation.
services in the same place. This requires however some financing resources and a final decision has not been made in that sense.

An analysis of the costs of placement of children in institutional care versus the costs of providing family support was finalized and used for advocating for the reallocation of funding from residential care to family support.

As reported by UNICEF based on the RISP data for 2016, four out of the five of large-scale institutions have less than 50 children, which was the target of the IPA-funded project and is also defined by the Social Welfare Law which says that maximum capacity for child home should be 50. Also, according to the same source, the total number of children in residential care in 2016 was 763. The project baseline was 1,052, with the target set at achieving a 20% drop in the total number of children in care, which amounts to 842. This means that this target has been exceeded.

The project also set a separate indicator related to only CwD in large-scale institutional care where the baseline was 415 and a 40% reduction was anticipated, which would have brought the number down to 249. Currently there are 264 CwD in these large-scale children homes, which means that the target was not fully met. It is important to note that this data does not include the children from the Zvecanska home because in the past this children’s home was not classified as a large-scale institution for CwD although in effect it already served as a home to many such children. The number of CwD in Zvecanska remained the relatively same since 2012. The total number of CwD in all large-scale institutions decreased from 577 in 2012 to 416 in 2016 (Table 4). Therefore, it can be concluded that although the number of children in large-scale residential care decreased, the reduction has not met the 40% decrease defined in the baseline of this project. Nevertheless, the 28% drop achieved is a significant achievement.

6.2.5. Contributions of interventions to creating a ground for increased access to cash benefits for the most vulnerable families and children

As concerning improvement of cash transfers for most vulnerable families and children, the revision of the Law of financial assistance for families with children has been facilitated by the analysis and policy recommendations carried out by the Center for Social Policy. The revision included two type of cash benefits which are of high relevance for the most vulnerable families and children: child allowance and disability allowance.

**Child allowance** is a cash benefit targeting families with a lower income who have children. The right to child allowance can be exercised only for the first four children in the family, provided that the beneficiary cares for the children directly, that children are not older than 19 years and that they attend school regularly. Special advantages (augmented value) are granted to CwD and for children from single-parent, foster and guardian families. Child allowance in Serbia is intended for children from the poorer layers of population and the right to them is granted based on the checking of income and property, together with some other eligibility criteria. UNICEF’s advocated for increasing the child allowance for CwD from the current 30% higher than the regular amount, still in the existing law, to 50% in the revised draft law. Also, in relation to the enrolment of CwD in preschools, the current law ensures that share of the costs to be paid by parents are covered directly from the national budget but only for CwD who are enrolled into segregated so called ‘development’ groups in preschools. UNICEF advocacy succeeded in ensuring that this provision in the new draft law, currently in the process of adoption, is more inclusive, i.e. does not favour segregated groups and parents’ share of the costs are to be paid from the national budget for all CwD enrolled in preschools regardless the group composition. The improvements also relate to easiest administration as well as increasing coverage of CwD.

The amount of the child allowance is equal for all children and in 2012, the average regular child allowance amounted to 2,308 RSD, and the augmented one to 3,000 RSD per child. In 2012, child allowances in Serbia amounted to 2,308 RSD, and the augmented one to 3,000 RSD per child. In 2012, child allowance was 1,052, with the target set at achieving a 20% drop in the total number of children in care, which amounts to 842. This means that this target has been exceeded.

allowance was received on average by 382.9 thousand children who lived in 203.3 thousand households, which on average amounts to 1.88 child allowances per household.68

UNICEF also reported69 that it has supported the development of a methodology for functional assessment of disability as a basis for access to disability allowance, and it also supported technical assistance for drafting the analysis and policy recommendations for the law of financial assistance for families with children which was adopted on 14th December 2017.

Disability allowance, regulated by the Social Welfare Law, represents a cash benefit intended for persons who due to a physical or sensory impairment, or intellectual difficulties cannot independently perform basic daily activities. The right to attendance allowance is conditioned solely by medical condition, not financial situation. This cash benefit is directed toward all age groups, so beneficiaries can also be children.70 This allowance can be viewed as a compensation for missing earning opportunities of the parents of CwD. “I really have to say that almost 80% of our suggestions were actually accepted and they are now part of this new law, which is at the moment in the procedure to be approved. I believe this is a much better law than the other one. This was a good contribution to the current process of reformating the welfare system for child care. It would be great if it is adopted due to the increase of 50% of the child allowance for CwD it will contribute to strengthening biological families.”71

This allowance was addressed through development of new methodology for disability allowance as a preparation for changes that are previewed in the Social Welfare Law. The process was initiated two years ago, it has stopped and in 2017 the MoLEVSA Working Group has been re-established. In relation to addressing poverty of families with CwD current Social Welfare Law does not recognize special vulnerability of poor families eligible to receive financial social assistance. UNICEF proposal was that the revised law ensures increased amount of financial social assistance when the family has CwD. The Working Group has accepted this proposal, but the progress in practice depends on when the amendment process will really start and what will be the dynamic of the process.

The methodology for functional assessment of disability is making a shift from a purely medical assessment of disability towards an assessment which takes into consideration the functional capacities of the CwD. The new methodology is creating a synergetic effect between the medical professionals and the social ones. The methodology developed proposes different capacities and competences needed for the assessment and expands the composition of the team by delegating some responsibilities to the CSWs.72 This new methodology sets the ground for a more individualized assessment which takes into account the child's functional ability according to the age and possibilities of activation and participation in various areas of daily life. A more individualized assessment will allow for identification of specific forms of assistance and support.73 “This assessment tool makes the financial aid for CwD more suitable to their needs and the case managers will have a short form of rapid assessment to know where to look to see if the child needs disability allowance.”74

6.2.6. Contributions of interventions to cross-sectoral cooperation

Recent studies75 indicate that a major pre-requisite of inter-sectoral collaboration is represented by an increase in the professional capacity of all those involved, requiring “informed professional judgement

69 UNICEF (2017): Third Progress Report of the Project “Strengthening the justice and social welfare systems to advance the protection of children in Serbia”
70 Ibid.
71 Interview with Center for Social Policy staff carried out for this evaluation.
72 Interview with UNICEF staff carried out for this evaluation.
73 IDEAS (2017): ‘Methodology for Functional Assessment’
74 Interview with NGO representative
75 Anne Edwards (University of Oxford) and Paul Downes (Dublin University): ‘Alliances for Inclusion – Cross-sector Policy Synergies and Inter-professional Collaboration in and around Schools’ (2013)
and professional knowledge enhanced by additional capacity to recognise, contribute and work with expertise that is distributed across systems”. This seems to be quite an advanced professional model which takes time to develop and which implicitly sets the need for considerable efforts of professional development and capacity building, as well as for a certain level of professional stability. In addition to that, cross-sectoral cooperation at all levels is challenging because public administration in the region does not have the practice of horizontal cooperation, it rather functions based on hierarchies or vertical lines of command. This makes the process of problem-solving very bureaucratic, following authoritative, prescriptive and sometimes even competitive approaches which discourage collaboration and identification of effective solutions.

In spite of the bureaucratic functioning of the administration and the limitations either in number or in the professional capacity of the staff involved, the social welfare system addressing child care proves that it has potential for intersectoral cooperation. Piloting FOS required cooperation between social welfare professionals newly appointed in the system (i.e. FOWs) with medical staff or with educational institutions. The assessment of the FOS\(^\text{76}\) pointed to the fact the complexity of FOW’s work is also reflected in the stated expectations of the actors from the system outside social welfare system. The educational and healthcare institutions are key partners for developing cooperation and trust relationships and building a common goal in working with the family or its members. “The family outreach service is important for prevention of child entering care system and is good that we managed to involve other systems such as health and education in this effort.”\(^\text{77}\)

Due to the very practical nature of work, the FOS is a model of cross-sectoral cooperation at grassroots level. “We worked in the community with health institutions, social institution, schools, kindergarten, different organizations public or private etc., everyone who is connected with the family and could help the family to be independent and the children to be better.”\(^\text{78}\)

The benefits from this collaboration were mutual, in the sense that not only that FOS was working to achieve their goals within their mandate, but the other community actors gradually realised that engaging in this cooperation is beneficial for them too. “During the development of this intensive service, the outreach worker took the role of the ‘coordinator’ of the service. Formally, this belongs to the case manager in the CSW. He/she is responsible for the case and in same time is in the very close connection with the school, employment centre, some service providers around etc. When we carried out the assessment of FOS we heard that other sectors find this service very helpful for their work. So the task of FOS is to improve connection of the family with services from other sectors. We found out that due to the collaboration with FOWs the schools better understood the family situation or the help centre understood the whole family situation when they work with depressive mothers. In general, there is not enough connection among other services and sectors. For this reason FOS holistic approach was perceived as useful, but time limited. The final idea is that after the service is provided all those services around the family will be better connected.”\(^\text{79}\)

In this cross-sectoral context, CSWs are actors that bring systems together and the IPA-funded project worked on strengthening aspects of case management in this respect. Also, the training of the Association of Professionals in Social Work looked into the role of CSWs in preventing the placement of children in care and the collaboration with other systems which was considered a key factor.

6.2.7. Synergetic effect of interventions

In accordance with the most recent progress report for the project “Strengthening the justice and social welfare systems to advance the protection of children in Serbia” (Table 5) and with the field evidence\(^\text{80}\)

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\(^{76}\) RISP (2017): ‘Piloting the Family Outreach Service and Evaluation of Service Provision Outcomes’

\(^{77}\) Focus group with social welfare professionals carried for this evaluation.

\(^{78}\) Interview with FOWs carried out for this evaluation.

\(^{79}\) Interview with RISP expert carried out for this evaluation.

\(^{80}\) Interviews with project stakeholders carried out for this evaluation.
most of the activities were finalized and targets were met for four out of the five interventions. However, two out of the five interventions encountered certain bottlenecks which reduced their effectiveness.

As previously explained in the sub-section 6.2.2., piloting of the intermittent foster care had a low coverage for the following reasons: 1/ complex administrative procedures for reimbursement of the foster-carer, 2/ complex, prolonged and inflexible procedures for assessment, capacity building and licensing of foster families, 3/ increased workload in both CSWs and CFCs, both of which are currently understaffed. Despite the low coverage rate, the assessment of outcomes of this service demonstrated that it was a well designed innovation with tangible positive impacts for children and families involved.81 "I don’t think piloting intermittent foster care has reached its full potential. More effort should be invested by the Government and partners to explore how to develop this service around the country."82

The support for downscaling large-scale institutions had only a limited effectiveness. The process of transformation of large-scale institutions is lengthy because it depends on the progress of other issues which are still pending such as: 1/ redirecting the financial resources from large-scale institutions for family support, 2/ relocation of staff, which proves to be difficult and encountering certain resistance on behalf of the respective employees, 3/ further development of intensive family support services and possibly small group homes, 4/ improvement of planning both at the local and central level, especially from the perspective of collecting stronger evidence about the needs for services.

Table 5 – Progress of the interventions83

<table>
<thead>
<tr>
<th>Activity</th>
<th>Progress reported</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Result 2.1. Strengthening birth families and preventing family separation</strong></td>
<td></td>
</tr>
<tr>
<td>2.1.1. Provision of technical and capacity building support to expand existing efforts in setting up intensive family support services; to further build on and strengthen access to Roma families that are multiply disadvantaged as well as to expand existing efforts so as to reach out to families with children with moderate and severe disability;</td>
<td>Finalized in Year 3 (continual activity from Year 1): a) continual engagement of family outreach workers (FOWs) with individual families; b) continual monitoring of 4 service providers by Republic Institute for Social Protection (RISP); c) completion of analytical report on piloting of FOWs by RISP (Serbian and summary in English); d) capacity building of newly employed FOWs</td>
</tr>
<tr>
<td>2.1.2. Monitoring outcomes for families benefiting from these services especially focusing on children with disability and Roma children;</td>
<td>Initiated in Year 2; Finalized in Year 3: a) comparative analysis of base-line and re-test data; b) presentation of preliminary results at the conference in November 2016 in Belgrade; c) compilation of draft report; d) presentation of key findings at the conference in June 2017 in Iceland. Final report on outcomes will be completed until the end of the project.</td>
</tr>
<tr>
<td>2.1.3. Provision of technical support for advancing regulations in the field of family strengthening.</td>
<td>Initiated in Year 2; Finalized in Year 3: a) support to MoLEVSA WG for development of standards for intensive family support services; b) development of Rulebook on intensive family support services and submission to MoLEVSA; c) status/organograms of 3 residential institutions in transformation.</td>
</tr>
<tr>
<td><strong>Result 2.2. Strengthening case management in CSWs so as to ‘move’ planning away from placement into care towards supporting families at risk</strong></td>
<td></td>
</tr>
</tbody>
</table>

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81 ‘Outcomes of Intermittent Foster Care for Children with Developmental Disabilities and Their Families’ part of the research project “Monitoring of Results of Community Services for Vulnerable Families with Children with Disabilities or Children in Conflict with the Law” (2017)

82 Interview with key informant from the Association of Social Protection Professionals

83 UNICEF (2017): Third Progress Report of the Project “Strengthening the justice and social welfare systems to advance the protection of children in Serbia”, Annex II – Activity Tracking Table
### 2.2.1. Develop Guidelines for CSWs for supporting families at risk of separation; hold information sessions on implementing Guidelines; monitoring of implementation of Guidelines and assessment on whether they are managing to: a) increase the quality of support families at risk of separation are getting, and b) reduce the requests for placement in institutional care;

Initiated in Year 2; Finalized in Year 3: a) piloting of the Indicators for assessing the risk of placement of a child in institutional care completed, including printing and its continual distribution to all CSWs; b) remaining 9 trainings for CSWs organized; c) training programme accredited

### 2.2.2. Develop Guidelines for permanency planning for children; train CSWs for application of Guidelines; offer ongoing support to secure application of Guidelines;

Finalized in Year 3 – total of 28 trainings for application of Guidelines for permanency planning realized.

### 2.2.3. Analysis of Roma children in social welfare and social protection in Serbia; development of a practice guide on cultural competences in case management in social services; capacity building for implementing culturally competent social work.

Finalized in Year 3:
- a) Guide on cultural competences developed;
- b) 6 round tables and 10 one-day info sessions for CSWs held;
- c) additional qualitative survey with Roma communities designed and field-survey completed in 4 Roma non-formal settlements.

Final report on the experiences of the most marginalized Roma communities in accessing the social welfare system to be completed until the end of the project.

### Result 2.3. Supporting the down-scaling of two large-scale institutions:

#### 2.3.1. Assessment of existing resources in large-scale institutions for children and provision of recommendations on how they can be used in the transformation process; selection and development of detailed plan for two large-scale institutions to model the transition and down-scaling;

Finalized in Year 3:
- a) analysis of costs of placement of children in residential institutions;
- b) 3 individual transformation plans developed;
- c) national conference on transformation of residential institutions held in June 2017 in Belgrade.

#### 2.3.2. Provision of on-going technical support for implementation of agreed plan.

On-going technical support – continual until the end of the project

### Result 2.4. Enhancing the foster care system to operate in line with the “best interests of the child”:

#### 2.4.1. Strengthen the capacities of regional fostering centres so that their work facilitates implementation of CSW permanency plan;

Finalized – linked to result 2.2 and activities 2.4.2 and 2.4.3

#### 2.4.2. Support the fostering system to implement fostering as “shared parenting” and provide assistance for monitoring the outcomes for families with children with disabilities;

Finalized in Year 3 (continual activity from Year 1):
- a) continued mentoring support to pilot sites;
- b) 5 group mentoring sessions for other CSWs outside pilot regions;
- c) analytical report on piloting of fostering as ‘shared parenting’;
- d) organization of national conference on fostering as support to birth families in April 2017 in Belgrade;
- e) compilation of a draft report on outcomes of the service on families with children with disabilities.

Final report on outcomes of fostering as ‘shared parenting’ on families with children with disabilities to be completed until the end of the project.

#### 2.4.3. Provision of technical assistance and capacity building support so as to ensure that kinship care is always explored as an option in the process of placing a child in care and subsequently supported.

Finalized in Year 2

### Result 2.5. Better use of financial transfers targeting vulnerable families with children with disability:

#### 2.5.1. Provision of technical support to identify challenges to accessing financial transfers that are important for families with children with disability;

Initiated in Year 1 and finalized in Year 2
2.5.2. Organize discussions that include experts and users so as to ensure all challenges are addressed and recommendations made;  
Finalized in Year 2

2.5.3. Provision of clear recommendations on advancing the criteria, decision making and administrative procedures so that children at risk of entry to large-scale institutional care have access to relevant financial transfers.
Initiated in Year 2 and finalized in Year 3:

- a) piloting / testing of Methodology for functional assessment of disability;
- b) finalization of the report on methodology for functional assessment of disability, including recommendations for regulatory changes.

6.3. **Sustainability**

This criterion was concerned with measuring whether the benefits of interventions are likely to continue after donor funding has been withdrawn and it focused on to what extent the results achieved so far are sustainable. The analysis was operationalised based on seven indicators as follows:

1. alignment of the legislative framework towards supporting further development of prevention/family support services and improvements of quality of formal care,
2. integration of new knowledge and skills into regular activities of professionals working with children and families,
3. involvement of stakeholders in the design, implementation and monitoring of the child care reform,
4. likelihood of the national authorities mainstreaming intensive family support into the national social welfare system,
5. likelihood of continuation of efforts for improvement of quality of formal care through transformation of large-scale institutions and establishment of remaining foster care centers,
6. contribution of the project “Strengthening the justice and social welfare system to advance the protection of children in Serbia” to sustainability prospects of new (family outreach worker, intermittent foster care) and improved services and measures (kinship care, case management, cash benefits for families with children), and
7. likelihood of the national authorities endorsing regulations/secure budget to ensure increased access to cash benefits of the most vulnerable families, particularly for families with children with disabilities.

6.3.1. **Alignment of the legislative framework towards supporting further development of prevention/family support services and improvements of quality of formal care**

In 2015, the Ministry (MoLEVSA) initiated amendments to three key laws with significant impact on vulnerable groups of children, including children with disabilities. These include: the Social Welfare Law (SWL), Family Law (FL) and Law on Financial Assistance to Families with Children84 (LFAFC). The SWL and FL are still in the process of amending, while the new draft LFAFC was open for public discussion in March 2016 and it has not yet entered official endorsement procedure.

As regards the FOS standards as well as the Standards for Intensive Family Support - which are wider and are based on FOS and two more family support services that were implemented in Serbia – these were supported through a very participatory process by the two projects covered by this evaluation. These standards include the SOS Children’s Villages family support service and the IDEAS “family bridges” service. However, it should be noted that the services are regulated through clusters of services. As FOS belongs to the cluster of socio-educative and psycho-therapeutic cluster of services it does not have a standard of its own to refer to, as this group of services has still not been standardized. This is despite of the Social Welfare Law stipulating that standards will be developed for each cluster of services and regulated under a separate Rulebook, the Rulebook on standards has left out this cluster of service provision which is, in the experts’ opinion, the most important cluster. The reason was lack of consensus among professionals and practitioners on how these standards should look like. Currently, since within the subset of “intensive family support services” standards have been developed, these can be followed by defining the standards for the wider/bigger cluster of services.

For other community-based services even if standards exist and the system of licensing community based services providers is in place, MoLEVSA is currently working on amendments. The amendments

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are needed in order to allow for intensive family support to be financed from the national level on a consistent basis and not just through the ministries’ annual disbursements that are made year by year with little long term sustainability of service provision. This is an ongoing process generated by budget constraints and for this reason it might last years. A mechanism of earmarked transfers is in place and allows access of LGs to receive transfers for establishment and development of community-based services. It appears that there is an issue of responsibility and accountability on how LGs spend the funds which demonstrates that in spite of the existing instructions or guidelines about how this funds should be spent and how these services could be established the lack of monitoring and reporting systems remains a bottleneck. Municipalities, in cooperation with MoLEVSA, LGs and city secretariats are working on some guidelines. However, certain amendments to the law on social welfare are needed in order to finalize this process so as to ensure the monitoring and reporting system is in place. According to MoLEVSA representatives these amendments will be adopted in the first quarter of 2018.

In terms of a more general policy framework, in 2016 the Government adopted the Employment and Social Reform Program (ESRP) as the key strategic document which is defining key priorities in the sphere of social inclusion. The ESRP primarily covers labour market and employment, human capital and skills, social inclusion and social protection as well as the challenges in the pension system and health care. At the same time the ban on employment in the public sector, which had quite a negative effect on the availability of social services at the local level, is extended for the next two years. This is affecting not only local services but also state run child care services (CSWs, CFCs, residential institutions) which were understaffed even prior to the ban on employment and are struggling with work overload due to the continual increase of social welfare beneficiaries, including increase in the number of children.

The Government has re-established the Council for Child Rights which committed to develop the new National Strategy for Protection of Children from Violence and the National Plan of Action for Children in 2017. The Committee on the Rights of the Child adopted in February 2017 Concluding observations on the Second and Third Periodic Report on the implementation of the Convention on the Rights of the Child in the Republic of Serbia in which it recommends the State party to: urgently reduce placement of children under the age of 3 years in residential care and implement measures to reduce the numbers of children in large-scale institutions for CwD, reform the system of social assistance and establish measures to enable CwD and in need of constant care and assistance to remain with their biological families.

6.3.2. Integration of new knowledge and skills into regular activities of professionals working with children and families

Both projects implemented in the reference period invested in capacity building activities for the social welfare staff working in child care system. The overall perception of the social welfare professionals about the trainings is that at the system level all the professional development activities strongly emphasized on family as a service user and they managed to facilitate inter-sectoral cooperation. Case managers consider that the trainings gave them the opportunity to better answer the needs of the families and to improve communication with FOWs. Also, FOWs recognize that the training helped them to provide better support to the families. Both case managers and FOWs consider that due to the trainings provided through the projects there has been an increasing quality of assessments and decision making of the cases.

The Guidelines for CSWs for supporting families at risk of separation and the training on permanency planning are appreciated by the case managers, but they admit not everything they learned can be implemented in practice because of systemic limits. “I attended permanency planning training and I found it very useful, but there are difficulties on everyday level when the amount of work is so high that we are not able to apply in practice the knowledge we gained. Professional development is very
important, but I believe our limits come not only from the missing knowledge. CSW is overburden with
too much work to be able to sustain quality. We have good bylaws, but not enough resources.”\(^{86}\)

Even in the absence of hard data about how practices changed due to the professional development
activities, it appears that some practices did change as the data at systemic level show an increasing
share of children in kinship care, a flat trend concerning the number of children in formal care, and a
reduction of number of children in residential care. Given the mandate of CSW it may be inferred that
there has been a change in behavior of case managers who make decisions on child care options.

The social welfare professionals from the four main cities provided feedback on culturally competent
practices, the guidelines and the awareness raising activities. While in Belgrade social welfare
professionals consider that they already were behaving according to cultural diversity in Novi Sad
professionals expect continuity in education when it comes to cultural competence and especially
prejudices about Roma. It appears that professionals from Niš did not attend this training, while in
Kragujevac there is still need for better tracking of ethnic minority in social welfare system. "Not enough
time has passed to see results from this training about culturally competent practices. We were not able
to include everybody in the training. We need to work intensively on introducing this practice, which
would be possible during supervision meetings in CSW. In time we will see if the attitudes and views of
case managers will change when it comes to ethnic groups, especially Roma. That is why cultural
competence education, especially when it comes to prejudices about Roma, is needed. A big number
of children in care come from Roma minority. We don’t know if this is because of their ethnicity or
because of their multiple deprivation.”\(^{86}\)

6.3.3. Involvement of stakeholders in the design, implementation and monitoring of the child care
reform

It is widely documented that child care reforms require a multi-stakeholder approach. This is the case in
Serbia too, in the sense that all interventions which were designed and implemented in the reference
period involved working in partnership at both local and national levels, apart from the strategic
partnership between UNICEF and MoLEVSA. For example, in the process of developing the new
methodology for functional assessment of disability, UNICEF organized a wide participation process
which included consultations with professionals from social welfare and health sectors but also with
organizations for persons with disabilities. Particular attention has been paid to ensure coordination with
a process linked to the introduction of a register of children with disabilities within the health system,
with a view to ensuring harmonization of indicators across sectors. Also, UNICEF cooperated with
several NGOs for the implementation of different key activities. The national Association of Professionals
in Social Protection was the partner for strengthening CSWs to support families with children that are at
high risk of placement in institutional care. Monitoring the development of community-based services
and policy analysis for improvement of cash benefits for families and children, especially children with
disabilities, were undertaken in partnership with Center for Social Policy. Monitoring of the family
strengthening services was realized in partnership with RISP, in charge of piloting FOS, and Faculty of
Political Sciences (University of Belgrade), in charge of piloting intermittent foster care. NGO IDEAS
was a key partner in development of the new methodology for functional assessment linked to disability
cash benefits, in supporting development of residential institutions transformation plans and inputs for
regulatory changes.

According to the representative of the Serbian National Federation of Child-Focused NGOs (MODS) its
members were informed by RISP about the developed and implementation of FOS in Belgrade and Niš.
MODS members had the opportunity to become acquainted both with the framework of the service and
to talk directly to beneficiaries. In addition, MODS members were involved in the Ministerial Working
Group in charge of drafting regulations for the intensive support services which are designed to prevent

\(^{85}\) UNICEF (2017): Third Progress Report of the Project “Strengthening the justice and social welfare systems to
advance the protection of children in Serbia”

\(^{86}\) FG social welfare professionals carried out for this evaluation.
family separation. MODS has taken the lead in advocating for investment in family support as well as for social inclusion of children with disability. MODS members and UNICEF’s positions are well aligned and synchronized.

Both family strengthening services which were developed within the reference period have a strong participatory component. In case of FOS, participation of at least one of the adults in planning the work with family and commitment of the family members to the service are crucial for the success of the intervention. The practical experience of CFCs from the four municipalities were this service was piloted showed that for a successful delivery of intermittent foster care service, the involvement of families is also very important because they are the ones who suggest someone from their environment or their community to become intermittent foster carers.

The field experience resulted from monitoring FOS indicated that parents/families can be linked to self-help groups. Starting group work as a part of providing services and forming possible self-help groups was considered as an important way to enhance family support after using the service. The assessment of FOS found that this service is a good bridge to formal sectors (education and health), but there is space for improvement for FOS to become a service which helps families link-in to informal groups and other “social capital” within their community.

6.3.4. Likeliness that the national level authorities will mainstream intensive family strengthening services into the national social welfare system

In parallel to continuous process of licensing of state and non-state services providers in 2016 the Government enforced the earmarked transfers for financing of community based services in underdeveloped municipalities in Serbia (in 2016 - 400 million RSD allocated, in 2017 - 700 million RSD allocated). The Government also announced that the earmarked transfers, envisioned by the SWL will become regular practice in the forthcoming years and should enable further development and sustainability of community based social services. This indicates that the financial sustainability of the intensive family strengthening services will be ensured from central level. It appears this is no longer an issue of funds because of the availability of earmarked transfers, but LGs has not proved accountability when it comes to service provision. This is not a matter of trust in LGs, but rather a matter of their capacity. According to RISP data, in 2016 about 83 LSG reported on expenditures of these funds, out of 293 mil. RSD they received, 232 mil. RSD (80%) were spent for intended services and 17 mil. RSD were returned. The practice was that LGs simply re-directed the funds to CSWs. A small number of LGs returned the earmarked transfers and some of them started the procurement of these services very late. MoLEVSA is undertaking efforts to support LGs and to identify solutions how to prevent this different use of funds, such as to provide the funds after LGs already have the services. Frequent changes of local authorities and CSWs understaffed and with increasing responsibilities are major impediments for the development of the services at the local level. Therefore the plan to have a minimum number of services funded from the national level is reasonable.

The Government has repeatedly confirmed their intention to institutionalize the FOS. This has been reiterated by the Prime Minister (appointed in June 2017) in her Expose and was also confirmed publicly on TV by former Prime Minister (current president). Most recently, the MoLEVSA has confirmed their plans to institutionalize the service through the endorsement of amendments to the Law on Social Welfare.

In the process of ensuring the sustainability of intermittent fostering MoLEVSA came across the problem of advancing administrative procedures linked to financing, i.e. payments can be done based on longer-term contracts and not based on contracts which are signed monthly basis, and to revisit some provisions related to beneficiary participation. This was overcome by MoLEVSA by giving a set of instructions, but currently secondary legislation is drafted to address this issue in a much better way than it is so far.
As concerns the family outreach worker at the level of MoLEVSA this is considered a very important service which proved very good results and it has to be mainstreamed. For the time being this service has been defined within the Working Group for amending the SWL as a social-educational service. However, in the Serbian system the socio-educational services are financed from the budget of LGs and there is a major concern about the sustainability of the service if this is placed in the responsibility of the local level administration. The solution which was found for this service is to be considered regional service and financed by the central budget. This solution was accepted by the Working Group and if FOS enters the legislation in this form it will be sustainable.\(^7\)

6.3.5. Likelihood of continuation of efforts for improvement of quality of formal care through transformation of large-scale institutions and establishment of remaining foster care centers

The original idea for the transformation of institutions was to set-up the centres for children and family and to amend the SWL in order to include in the legal basis for the establishment of these centres. This idea was included in the draft plans for transformation of institutions. The institutions drafted their transformations plans and they planned to allocate a portion of their resources for the centres for children and families. Once the founder of these institutions approves the plans, these transformation plans will be adopted, but for the time being they are at the level of proposals.

In this process, the Working Group for Transformation of Institutions, which was established through the IPA-funded project, recommended MoLEVSA, as a funding entity, to apply a tailored approach and provide support for individual transformation plans for each institution while respecting the characteristics of institution and the community where the institution is placed and the potential of its employees. The representatives institutions appear to favour this approach because they consider this is how their role in the process is respected and they can actively participate in the decision making process which was not often the case in other reforms. During the last meeting of the Working Group a decision was adopted to create formal and legal provisions to integrate in the SWL the new organizational model of services to be provided by the centers children and family and in the bylaws to define the basis for these further transformations. However, at MoLEVSA level an analysis is being done considering whether it would be easier in terms of implementation to adopt these separate plans or come to one plan for all institutions.

In June this year, during a national conference on the transformation of residential institutions for children and the role of CSOs in providing support to families MoLEVSA announced its commitment to the further transformation of children’s homes into centres for children and families and the development of a master plan to be adopted by the Government of Serbia.

6.3.6. Contribution of the project “Strengthening the justice and social welfare systems to advance the protection of children in Serbia” to sustainability prospects of new and improved services and measures

It has been reported that the project’s sustainability strategy was widely recognized by project partners at national and local levels.\(^8\) At the policy level, sustainability is ensured with the project’s focus on priorities identified by MoLEVSA in the Employment and Social Reform Programme Priorities for further changes and measures in the spheres of social and child protection and pensions system such as: 1/ increase the coverage and improve the adequacy of cash benefits, increase support to (biological) families at risk, 2/ continue the de-institutionalisation process and develop non-institutional community-based services, 3/ build and strengthen mechanisms and capacities for non-material support to biological families at risk, 4/ improve the long-term care system, 5/ improve service quality, strengthen oversight and regulatory mechanisms, monitoring and evaluation, and 6/ improve other rights under pension and disability insurance.\(^9\)

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\(^7\) Interviews with national authorities’ experts carried for this evaluation.

\(^8\) ROM Report 17.05.2016

\(^9\) Government of the Republic of Serbia: Employment and Social Reform Programme (May 2016)
All the interventions introduced by the project (services piloted, amendments to the laws, capacity building activities) were designed to be mainstreamed into the system and to be financially supported. Next year a new social protection strategy will be issued. In view of this new strategy the social welfare law will be revised, also a key bylaw for CSWs and their standards. The main bottlenecks mentioned by most of the stakeholders refer to quite often changes of the decision makers which prevent continuity of the reforms, as well as to the insufficient organization and collaboration among sectors. In spite of the delays in adopting the necessary decisions to ensure the continuation of the project’s measures, the prevailing opinion of the stakeholders is that these will be mainstreamed in the system because there is a wide consensus around the proposed solutions. "Our problem at the national level is frequent changes at the top, but we do not change the course, we just slow down." The frequent elections have been a challenge in terms of securing sustainability and institutionalizing good practices. UNICEF and the EU have played a key role in providing continuity in the child care reform system at a time of dynamic political changes.

As concerning the changes in financial flows and budget influencing the future of formal care the only negative tendency at the moment is the reduction of the number of staff in the social welfare system. For the community based services there has been support from MoLEVSA through call of proposals from earmarked transfers, but the results of the process seem not to be very much appreciated at the level of MoLEVSA due to the lack of municipalities’ capacity to ensure effective spending of the funds. The freeze in public employment, which has been introduced in collaboration with the IMF to cut public spending, has led to a significant drop in the number of professional staff (case managers). Namely, retired staff can only be replaced with special permits from the central level that are approved only in unusual circumstances. According to data from the RISP a comparison between 2012 and 2016 would indicate a 26 reduction of permanently employed professional staff. In some circumstances, staff on temporary contracts are brought in and it these staff are counted the reduction is much smaller. Nevertheless, relying so heavily on temporary staff impacts on quality as well as the already high stress levels in this job.

6.3.7. Likelihood that the national authorities to endorse regulations/secure budget to ensure increased access to cash benefits of the most vulnerable families, particularly for families with children with disabilities

The new methodology for functional assessment of disability, which was piloted with 268 children with disabilities and is fully based on the ICF-CY (International Classification of Functioning, Disability and Health – version for children and youth), is ready for submission to MoLEVSA. According to UNICEF, the functional assessment has been piloted but application depends on regulatory changes in the Social Welfare Law. However, it appears that changing the rulebooks in the health sector is not an easy process due to the resistance of the health system, which may generate delays not budget-related, but related to mentalities and lack of cross-sectoral cooperation.

The field evidence is pointing to the fact that the draft law of financial assistance for families with children will be adopted soon by the current Government. According to MoLEVSA, this Government committed themselves to adopt the law by the end of this year. It has reached the phase when different ministries are giving their official opinions on the papers and this is the very last stage before the draft law is going to be sent to the Parliament. “I don’t think there should be an issue in the implementation of this child allowance. It is just the process of adopting the law which takes a lot of time and there are no issues with the disability allowance either. There are not so many children who will benefit, in 2012 the

90 Interview with staff at the central level carried out for this evaluation.
91 Interview with UNICEF staff carried out for this evaluation.
92 UNICEF (2017): Third Progress Report of the Project “Strengthening the justice and social welfare systems to advance the protection of children in Serbia”
93 Interview with UNICEF staff carried out for this evaluation.
attendance allowance was used by 6,465 children up to 18 y.o. and this does not represent a burden for the national budget, and neither is the child allowance.\textsuperscript{34}

Child allowance will be easily accessible for poor families receiving social financial assistance. The new law reduces the administrative procedures. The poor families will automatically get the child allowance they will not have to apply additionally which means they do not have to go through lengthy or complicated procedures. “During the process of revision of the law some changes were introduced which are meant to protect more the poor children. Now what is left is only for the law to be adopted and implemented. Of course there are still some political issues related with the technical side of the law. For example, regarding maternity leave, in the current version of the law there are people who may remain uncovered, while the with the new law everyone will be covered, which is very good but it will be a technical challenge for the government. There are a lot of administrative changes, to implement a new software etc.”\textsuperscript{35}

6.4. Impact

This criterion addressed the changes produced by the interventions, specifically focusing on to what extent has the shift in the child care reform towards supporting birth families and preventing family separation impacted the most vulnerable families and children. The indicators were the followings: 1/ contribution of interventions to changing the number of children in residential institutions, the number of children in specialized large-scale institutions and the total number of children in formal care, 2/ the effects of the family strengthening services (family outreach worker and intermittent foster care) in terms of benefits for children and families participating in them, 3/ the contribution of the project “Strengthening the justice and social welfare systems to advance the protection of children in Serbia” to impacts of the shift in the child care reform towards preventing family separation and supporting the most vulnerable families with children, and 4/ observed changes brought by the interventions in the beneficiaries’ lives.

6.4.1. Contribution of interventions to changing the number of children in residential institutions, the number of children in specialized large-scale institutions and the total number of children in formal care

Capturing the impact of changes brought by the interventions has proved to be challenging not because they are not detectable at the field level or in the available data, but because they are difficult to measure accurately and to attribute them directly to the interventions implemented. For example, in case of the number and rate of children in residential care (Figures 2 and 3) the data show a decline (from 916 children 0-17 y.o. at the end of 2013 to 742 children 0-17 y.o. at the end of 2016) which is not characteristic only to the evaluation reference period and the interventions assessed, but it has been acknowledged in the country for the last 10-14 years.\textsuperscript{36} The interventions were designed to address the decrease of the number of children in residential care by focusing on the root causes of placement of children in residential care i.e. on strengthening the biological families. UNICEF has consistently been advocating for a childcare system that does not rely on institutional care and kept the topic on the public agenda. All activities have included representatives of the MoLEVSA (specifically from the Department which approves placement in residential care). More than five years ago MoLEVSA introduced gatekeeping mechanism which demonstrated that these efforts has influenced this continued reduction. From that perspective, as the indicated by the Figure 3, the rates of children in residential care were constantly declining over the reference period for age groups 3-6 y.o. and 7-17 y.o., while for the age group 0-2 y.o. the trend was very slightly increasing from 2015 to 2016.

\textsuperscript{94} Interview with staff of the “Centre for Social Policy” carried out for this evaluation.

\textsuperscript{95} Ibid.

\textsuperscript{96} Inception Report of the project ‘Strengthening the justice and social welfare systems to advance the protection of children in Serbia’
From gender perspective, the rate for both girls and boys had a declining trend, slightly higher for boys who use to be more represented in the residential care than girls, which indicates a slight reduction in the equity gap (39% girls and 61% boys in 2013 compared with 39.7% girls and 60.3% boys in 2016). The gender focus of the intervention was less obvious, therefore this effect could rather be attributable to other external factors than to the interventions as such.

The available data (Figure 4) shows that at the national level there is both an increase of the number of CwD in residential care (from 536 children at the end of 2013 to 594 at the end of 2016) and an increase of the share of CwD in the total number of children in residential care over the reference period from 58.5% at the end of 2013 to 80.1% at the end of 2016. According to RISP data, the total number of CwD in all large-scale institutions decreased from 577 in 2012 to 416 in 2016. The dynamic of this data need to be looked as the result of an increasing focus on approaching the poor quality of care in large scale institutions for CwD and the need to move from large scale institutional care to small group homes. It is considered that further pressing to reduction on the number of children in residential care does not represent a purpose in itself. Nevertheless, having no CwD in residential care requires that every community to have a full range of community based services and foster parents close to hospitals. This indicates a shift in approaching further development of the national childcare towards a reduction of numbers of children in residential (but not institutional) care as a result of an increase of quality of residential care.

97 These figures cover also children with mild disability that are in regular children’s homes with other children and those in small group homes.
Figure 3 - Rate of children in residential care per 100000 children, disaggregated by gender and age (2013 – 2016)

Between 2013 and 2015 the share of CwD in the total number of children in foster care nearly doubled from 11.6% at the end of 2013 to 21.2% at the end of 2015 but it slightly decreased at 20% at the end of 2016. Professionals working in the social welfare system with families having CwD are pointing out to the need of further development of the services for these families in order to better address the needs remained uncovered. “Intermittent foster care is established only in Novi Sad where the situation is the best, but in small communities it has not been developed and the idea was to develop this service where it is needed the most, which is the case in small communities.” Intermittent foster care contribute to helping family to take care about their children, but this service is not enough to help CwD. We also have day care for CwD, but these are not available everywhere and then it is not enough to support families who have CwD. The cost of services is still a problem and it is a serious burden for the family resources.

Another impact-related aspect refers to the outflow of children from residential care in the reference period. TM/RISP data in the reference period indicate an increase of percentage of children returned to biological families from 17.2% in 2013 to 23.2% in 2015 with a slight decrease to 21.8% in 2016 (Figure 5). It is difficult to infer what was the interventions’ contribution to this progress. However, UNICEF created a climate in which return to biological family must be considered. Overall, the multiplicity of trainings and participatory processes provided are focused on how to prevent the placement of children in institutional care and how to assist return to the family. For example, one of the FOS’ objectives was to support children’s return to biological families and there is field evidence that this service had some effects in this regard in the cities where the service was implemented. Also, the development of permanacy planning is fostering the return to the family.

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98 Data from TransMONEE data base for 2013-2015 and from RISP for 2016
99 Focus group with social welfare professionals carried out for this evaluation.
100 Focus group with social welfare professionals carried out for this evaluation.
101 Interviews with social welfare professionals carried out for this evaluation.
The same set of data shows that about a quarter of the children who left residential care in the period 2013-2016 were transferred to another institution. It is not clear what was the path followed by these children, i.e. in what type of institution they were moved and for what reasons. Nevertheless, moving children from one form of care to another is considered highly stressful for children, it has to be carefully prepared and very well justified. More data in that sense would increase the quality of child care reform monitoring in the best interest of the child in the coming years.

A study addressing de-institutionalization and transformation of institutions in the country is mentioning that at the end of 2013 only 3% of the children in institutions were accommodated in small scale facilities for 12 or less beneficiaries. This would be an indication that overall, in the country there was a modest progress towards a shift from residential care in large scale institutions to the care in family-type homes. There has been a shift in commitment from professional staff at national level, but this did not prove a robust impact. Prior to the reference period UNICEF supported MoLEVSA to develop five small group homes for CwD, but more recently no further progress has been made. This situation was confirmed by some professionals who informed this evaluation: “We need to develop smaller scale facilities. So far this is was not addressed sufficiently by the social welfare reform for children in our country”.

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103 Downsizing large scale institutions for children with disability in Serbia, Miroslav Brkic (2015)
104 Interviews with social welfare professionals carried out for this evaluation.
As per TM/RISP data the number of children in formal care increased from 2013 to 2015, while from 2015 to 2016 there has been a decreasing trend (Figure 6). This dynamic is the result of the fact that UNICEF managed to put this issue on the agenda.

Figure 5 - Distribution of children who left public residential care during the year, by reason (2013 - 2016)


Figure 6 - Number of children in formal care at the end of the year (2013 - 2016)

The efforts to “stop the trend of increase of number of children in formal care” is proving to have impact since there was no other actor to raise this as a problem in the country apart from UNICEF. Also, it should be noted that the share of children in foster care of all children in formal care increased from 84.9% at the end of 2013 to 87.8% at the end of 2016 (Figure 7).

The share of CwD in formal care had a notable increase between 2013 and 2014 possibly due to the fact that the system started counting mild disability as disability, followed by a moderate decrease at the end of 2015 and a slight decrease at the end of 2016 (Figure 8). The variation in the second half of the reference period probably was a cumulated effect of launching the project ‘Stopping placement of children under 3 in institutional care and developing services for families at risk’ in the reference period with the interventions prior to 2013 which also targeted CwD and their families. These interventions raised the awareness of the social welfare professionals on the importance of foster care for CwD since in between 2013 and 2014 as per TM data the number of CwD in foster care nearly doubled in the country (from 595 children in foster care at the end of 2013 to 1,028 at the end of 2014). The next variations of the share of CwD in the total number of children in formal care appear to follow the path of implementation of the interventions within the reference period, in the sense that effects of piloting the services addressing CwD and their families began to be more observable and measurable in 2016, even though efforts were made in the previous year too.

Figure 7 - Number of children in formal care at the end of the year, by type of placement (2013 - 2016)

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105 Camelia Gheorghe and Ozren Runic under UNICEF auspices: Final evaluation of the Project ‘Developing Community-based Services for Children with Disabilities and Their Families’ (2013)
106 Even though the project implemented prior to 2013 aimed the development of community-based services, the above mentioned final evaluation report emphasizes on the impact of the project on CwD in foster care.
It appears that in the reference period the younger children were less represented in formal care. The share of children 0-2 y.o. and 3-6 y.o. in formal care at the end of the year decreased from 7.1%, respectively 11.3% in 2013 to 6.3% and 9.6% in 2016 (Figure 9).

Figure 9 - Distribution of children 0-17 years old in formal care at the end of the year, by age (2013 - 2016)

The project funded by Novak Djokovic Foundation specifically targeted children under 3 y.o. and the case managers from CSWs indicated a specific focus on younger children: “We were recommended to
concentrate more on younger children, meaning if we have a higher number of requests to give priority on this target group.”

Also, according to an assessment of piloting FOS out of the 936 children covered by the study about a quarter (25.4%) were younger than 5 years old. The family outreach workers reported several benefits families with younger children had from this service such as facilitating access to babysitting services, improving parental skills, early intervention/referral to health services etc. Therefore, even in the absence of an accurate measurement, this is still strong evidence that the two projects have contributed to the reduction of placement of younger children in formal care.

6.4.2. Effects of the family strengthening services (family outreach worker and intermittent foster care) in terms of benefits for children and families participating in them

There are different perspectives on the benefits of family strengthening services for families and children, but in general there is a high appreciation of these services both from the end users’ perspective and from the stakeholders involved in planning, implementation and monitoring.

The assessment study of piloting FOS concluded that the service contributes to better parenting and care of the children in the families that benefited from the service due to the improvement of family relations, advancement of parenting skills, enhancement of the status of both child and adult members and improvement of living circumstances. According to the evidence provided by this study the service achieved its purpose: to promote capacities of families to provide child’s safety, reduce neglect and violence against a child in the family, to provide conditions for the good quality development of the child in the family environment. Progress was achieved in 80% of the beneficiary families, in 36% of families progress was assessed as partial, in 25% families there was slight progress, and full progress was achieved in approximately 19% of the families.

Another study carried out by the Research Center for Social Work and Social Policy of the Faculty of Political Sciences (University of Belgrade) indicates that the intervention was 1/ specific and adapted to the family’s needs and situation, 2/ agreed with the family in setting goals and realizing activities which led to better results, 3/ comprehensive in the sense that it addressed various aspects of life of the family and the difficulties related to parenting CwD (parental knowledge and skills) encouraging the development and treatment of CwD etc., 4/ based on collaborative relationships where commitment, honesty, professionalism, assertiveness, perseverance and optimism of FOW reinforced family members, and 5/ child-centered and focused on the family, which supported the development of CwD in a family environment and community.

As far as children are concerned in all areas FOWs intervened positive changes have been achieved after the service was completed. Thus, in the field of education (where progress was observed in 86.9% of children) the progress was not measured only by better school results, but also based on regularity of school attendance, improvement of behavior in school with peers and/or teachers and whether the child or the young person gets involved in extracurricular activities. Moreover, changes referred to a shift in parents’ views regarding the school attendance or the behavior of parents in their cooperation with the school, which contributed to the optimization of children’s achievements in school, both in relation to education and in relation to other aspects (socialization and behavior). In addition, FOWs worked with children to encourage them to take personal responsibility in accordance with their age.

107 Group interview with case managers carried out for this evaluation.
108 RISP (2017): ‘Piloting the Family Outreach Service and Evaluation of Service Provision Outcomes’
109 Group interview with family outreach workers carried out for this evaluation.
110 Interviews and focus groups carried out for this evaluation.
111 RISP (2017): ‘Piloting the Family Outreach Service and Evaluation of Service Provision Outcomes’
112 ‘Outcomes of Family Outreach Service for Children with Developmental Disabilities and Their Families’ part of the research project ‘Monitoring of Results of Community Services for Vulnerable Families with Children with Disabilities or Children in Conflict with the Law’ (2017)
113 RISP (2017): ‘Piloting the Family Outreach Service and Evaluation of Service Provision Outcomes’
In relation to the child’s health, a high level of progress (with 85.8% of children) was also achieved. FOWs supported the family to obtain the necessary health documentation for children’s care, enrollment of children for regular health screening and meeting the health needs of the child, thus reducing or preventing neglect of children’s health care. There were cases when the FOW motivated the family to involve the child in psychiatric treatment. In addition to motivating parents and children, the FOW also established continuous cooperation and timely exchange of information with the child’s psychiatrist. When it comes to health issues (especially developmental related), more progress has been made in working with families with younger children, because with adolescents it is more difficult to tackle the personal resistance of the child.114

When it comes to CwD, the FOS was directed primarily to identify children’s difficulties in the family, school, community and to provide optimal treatment conditions, so that children can achieve their optimum within the limits of their difficulty sets. Progress was reported in 2/3 of the beneficiary families.115

In the functioning of the adults notable progress was achieved in changing parents’ perception of the situation in which they find their families and children. The Family Outreach Service proved to be of a significant support for the families where violence occurred, with parents with mental difficulties and psychoactive substances addicts. A lot of work has been done on adults’ emotions and behavior, and the biggest progress was achieved in building the social adaptability skills and in the improvement of the relationship towards oneself. Also, the FOWs intervened in the area of relationships among family members. The most significant aspect of relationship is the parent – child relationship.116

The Family Outreach Worker worked with parents to improve their life skills such as how to provide adequate child nutrition, hygiene of the house, manage the family budget effectively. All this contributed to the reduction of neglect and increased child’s safety in the family. Parents significantly increased their self-esteem, and family members improved their life skills and demonstrate positive attitude towards life; families became capable to cope with the stress caused by financial difficulties; the relation between the family and other services improved – families have learned how to use other services for assistance.117

Living circumstances, related either to housing, income or provision of documents, were forms of practical support crucial for the success of FOS. Although support in the provision of the documents is often a very complicated process this was a highly successful activity (in 90% of situations there has been progress, or at least partial progress). During the piloting stage, the service had the possibility to provide material support to the families directly, in commodities/services, rarely in cash. Well applied material support initiates change which becomes visible as a broader change in the behavior of the family. The availability of discretionary financial fund was often considered a basis for FOS to take significant action for raising donations in order to improve families’ life situation.118

The assessment looked at the limitations of FOS and found out that in half of the families where the work was suspended, termination of service was initiated by the provider, while in a third of the cases the families refused the service, and the remaining were cases of technical circumstances for suspension (such as moving of the family). The number of families for whom the service was suspended was much lower in 2015, than at the beginning of the service provision in 2013. This was the result of upgrading criteria for referral to the service while FOWs improved their skills and knowledge.119

The assessment of FOS indicated that the combination of extreme poverty and serious lack of motivation was present in a significant number of families who did not make any progress and for that

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114 RISP (2017): ‘Piloting the Family Outreach Service and Evaluation of Service Provision Outcomes’
115 Ibid.
116 Ibid.
117 Ibid.
118 Ibid.
119 Ibid.
reason the service was suspended. In about 22% of these families one or more children have already been separated before the service was provided. The case managers often indicate that the FOS was “the last resort” for some families, while for others FOWs could not do more than confirming the CSW’s decision to remove the child from the family.\textsuperscript{120}

The filed data indicates that families with moderate risk had bigger gain from FOS. The multiple-problem families do not get enough help only from this service because the duration of service is too short while their problems cannot be solved only in 6-10 months. These families need either a package of services, or a longer duration of this service.\textsuperscript{121}

The effects of \textit{intermittent foster care service} on families and children were assessed by the Research Center for Social Work and Social Policy of the Faculty of Political Sciences (University of Belgrade)\textsuperscript{122}. According to this study parents feel more relaxed and free, they ask for assistance with less discomfort and they have more time for themselves. This service contributed to increasing inclusion of both children and parents into the community. \textit{The intermittent foster parents}, except for the modest and insufficient financial support (according to the parents), have gained new knowledge enabling them to improve their skills and some parents consider they gained higher visibility in their community.

The effects of service on children are assessed by both parents and case managers as very favourable because the children acquired new experiences outside family, they developed network of contacts in the expanded the family and in community, they spend more time with creative activities and learning new skills, they are happy and enjoy new experiences, and they are more independent and less reliant upon their biological parents.\textsuperscript{123}

At the \textit{community} level, new partnerships were established during piloting of the service (with inter-sectoral commissions, schools, community associations etc.) are valuable resources for further work on social inclusion. Professional social workers of CSWs, CFCs and other social protection institutions participating in piloting of this service had great opportunity to reconsider and improve their own practices, to develop collaborative relations and cooperation with parents.\textsuperscript{124}

Overall, according to the staff of CFCs where the service was piloted there were several positive effects resulting from the implementation of this service: 1/ the biological families were able to share some of their concerns related to their CwD with other family and in that manner to save their resources and not to be exhausted, 2/ it enabled the children’s ability to interact with other people, 3/ for the first time a third party was include in the family circle - so far families with CwD were relying only on doctors and the whole situation was approached only from the perspective of health care while psychological problems were completely ignored, and 4/ training was delivered to families, thus improving competences of everyone taking care of children.\textsuperscript{125}

6.4.3. Contribution of the project “Strengthening the justice and social welfare systems to advance the protection of children in Serbia” to impacts of the shift in the child care reform towards preventing family separation and supporting the most vulnerable families with children

As presented in the previous two sub-sections related to impact the project interventions, especially through the development of family strengthening services, the project had a major contribution to preventing family separation for the cases of most vulnerable families and children targeted by this

\textsuperscript{120} RISP (2017): ‘Piloting the Family Outreach Service and Evaluation of Service Provision Outcomes’
\textsuperscript{121} Interview manager child protection unit CSW carried out for this evaluation.
\textsuperscript{122} ‘Outcomes of Intermittent Foster Care Service for Children with Developmental Disabilities and Their Families’ part of the research project “Monitoring of Results of Community Services for Vulnerable Families with Children with Disabilities or Children in Conflict with the Law” (2017)
\textsuperscript{123} ‘Outcomes of Intermittent Foster Care Service for Children with Developmental Disabilities and Their Families’ part of the research project “Monitoring of Results of Community Services for Vulnerable Families with Children with Disabilities or Children in Conflict with the Law” (2017)
\textsuperscript{124} Ibid.
\textsuperscript{125} Focus group social welfare professionals carried out for this evaluation.
project. Assessing project’s impact at the level of shift in the child care reform towards prevention is challenging because there were no specific indicators defined to measure changes in prevention at the beginning of the project and at the end of it, and also because imputing causality on whatever changes related to prevention to the project would be simplistic and would overlook the complexity of prevention. Furthermore, the project implemented interventions with a high potential of impact at the systemic level which for reasons of delayed sustainability are not yet in place in order to begin to demonstrate impact.

However, the distribution of children left without parental care during the year by age over the last four years (Figure 10) shows that babies and small children were less represented at the end of the reference period. As already explained, there is field evidence that in the referral practice of CSWs to the family strengthening services priority was given to younger children which appears to have had a certain contribution to prevention.

**Figure 10 - Distribution of children left without parental care during the year, by age (2013-2016)**

The project also addressed strengthening kinship care by providing technical assistance for developing ‘Guidance for Kinship Care’ which has been published and widely distributed through 14 one-day informative sessions reaching 77% of CSWs. The TM/RISP data shows that between 2013 and 2016 the percentage of children left without parental care placed in kinship care increase substantially from 18.3% in 2013 to 59.4% in 2016 (Figure 11). The field evidence pointed out to the project’s contribution to this trend. The data clearly show a shift from placement of children in residential care towards placement in family-based care, but this is not an indicator for increase of preventing separation. In terms of the most vulnerable children, it is not clear how many of the children placed in kinship care were for example CwD, so it is difficult to infer how this vulnerable group benefited from this change.

The study on the effects of intermittent foster care service on families and children concluded that this service had positive outcomes for both parents (especially with respect to burnout prevention) and

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126 UNICEF (2017): Third Progress Report of the Project “Strengthening the justice and social welfare systems to advance the protection of children in Serbia”

127 Group interview with CSWs’ staff carried out for this evaluation.

128 Research Center for Social Work and Social Policy of the Faculty of Political Sciences (University of Belgrade (2017): ‘Outcomes of Intermittent Foster Care Service for Children with Developmental Disabilities and Their Families’ part of the research project “Monitoring of Results of Community Services for Vulnerable Families with Children with Disabilities or Children in Conflict with the Law”
children. The practical experience shared by the staff of CFC who informed this evaluation is also pointing out to the importance of intermittent foster care for preventing separation of CwD from their families. “I used to work in a CSW. Unfortunately I was in the position to to take decision of placing CwD in institutions. These children were having parents and I am aware of parents’ reason for doing this. They were simply exhausted and did not have the capacity anymore to take care the child and there were no support services provided for them. Providing care for the child became a huge challenge for them. They had no choice but to institutionalize the child. By developing services, outside institution new possibilities are opened up for reducing the burden on biological families. Now they manage to take care of the children, preventing their decision or delaying their decision to remove the child because they are no longer alone.”

Figure 11 - Distribution of children left without parental care placed into care, during the year, by type of placement (2013-2016)

As for the contribution of FOS to prevention of separation of the most vulnerable children from their families, the assessment carried out by RISP\textsuperscript{130} found out that within the population of 366 families involved in the service until January 2016, in 13 families the separation of children occurred (3.3% of families). Out of 936 children in these families, 22 children were separated (2.4% of the total number of children involved in this service). According to the type of family, half of the families that were the service beneficiaries are single-parent families, who are considered extremely vulnerable in Serbia if combined with other forms of vulnerability, such as having a child with disability. From the point of view of the source of family income mainly, in 59.1% of the families this is consisted of financial social welfare assistance and child allowance (in 39.9% families). Roma families accounted for 37% of the sample which indicates that this service managed to reach out to Roma families. About 88.9% of Roma families involved in the service are the beneficiaries of the financial social welfare assistance. The data confirmed the high socio-economic deprivation of families, which increased their vulnerability and hindered the ability of parents to provide a safe and stimulating environment for the development of the child in the family. Four dimensions were defined for operationalizing the difficulties and problems, strengths and potentials of families: living conditions, child characteristics, adult characteristics and relationship features (parent–child relations, partnership, relationship with extended family and the community). This

\textsuperscript{129} Group interview with staff of CFC carried out for this evaluation.
\textsuperscript{130} RISP (2017): ‘Piloting the Family Outreach Service and Evaluation of Service Provision Outcomes’
demonstrates that the service was provided to families who were both burdened with multiple and complex difficulties, or that had many unmet needs significantly affecting the parenting function and indicating the risk factors for abusive or negligible parenting.

6.4.4. Interventions with the most prominent impact on birth families and their children

All the interventions implemented over the reference period were designed to strengthen biological families and their children, and their effect was meant to be synergetic. For this reason concluding one intervention’s impact as being more prominent compared with another intervention’s impact appears not to be useful. However, the analysis of each intervention’s achievements based on few elements such as 1/ the number of end users (families and children) addressed, 2/ the territorial/geographic coverage (local or national), 3/ potential for dissemination/multiplication and 4/ observable effects may provide certain indication on each intervention’s potential to bring the expected changes in families and children’s lives. The Table 6 presents an estimation of each intervention’s potential to generate impact on biological families and their children inferred by the author from the interventions’ reports and subjective opinions expressed by stakeholders during the interviews and focus groups carried out for this evaluation.

Piloting FOS and its achievements appears to have been subject to substantial attention on behalf of the social welfare system addressing child care. According to the most recent UNICEF report available for this evaluation, this intervention reached 760 families and 1.639 children. This service has been piloted in four cities (Belgrade, Kragujevac, Nis and Novi Sad). It is reported that this service is subject to ‘regionalization’ (i.e. provision outside the municipality where the service is located) and it already demonstrated direct/measurable effects on the end users. For this reason this intervention might be considered as having a high potential to generate impact on families and children.

Strengthening case management in CSWs to move planning from placement into care towards supporting families at risk even though it was not planned to address end users (i.e. families and children) the training activities reached 1,030 case managers and other CSW professional staff from different regions of the country, not just from the four municipalities targeted by the family strengthening services. Also, the other technical assistance activities addressed the capacity of CSWs from all over the country. This intervention has a high potential for dissemination due to the fact that the tools that were developed are currently distributed for the use of all CSWs. It is reported that the intervention has observable effects on the end users since it enabled referral to the FOS.

Supporting the downscaling of two large-scale institutions included a set of technical assistance activities aiming at the reduction of the total number of children in residential care with particular focus on CwD. This intervention had important effects on the end users in the sense that the target set for the reduction of the total number of children in residential care was reported as being met, while the target for the reduction of number of CwD in large-scale children’s homes was only partially met. The potential for generating impact of this intervention is rather medium because of the delays in adoption by the Government of the master plan for the transformation of children’s homes into centers for children and families.

Enhancing the foster-care system to operate in line with the ‘best interest of the child’ included piloting of ‘intermittent fostering’ (i.e. fostering as shared parenting) and strengthening kinship care. The number of families and children that have had access to the service was low (about 40 families) due to administrative barriers and limited capacity of CSWs, but it proved good effects on families and children and it has medium potential for dissemination because CFCs do not cover the whole country.

The intervention aiming at better use of financial transfers targeting CwD supported the development of a methodology for functional assessment of disability as a basis for access to disability allowance. This

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131 UNICEF (2017): Third Progress Report of the Project “Strengthening the justice and social welfare systems to advance the protection of children in Serbia”
instrument was piloted with 268 CwD and was submitted to MoLEVSA. It has a high potential for multiplication because once adopted by the Government potentially it will have effects for all CwD and their families.

Table 6 – Estimation of interventions’ potential for generating impact

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Number of end users</th>
<th>Territorial coverage</th>
<th>Potential for dissemination/multiplication</th>
<th>Observable effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthening birth families and preventing family separation (piloting FOS)</td>
<td>High</td>
<td>Regional</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Strenthening case management in CSWs to move planning from placement into care towards supporting families at risk</td>
<td>Not addressing end users</td>
<td>National</td>
<td>High</td>
<td>Yes</td>
</tr>
<tr>
<td>Supporting the downscaling of two large-scale institutions</td>
<td>Low</td>
<td>Regional</td>
<td>Medium</td>
<td>Yes</td>
</tr>
<tr>
<td>Enhancing the foster-care system to operate in line with the ‘best interest of the child’</td>
<td>Low</td>
<td>Local</td>
<td>Medium</td>
<td>Yes</td>
</tr>
<tr>
<td>Better use of financial transfers targeting CwD</td>
<td>Medium</td>
<td>Local</td>
<td>High</td>
<td>Yes</td>
</tr>
</tbody>
</table>

The assessment of the impact of each intervention in isolation maybe less informative from the point of view of overall impact, but their dynamic is what matters for longer term effect of the reform. Therefore, it is more important to mention that UNICEF interventions have managed to put at the forefront a child care and social work system that prioritizes family support and family strengthening where ever possible, and when this is not appropriate the system provides family based care.

6.5. Efficiency

In this evaluation efficiency was addressed from the perspective of to what extent did the management of interventions ensure timelines and efficient utilization of resources and the assessment was based on two indicators: 1/ the use of available resources invested in a strategic and cost-effective manner and 2/ the use of resources well-coordinated in order to encourage synergy and avoid overlaps.

6.5.1. Use of available resources invested in a strategic and cost-effective manner

According to the overall budgets of the two projects, in the reference period UNICEF leveraged 1,980,000 EUR from donors (EU-IPA and Novak Djokovic Foundation) and contributed with 215,000 EUR. It should be noted that cost-efficiency may be not just about the financial resources, but also about human resources and the time invested by the staff. Compared with an average of 36% of human resources costs\(^{132}\) from the total child protection programme cost in some countries in the region\(^{133}\), for example in case of the project funded by Novak Djokovic Foundation the so-called “programme support funds” including management, administrative and fundraising plus “indirect support costs” represented about 16% which demonstrates a very good level of efficiency.

As per the EU Results Oriented Monitoring (ROM) mission report the IPA-funded project budget was sufficient for delivering all project outputs to date. The resources were made available when needed and the budget structure presented the planned costs for each activity. Allocations were properly channelled.

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\(^{132}\) I.e. Including human resources that contributed directly and indirectly to the programme

\(^{133}\) UNICEF (2015): ‘Multi-country Evaluation of Results Achieved Through Child Care System Reform 2005-2012’
According to the financial plan activities were implemented and the budget was spent accordingly. In terms of efficiency in engaging donors’ funds, UNICEF had almost 100% rate of disbursement which indicates a high level of efficiency and capacity to use resources in accordance with the planned grant application.

UNICEF engaged financial resources based on clearly established internal regulations and by carefully observing donors’ requirements. The allocation of funds was done for example for consultancy services by using a competitive approach which includes publishing RFPs and ToRs and selecting the best offers taking into account both the technical merit and the price. For fees’ levels of the individual consultants engaged there is an internal range of fees that is applied in relation to the level of experience and education of the candidate. For travelling costs there are standards established by UN DSA and by the rule of using flights at economy class etc. All these are pre-conditions for ensuring the selection of the best mode of resource allocation.

In case of budget savings, funds were reallocated for activities identified in accordance with the needs of the beneficiaries and also, with donors’ approval. For example, the IPA-funded Project Steering Committee approved in March 2017 a request for project’s non-cost extension (from 36 to 41 months). This was requested following the savings made on a number of budget lines that enabled an extension of the piloting FOS for an additional three months.

6.5.2. Use of resources well-coordinated in order to encourage synergy and avoid overlaps

UNICEF staff members were responsible to ensure systematic monitoring, information collection and analysis of progress and achievement of the planned results for both projects. The Child Protection section in the UNICEF Country Office was responsible for management, coordination, monitoring and reporting of activities, in close consultation with the national partners.

Monitoring activities included: regular field visits, meetings with public authorities, academia and implementing NGOs, attending the training workshops and other project activities, and annual reviews with key stakeholders. The quality of UNICEF management of activities related to both programme components was highly appreciated by donor and partners134.

For the IPA-funded project a Project Steering Committee135 was established in the Inception phase. The key stakeholders represented in this Committee were followings: Ministry of Justice of the Republic of Serbia, Ministry of Labour, Employment, Veteran and Social Affairs of the Republic of Serbia, Delegation of the EU to the Republic of Serbia, UNICEF Serbia, Republic Public Prosecution Office, Supreme Court of Cassation and Judicial Academy. As per the project Inception Report, the main functions of the Project Steering Committee were the followings:

- to oversee implementation of the project and ensure that it takes place in line with plans;
- to provide guidance on all strategic as well as operational actions;
- to support the implementation of the project through acknowledgement of the major project initiatives, results and documents providing recommendations when required;
- to comment and discuss the reports on the project prepared by UNICEF;
- to assess the project progress and strategic orientation;
- to identify challenges in further project implementation and development of solutions thereto;
- to design of recommendations on time planning or activity contents;
- to comment and discuss the project reports including the inception report;
- to provide for political and other support needed for implementation and propose new or suggest adjustments to running activities;
- to approve annual plans and any changes to originally planned activities or budget.

134 ROM Report 17.05.2016 and interviews carried out during the in-country field work for this evaluation (26 September - 06 October 2017)
135 It refers to both project components – justice and social welfare.
UNICEF project team consisted of five members (covering both components) was responsible for overall implementation of the activities as defined in the project’s Inception Report and agreed by Project Steering Committee. The team also provided support to Project Steering Committee acting as its Secretariat i.e organizing meetings, preparing materials, taking minutes, etc. In addition, support is provided by other UNICEF staff, especially: the Representative, Deputy Representative, Communications officer and the Operations team.

All these institutional arrangements managed by UNICEF jointly with designated government structures set the ground for a close cooperation in terms of coordination of efforts, exchange of information and addressing the issues occurred during the project implementation. The field evidence collected for this evaluation indicated that all stakeholders devoted sufficient resources to the implementation of the social welfare activities, provision of materials and data. As per the project ROM Report, the social welfare teams and experts were very much sensitised to the issue and were left with a positive outlook that this joint action was of great importance to continue the process further. Operationally, these capacity building activities allowed for information sharing, skills development, and opportunities of introducing the international instruments of best practice. This was done using all available resources, including staff and venues including those envisioned by the project.
7. Conclusions

Relevance
The interventions derived from the priorities stated in the national legislation, Government’s strategies and plans, EU accession priorities and country’s obligations in relation with human rights treaties and conventions. The IPA-funded project is highly relevant from the perspective of complementarity and continuation with the previous projects supported by international donors (mostly EU, but not limited to it). The interventions implemented in the reference period were designed to be aligned with the international standards and regulations. Documents of both projects refer to child’s rights and rights of persons with disabilities which makes them highly relevant from this perspective. In the project document of the IPA-funded project it is clearly stated that the project was conceptualized around ‘the best interest of the child’ as a guiding principle for advancing reforms towards a child-centered social welfare system.

At the basis of FOS design there was this concept of responding to a perceived lack of support services for families with multiple and complex problems. The relevance of beneficiaries’ selection and referral mechanism was subject of constant analysis over the piloting of this service.

Intermitent foster care was conceptually developed starting from the idea of providing support to reduce the burden on biological families with CwD, thus avoiding placement of children in institutional care even for a short time. As a solid ground for relevance of this service, the Provincial Institute for Social Protection started the preparation of this service by consulting parents of CwD about their needs.

Overall, the IPA-funded project was relevant because it focused on strengthening vulnerable families and demonstrated that with the right kind of support these families can provide caring and supportive environment for their children. The high relevance of the project also derives from the multiple aspects of the system that were simultaneously addressed i.e. strengthening CSWs (case management and guardianship part of system), community service provision through family strengthening, financial aspect and transformation of institutions.

Effectiveness
The development of the Family Outreach Service was very important to the case manager and to the family because of the more intensive support and better monitoring and supervision of the family. Before the development of FOS, there was a big burden and responsibility on CSWs and case managers to cover all areas of family functioning, to monitor, to implement measures and activities of family support provided in the plan. The experience gained from practice proves that multi-problem families need a longer term service, but for the families that are facing an acute crisis, it is possible to introduce some changes and to help them even in this interval of service provision decided for FOS (maximum 12 months).

Also due to FOS the competences of professionals and staff of CSW increased systematically. This is demonstrated by the fact that later in the implementation of this service CSWs were more successful in detecting families for whom the service was appropriate.

Permanency plans are adopted by the CSW in cooperation with the beneficiaries, but the practice has shown that this is not fully under CSW’s control because there are some external circumstances related to other needs of the family, that can prevent these plans from being executed. An effective implementation of the plan requires systemic support and links between different sectors and while this is regulated by the law, in practice the responsibility belongs entirely to the CSW. A major limitation in relation with improvement of case managers’ capacity is represented by the high workload and increasing responsibilities in parallel with increasing number of cases.

Regarding intermittent foster care, family members who are already in a relationship established with the child were selected to provide this service. This service proved to be very useful, except when it comes to administration because the decision for service provision is on short term basis and every
month CSW has to issue a new decision. The major challenges in relation with these two services refer to understaffing of the CSWs and CFCs, and the uncertainties about their sustainability.

The lack of community-based services limits the capacity of the system to respond to the needs of biological families and to prevent separation. At the level of MoLEVSA level there are concerns not only about the sustainability of these services but also about how to support their development in the communities where they do not exist. The interventions implemented in the reference period contributed more to raising awareness of families and professionals from the welfare system to the importance of community-based services and much less to the actual development of these services. Another contribution of family strengthening intervention (FOS and intermittent foster care) was to increase referral of vulnerable families to the community-based services.

Three transformation plans were developed for Zvecanska – Belgrade, SOS Children’s Villages – Novi Sad and Dusko Radovic – Nis and were presented to the Ministerial Working Group before final endorsement by MoLEVSA. These plans are comprehensive, based on sound analysis of capacities and needs. It is acknowledged that the implementation would require time and resources. In line with the international standards for DI, the plans were drafted based on individual needs of each child currently accommodated in the institution and also in line with resources at the local and regional level so that the institution planned to take up the service can respond to local and regional needs.

The methodology for functional assessment of disability is making a shift from a purely medical assessment of disability towards an assessment which takes into consideration the functional capacities of the CwD. In the new law of financial assistance for families with children the child allowance for CwD is increased from 30% to 50% which will contribute to strengthening biological families.

In spite of the bureaucratic functioning of the administration and the limitations either in number or in the professional capacity of the staff involved, the social welfare system addressing child care proves that it has potential for intersectoral cooperation. Piloting FOS required cooperation between social welfare professionals newly appointed in the system (i.e. FOWs) with medical staff or with educational institutions. Due to the very practical nature of work, the FOS is a model of cross-sectoral cooperation at grassroots level.

**Sustainability**

In 2015, the Ministry (MoLEVSA) initiated amendments to three key laws with significant impact on vulnerable groups of children, including children with disabilities. These include: the Social Welfare Law (SWL), Family Law (FL) and Law on Financial Assistance to Families with Children (LFAFC). The SWL and FL are still in the process of amending, while the new draft LFAFC was open for public discussion in March 2016 and it has not yet entered official endorsement procedure.

As regards the FOS standards as well as the Standards for Intensive Family Support - which are wider and are based on FOS and two more family support services that were implemented in Serbia – these were supported through a very participatory process by the two projects covered by this evaluation. Currently, since within the subset of “intensive family support services” standards have been developed, these can be followed by defining the standards for the wider/bigger cluster of services (i.e. the cluster of socio-educative and psycho-therapeutic cluster of services).

For other community-based services even if standards exist and the system of licensing community based services providers is in place, MoLEVSA is currently working on amendments. The amendments are needed in order to allow for intensive family support to be financed from the national level on a consistent basis and not just through the ministries’ annual disbursements that are made year by year with little long term sustainability of service provision. Municipalities, in cooperation with MoLEVSA, LGs and city secretariats are working on some guidelines. However, certain amendments to the Law on Social Welfare are needed in order to finalize this process so as to ensure the monitoring and reporting.

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system is in place. According to MoLEVSA representatives these amendments will be adopted in the first quarter of 2018.

The overall perception of the social welfare professionals about the trainings is that at the system level there was a strong emphasis on family as a service user and it managed to facilitate inter-sectoral cooperation. Case managers consider that the training gave them the opportunity to better answer the needs of the families and to improve communication with FOWs. The training, mentoring and supervisory support to FOWs was high standard and continuous. The quality of the service, according to the University of Belgrade assessment, was primarily due to the competencies of the people involved, highly motivated and committed, respectful of their clients and knowledgeable to the system with special skills in working with families and on improving their relationships. This was a result of focusing on competencies during selection as well as during training because the FOW competency framework designed at the beginning of the project emphasized on the importance of motivation, commitment and relationship building skills. This competency framework also guided the design of the training.

The Guidelines for CSWs for supporting families at risk of separation and the training on permanency planning are appreciated by the case managers, but they admit not everything they learned can be implemented in practice because of systemic limits. Both family strengthening services which were developed within the reference period have a strong participatory component.

The financial sustainability of the intensive family strengthening services should be ensured from central level. This was overcame by MoLEVSA by giving a set of instructions, but currently secondary legislation is drafted to address this issue in a much better way than it is so far. As concerns the FOS at the level of MoLEVSA this is considered a very important service which proved very good results and it has to be mainstreamed. For the time being this service has been defined within the Working Group for amending the SWL as regional service which is financed by the central budget. This is a solution aimed to ensure a minimum level of service availability for the most vulnerable and at risk cases, uniformly accessible in all localities, and this is only possible through regional provision and national financing. Nevertheless, the ‘enabling’ solutions are preferable to the ‘restrictive’ ones in the sense that funding the services by local authorities may remain an opened alternative as well.

The original idea for the transformation of institutions was to set-up the centres for children and family and to amend the SWL in order to include in the legal basis for the establishment of these centres. This idea was included in the draft plans for transformation of institutions. During the last meeting of the Working Group a decision was adopted to create formal and legal provisions to integrate in the SWL the new organizational model of services to be provided by the centers children and family and in the bylaws to define the basis for these further transformations. However, at MoLEVSA level an analysis is being done considering whether it would be easier in terms of implementation to adopt these separate plans or come to one plan for all institutions.

The main bottlenecks for the sustainability of the achievements of the reform made so far refer to quite often changes of the decision makers which prevent continuity of the reforms, as well as to the insufficient organization and collaboration among sectors. As concerning the changes in financial flows and budget which influence the future of formal care the only negative tendency at the moment is the freeze of employment creating a reduction of the number of staff in the social welfare system.

The draft law of financial assistance for families with children will be adopted soon by the current Government. Apart from increasing the child allowance for CwD, the revision of the law addressed the enrolment of CwD in preschools. The current law ensures that share of the costs to be paid by parents are covered directly from the national budget but only for CwD who are enrolled into segregated so called ‘development’ groups in preschools. UNICEF advocacy succeeded in ensuring that this provision in the new draft law, currently in the process of adoption, is more inclusive, i.e. does not favour segregated groups and parents’ share of the costs are to be paid from the national budget for all CwD enrolled in preschools regardless the group composition. The improvements also relate to easiest administration as well as increasing coverage of CwD.
Impact

The interventions were designed to address the decrease of the number of children in residential care by focusing on the root causes of placement of children in residential care i.e. on strengthening the biological families. UNICEF has consistently been advocating for a childcare system that does not rely on institutional care and kept the topic on the public agenda. All activities have included representatives of the MoLEVSA (specifically from the Department which approves placement in residential care). More than five years ago MoLEVSA introduced gate-keeping mechanism which demonstrated that these efforts has influenced this continued reduction. Thus, the rates of children in residential care were constantly declining over the reference period for age groups 3-6 y.o. and 7-17 y.o., while for the age group 0-2 y.o. there was a very slight increase from 2015 to 2016 but it is too small to indicate a trend.

At the national level there is both an increase of the number of CwD in residential care and an increase of the share of CwD in the total number of children in residential care over the reference period. The total number of CwD in all large-scale institutions decreased. It should however be emphasized that the number of children in residential care in Serbia are now small and the fluctuations in numbers are in tens rather than hundreds. What remains a concern is the quality of care in large scale institutions for CwD and the need to move from large scale institutional care to small group homes, which with such small numbers in residential care, should be an achievable goal in the coming years. It is considered that further pressing to reduction on the number of children in residential care does not represent a purpose in itself. Nevertheless, having no CwD in residential care requires that every community to have a full range of community based services and foster parents close to hospitals. This indicates a shift in approaching further development of the national childcare towards a reduction of numbers of children in residential (but not institutional) care as a result of an increase of quality of residential care. Also, it should be noted that between 2013 and 2015 the share of CwD in the total number of children in foster care nearly doubled.

The distribution of children left without parental care during the year by age over the last four years shows that less babies and small children less represented at the end of the reference period. Between 2013 and 2016 the percentage of children left without parental care placed in kinship care increase substantially.

There are different perspectives on the benefits of family strengthening services for families and children, but in general there is a high appreciation of these services both from the end users’ perspective and from the stakeholders involved in planning, implementation and monitoring. The assessment study of piloting FOS concluded that the service contributes to better parenting and care of the children in the families that benefited from the service due to the improvement of family relations, advancement of parenting skills, enhancement of the status of both child and adult members and improvement of living circumstances.

As far as children are concerned in all areas FOWs intervened positive changes have been achieved after the service was completed. Thus, in the field of education the progress was not measured only by better school results, but also based on regularity of school attendance, improvement of behavior in school with peers and/or teachers and whether the child or the young person gets involved in extracurricular activities. In relation to the child's health, a high level of progress was also achieved. FOWs supported the family to obtain the necessary health documentation for children's care, enrollment of children for regular health screening and meeting the health needs of the child, thus reducing or preventing neglect of children's health care. When it comes to CwD, the FOS was directed primarily to identify children’s difficulties in the family, school, community and to provide optimal treatment conditions, so that children can achieve their optimum within the limits of their difficulty sets. In the functioning of the adults notable progress was achieved in changing parents' perception of the situation in which they find their families and children.
Efficiency

Allocations were properly channelled. According to the financial plan activities were implemented and the budget was spent accordingly. In terms of efficiency in engaging donors’ funds, UNICEF had almost 100% rate of disbursement which indicates a high level of efficiency and capacity to use resources in accordance with the planned grant application. UNICEF engaged financial resources based on clearly established internal regulations and by carefully observing donors’ requirements. In case of budget savings, funds were reallocated for activities identified in accordance with the needs of the beneficiaries and also, with donors’ approval. The quality of UNICEF management of activities related to both programme components was highly appreciated by donor and partners. All the institutional arrangements managed by UNICEF jointly with designated government structures set the ground for a close cooperation in terms of coordination of efforts, exchange of information and addressing the issues occurred during the project implementation.
8. Lessons learned

Serbia has a good child care system including a network of 24 children homes which should be used for placement if there is no other option for placement of children into family like accommodation. The main focus should be put on decrease of number of children in large scale institutions. When the number of children in institutions goes below 1,000 it is difficult to further constrain placement in care until the community based services become fully inclusive and health services become available in all locations. As for some children, in the current circumstances, placement in child homes appears to be in its best interest.

Efforts that were invested in strengthening kinship care (guidance and capacity building) have contributed to an increase in the ratio of children in kinship care in total number of children in foster care and this type of care is gaining an increased relevance in the national chilcare system. Nevertheless, the services piloted so far did not reach their full potential, the access of families to shared parenting and intermittent foster care should be easier and the coverage of these services should be increased.

Assessing interventions’ impact at the level of shift in the child care reform towards prevention is challenging because 1/ there were no specific indicators defined to measure changes in prevention at the beginning of the project and at the end of it, and because 2/ imputing causality on whatever changes related to prevention to only one intervention appeared to be simplistic and overlooking the complexity of prevention. The key stakeholders of the child care reform will probably have to agree ex-ante upon the indicators of progress related to prevention included as part of other future interventions.
8. Recommendations

Recommendation 1: Strengthen the capacity of Centers for Social Work

MoLEVSA and RISP should look at the capacity of CSWs in terms of number of staff, organization of work, its quality and workload as they are fulfilling case management and guardianship role as the most important roles for child wellbeing. In further strengthening CSWs focus must be on increasing the capacity of management structures in CSWs so as to advance human resource management, better deal with burnout, improve case distribution and the implementation of supervision, as well as improve referral practices of CSW (that can ultimately also help with dealing with case loads).

If freeze on employment continues, innovative solutions need to be identified. In order to overcome present challenges this may include assessment of which aspects of CSWs’ work can be outsourced, undertaking changes in functional organization, assessment of quality of work and workload.

Recommendation 2: Increase impact of child care reform on the most vulnerable children and families’ lives

Children under 3 gets placed in residential institutions as victims of abuse and neglect under the cover of temporary placement in the shelter of the City of Belgrade and its legitimacy should be questioned as it promotes institutionalization. Shelters were not even envisioned for children 0-3 but standards are applied to them. The City of Belgrade should recognize children 0-3 in their standards for shelter placement and should prioritize family like accommodation for these children (through emergency foster care). The Government needs to re-start and transparently intensify the process of transformation of residential institutions and re-activate the Working Group designated for this purpose.

Recommendation 3: Improvement of residential care for children with disabilities

Within the homes for children without parental care (standard urban homes) there is potential for the admission of children with disabilities as it is already the case for children with milder disabilities. In order receive children with complex disabilities these homes need to be organized on the principle of care of small communities. According to this principle a higher ratio of staff to the children accomodated is available and a greater emphasis is placed on developing close relationships between children and carers/teachers, the relationships with biological family is gaining more importance, and the work is organized based on a higher focus on individual/customized approach adjusted to the specific needs of each child.

Recommendation 4: Further development of family support

Intensive family support services should be part of the mainstream system but they do not have to belong to only one level. These services could be also financed from the local level but the source of financing should depend on the level of child vulnerability. A child in severe situation should be supported irrespective if it lives in a poor municipality which cannot afford to pay for outreach worker. In that case, the outreach worker paid from the central level should be engaged.

Local governments should be encouraged to establish different types of family support services, of different intensities, following the main principles of effective social work with a family. Local government should be encouraged to establish peer support groups and lower intensity support groups for families which were recipients of FOS.

Recommendation 5: Increase the involvement of LGs and strengthen cross-sectoral cooperation

The continuation of the child care reform should be embedded in structural changes by improving accountability and monitoring mechanisms of community service provision, especially when financed from national level through earmarked transfers. The cross-sectoral approaches should better address prevention of separation of the child from the family and this should be done by accurately documenting and disseminating good practices learned from the previous projects. Inter-sectorial collaboration should be promoted under the basic premises that all services are to be held accountable for quality delivered.
Continuity of the reform should be ensured by shifting from the work in project cycles towards more systemic work.

**Recommendation 6: Stronger focus of child care reform on children and families’ lives on changing attitudes**

The future child care reform measures will have to continue working on changing mentalities, stereotypes and discriminatory attitudes and practices (e.g. against Roma minority or in relation with children with disabilities) by applying in a more systematic manner activities rooted in the local culture of communities and in the experience resulted from previous projects, such as the experience gained from the implementation of the activities related to culturally competent practices in the IPA-funded project. There should be a specific effort of documenting these experiences and the result will have to be widely promoted/easily accessible. Evidence will have to be collected in order to challenge attitudes that could supply discriminatory practices against children with disabilities and families from marginalised communities among child care professionals, but also in health and education services. Stronger involvement of ‘local agents for change’ will have to be considered.

**Recommendation 7: Continuity of international actors’ support to the maintaining direction of the childcare reform in the country**

EU and UNICEF were important actors whose engagement helped to maintain continuity of reforms as decision making level in Serbia was changing very frequently. EU and UNICEF should keep their advocacy role together with the experts in the country working at the field level.
ANNEX 1 – ToR

Attached as a separate document.
ANNEX 2 – Schematic ToC Child Care Reform

Attached as a separate document.
ANNEX 3 – Evaluation Matrix

Attached as a separate document.
ANNEX 4 – List with documents for desk review

Attached as a separate document.
ANNEX 5 – List with key informants for evaluation

Attached as a separate document.
ANNEX 6 – Data collection tools

ANNEX 7 – Country Mission Agenda

Attached as a separate document.