REGIONAL KNOWLEDGE AND LEADERSHIP AGENDA FOR CHILDREN IN THE CEE/CIS REGION

INDEPENDENT MULTI-COUNTRY EVALUATION OF RESULTS AREA 1

A CHILD’S RIGHT TO A SUPPORTIVE AND CARING FAMILY ENVIRONMENT

FINAL REPORT
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ABBREVIATIONS

CPAP  Country Programme Action Plan
CSO  Civil Society Organisation
ECD  Early childhood development
EU  European Union
GDP  Gross domestic product
M-co  Multi-country
MEUR  Million euros
MoE  Ministry of Education
MoF  Ministry of Finance
MoRES  Monitoring Results for Equity Systems
MUSD  Million US dollars
NGO  Non-governmental organisation
OECD-DAC  The Organisation for Economic Co-operation and Development - Development Assistance Committee
OR  Other resources
RKLA  Regional Knowledge and Leadership Agenda
RR  Regular resources
UN CRC  United Nation’s Convention on the Rights of the Child
UNICEF CO  UNICEF Country Office
UNICEF RO  UNICEF Regional Office for CEE/CIS
WB  World Bank
TERMINOLOGY

It is important to note that all terminology and definitions used throughout the report and in the evaluation, are based on terminology used in the International Guidelines for the Alternative Care of Children (and its Handbook), except for ‘residential care’.

Children without parental care: children who are not living with or being cared for by their biological parent, and who are registered as being without parental care according to decisions made by authorities based on either:

- Family Law
- Social/Child Protection Law
- Criminal Law.

Children without parental care can be due to the following reasons:

- **Orphan children**: Children whose only parent or both parents are dead or missing.
- **Deprivation of parental rights**: The ultimate legal sanction applicable to parents who do not ensure the minimum conditions for child development/upbringing. It can only be decided upon by a court.
- **Abandonment or Relinquishment by the parent(s)**: Abandonment refers to situations where the child is left by the parent(s) with no immediate provision of care and where the parent(s), at the time of leaving the child, do(es) not yet know if any other supervision/care will be guaranteed for the child (e.g. a child is left on the doorstep of an institution, or a medical clinic). Relinquishment refers to situations where the parent(s) surrender their parental rights voluntarily in the knowledge that supervision/care will be provided to the child immediately at the time of leaving the child (e.g. the mother leaves the child in the maternity ward after delivery through consultation with medical personnel.)
- **Parents temporarily unable or not in a position to care for the child**: Due to social, economic, health/disability reasons, indeterminate location of parents (parents were missing), neglect or violence (including children temporarily left behind by migrating parents or where one or both parents are in prison).

**Formal care**: All care situations where the child’s placement was made by order of a competent authority. It includes children placed in all types of residential care establishments (both public and private) and children placed in formal fostering or under guardianship.

**Family-based care service**: A formal service provided as a substitute when the child, for different reasons, cannot be cared for in their biological family. It includes various arrangements made by order, or with the agreement, of a court or other competent authority. These notably include “foster care”, “patronat”, “guardianship” and “trusteeship” (if the child actually lives with the appointed person), regardless of whether or not the carer is related to the child and whether or not financial compensation or allowances are paid to the carer.

- **Foster care**: Provision of parental care to children not related through legal or blood ties. The term “foster care” refers to formal, temporary placements made by the State with families that are trained and supervised by social services. Foster parents normally receive a special fee or allowance.
- **Guardian care**: Care provided by a guardian who is the legally appointed adult representative for a child. Guardians in most cases are relatives. However, the existence, process and duties associated with guardianship vary from case to case and from country to country. Decisions on guardianship are made by the “family court”, which is guided by the “family law”. As the
State has no duty to finance guardians, special fees or allowances are, in many cases, not available for guardians.

- **Other types of family-based care**: may include informal kinship care which is the full-time care of a child by a relative or another member of the extended family. This type of arrangement is typically arranged without formal legal proceedings and is unregulated by the State, or other types of care arrangements where children live in a family setting.

**Residential Care**: care given to children outside of the parents’ home. Residential care broadly refers to placements for children in care facilities including infant homes, children’s homes, orphanages and boarding homes and schools for children without parental care, boarding schools and homes for disabled children, family-type homes, in SOS villages, etc. Children in general-type boarding schools or punitive institutions are normally excluded but should be included if placement of children left without parental care in these facilities is common.

**Residential care institution**: a collective living arrangement where children are looked after by adults who are paid to undertake this function.

- **Children in public institutional care** broadly refer to those children under the full-time care of the State either on a permanent or temporary basis.
- **Children in non-public institutional care** refer to children in SOS villages and other NGO-run services, financed in total or in part by non-State sources.

Children who are not being cared for full-time (e.g. they attend boarding school on a week-day basis only) are not included in this category.

**Public institutions providing care for children**:

- **Infant homes**: institutions which care for children 0-3 years old (occasionally older children);
- **Children’s homes**: institutions established as substitute homes for children without parental care.
- **Institutions for physically/mentally disabled**: include homes for children with disabilities, including dystrophic hospitals and boarding schools. Also included are mixed institutions (for children and adults) living with disabilities.
- **Family-type homes**: family-type institutions where caregivers live with (usually up to 10) children without parental care, and in which the caregivers assume duties connected to child care according to the approved legislation.
- **General boarding schools** (fully state funded): a school at which the pupils receive board and lodging during the school term. Children living in boarding schools refer only to those who are on full state support and sleep most nights at the school (children who spend most nights with their family, or who attend special boarding schools for gifted children or art/ sport schools, should be excluded).
- **Temporary placement centres/shelters**: an institution that provides emergency care and short term accommodation for children without parental care, including children who are abandoned or relinquished (including those left by mothers in health care establishments) and children found in vagrancy, begging and other cases in which there is a need for emergency accommodation. Children in these structures will either be returned to their family or be referred to social services.

**Non-public institutions providing care for children**:

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Children’s village (e.g. SOS village): a residential institution comprising two or more family-type homes, within which caregivers assume the duties of bringing up children without parental care.

Other non-public institutional care: institutions for children, (including family type) that are funded by non-State sources, including those run by NGOs and religious organizations.

Child day care: Shelter and board provided to children during the day or part of the day. Usually in day care centres children perform various structured activities responding to individual needs, such as informal education or skills and competencies’ development, occupational therapy and/or leisure etc. depending on the beneficiaries’ profile and age.

Counselling and support services for parents: refers to a broad set of interventions and activities which are targeted to vulnerable families, including inter alia: social and psychological counselling, information, legal aid, parental education, mediation and conciliation services, family reintegration services etc.

Family outreach: a delivery mechanism for providing intensive support to families in their homes, or other non-institutional locations in order to build capacity within families where children are judged as being at risk of harm, under-achievement, or of not meeting normal developmental goals.

Social benefits: Consists of transfers, in cash or in kind, by public or private social protection bodies to resident and non-resident households and individuals to relieve them of the burden of a defined set of functions or needs. Social benefits refer exclusively to cash payments, reimbursements and directly provided goods and services. These are all direct benefits in the sense that they are advantages that imply an equivalent rise in the (adjusted) disposable income of the beneficiaries. Social benefits may be passive, that is, trying to make up for a loss suffered through the materialization of a social function or need; or active, that is trying to avoid or find a remedy for a particular social function or need.

Social protection benefits under Family/children function:

The Family/children function includes benefits that:

- provide financial support related to the maternity and birth of children or adoption (maternity leave – wage compensation – birth grant)
- provide financial support to households for bringing up children (family and child allowances, parental leave);
- provide social goods and services specifically designed to assist and protect the family, particularly children (child day care, accommodation – public institutional care- home help, other benefits in kind - miscellaneous goods and services provided to families, young people or children (holiday and leisure centres), including reductions in prices, tariffs, fares and so on for children or large families, where expressly granted for social protection. This category also includes family planning services)
Executive summary

Background

The countries subject to this evaluation inherited an institutional framework that placed the responsibility of child care at the state level, largely lacking alternative ways of protecting children at risk. Institutionalization was used as a protection measure for a wide range of reasons: poverty, domestic violence, disabilities, chronic diseases, behavioural problems, discrimination, and so on. A dominant paradigm of ‘defectology’ combined with a lack of professional social work services left no other option than a childhood in institutional care for large numbers of children, including orphans, abandoned children, children with behavioural difficulties, and children with disabilities. In some countries, state neglect of institutionalized children was a matter of policy; in most others, the idea that the state could be a substitute for the family, combined with a lack of investment in child welfare, created de facto neglect.

UNICEF data showed that in 2012 the Central and Eastern Europe and Commonwealth of Independent States (CEE/CIS) region still had a high rate of children growing up in formal care. Some 1.2 million children were in formal care in the region, including 501,000 children in residential care - the type of care that international UN standards urge only to be used as a last resort and when considered in the interest of the concerned child.

Of the total in residential care, some 200,000 have disabilities, and 26,000 are under the age of three years.

The UN Convention on the Rights of the Child was a key instrument, obliging states parties to create adequate child care systems. UNICEF began to prioritize child care system reform in the CEE/CIS from around 2000 onwards. From 2005 onwards there has been an intensification and refinement of UNICEF’s engagement in child care reform. The period is marked by a growing awareness of continuing, and in some cases growing, numbers of children in both residential care and formal care in much of the region, contradicting all stated policy intentions.

Objective, scope and methodology

In 2013 UNICEF Regional Office in CEE/CIS launched five multi-country evaluations of which one was focused on a child’s right to a supportive and caring family environment. The evaluation had a two-fold purpose: accountability and learning.

The evaluation had the following specific objectives:

1. Evaluate the extent to which change (impact) has happened in children’s lives as a result of child care reform and changes in social norms.

2. Assess how results were made possible through systems changes as well as changes in social norms and identify which strategies and approaches were the most effective for achieving the change in children’s lives.

3. While recognizing that Governments are leading reform processes and other actors also contribute to these reforms and changes, to assess specific UNICEF’s contribution to these system changes / changes in social norms that are thought to have produced a change in the lives of children.

This multi-country formative evaluation covered the following countries: Azerbaijan, Belarus, Bulgaria, Croatia, Georgia, Moldova, Montenegro, Romania, Serbia, Turkey and Ukraine. These countries were selected based on the following criteria:
1. UNICEF had supported the governments of these countries in several of the reform areas;

2. Data on impact using some core global child care indicators was available, and

The evaluation reference period was from 2005 to 2012 and was conducted by an independent evaluation team managed by Pluriconsult Ltd. (Romania). The evaluation framework was designed based on the OECD-DAC evaluation criteria: relevance, effectiveness, efficiency, sustainability and impact. The methodological approach combined desk review with quantitative and qualitative data collection. It included field data collection from all countries and field visits of key experts to six countries². The field data collected were based on interviews and focus groups with government representatives, staff working in child care systems, children and parents, as well as from NGOs (international and national) and the staff of international organisations. A survey covering most countries³ was carried out among Government and NGOs’ staff working in child care systems. The evaluation was carried out between 2013 and 2014.

Key evaluation findings

Changes in the lives of children and equity

Across the countries covered, there has been a noticeable decline in the rate of children in residential care and an increase in those in alternative care. Figure 1 shows, notwithstanding some data gaps, a lower rate of children in residential care at the end of the reference period compared to the start in all countries studied. The rate of children in residential care has decreased the most in Bulgaria (by 41.5% from 2005 to 2012) and has decreased the least in Ukraine which, in 2012, had the highest rate of children in residential care among the 11 countries in this evaluation (at 1,023.4 per 100,000). For Romania most of the exits from residential care were prior to the reference period, half of these children being returned to their biological family.

Figure 1: Evolution of the rate of children in residential care and family-based care (per 100,000 population aged 0-17)⁴

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² Azerbaijan, Bulgaria, Georgia, Romania, Serbia and Turkey

³ Azerbaijan, Belarus, Bulgaria, Croatia, Georgia, Moldova, Montenegro, Romania, Serbia

⁴ Data were not available for Croatia (in 2012 and 2009 only for family-based care), Montenegro (2005) and Turkey (2005)
However, the number of care leavers has often been exceeded by the number of new entrants. Figure 1 also shows an increase of the rate of children in care in some countries (Croatia, Moldova and Ukraine) and a largely stable rate in others (Bulgaria, Montenegro and Serbia). Although there appears to be a strong political will in favour of deinstitutionalisation and, more broadly, in favour of a child’s right to a family environment, in practice the efforts of professionals and policy makers on the development of alternative care have been more successful than intensifying efforts to prevent separation. Although covering only five of the countries included in this evaluation (Azerbaijan, Belarus, Georgia, Moldova and Ukraine), an important UNICEF report found broadly similar trends with rises in children separated from their families for all 10 countries for which comprehensive data existed between 2000 and 2007. This suggests that, in fact, the trend of increasing child separation is now a consistent one over more than a decade. The main reasons for children being separated from their family are less concerned with protection from abuse, neglect or violence, but mostly with economic ones (e.g. poverty) as well as with social and professional norms.

In general terms, in all the countries included in the evaluation, the entire child care system is perceived by the beneficiaries as more child friendly and there are more checks and balances than before, hence suggesting that children are more able to enjoy their rights than previously. Still, overall well-being may be predominately more related to material issues (cash transfers or other in-kind aid) than to access to psycho-social support and services.

In addition, in some countries there has been a rush to promote family reintegration without adequate planning and preparation. The care givers expressed concerns about the lack of services for parents and little work undertaken on preparing parents for the return and reintegration of their children: “There is nothing in the system preparing families for children’s “journey” back home”.

In most of the countries in the evaluation, it is generally children with disabilities, very young children and children from rural or deprived areas who are the most disadvantaged and where the greatest equity gaps still remain (i.e. who are most likely to benefit from prevention of separation efforts/services and thus to enter formal care). Although the number of children with disability in residential care decreased in most of the countries in the evaluation and they have been a target for awareness raising campaigns and for preventive services, there is widespread recognition, by UNICEF, Governments, and other stakeholders, that much more needs to be done for this group. In the four countries where gender disaggregated data are available (Bulgaria, Belarus, Croatia and Turkey) there are significantly more boys in residential care than girls as a result of gender-based assumptions, including what are described as stereotypical roles of men and women (e.g. girls are preferred for undertaking household tasks).

Other vulnerable groups for whom insufficient work has been done during the reference period are children of single parents in difficult ‘circumstances’ as well as children leaving care, in part as a symptom of the failure of the system to respond to their needs in terms of reintegration into society (for both groups) and to track the situation of the children who left residential care. These groups are most likely to remain at risk of institutionalization.

A key equity issue in relation to child care reforms in some of the countries in the study relates to the Roma children. Although the social inclusion of the Roma population was seen as important throughout the reform in a number of countries in South East Europe (notably Bulgaria, Croatia, Romania and Serbia), the Roma children being over-represented in public care has tended not to be an important public policy issue.

Relevance

The alignment of UNICEF’s approach with national plans was high over the years assessed by the evaluation. In the early stages of child care reform, UNICEF’s priority was to support families and to move towards a progressive de-institutionalization process. Indeed, the majority of the Country Programme Action Plans mention de-institutionalization for the early years of the reference period. Observing the evolution of national approaches over time, some countries approached the reform by synchronizing de-institutionalization and the development of alternative care (Bulgaria, Belarus, Croatia, Georgia, Moldova and Ukraine) at national and local level, while in other countries (Romania, Serbia and more recently Bulgaria, Georgia, Montenegro, Turkey and Ukraine) the strategic option was for a wider system reform, including restructuring family cash benefits and decentralizing services.

Overall, it is important to note how UNICEF’s interventions have not only been tailored to the needs of the most vulnerable families and children but have also helped to uncover new categories of vulnerability. This is particularly the case with the concept of ‘invisible children’ who are children in poor communities, including but not limited to Roma, largely unknown to health, education and social services and, therefore, at particular risk of being received into care. For future programming a stronger focus on a combination of vulnerabilities would increase the relevance of UNICEF’s interventions.

Gender was integrated into the design of interventions and into the entire reform approach rather fitfully and unevenly. Although UNICEF in all countries has been involved heavily in issues relating to gender equality and women’s rights, this has not always carried over to issues of child care and its reform.

System level changes

Enabling environment

Social norms among the general public (e.g. parents’ general perception that children are their property and decisions about children’s lives are their concern only), professionals (e.g. poor living conditions and poor parenting capacity are good enough reasons for separating a child from their family) and policy makers (e.g. political elites know best what children and families need) are slow to change or are even resistant in the short- and medium-term. In this context, an assumption that one-off projects or campaigns would lead to behavioural changes has proven to be unrealistic. In most countries, professional norms remained a major bottleneck and this was most pronounced in terms of doctors and nurses, to a certain extent in relation to teachers and less pronounced with regard to social workers. The continued prevalence, if not dominance, of a medical model of disability means that a significant proportion of medical staff, particularly doctors, continue to believe that children with disabilities may be better off in institutions where specialist medical support facilities may all be immediately available. For many medical professionals child protection and child rights are still not part of their vocabulary and mindsets “.

Political will does seem to have influenced progress in child care reform in all countries. This suggests that it is important to prioritise practices which may influence political elites to give a greater emphasis to child care policies; practices to ensure a broad political consensus on the nature of progressive child care reform; and practices which commit political elites and policy makers to listen to the voices of children and parents who are service users.

Efforts to create a normative framework supportive of the development of services and aimed at prevention of child separation represent one of the most visible results of the reform in all countries. However, work needs to be done on their internal harmonization in order to create a fully functional and consistent normative framework. While some countries have only recently begun to work on legislative and regulatory changes, a number of others, notably Bulgaria and Romania, have a longer history of legislative development supportive of child care reform. It is also interesting to note how some of the countries in the study, most notably Serbia, have focused on developing changes in practice before introducing changes in
legislation in an explicit attempt to avoid a situation where ‘ideal’ laws are simply not followed up in terms of changes in practice.

The lack of clear information on changes in financial flows and budgets is itself an indication of one of the major blockages to reform. The main reason behind the ineffective use of budgetary funds lies in a lack of evidence-based budgeting built on ex-ante impact evaluations as part of multi-annual programming. In addition, ministries are competing for funding and lack willingness to let go of the budgets of residential care institutions which would need to be spread across more entities in order to fund integrated services. A major risk is that financing becomes locked in the system with too few resources available for preventive and community based support services.

The institutional arrangements for the body responsible for child care reforms are important for the success of the reform although there is no simple formula here. In some countries, the establishment of a line Ministry was a crucial move; in other cases, it was the establishment of a core agency; in yet others, ‘ownership’ of reform was signalled by placing responsibility within an office of the Prime Minister or Deputy Prime Minister. What appears to be crucial is that the mandated agency has to have real power (both formal and informal) and real legitimacy. Apart from the governance structures, an important expected area of change was related to child protection information systems. In some countries information systems were developed, or are in the process of being developed, but much more work is needed to make these systems fit for purpose, i.e. enabling monitoring of the status of each child in the system in accordance with a child’s specific needs and best interests, and to inform policy making in real time.

In all countries in the evaluation UNICEF has been involved in developing standards and/or protocols for inter-agency working in practice for different specialists to respond to the needs of children and families at risk. These standards are not yet rolled out and, hence, have not yet impacted on the rather weak levels of inter-agency working at local level. Some important work has been undertaken, again supported by UNICEF, in developing shared databases and information systems between different sectors which ought to improve the effectiveness of the reforms although in practice the degree of exchange of relevant information remains rather low, as does the capacity for more evidence-based policy work.

Supply

Throughout the countries, real and significant progress has been made in terms of the development of new services (foster care, small family-type group homes and preventive services) as an alternative to large-scale residential care. At the same time, the different pace at which different services have been developed, and their uneven availability across time and space, have hindered the reforms and sometimes created unintended consequences. A general picture emerges not of a continuum of flexible alternative care able to meet a wide range of needs but, rather, of a fitful creation of new types of services which, in and of themselves, are able to offer only limited support to children and families. Also, there is an increasing concern amongst informants from the NGO sector and UNICEF staff in some of the countries in this evaluation that an emphasis on small group homes may contribute to re-institutionalisation or trans-institutionalisation rather than re-integration and inclusion. Within a desired continuum of needed social services, the construction and running of these small group homes is in danger of taking the lions’ share of the child care budget, leaving the development of community-based services for a later stage in the reforms. In spite of the progress that has been made in most of the countries in developing preventive services, this is the element of the reform which, across the entire region, appears still to be the least well developed.

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6 For example, in Romania a Child Monitoring Tracking Information System was put in place, however not much used in the reference period.
The effectiveness and sustainability of services are negatively influenced by the fact that statutory local child protection departments in many countries have not had sufficient investment and their workers have not been trained or empowered enough resulting in their staff often feeling overwhelmed and demoralised. The low status of staff working in the child care system, receiving low salaries, and having high workloads results in sub-optimum outcomes for children.

Whilst detailed statistical information is lacking, the qualitative data collected for the evaluation clearly indicates that in many countries new services are not always available country-wide. In many countries access to services is still subject to significant regional disparities. In these countries it was reported that in many cases professionals who are supposed to work in services related to child wellbeing refuse to relocate to the remote, poor areas of the country.

Quality

The mechanisms for quality assurance of services include standards for services, supervision and inspection procedures, criteria and methods of staff recruitment, performance monitoring and evaluation, and assessment of quality of services. In spite of the differences in the architecture of child care services’ quality mechanisms and in the path of progress in actually transposing this mechanism into practice, in all the countries there has been some kind of commitment to ensure quality of services.

The major challenge in developing and applying a quality assurance mechanism lies in the availability of good baseline data, and in understanding how to connect and use the outputs of the quality assurance mechanism with the broader child care system in the country.

The quality assurance system for case management in the countries where it has been established, is emerging as functional and fits for purpose. However, there were found to be very few countries in the evaluation with minimum quality standards for case management to be observed in all child protection cases. Case management is reported as increasingly becoming a working method across the countries in the evaluation, but the field evidence indicated that, except for Bulgaria, Croatia, Romania and Serbia where it has been implemented for some time, the main case management elements have been stipulated in the legislation and applied in practice only recently (Georgia and Moldova). Furthermore, what is meant by case management and the role it plays within the system varies considerably across countries.

Demand

The more vulnerable families are, the more difficult it is for them to express demand for social assistance, in particular for child care services, for reasons of lacking awareness of their rights (e.g. on medical services) and capacity (e.g. illiteracy). There are cases when provision of financial support for demanded services (e.g. for the care of children with disabilities) needs to be combined with awareness raising on the importance of expressing the demand for services and with availability of these services. It appears that social transfers on their own do not help vulnerable families to express demand for services; it only helps them to survive from one day to another. Overall, for the countries where policy instruments for expressing demand begin to be available, there is a lack of coherence with other child care policy measures/instruments (related to service supply or to case management).

UNICEF’s contribution

UNICEF’s most significant role in the child care reforms has been in the provision of policy advice and technical assistance. At the regional level, UNICEF developed tools and guidance, as well as it facilitated access of country partners and UNICEF country offices (COs) to technical assistance. At the country level, UNICEF engaged in technical assistance for the development of the main pillars of the normative framework; promoted new regulations for private service providers and subcontracting of services;
generated knowledge to support evidence-based policy development; and ensured quality assurance and resources for services within the public care system.

The second most important role played by UNICEF has been in modelling and piloting - demonstrating how different interventions can contribute to improving children's wellbeing. Overall, in the reference period, UNICEF has shifted focus from small scale pilot interventions to more systemic and strategic contributions. Although UNICEF Regional Office (RO) has contributed by promoting models and meaningful practices in child care in regional and sub-regional events, this role has mainly been emphasised at the COs level through: development and strengthening of community-based and substitute family services; strengthening preventive activities with children and families at risk; introduction of new services for children with disabilities; technical assistance for defining standards in care services; and supporting demonstration projects for alternative services to institutionalization.

The contribution of UNICEF in being a Voice for children consisted at the regional level in ensuring visibility of children’s situations in high level fora and in the media; presenting child care system reforms in many international fora; and supporting supranational, governmental and NGO efforts to improve outcomes for children. At the country level, UNICEF has contributed to child consultation and participation within strategic documents; raising awareness of decision-makers and professionals; public mobilisation; campaigns to change public perceptions about the use of institutional care and to promote foster care and adoption; and advocacy for deinstitutionalization of children in public care.

Child rights monitoring, evaluation and knowledge generation has been addressed at the regional level through: assessments and studies aimed at informing reform agendas; improving data-collection on core child care indicators; specialized studies on the status of gatekeeping and on social protection systems; and the report “At Home or in a Home” analysing trends in child care reform in the region. At the country level UNICEF has been recognised as active in: improving the knowledge base; improvement of data collection systems; assessment of residential institutions; multidisciplinary team assessment; and referral and support to child victims of abuse. UNICEF has done less work on the development of child protection information systems including disaggregated data on different ethnic groups of children, an area which remains a significant challenge in UNICEF’s programming.

In most countries UNICEF has been active in facilitating national dialogue to align the child care system to align the child care system with international standards through bringing together governments, the private sector and civil society to debate child care reform issues in national events and organising study tours. However, the evaluation found that changing attitudes and approaches related to children with disabilities has not been adequately addressed.

Overall, there was a general view that UNICEF was extremely successful in leveraging resources for the creation of changes in child care systems. Interventions to leverage support from partners have included joint regional projects with key partners; shaping regional standards on social services; initiating regular partnership dialogue (e.g. with the World Bank and the EU); and identifying key entry points with key partners. Participation in the European Expert Group on the Transition from Institutional to Community-based Care helped to influence the allocation of EU funds in Member states, Accession and Neighbourhood countries. Country initiatives included leveraging resources from the public and private sectors through engaging in strategic dialogue with international partners supporting the reform and providing inputs to key strategic documents such as the EU Progress Reports for Accession Countries.

In terms of enabling knowledge exchange, UNICEF has facilitated capacity building and networking meetings of core staff and has organized high-level consultations and conferences taking stock of reforms, articulating road maps, and sharing experiences and lessons learned. At the country level UNICEF emphasized: retraining of staff; the introduction of University courses for new professions; strengthening the capacities of healthcare professionals; gathering and sharing knowledge on foster care; inter-country exchanges; study tours, and in-service training programmes for foster parents.
A common understanding was that UNICEF has had significant impacts with rather limited resources. At the same time, many informants within UNICEF suggested that a lack of sufficient and stable core resources meant that the organisation was not able to respond quickly and flexibly to requests, particularly from Governments, even including those which would not require major resource commitments. Over the 8 years of the reference period, UNICEF’s budgets related to child care reform related interventions were, on average, between 136,000 USD and 869,000 USD annually per country. This suggests that, particularly in those countries where the evaluation shows that UNICEF contributed to significant impacts, these were achieved with remarkably high levels of efficiency. UNICEF’s spending on child care reform was quite low in comparison with key supranational and international agencies such as the World Bank (WB) and the European Union (EU).

**Sustainability**

The sustainability of child care reforms in all countries was and remains related to political commitment at the highest level and this has not yet been fully achieved in all countries. In the context of a fragmentation of responsibility for different aspects of the reform between different Ministries, it follows that political commitment and, hence, national ownership is, itself, fragmented. Also, political commitment is not necessarily matched in all countries by financial commitments and structural changes in the system.

In all countries in the evaluation it is evident that a change in Government often brings a change in personnel in key state agencies responsible for the reforms. Although there are concerns that frequent changes of Ministers can result in a loss of reform momentum, there was broad agreement that reforms are sufficiently embedded at all levels to be robust and sustainable. In this sense, while political commitment at the highest level can serve most importantly as an initial impetus, it must be followed by the achievement of strong policy consensus, a clear ‘critical mass’ of stakeholders in favour of such a consensus, and the continued existence of a strong ‘coalition for change’ at all levels.

The role of the EU in contributing to the sustainability of reforms has been important in Bulgaria, Croatia and Romania, albeit with a rather different degree of influence, dynamic and timing. In Romania, there is a broad consensus that the inclusion of child care reform as a pre-accession conditionality was a major stimulus for reform.

The 2013 European Commission Recommendation on Investing in children: breaking the cycle of disadvantage, forming a key element of the Commission’s Social Investment Package, is an important tool for future leverage in relation to the EU. It includes a specific focus on tackling disadvantage early, to fight inequality of opportunity and to help children to live up to their full potential. Another source of potential leverage is the Europe 2020 commitments, particularly relating to early childhood education and care which could be used for advocating among Member States and candidate countries to include a sub-indicator on the number of young children in residential care.

In terms of risks and vulnerabilities for the sustainability of child care reforms there are a number of risks which, if not mitigated against, could undermine the positive achievements made to date in the lives of children and also call into question their sustainability, including: divided responsibilities for child welfare without a strong coordination mechanism, resistant social norms, the global economic and financial crisis, political instability and frequent changes of Government in crisis conditions, interethnic and military conflicts, climate change and disaster related risks. These risks and vulnerabilities challenge the capacity of child care systems to respond to sudden increase of number beneficiaries and their often urgent needs.

**Conclusions**

In a number of countries examined in the context of the evaluation an increasing proportion of children are being separated from their families. However, amongst children separated, fewer are being cared for in
formal care institutions. Economic difficulties (e.g. poverty) and resistant social and professional norms are the main reasons behind children being separated from their families rather than need for protection from neglect, abuse and violence.

The reforms that have occurred have had significant positive impacts on the lives of many children and their families. The core strategy for child care reform has been evolving from improving forms of care for children deprived of parental care to preventing family separation. However, the focus on prevention at the centre of the system remains more rhetorical than real.

Well-intentioned reform efforts can have unintended consequences which, if not addressed in a timely and accurate manner, can themselves create systemic blockages to improved outcomes for children. Much needed improvements in parts of this system, such as improved identification and assessment of children and families ‘at risk’, can lead to ‘net widening’ in which greater numbers of children are drawn into the system without the necessary resources supportive of families staying together and without a continued focus on rehabilitation and family reintegration.

Particular groups of children and families remain ‘hard to reach’ or, in some cases, have been ‘left behind’ in the changes. As a result, some ‘equity gaps’ may even have grown in some of the countries in this evaluation during the reference period. Children with disabilities in particular remain at risk of exclusion and too many continue to live in inappropriate institutional care. Services for children under three are lagging behind. Some ethnic minority groups, notably Roma, are at risk of being over-represented in the care system due to discriminatory practices.

Although a small number of countries started meaningful reforms earlier, the period between 2005 and 2012 saw the consolidation of a vision of reform which stressed the need to protect and support children in their families, to work on preventing family separation in situations of risk and, where separation is necessary, to ensure an emphasis on family-based or family-type care rather than institutional care. Crucially, systems reform has also, for the most part, been accompanied by increased public awareness of the need for reform; more child-centred social, cultural and professional norms; and increased political will to engage with the issues.

Among the many achievements that are documented in this report, it is important to note that all of the countries covered now have legislation in place that meets the standards of international human and child rights’ conventions. Nonetheless, policies and practices within child care systems are not yet fully ‘evidence-based’, not least because of the lack of robust, valid, agreed baseline data necessary for the setting of clear, meaningful, and achievable targets. Child care reform has not always been linked in a progressive way to reforms in other systems, such as education, health, justice, and social protection.

Leveraging resources has been of increasing concern for UNICEF over the reference period. Leveraging monetary resources, human resources and knowledge from other key international organisations, notably the EU, is a role that has grown in importance, and to an extent in refinement, over the course of the reference period.

UNICEF has recognised increasingly the importance of local and regional social planning to match needs and services and is promoting this as a key aspect of reform in some of the countries in the region. How to create a continuum of services and reduce gaps between service types whilst also promoting more flexible and fluid possibilities of combining different services within flexible care packages, is still rather underdeveloped thus far. Although much greater attention has been paid to what might be termed the ‘governance’ of reform, the challenge of ensuring a common reform vision and action plan, led by a credible and competent ‘lead agency’, remains difficult to achieve in most countries. Decentralisation of some services, especially when decentralisation of responsibility is not accompanied by fiscal

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7 Draw more children into the system because of lower thresholds of risk and inadequate gatekeeping measures.
decentralisation, is often problematic, with local providers under-resourced and unable to provide services for which they are mandated.

The evaluation has shown that UNICEF is increasingly committed to and in some cases, actually implementing, a more cross-sectoral approach, especially in those countries where reform is most advanced. The development of a mind-set that goes beyond the compartmentalisation of UNICEF's interventions into traditional 'sectors' remains important.

In most of the countries in this evaluation, with the exception of the post-Yugoslav states, personal social services and social work only emerged as a new profession in the 1990s. Throughout the region, it is far from being a true profession, having much lower status and, in many cases, fewer resources than classic professions. Whilst it is widely recognised that establishing a statutory social work service is crucial for child care system reform, social workers employed by national governments of local authorities in the countries in this evaluation were consistently under-resourced, under-valued and, largely, under-qualified and under-trained for the complex tasks they need to perform.

There was some concern expressed that there is now less systematic attention within UNICEF to some aspects of 'Monitoring and evaluation', notably quantitative and baseline assessments of the situation of children at risk or lacking parental care than was the case at the start of the reference period. Crucial issues here concern the lack of knowledge, still, about care careers and patterns of movement in and out of care over a long period of time. In addition, the lack of agreed, robust, and harmonized baseline indicators to capture the real situation of children within the child care systems of many of the countries studied is a major challenge.

The nature of transition in many of the countries in this evaluation has meant a remaining considerable deficit in terms of the active involvement and meaningful participation of children and families in decisions that concern them. This is particularly the case regarding the most vulnerable children and families. In the child care systems evaluated, decisions tend to be made, whether administratively or by judicial authorities, in which the right to appeal or review tends to be more on paper than real. Those countries where a dedicated Ombudsperson for Children or similar body exists to deal with individual complaints tend to have more checks and balances within the system. Parents are not always informed of their rights in ways that offer them the possibility of challenge and redress.

The capacity of child care systems to respond in a timely, flexible and yet also consistent manner to new challenges is important in terms of child care systems’ effectiveness and sustainability. A number of these challenges, notably: the economic and financial crisis; ecological disasters such as severe flooding; large-scale labour migration of adult family members leaving children behind; and, new inter-ethnic and military conflicts in parts of the countries studied; have all occurred during the reference period for this evaluation. Whilst responses to some of these challenges, notably military conflicts and ecological disasters, have tended to be focused on disaster mitigation and the provision of emergency relief, the importance of strengthening child protection systems should not be underestimated.

**Main recommendations**

The main recommendations are presented here. For fully developed recommendations, readers are encouraged to revert to section 7 of the main evaluation report.

1. **UNICEF’s core strategy should shift with a stronger focus on preventing family separation:** Families facing severe poverty over a long period of time, in the context of failing and under-resourced social protection systems in many of the countries in this evaluation, face cumulative pressures which may well lead them into contact with the child care system. Therefore, combining cash transfers, access to services and social work/case management is crucial.
2. **Advocating for appropriate budget allocations:** UNICEF COs and RO should redouble their efforts to engage in meaningful interventions in the area of Public Finance Management seeking to influence all stages of the budgetary planning process, at national and regional levels, including a commitment to Multi-annual Budgeting, to ensure improved outcomes for children.

3. **Stronger and systematic attention on specific groups of vulnerable children**
   
   - **children with disabilities:** there is a need to place more emphasis on addressing equity issues in child care reforms (addressing the most vulnerable families and children). The inclusion of children with disabilities needs to be a major priority of Governments in the next few years.
   
   - **children under three years:** more efforts should be focused on children under three years old, and the deprivations they face, not only in terms of institutionalisation, but also neglect in the family. These should include both a clear and binding legal forbidding institutionalisation and a package of prevention services including parenting education, early childhood development policies and programmes and home visiting nurses.
   
   - **children discriminated against because of their ethnicity:** National and sub-national Governments should work closely with members of minority communities to gather robust, meaningful and disaggregated data regarding Roma and ethnic minority children in the care system and to involve them in prevention, care and reintegration service provision.

4. **Strengthen Support for Social Work Development:** UNICEF COs and UNICEF RO are well placed to support exchanges between social workers within the region and beyond, as well as facilitating the involvement of social workers in the region in European and global networks.

5. **Support stronger mechanisms for coordinating multi-sectoral responses.** UNICEF COs should work with key partners, notably in Government, on establishing the need for one lead agency responsible for coordinating child care reform and one framework document, at the same time building an inclusive coalition for change and, crucially, developing practice competences and process analyses which can identify potential blockages and impediments to the work of this agency at an early stage and develop proactive ways of removing them.

6. **Address social norms/behaviour change** as an essential part of the implementation of key social policies. It needs to be both upstream (media campaign, engagement of political leaders, associations of professionals) and downstream (engaging the civil society working at community level). In addition to a broader emphasis on changing social norms there is a need for specific interventions to increase the awareness of medical professionals on child protection and child rights issues, to change professional behaviour, beliefs, and the working protocols of staff working in the health sector.

7. **Measurement means and proper indicators should be developed in order to better capture the impact of reforms on the quality of life for children reintegrated after they leave care system and their families:** Improving baseline data for evidence-based policies is a key priority for the future as should be the development of harmonized indicators reflecting the situation of children in need of care (in accordance with UN Conventions, International Guidelines for the Alternative Care for Children and best practices in terms of the development of international statistical systems).
8. In the context of decentralisation reforms, UNICEF should contribute to the clarification of core accountabilities at central and local levels, including proper budget allocations and mechanisms for supporting poorer districts or regions. Financial mechanisms should promote the development of community-based services.

9. A more sustained and effective commitment needs to be made to strengthening the voice of children and adolescents within the care system, as well as ensuring that parents have meaningful opportunities to challenge, appeal and seek review of decisions made regarding their children. There is a need to pay greater attention to participation in the child care system and, in particular, to create ways in which the voices of the most vulnerable children can be heard.
1 INTRODUCTION

1.1 Overview of the evaluation

The present document is the Evaluation Report (ER) for the project entitled *Multi-country evaluation of results achieved through child care system reform 2005-2012*, under Contract No. 43145824, between the United Nations Children’s Fund (UNICEF) Regional Office for Central and Eastern Europe/Commonwealth of Independent States (CEE/CIS) and Pluriconsult Ltd.

As presented in the Terms of Reference (Annex 1), this multi-country formative evaluation covered the following countries: Azerbaijan, Belarus, Bulgaria, Croatia, Georgia, Moldova, Montenegro, Romania, Serbia, Turkey and Ukraine. The evaluation is covering the time-period 2005-2012 when the reforms started to intensify in most countries and has the following specific objectives:

1. Evaluate the extent to which change (impact) has happened in children’s lives as a result of child care reform and changes in social norms:
   - Reduction in the number of children living in residential care/ institutions; Improvements in the ratio of children in family-based care versus residential care/institutions;
   - Reduction in the number of children entering formal care;
   - Increase in the number of children leaving residential care/institutions for a family placement;
   - The extent to which specific groups who are identified as particularly vulnerable (e.g. children with disability and children under three etc.) have benefited from these reforms.

2. Assess how results were made possible through systems changes as well as changes in social norms and identify which strategies and approaches were the most effective for achieving the change in children’s lives.

3. While recognizing that Governments are leading reform processes and other actors also contribute to these reforms and changes, to assess specific UNICEF’s contribution to these system changes / changes in social norms that are thought to have produced a change in the lives of children.

The evaluation will be used by the UNICEF Regional Office and Country Offices to communicate and share lessons learned with UNICEF’s Corporate Management, as well as with the Executive Board, donors, and strategic partners on the organization’s role in countries that are in the category of upper middle income or high income countries. It will also be used to communicate results and share experiences / lessons learned from the on-going child care reforms to contribute to the mutual learning of governments and UNICEF on how to best ensure the child’s right to grow up in a family environment.

1.2 Context

The countries subject to the proposed evaluation are engaged in a process of reforming their child care systems, in the context of a shift from a system focused mainly on large scale institutions offering residential care to a system which promotes respecting the *right of each child to grow up in a family environment*. The legacy of child care systems in these countries was characterized by centralized state planning and an over-reliance on residential institutions, often large in size and remote from centres of population. A dominant knowledge base of ‘defectology’ combined with a lack of professional social work services in many countries left no other option for large numbers of children, particularly orphans,
abandoned children, children with behavioural difficulties, and children with disabilities, but to a childhood in institutional care. In some countries, state neglect of institutionalized children was a matter of policy; in most others, the idea that the state could be a substitute for the family, combined with a lack of investment in child welfare, created de facto neglect.

With the collapse of communism in the early 1990s, high social and economic costs of transition created new vulnerabilities, leading, in some countries, to a new wave of admissions of children to residential care. In addition, severe resource limitations meant that there was little or no investment in already poor residential care facilities. Wars and violent conflicts, sometimes long-lasting, also created new needs and further eroded the capacities of existing institutions. Throughout the region, the creation of new nation states and, in many cases, the rise of nationalisms, also revealed discrimination against ethnic minorities. In parts of the region, Roma became severely disadvantaged and their children over-represented in institutional care. Although the problem of children in care, particularly in countries where the most blatant abuses of human rights occurred, received increasing domestic and international attention, responses in the early 1990s tended to be rather ad hoc, often based on the idea of ‘rescuing’ individual children through a network of new voluntary and charitable initiatives. In short, inherited social protection and child care systems, already dysfunctional, became less and less able to respond to the new risks that children and families were facing. The countries in focus have inherited an institutional framework that placed the responsibility of child care at the state level, lacking, or with very limited alternatives of protecting children at risk. Institutionalization was most often used as a protection measure for an increasing range of risks: poverty, domestic violence, disabilities, chronic diseases, behavioural problems, discrimination, and so on.

By the late 1990s, the region was increasingly variegated in terms of levels of wealth, well-being and welfare and in terms of the nature and impact of economic, political and social reforms. UNICEF played a key role, through the TransMONEE database and national statistical institutes, in documenting the uneven social costs of transition and, at country and regional level, advocating for ‘transition with a human face’, including child and social protection measures to support families at risk. The UN Convention on the Rights of the Child was a key instrument, obliging states parties to create child care systems. UNICEF increasingly sought to support governments and other stakeholders in the region to respect children as the bearers and subjects of rights, and not mere objects of care. Although many states in the region introduced, or expanded, child care services, the infrastructure of institutional care remained the mainstay of the system. In some cases, net widening occurred so that more children, particularly from poor, vulnerable and marginalised groups, were drawn into the formal care system.

UNICEF began to prioritize child care system reform in the CEE/CIS from around 2000 onwards. Combined with an expanded presence on the ground, UNICEF worked increasingly in partnership, initially with the World Bank and, later, with the European Union, to build a common agenda for child care reform amongst governments, key stakeholders including NGOs, and donors. A key conference in Budapest in October 2000 reinforced a message that all efforts should be made to enable every child to grow up in a family environment and that families must be provided with appropriate support to be able to take care of their children. It stressed that family-based alternatives to institutionalization must be established for those children who cannot stay with their families, and addressed the need for prevention policies for children that are particularly at risk of being deprived of parental care, including children living in poverty, children with disabilities and children from minorities. The conference objective was to promote family-centred outcomes in child-care services and protection practices, and policies for the prevention of residential placement of children due to poverty and/or disability and/or ethnicity. Beyond policy commitments, the conference sought to build knowledge, awareness and tools for change, focusing on gatekeeping systems, expanding the range of services available and the development of

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8 Children Deprived of Parental Care: Rights and Realities, Budapest, Hungary 2000
appropriate quality standards, and the reallocation of resources to alternative care services, elaborated subsequently in three UNICEF/World Bank reform "toolkits", published in 2003\(^9\). Changing the mind-set of policy makers and professionals was reinforced by an increasing emphasis on the importance of preparation, planning and sequencing of reforms. Subsequent work focused on building capacity for the monitoring and evaluation of reform and agreeing, initially within UNICEF, on key indicators for measuring progress, encouraging the setting of national targets for: the rate of children in residential care; the rate of children in family-based care; and the ratio of the first to the second. Overall, this was the Regional strategy for child care reform.

Some of the initial reform efforts tended to be conceived, to a greater or lesser extent, in terms of deinstitutionalization, understood as the downsizing or closing down of large-scale residential care facilities. Efforts to create alternative family based care and, crucially, to expand the continuum of services and promote care plans adapted to the needs of individual children and families appear to have been slower to develop. In other words, building of care systems that promote and protect the rights of the child, in which diverse agencies worked together to secure common goals, and achieve agreed results, proved to be difficult to accomplish in practice and less focused on prevention, an integrated approach, and cross-sectoral coordination.

From 2005 onwards there has been an intensification and refinement of UNICEF’s engagement in child care reform. Crucially, the period is marked by a growing awareness of continuing, and in some cases growing, numbers of children in both residential care and formal care in much of the region, contradicting all stated policy intentions. UNICEF’s focus became increasingly on an integrated approach to child care based on a systems framework and seeking to ensure that good practice could be shared, learnt from and, crucially, scaled up. With support of SIDA and, again working in partnership with the European Commission and the World Bank, UNICEF held four sub-regional consultations on child care system reform within the project “The reform of the child care system in CEE/CIS – taking stock and accelerating action” between 2007 and 2009\(^10\). Reinforcing an earlier consensus that the family is the most appropriate environment for a child to grow up in, the sub-regional consultations sought to build capacity in terms of understanding, reforming and strengthening systems which would put children and families at the centre of a holistic, multi-agency, concern. Emphasis was placed on the need for a continuum of services including prevention, rehabilitation and recovery, underpinned by individual case management. While leadership in the reform efforts was assumed by the governments, providing a mandate for a single agency to oversee the reforms, the involvement of all stakeholders was agreed to be crucial. Whilst deinstitutionalization was still one reform priority, the emphasis shifted, subtly but importantly, towards the transformation of child care systems and the importance of linking child care reforms with reforms in social protection, health, education, and justice. It was in this period that UNICEF developed and refined a Theory of Change (ToC) informing interventions in this field.

From 2008 onwards, throughout the region, the economic and financial crisis has also impacted on, and weakened, protective social networks and services and has increased children’s vulnerability to violence, abuse and exploitation. The changed economic context has also meant that the case for allocating scarce financial resources to further the reform process had to be brought upfront even more, reinforcing the need to prioritize interventions and strengthen stakeholder cooperation\(^11\). The period has also seen an increased awareness of, and attempts to close, the equity gap, in terms of ensuring that reforms bring positive results not just in aggregate terms but in terms of improving the welfare of the most vulnerable children.

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\(^10\) [http://www.ceecis.org/ccc/xindex.html](http://www.ceecis.org/ccc/xindex.html)

\(^11\) UNICEF’s Executive Board Annual Session 2011 - Thematic discussion on results and lessons learned in the Medium-Term Strategic Plan Focus Area 4 - Child care from violence, exploitation and abuse
In 2012 UNICEF evidence indicates that the CEE/CIS region still has a high rate of children growing up in formal care. Some 1.2 million children grow up in formal care in the region of whom 501,000 children grow up in residential care - the type of care that international UN standards urge only to be used when deemed to be more appropriate, necessary and constructive for the child concerned than any other alternative care setting. Of these children, some 200,000 have disabilities, and 26,000 are under the age of three years.\(^\text{12}\)

The reform of child care systems in *EU new member states* covered by this evaluation (Bulgaria, Croatia and Romania) shows significant progress in creating a comprehensive legal framework aimed to contribute to the improvement of the quality of care. Important steps have been taken in the process of decentralisation and measures were adopted in order to reduce the role of the state and to increase the responsibility of the family and civil society. The evaluation will explore to what extent child care systems in these countries include an increase of prevention efforts, accompanying decentralisation with financial support, enhance the quality of services and ensure an equitable distribution of services.

In the *EU candidate countries* covered by this evaluation (Montenegro, Serbia and Turkey) there has been notable progress in transforming, downsizing and closing down residential institutions, as well as in decentralization/delegation of power and functions which have contributed significantly to changes in the way the child care system operates. While looking at the progress of the child care reform in these countries the evaluation included aspects related to strengthening funding mechanisms at local level and increasing the range of new welfare services to be able to respond to the variety of risks that families and children face.

In the *countries* addressed by the *European Neighbourhood Policy (ENP)*\(^\text{13}\) covered by this evaluation (Azerbaijan, Georgia, Moldova, Ukraine), as well as in Belarus\(^\text{14}\), child care reforms are taking place in a less decentralized context as mandates and funds for child care are still to a large extent concentrated at central levels of government. Although decentralization can facilitate reform efforts by allowing greater responsiveness to the local needs of services, in some of these countries, the evaluation explored how far the reforms can be implemented from the national level, where there are fewer stakeholders to persuade about reform policies and politicians are less sensitive to local pressure.

1.3 **Theory of change (ToC)**

The object of this evaluation was the UNICEF approach to child care reform implemented in the 11 countries covered by the evaluation, which was conceptualized by UNICEF in a Theory of Change (ToC).

UNICEF’s ToC captures three levels of change: impact in terms of progressive realisation of a child’s right to a family environment, child care system change outcomes and output level changes related to the specific activities of UNICEF at regional and country levels.

As presented in the ToC Diagram in Annex 2, at the *impact level* the expected progress was defined in relation to the reduction in number and rate of children living in large scale residential care, the increase in the number and rate of children living in any form of family-based care, an improved ratio of children in family-based care versus children in residential care and an overall reduction in the number and rate of children living in formal care (residential care and family-based care).

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\(^{12}\) Data available for 14 countries of which the big majority are in the Russian Federation; Source: TransMONEE data base 2012 (except for children under three)

\(^{13}\) This was the situation during the evaluation reporting period; in 27 June 2014 Georgia, Moldova and Ukraine signed the Association Agreement with the EU.

\(^{14}\) Not addressed by ENP, but included in the CIS
At the **outcome level** the main aspects of the child care system reform are described using UNICEF’s MoRES (Monitoring Results for Equity Systems)\textsuperscript{15} determinant\textsuperscript{16} analysis framework that establishes the following **ten determinants** with associated **risks and assumptions**:

**Enabling environment**

*Conducive social norms* - Social norms and attitudes are an important determinant to enable or inhibit reforms. Children in formal family-based care often come from what societies perceive as “socially undeserving” groups, or stigmatized groups (because of, for example, ethnicity and disability). The system of child care perpetuates stigmatizing social norms and prevailing social norms inhibit reform efforts. Because of this, any holistic reform of the system needs to be accompanied by strategies to harmonize prevailing social norms with new legislative and policy frameworks. Similarly, public pressure for change can also force state actors to accelerate current or planned reform efforts.

The assumptions were that actions and campaigns planned to change social norms can have a fundamental influence on the key stakeholders, and that stakeholders exposed to such ideas then change their behaviours in response. For example, institutional care, once widely accepted by the general public, is now perceived as an inadequate response. The risks were that social norms would not be changed in a short time and policy makers would still be reluctant to recognize the investments in these categories of children as a priority.

*Legislation and policy in place* - International legal frameworks clearly stipulate the priority for children to grow up in a family environment, not to be arbitrarily separated from their families unless this is in the child’s best interests (because of violence, abuse and neglect), and that the State has an obligation of ensuring that appropriate care is provided for children who need alternative care. Legal frameworks and policy environments in the countries need to promote active inclusion of children with disabilities and assert the rights of the child to social services, including the right to health, to social security, to an adequate standard of living and to education. In accordance with the specific situation of children in each country, national legislation and policies should create the framework for actions needed to stop entries into- and/or accelerating exists from- institutions and for diversification of services in the area of social welfare towards including a range of preventative services and options for alternative care, other than large scale residential care. Legislation and bylaws should regulate decision-making on alternative care and family separation.

The assumption was that sustaining the existence and implementation of such laws, policies and standards of services makes a determinant contribution to support children to grow up in their families or to be protected in a range of alternative family based care when they are separated from their families. The risk was that policy makers would still be reluctant to reconsider laws and policies on children issues. Another risk was that standards for quality of services would be delayed in implementation. And from these it may follow that changes in legislation and policy framework will not be followed by adequate budgeting.

*Budgets and expenditures* - Large scale residential care services that were inherited have long been the only type of service with a predictable and sustainable funding provided from central level budgets, but also local budgets. In contrast, new community based services that are often stipulated for in newer legislation often have to be funded from local budgets. New services are therefore often underfunded, are struggling to be sustainable, not brought to scale and if available and funded from

\textsuperscript{15} Conceptual framework used by UNICEF for effective planning, programming, implementation, monitoring and managing results.

\textsuperscript{16} Enabling and constraining factors that affect the achievement of desired results at the systemic level (as per UNICEF’s MoRES).
public budgets, may be inequitably distributed in the country because of the different budgetary capacity of municipalities. Similarly, the costs of reforming the system are often unknown and not budgeted for. This could include for example extra resources for capacity building of staff, for collecting data needed to develop local and national plans, as well as for carrying costs of new services in an interim period while funds are re-allocated from residential care.

The assumptions were that changes in the financial flow will no more perpetuate residential care and that changes in the budgeting system will ensure enough financial resources for new family type of care services. Also, another assumption was that diversification of the financial mechanisms would ensure a more cost-effective system of services provision and increasing budgetary allocations for new family type care services and prevention services would better address the needs of vulnerable children. The risks were that mechanisms for reallocation of financial resources from residential care to new services providing family type care are not easy to be developed and implemented and there is a limited capacity at the local level to forecast the need for new services. Another risk was associated with limited capacity at central level and/or commitment to adopt and implement proposed budget changes. In the process of shifting from institutional care to community-base care there might have been a lack of estimates, strategies for financing, or budgets to cover transition costs.

Management and coordination mechanisms - Any reform requires clear leadership, management and coordination. In order to change the system of child care to place more emphasis on services which could prevent family separation and reduce residential care, this additionally requires synergetic efforts to be carried out in other sectors (such as health, education, social protection, but also be supported by ministries of finance and local and regional authorities). Strong leadership, management and coordination are therefore prerequisites for reform. Such coordination needs to continuously ensure that the goals are clear for all involved, that outcomes of policies are monitored and adjusted as necessary and all stakeholders have access to the same information and are held accountable for their actions.

The assumption was that a strong leadership and coordination is a prerequisite for child care reform. Another assumption was that in order to change the child care system towards placing more emphasis on services which could prevent family separation and reduce residential care, this requires synergetic efforts to be carried out in other sectors (such as health, education, social protection, public administration, but also supported by ministries of finance, as well as by local and regional authorities). The risks associated with these assumptions had to do with lacking one body in the national government that is providing leadership, management and coordination of reform efforts. If such body is in place, it may be too weak, or not be operational in a way that is desirable for promoting and pushing child care reform issues onto the Government agenda, and ensuring the implementation of decisions. It could also be that priority of changing provisions in services (including policy and legislation) have only been recognized in one sector that does not have the power or the capacity to push for changes needed in other areas. Also, there might have been a lack of appropriate management tools (such as a database with relevant information to monitor results of policies) to ensure proper management and coordination of policy.

Appropriate supply

Access to services - These services can be generally divided into two groups, family- and child support services and alternative care services (ideally to be provided in a family based-, or family like environment). Family and child support services are preventative in nature or can support the rehabilitation or reintegration of children in institutions into communities as they support parents in their care-giving role (e.g. with parental skills), permit parents to maintain an economic activity (e.g. day-care), but can also be services to help overcome specific problems in the family that put the child at risk (e.g.
counselling). For children with disability additional therapeutic services are required and can also be categorized in this group. The second group of services, alternative care services, refer to different services for out of home placement. The assumption was that in a child care system that prevents arbitrary separation of children from their families and that has scaled down on residential care, a sufficient range of new services are financially sustained through public budgets at least for those categories of users that are identified by the social protection system. The risk was that the development of such services was not co-ordinated with efforts to transform, downscale and close down residential care institutions.

Access to adequate staff, services, facilities and information - A reform of the child care system towards relying less on institutional care requires the establishment of new professional practices, such as case management and a modern social work profession. These professionals need to have sufficient qualifications, to be appreciated and respected within the system (for example, their salary scale needs to be at an appropriate level considering the workload), supervisory and accountability systems need to be in place to monitor their performance and ensure compliance with legislation and policy. The assumption was that once new helping professions are established in the universities, graduates will be immediately employed in the system, they will remain in the system and they will fully perform in the system. The risk was that for professionals operating in this field, there are no or insufficient mechanisms for continuous improvement of service provision (e.g. regular training of professionals in services, processes for developing a shared understanding of what the service standards are and why they are important, cycle of assessment of quality of services, local and institutional monitoring and evaluation processes, code of ethics for professionals, management tools, clear leadership in services and their planning, involvement of users of services etc). Also, there was the risk for case managers not to be held professionally accountable for the quality of their work, such as for example their efforts made with biological families to prevent separation and for examination of all possible alternatives before taking a decision on an alternative placement as well as for shortening the separation when this is unavoidable. Another risk had to do with the organization and supervisory systems for case management and social work which does not facilitate that case managers keep up-to-date with latest developments and that sharing experience of complicated cases can be made (e.g. through professional exchanges).

Ability to express demand

Financial capacity to access the services - Some population groups (such as ethnic minorities or families with many children, living in rural areas, or parents of children with disability) that are particularly vulnerable and overrepresented in residential care may have difficulties in accessing the new services and other support mechanisms because there is a lack of outreach of the system. They may need to travel to get access to some services, or to gather a certain number of documents to apply for a benefit. The assumption was that removing financial barriers to access to services can help prevent family separation. The risk associated with this assumption is that barriers to access to social services and other support mechanisms are not known/well documented and are not analysed in the context of monitoring quality of policy outcomes.

Enabling social and cultural practices – Users of alternative care and their families are often disempowered and do not necessarily have trust in the system and services because of previous experiences. This therefore does not facilitate their demand for services and support mechanisms that could help prevent separation of children from their families. Reforms therefore needed to aim towards facilitating demand for support. The assumption was that services for outreach that are empowering, respectful and addressing any eventual mistrust in the system can automatically (i.e.
without at least some counselling) help address an individual’s self-blaming attitude and, as a consequence, the use of services and support mechanisms that are available. The risks associated with this assumption refer to the limited availability of services and professionals who do come into contact with families that may be considering abandoning/relinquishing children, having stigmatizing attitudes and behaviours that discourage potential users of services and make them not want to seek support. There is a common belief that children with disabilities are a source of shame and should be hidden away from society and be best cared for in an institutional setting. Consequently parents with disabled children think this is the best option and do not demand alternative policy and services. Service user groups, such as for example parents of children with disabilities, or social movements that could demand and push for change, where they exist, do not have sufficient voice.

Continued use of services - Timing of first intervention in a family is of crucial importance to prevent family separation, but also that support should be provided for a sufficiently long period of time, with regular review of cases, for as long as there is still a risk that the child may be placed in alternative care. Reforms therefore, both need to ensure that proxy-indicators of risk for family separation are known by professionals and services which are best placed to undertake early identification and referral to services (such as health professionals, teachers), but also that social workers / case managers are involved from the beginning to the closure of a case. The assumption was that timing of first intervention in a family is of crucial importance to prevent family separation and so is the support provided during a sufficiently long period of time, with regular review of cases, for as long as there is still a risk that the child may be placed in alternative care. The risks associated with this assumption might be that the mandates in early identification and referral by professionals in health and education sectors are not regulated or known. Procedures for decision making of service supply are not based on a thorough individual case assessment, review and planning and may be different for different age groups or categories of children. It may also be that not all service users are assigned a “case manager” who is managing the work on individual assessment and on a care and service-plan and who is in charge of follow up and closure of the case.

Quality

Adherence to required quality of services - Standards for services, as well as protocols for cooperation between services, are clearly defining goals of service provision and accountability for achieving such goals. The assumption was that through adopting norms and standards, all children would benefit from the same quality of services, no matter the provider (public or private) or the community (urban or rural). Another assumption was that improving quality assurance would ensure that decisions regarding the placement of a child would be done only after every other possible measure to protect the child within his/her biological family has been taken and only in his/her best interests. The risk was that institutional capacity of public and private service providers to comply with the standards, both in terms of equipment and in terms of trained staff, would be very different. Another risk was that mechanisms for the quality assurance of the system such as accreditation of programmes and licensing of service providers would be applied differently for public and private service providers. It might also be that regulations may deter the front line worker from using some of their social work skills.

UNICEF’s engagement in systems change for the progressive realisation of child rights and equity was possible in practice, at the output level, due to a set of core roles17 translated into essential functions at regional and country levels, as follows:

- **Enabling knowledge exchange** through capacity building meetings and organization of high-level consultations / conferences,

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17 Key roles UNICEF plays to support systemic changes.
• **Being a voice for children** through ensuring visibility to children’s situations at high level fora and in the media,

• **Monitoring and evaluation** through assessments and studies that could inform reform agendas,

• **Providing policy advice and technical assistance** through development of tools and facilitating access of countries and UNICEF country offices to technical assistance,

• **Leveraging support from partners** – through joint regional projects with key partners,

• **Facilitating national dialogue to align child care system with international standards** through bringing together partners form the countries to debate on the issues of child care,

• **Modelling/piloting of new services to inform policy making and development of standards and work processes for such services.**

It is important to mention that the ToC as it was presented in this section was framed in these terms at the end of the evaluation reference period. Therefore, retro-fitting child care system changes and UNICEF’s contributions into this frame, especially at the level of outcomes, was a trade-off between accuracy and feasibility.

### 1.4 Stakeholders involved

UNICEF recognizes the contribution of many stakeholders to the reform processes. The Governments are overall the ones responsible for shaping child care systems and their reform in the countries. Other stakeholders include the EU, World Bank, USAID and other international development agencies etc. and various NGOs such as Every Child, World Vision, Save the Children, Hopes and Homes for Children, SOS Children’s Villages, and national NGOs.

### 1.5 Human rights and gender dimensions

The object of the evaluation was an intervention of a rights-based organization, therefore the evaluation mainstreamed gender and human rights’ considerations throughout.

The evaluation was carried out with a human rights approach and observance of the provisions of the respective international regulations. In engaging children in the evaluation, the Convention on the Rights of the Child and the UNICEF guidelines for participation of children served as guidance on the ethical implications of children’s participation in evaluation. The evaluation embedded the principles of the Convention in practice by properly introducing the evaluation and asking the permission of children for their consent when data collection addressed them.

As reflected in the Evaluation Matrix (Annex 3) the evaluation mainstreamed gender and human rights in the data collection, analysis and presentation of evaluation findings. Disaggregation of data by age, and gender was made to the extent possible, thus creating a basis to analyze not only human rights and gender, but also equity issues.

In order to ensure representation of different groups in the evaluation, the selection of informants took into account to the greatest extent possible the gender balance as well as ethnic representation. In the case of interviews with foster families, both parents were invited to the discussion.

In terms of effective participation, the field visits were carried out in the regions where ethnic minorities are well represented. Also, in case of informants with mobility problems, by going to the field and to the premises where children and parents could be contacted directly, the evaluation ensured participation of different groups of informants. Prior to launching the field work, the evaluation team collected information for mapping services (Annex 12) precisely for reasons of increasing representativeness of a wide diversity of groups and informants.

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18 Though, the situation on the field indicated a higher number of women working in care services.
2 EVALUATION PURPOSE, OBJECTIVES AND SCOPE

2.1 Purpose

As requested by the ToR, the evaluation had a *two-fold purpose*:

1. **Accountability:** assess the impact of reforms on children and the contribution of UNICEF’s work and approach in the region both at country and regional levels.

2. **Learning:** Document and generate lessons learned on what seems to work, what is missing in current approaches, and what were unintended side effects of reform efforts to date. This will be used to inform current programming, nurture current policy debates and help UNICEF to position itself in these future policies.

2.2 Objectives and scope

The evaluation had the following *specific objectives*:

4. Evaluate the extent to which change (impact) has happened in children’s lives as a result of child care reform and changes in social norms:
   - Reduction in the number of children living in residential care/ institutions; Improvements in the ratio of children in family-based care versus residential care/institutions;
   - Reduction in the number of children entering formal care;
   - Increase in the number of children leaving residential care/institutions for a family placement;
   - The extent to which specific groups who are identified as particularly vulnerable (e.g. children with disability and children under three etc.) have benefited from these reforms.

5. Assess how results were made possible through systems changes as well as changes in social norms and identify which strategies and approaches were the most effective for achieving the change in children’s lives.

6. While recognizing that Governments are leading reform processes and other actors also contribute to these reforms and changes, to assess specific UNICEF’s contribution to these system changes / changes in social norms that are thought to have produced a change in the lives of children.

The evaluation objectives suggested a *combination of quantifiable estimation of changes with an explanatory approach* (a causal relation between the observed changes and UNICEF’s interventions).

As noted in the ToR, this multi-country formative evaluation covered the following countries: Azerbaijan, Belarus, Bulgaria, Croatia, Georgia, Moldova, Montenegro, Romania, Serbia, Turkey and Ukraine. These countries were selected because UNICEF had supported the governments of these countries in several of the reform areas which are outlined in the Theory of Change, data on impact using some core global child care indicators was available and the countries had sufficient experience of implementing a regional approach to child care reform to contribute to an assessment of its overall impact and relevance.

The evaluation reference time-period was 2005-2012. As indicated by the ToR, the reason behind setting this evaluation reference time-period was given by the fact that between 2000 and 2005, while UNICEF was also expanding its presence on the ground, work at regional level was geared towards building a regional compact to lead and guide country offices on a common agenda for child care reform.

The multi-country nature of this evaluation (as compared to regional or individual country evaluation approach) was not intended to evaluate the work of UNICEF in child care reform in detail and in isolation.
for each of the 11 countries, nor in the countries visited, but the final evaluation report draws on the experience and uses examples from all the countries included in the evaluation. The purpose of the evaluation was not to compare the performance of UNICEF across different countries, but to evaluate how UNICEF core roles contributed to changes in the systems (across the ten determinants) prevailing in countries and how in turn these changes in the systems impacted children and reduced equity gaps, drawing lessons from what worked and what did not work under what conditions in different countries.

As per the ToR the evaluation in this area – a child’s right to grow up in a family environment – looked at how the reforms of the child care systems have changed social norms surrounding children and families, especially some of the most marginalised and vulnerable groups in society, and improved responses of services so that children and families are not using institutional services so widely.

The unit of analysis was the overall reform process in each country addressed by the evaluation, as well as the interventions at regional and country level supported by UNICEF and other actors, with a particular focus on UNICEF’s contributions to these interventions.

While it was recognized that reforms in other systems and sectors (e.g. in education and health, governance) influenced the direction of child care reform, the evaluation did not cover these systems in any other way than to evaluate the extent to which the regional approach has been able to leverage reforms in these other systems and sectors.

In terms of limiting the scope, it was agreed in the inception meeting that including explicit reference to adoption into the evaluation was beyond the scope of this evaluation.

At a time when UNICEF is “renewing its focus on achieving greater results for children and wants to focus its attention more specifically on overcoming equity gaps”\textsuperscript{19}, \textit{this evaluation analysed the progress and results achieved so far in the national child care system reform and assessed UNICEF’s contribution to these results}. Additionally, the assessment included the remaining challenges and bottlenecks encountered in the implementation of the reform in the countries covered by the evaluation.

The multi-country nature of the evaluation had multiple practical implications in terms of the implementation of the evaluation which can be defined as having a focus on the interaction between regional and national levels, on their complementarity and contribution, as well as on how the levels work together. The evaluation generated findings valid for the group of countries included in the evaluation and avoided any generalisation for the entire CEE/CIS region.

The evaluation report adopted a multi-country narrative that compared and contrasted similar/different approaches taken per cluster of countries, when applied, and in different countries by UNICEF to resolve similar issues, draws lessons, and extracts what has been, on the whole, the contribution of UNICEF to changes for children through changes in systems of child care. The evaluation report uses examples of findings at country level to illustrate the findings of the evaluation at multi-country level.

2.3 Evaluation questions and framework

As presented in the Inception Report, the Terms of Reference (ToR) defined 23 evaluation questions related to five evaluation criteria also indicated in the ToR. The evaluation team proposed 20 evaluation questions for reasons which were explained in the Inception Report. The detailed Evaluation Matrix is presented in Annex 3.

\textsuperscript{19} UNICEF CEE/CIS - Terms of Reference for the Multi-country evaluation of results achieved through child care system reform 2005-2012
3 EVALUATION METHODOLOGY

The methodological approach to this evaluation relied on a comprehensive review of relevant documentation and analysis of available data, as well as on primary data collection and analysis from various sources.

3.1 Data collection

The desk review focused on reviewing a very broad range of documentation and analysing the existing data about child care trends (2005 – 2012) in the 11 countries.

The documents for the desk review reflected the vision, the knowledge and the intervention of UNICEF country offices, but also of other key stakeholders. The complete list of documents reviewed, organized by country, type of document, criteria of evaluation the document contributed to, and topics covered is available in Annex 4.

Our methodological approach to primary data collection combined quantitative and qualitative methods in order to ensure triangulation of information from a cross-section of stakeholders: staff working in services and/or communities, key informants in government, NGOs and intergovernmental organizations, and service users. The mix of data collection methods used for gathering data and views from the stakeholders in each of the 11 countries includes the following:

- **Quantitative survey** among staff working in child care services - the survey of staff working in social services was conducted on a total sample of 1316 persons from 11 countries, who were invited to fill in an online questionnaire. We received 462 complete questionnaires, reaching an overall response rate of 40%, but with significant variations among countries (Table 1, Annex 14).

- **Focus groups** with representatives of service providers as well as with representatives of civil society organizations.

- **Semi-structured interviews** with beneficiaries (children and parents), staff working in child care services, representatives of relevant public authorities and NGOs. The interviews were carried out both at national and sub-national levels.

In addition to the fieldwork performed in each of the 11 countries by the national consultants, six five-day country visits were conducted by key experts. After mapping all the 11 countries against five criteria (Annex 6), the following countries were selected to be visited by the evaluation team: Georgia (pilot mission), Bulgaria, Romania, Serbia, Turkey and Ukraine (later on replaced by Azerbaijan). During the country visits additional data were collected based on semi-structured interviews with key informants in government, representatives of partner organizations and UNICEF staff. The Agendas of the country visits and the Aide Memoires drafted by the key experts after the visit can be consulted in Annex 7.

With regard to the data collected for the analysis made for assessing the effectiveness of UNICEF’s contribution to the overall achievements of child care reforms, as well as for assessing the efficiency of UNICEF’s core roles, it should be noted that these are retrofitted data provided by UNICEF CO staff based on self-reporting. The consolidated data resulted from calculations which gave equal weight to

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20 Geo-political position, system entry point for UNICEF engagement in child care reform, mix of UNICEF interventions (determinants and core roles) from ToC, legacy of child care system, availability of evaluative knowledge
each determinant and core role when more than one were associated with a certain amount allocated for a certain intervention\textsuperscript{21}.

Details on the methodology of the evaluation are presented in Annexes 5, 6, 7, 8, 9, 10, 12 and 14.

### 3.2 Observance of norms, standards and ethical considerations

The design of the methodology considered 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, establishing contacts with individuals characterized by respect and protecting the anonymity and confidentiality of individual information. Participation of children and families in vulnerable situations (families at risk of child separation because of poverty or other adverse conditions, families of children with disabilities) in the data collection process was ensured in accordance with the above mentioned ethical principles as presented in more details in Annex 5.

A key element of the evaluation methodology addressing human rights and gender equality consisted of using an appropriate mix of qualitative and quantitative methods. The evaluators gathered and analyzed data, in order to offer diverse perspectives to the evaluation, and to promote participation of different groups of stakeholders (public and private, institutional and individual, small grassroots organisations, international influential organisations etc.). As presented in the previous section, the evaluation used different data collection tools (desk review, interviews, focus groups, survey). As indicated by the Evaluation Matrix (Annex 3), the data was triangulated in order to ensure the basis for inferring robust findings.

*Ensuring the integrity of the evaluation process* was equally important, that is why in order to avoid affecting the impartiality of the evaluative judgements of the key experts they were not involved in evaluation in their countries of origin or in the countries where they contributed to the development of the national child care system. In case of the national consultants, their role was solely in data collection: no evaluative judgement was assigned to them. This is the reason why their close connection to the child care system from their country was not considered a threat to the quality of the evaluation.

### 3.3 Limitations

The data collection of official statistics was undertaken by the national consultants with the support of the UNICEF COs and was based on a standard list of 205 indicators (including their disaggregation by gender and age group) which were meant to complement the data already available in the TransMONEE database. The list of indicators used and the data compiled from all countries is available in Annex 10. All the relevant agencies for the child care system in the 11 countries were approached and asked to provide data for the 2005-2012 period, but the effectiveness of our endeavor was very limited due to the scarcity of data which is regularly collected in these countries. Another limitation is related to the differences among countries in terms of definitions and categories used for national data collection, which in some cases did not meet the comparability requirement. However, we should emphasize that the main issue in filling in the data gaps for this evaluation consisted in the scarcity of data which these countries collect in a systematic way.

In order to develop the sampling frame for the survey we undertook a mapping exercise of the existing providers of social services in each country, which proved to be a very difficult task as in most countries there are no databases or directories of social services. To overcome this limit, we compiled lists with public and private service providers from various available sources in each country and classified them according to our sampling criteria (regions and type of services). In each country we used a proportional to size allocation of the sample on strata. The final sample of service providers was randomly selected\textsuperscript{21}.

\textsuperscript{21} Exception is made by Bulgaria, in case of the data for core roles; for few interventions UNICEF CO specifically requested an increase of the weight for some core roles which were considered as predominant.
and in the final step we identified the contact data for the selected providers. The coordinator/manager of each selected service provider was then invited by email to fill in the online questionnaire. There were two countries (Turkey and Ukraine) where the online survey provided very scarce data (Table 1, Annex 5). Also, in Azerbaijan, as per UNICEF CO’s reluctance expressed in view of the lack of feasibility of an online survey in this country, the survey was implemented by phone.

Another limitation derived from very scarce field data from Ukraine. Initially Ukraine was planned to be visited by a key expert who should have deepened the field data collection of the national consultant. The original plan in the Inception Report could not be implemented because of the conflict situation, which escalated in the country over the evaluation time. The alternative plan was to collect data based on desk review and skype interviews, which covered only partially the necessity of data from this country.

Due to lack of official reliable data about the distribution of service providers in these countries, it is difficult to assess the representativeness of the sample. However, the sample reflects the distribution of services identified through the mapping exercise by regions and type of services, even though in most countries staff working in private organizations seem to be underrepresented. The lower response rates in some countries also may affect the reliability of results, besides the bias induced by the data collection mode which excluded the organizations which do not have access to Internet.

Despite all these inherent limitations, the data collected through this survey provide valuable insights about the views of the service providers on the results of the reforms implemented in the child care system in these countries.

The retrofitted data on UNICEF allocations per determinants and core roles provided by UNICEF COs staff based on self-reporting might have had the potential for reducing the accuracy of the precise figures because of the subjectivity of the staff who did this self-reporting exercise. However, the findings the qualitative data collected from the field and the desk review evidence confirmed the quantitative data gathered as previously explained in Section 3.1.
4 FINDINGS

4.1 Impact

Over the reference period, child care reforms in the 11 countries covered by this evaluation have progressed in a largely positive direction. This has been widely recognized by stakeholders and those informants who participated in the evaluation. Capturing the impact of these changes in terms of the lives of children and their families has proved to be challenging, not because they are not observable, but because they are difficult to measure accurately.

4.1.1 Observed changes in the lives of the target group

For comparative purposes here, we have used the TransMONEE 2014 data supplemented, where necessary, by country specific official administrative data. This is far from ideal but represents a compromise, in part because of the incomplete nature, and lack of guarantee of comparability, from the administrative data collected. Observed changes in the lives of the target group are difficult to track consistently, not least because there have been changes, over time, in the way that data is recorded and the classifications used.

Wherever possible, rates per 100,000 of the relevant child population are used for comparisons rather than absolute numbers. This follows established international best practice, since changes in numbers may be attributable primarily to changes in the child care population which, in the majority of countries included in this evaluation, is itself falling. Even where rates are shown to be falling, of course, it is not possible to attribute this directly to reforms in child care systems. Indeed, as one commentator noted\(^\text{22}\), the fact that awareness has been raised in the countries concerned regarding the importance of the issue, itself creates an incentive for figures to be presented which fit with the desired trends.

The lack of credible, consistent, robust, comparable and disaggregated baseline data providing evidence of impacts on the target group of children at risk of reception into care is an issue which we return to in the Conclusions and Recommendations sections of this report. Whilst it is true that TransMONEE "offers an unparalleled opportunity to examine historical trends"\(^\text{23}\), much more work is needed in order to confirm the trends and to impute causality.

Across the countries covered, there has been a noticeable decline in the rate of children in residential care and an increase in those in family-based care. Only in three countries (Azerbaijan, Belarus and Romania) out of the 11 in the evaluation the proportion of children separated from their families is significantly declining; in fact in several countries an increasing proportion of children are being separated from their families and amongst children separated, fewer are being cared for in formal care institutions. The main reasons for children being separated from their family are less concerned with protection from abuse, but mostly with economic ones (e.g. poverty), as well as with social and professional norms (as further explained in Section 4.2.1).

Figure 1 below shows, notwithstanding some data gaps, that in all countries the rate of children in residential care is lower at the end of the reference period compared to the start. The rate of children in residential care appears to have decreased most in Bulgaria (by 41.5% from 2005 to 2012) and has decreased least in Ukraine which, in 2012, had the highest rate of children in residential care among the 11 countries in this evaluation (at 1,023.4 per 100,000). For Romania, as mentioned in the assessment on the country in Table 2, most of the exits from residential care were prior to the reference period, half of these children being returned to their biological family.

\(^{22}\) Validation meeting for this evaluation, Geneva, 24 October 2014.

\(^{23}\) UNICEF Regional Office for CEE/CIS (2010) At Home or In a Home? Formal care and adoption of children in Eastern Europe and Central Asia, page 5.
However the number of care leavers has often been exceeded by the number of new entrants. Figure 1 also suggests that the rate of children in care has risen in Croatia, Moldova and Ukraine and has remained largely static in Bulgaria, Montenegro and Serbia. Although there appears to be a strong political will in favour of deinstitutionalisation and, more broadly, in favour of a child’s right to a family environment, in practice the efforts of professionals and policy makers on the development of family-based care has been more successful than intensifying efforts to prevent separation.

Although covering only five of the countries included in this evaluation (Azerbaijan, Belarus, Georgia, Moldova, and Ukraine), an important UNICEF report found broadly similar trends with rises in children separated from their families for all 10 countries for which comprehensive data exists between 2000 and 2007\textsuperscript{24}. This suggests that, in fact, the process of increasing child separation is now a consistent one over more than a decade.

**Figure 2: Evolution of the rate of children in residential care and family-based care (per 100,000 population aged 0-17)**\textsuperscript{25}

<table>
<thead>
<tr>
<th>Year</th>
<th>Residential care</th>
<th>Family-based care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>1500</td>
<td>500</td>
</tr>
<tr>
<td>2001</td>
<td>1800</td>
<td>500</td>
</tr>
<tr>
<td>2002</td>
<td>2000</td>
<td>500</td>
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<tr>
<td>2003</td>
<td>2200</td>
<td>500</td>
</tr>
<tr>
<td>2004</td>
<td>2400</td>
<td>500</td>
</tr>
<tr>
<td>2005</td>
<td>2600</td>
<td>500</td>
</tr>
<tr>
<td>2006</td>
<td>2800</td>
<td>500</td>
</tr>
<tr>
<td>2007</td>
<td>3000</td>
<td>500</td>
</tr>
<tr>
<td>2008</td>
<td>3200</td>
<td>500</td>
</tr>
</tbody>
</table>

Although data is incomplete and there are some discrepancies between different data sources\textsuperscript{26}, the following broad trends can be discerned, evidence for which is provided below or in Annex 13.

- Some of the most significant reductions in rates appears to have occurred in those countries which had high rates of children in residential care at the start of the reference period, notably Bulgaria, Belarus and Moldova (Figure 1).

- Although this report does not address trends prior to 2005, it appears likely that only Romania had a significant decline in the rate of children in residential care before 2005. Hence, the reference period covers the period of the most intense efforts towards deinstitutionalisation. This

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\textsuperscript{25} Data were not available for Croatia (in 2012 and 2009 only for family-based care), Montenegro (2005) and Turkey (2005)

\textsuperscript{26} TransMONEE data and Official Country data sometimes diverge and both have gaps and inconsistencies.
tends to be confirmed by earlier figures addressing 2000 to 2007 where rises in the rates of children in residential care were noted in Croatia, Montenegro, Serbia, Moldova, and Ukraine.

- A mixed picture emerges regarding trends in terms of the total number and rates of children in formal care with some evidence of 'net widening' occurring in Moldova and Ukraine which, at the end of the reference period, had the highest rates of children in formal care among the countries in the study (Figure 1). There is also a case to be made that a degree of 'net widening' also occurred in Bulgaria, Croatia, Serbia, and Turkey (Figure 1).

- Placement of children in family-type homes has increased in the reference period, in some cases substantially. Table 6 in Annex 13 gives only raw numbers and not rates but shows dramatic increases in the numbers of children in this type of care in Bulgaria, Ukraine, and Belarus.

- Numbers and rates of children placed in family-based care (including foster-care and guardianship) has also increased over the reference period (Annex 13, Tables 7 and 8), although highly significant variations in the extent of its use can be found across the countries in the study. The greatest increases have occurred in rates in Georgia, Moldova, and Bulgaria, with a seeming decline in rates in Azerbaijan, Romania, and Croatia.

- There has been a decrease in the number of children placed in infant homes, including those aged 0-2, in the majority of countries in the study (Annex 13, Tables 9 and 10). However, given that these are numbers and not rates, and given that definitions vary across countries and over time, this finding need to be treated with caution.

- There has been a significant decrease in the number of children with disabilities in public residential care in the reference period (Table 14, Annex 13). Again, without figures on the rates of children with disabilities in residential care, this figure also needs to be treated with caution. Significant decreases in raw numbers (of 40% or more) in Bulgaria, Serbia, Belarus, and Moldova are most likely to translate in decreases in rates and, therefore, to be worthy of note. The increase in numbers in Romania appears to have occurred between 2005 and 2007, with a decline since then. An earlier UNICEF report suggested that, in the region as a whole, in 2007, more than one third of all children in residential care where classified as having a disability. However, the lack of comparable data makes it impossible to assess accurately the figure in the reference period for the countries in the evaluation.

4.1.2 Changes in equity gaps

The issue of equity gaps has gained more attention in child care reform agendas throughout the region and beyond in recent years. Providing meaningful and targeted support to vulnerable and disadvantaged children and families has been central to the reform throughout the reference period, and in some countries even before. Nevertheless, reaching all categories of the most vulnerable children has proven to be a significant challenge although which groups of children and families have been left behind, and why, differs in different countries. In addition, the statistical evidence of growing, or non-reducing, equity gaps is not always clear, largely because of the absence of sufficiently disaggregated data and of credible empirical research.

However, some limited disaggregated data per gender is available in the TransMONEE data base for two of the countries covered by the evaluation for a few of the years in the reference period (for Serbia) and for all years (for Bulgaria). As indicated in Table 1, in both countries there are significantly more boys in residential care than girls. In Serbia the reduction of the number of boys in 2011 compared with 2006 was 44%, while the reduction of the number of girls was 46.1%. In Bulgaria the reduction of the

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number of boys in 2012 compared with 2005 was 49.3%, while the reduction of the number of girls was 50%. In Turkey, according to the General Directorate of Children’s Services, in 2013 in orphanages for boys there were 1,201 boys (13-18 years old), while in orphanages for girls, in the same year there were almost 10 time fewer girls, i.e. 138 girls (of the same age group)\textsuperscript{29}.

Table 1: Number of children in Residential Care by Gender

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Serbia</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>3407</td>
<td>2808</td>
<td>1914</td>
<td>1907</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td>2248</td>
<td>2005</td>
<td>1216</td>
<td>1211</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bulgaria</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>6380</td>
<td>5476</td>
<td>4956</td>
<td>4494</td>
<td>4373</td>
<td>3888</td>
<td>3491</td>
<td>3234</td>
</tr>
<tr>
<td>Girls</td>
<td>4746</td>
<td>4057</td>
<td>3744</td>
<td>3379</td>
<td>3336</td>
<td>2905</td>
<td>2666</td>
<td>2372</td>
</tr>
</tbody>
</table>

Source: TransMONEE 2014

In most of the countries in the evaluation, it is generally children with disabilities and very young children who are the most disadvantaged and where the greatest equity gaps still remain. Although the number of children with disabilities decreased in residential care in most of the countries in the evaluation (Annex 13) and they have been a target for awareness raising campaigns and for preventive services, there is a widespread recognition, by UNICEF, Governments, and other stakeholders, that much more needs to be done for this group. Two challenges were most commonly noted by respondents. Firstly, in some countries in the evaluation, there is still an equity gap in terms of children with disabilities entering foster-care in a smaller proportion than their peers without a disability. Secondly, children with disabilities continue to be left behind in the reforms as a result of a lack of sufficient range and/or depth of community-based services to meet their needs and the needs of their parents or care givers and thus prevent reception into care\textsuperscript{30}. In the countries were more efforts have been invested in the developing community-based services for children with disabilities and their families (e.g. Serbia\textsuperscript{31}) the total number of children and youth with disabilities in residential care has decreased by 30% from 2005 (1,840) to 2011 (1,280). In the same period, the number of children and youth with disabilities in foster care has increased by 114% from 2005 (276) to 2011 (590)\textsuperscript{32}.

One group where equity gaps appear not to have narrowed during the reference period is the group of children leaving care, in part because of the system’s failure to respond to their needs in terms of reintegration into society and to track the situation of the children who left residential care. In some countries laws were passed which allowed children to retain the status of being in care up until 26 years of age (as in the case of Romania), but this is simply a postponement of efforts to tackle reintegration.

A key equity issue in relation to child care reforms in some of the countries in the study relates to the Roma minority. Although the social inclusion of Roma was seen as important throughout the reform in a number of countries in South East Europe (notably Bulgaria, Romania, Serbia, Croatia), the issue of the risk of Roma children being over-represented in public care has tended not to be an important public policy issue. In spite of the very limited data on over-representation of Roma children in care, field data evidence and studies carried out on this issue support this observation. In Romania social workers

\textsuperscript{29} Turkish Statistical Institute: *Statistics on Child* (2013)

\textsuperscript{30} Interviews with parents of children with disabilities, focus groups with NGOs.


\textsuperscript{32} UNICEF CEE/CIS – *Regional Analysis Report* (2012)
reported that more than a half of children in children’s homes were Romani, while in Bulgaria, according to official data, as of 31 December 2009 1,705 of 3,440 (49.6%) children in Homes for Children Deprived of Parental Care were Romani; 1,190 of 2,334 (51%) children in Homes for Medical-Social Care of Children aged 0 to 3 were Romani; and 314 of 956 (32.8%) children in Homes for Children with Intellectual Disabilities were Romani33.

The prevention of reception into care of Roma children was not targeted explicitly by Governments in the reference period. It is reported34 that the lack of disaggregated data on Roma in state care makes it impossible to pursue evidence-based policies to meet the challenges. It is also suggested not only that Roma children are over-represented in state care, but moreover, the majority of those entering the care system remain there throughout their childhood. This is a result of a combination of factors, including economic and social exclusion and discrimination as well as legal provisions where the concept of ‘child endangerment’ is left rather vague and, therefore, can be applied discriminatorily to Roma families. There is also a clear lack of preventive services and some evidence of Roma families not being informed of their procedural rights to contest administrative and judicial decisions. When in care, Roma children may suffer ill-treatment and abuse from other children and care staff and may be categorized wrongly as having a mental disability. Furthermore, there is a lack of Roma staff working in the care system and the lack of programmes to encourage a positive sense of Romani identity. Roma children in care are less likely to be fostered or adopted than their non-Roma peers and, in addition, face problems of access to other services.

Over the reference period equity gaps were reported for children under three years of age. Although there has been greater attention to this group in the last few years35 evidence is still lacking in some of the countries in the evaluation about the situation of this group of vulnerable children. At the same time, in some countries (Belarus, Bulgaria, Montenegro) official data indicate a decrease in number of children aged 0-2 in infant homes (Annex 13), however, as noted earlier, these data have to be considered with caution. The official data refers to the numbers in residence in infant homes at the end of the year. It is not clear whether this represents a real reduction in the use of infant homes. In some countries in the region there is evidence that more children are entering and spending some time in infant homes as a form of social service and that infant homes are ‘recruiting’ children, but these children leave after stays of 6-12 months and therefore do not show up in the end of year ‘stock’ data.

There is an increasing number of scientific sources indicating the negative and irreversible consequences of care deprivation (not just institutionalisation, but also neglect in the family) on children aged 0-3. However, as mentioned especially by NGO representatives36 from most of the countries, as long the preventative services for vulnerable families are not in place, the equity gap for this group of children will remain.

In Romania, Law 272/2004 clearly stipulates that children under 2 cannot be institutionalized, except for cases of children with disabilities. Children under 2 without parental care have to be placed only in family type care. The legal framework is considered as a good practice by government officials, but NGO representatives state that the exception is overused and there are still too many children left in hospitals. The institutional framework is still not fully responsive and does not have the flexibility to find solutions in a timely manner for abandoned infants because of lack of effective prevention and family support services at local/community level.

In Serbia Social Protection Law introduced a ban on institutionalization of children under 3. Also, the same group of children have been also responded through providing alternative family care (foster care).

34 Ibid.
36 Interviews and focus groups
4.1.3 Systemic changes for specific groups

Equity gaps are also related to the difficulty of ensuring that new services reach the most vulnerable. It was suggested by many participants in the evaluation from several countries that children with disabilities and children in rural and disadvantaged and deprived areas tended not to be reached to the same extent as other children by new services, notably foster care and formal family-based care services.

Children under three have been responded to through foster care services, being a key target group for this type of service. A UNICEF study\(^\text{37}\) showed that in Ukraine the combination of outreach support services linked to maternity wards and social protection payments have had a major impact on 0-3 year olds. There are also other types of services that have been developing across the countries of the evaluation, such as early intervention services and other ECD services, which are relevant and important for this group of vulnerable children.

There is no recording of ethnic origin so the issue of Roma and other ethnic minority children is difficult to discuss based on clear evidence although it can be surmised that they are less likely also to access preventive services. At the same time, community development type responses have only recently been developed and are not always replicated across the entire country. Preventive services are still underdeveloped for all children.

Children in rural areas have been portrayed as ‘underserved’ in terms of provision of preventive and alternative care services. In addition, recent reports and policy attention has been focused on so-called ‘invisible children’ largely outside the network of any formal services, a group which is increasingly discussed and addressed in some countries but which, also, almost by definition, has not been able to access preventive and alternative care.

There are some countries (e.g. Belarus, Moldova, Georgia, Turkey, and Ukraine) where the statist nature of the child care system means that, in principle at least, access to new services, including day care services or special education centres are declaratively available for all, being publically provided and with national coverage. There have been some attempts to narrow the gap by providing some transportation\(^\text{38}\) to enable users from remote areas to access preventive resources in cities, but no strong evidence was available that this is done systematically. At the same time, issues of children with disabilities and chronic and terminal health conditions face problems in terms of access, which significantly reduces the impact of the reform on this group of vulnerable children.

In some countries in the evaluation, as will be noted further in other sections of the report, a major problem is the absence of a single clear document setting out the vision of reform in child care. This means that priority in deinstitutionalisation has been related to those children under the responsibility of a certain ministry and that, by extension, those children, including for example children with disabilities, who may be the responsibility of a different line ministry, have found it harder to access new services and have been less of a priority in terms of deinstitutionalisation.

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\(^{37}\) UNICEF and Oxford Policy Management - The capacity of social protection systems to provide adequate support to the most vulnerable children and their families and prevent family separation - a thematic study covering Albania, Kazakhstan and Ukraine (2011)

\(^{38}\) For example, in Romania the transportation to the doctor is often done with money donated by the mayor, the social worker, other people or NGOs (Source: UNICEF: Helping the ‘invisible’ children - Second Evaluation Report, 2013)
4.1.4 Changes in children’s wellbeing

In general terms, in all the countries in the evaluation, the entire child care system is perceived by the beneficiaries as more child friendly and there are more checks and balances than before, hence suggesting that children are more able to enjoy their rights than previously. Still, overall well-being may be predominately more related to material issues (cash transfers or other in kind aid) than to services. As noted at some length later, children in care are not always consulted or supported sufficiently about key decisions regarding their future in any of the countries under study. Consultation with children seemed to be sporadic rather than enshrined in Law and/or guaranteed in practice. However, for example, in Georgia there are sources indicating that children in the system are more aware about their rights than those out of the system. Also, studies and field data collected in the evaluation confirm that children in different forms of alternative care exercise their decision making in relation to options they encounter in daily life situations or to their educational or professional future, though there was no evidence they participate in the development of their care plan. When services are temporary in nature, well-being may also be improved temporarily but this is not always sustainable.

In all countries in the evaluation, with particularities from country to country, living conditions, well-being and rights have improved overall and this is important in terms of both deinstitutionalisation and the development of a wider network of services. In the absence of care career data it was suggested, especially by non-governmental service providers, that there may be a need for longer term evaluation now that the first cohort of those benefitting from alternative care is reaching the end of their care careers. Particularly, in Romania, some respondents referred to the Bucharest Early Intervention Project as providing evidence of the debilitating effects on children’s cognitive functioning of long-term and large-scale residential care.

Children without parental care in all countries in the evaluation who are now placed in apartments for youth, in foster care or in family-type homes were asked to assess the differences in their life brought about by their inclusion in the current form of protection. When comparing conditions with those provided by their natural families, they mentioned both the improvement of material conditions but also better opportunities for development including better educational prospects. Children who were previously also in residential care referred to better living conditions, including a space that provides privacy and the right to own things, better access to nutrition, with many placing great emphasis on the importance of no longer being subject to an institutional meal programme, having a more relaxed and adapted schedule of activities, and a stronger relationship with one key adult whether this be a foster parent or a key worker. Children from some countries openly complained about or lamented the fact that they are separated from their siblings. Adolescent children in group homes, often located on the outskirts of cities, express concerns about feeling isolated and not having enough opportunities to go out and socialize.

Overall, in some of the countries in the evaluation there was a rush to family reintegration without adequate planning and preparation. The care givers expressed concerns that changes in beneficiaries’ families are much slower, with many services unavailable to parents and little work undertaken on preparing parents for the return of their children: “There is nothing in the system preparing children for their “journey” back home” (child protection expert, Turkey). The majority of Social Workers are preoccupied with bureaucratic procedures and stretched between numerous responsibilities and target

39 SOS Children’s Villages and Georgian Association of Social Workers - “Child rights situation analysis of children at risk of losing parental care & children who have lost parental care” (2012)
40 Focus groups with staff working in child care services; focus groups with NGOs
42 Findings based on 65 interviews with children in different types of care services and 51 interviews with parents (biological or foster parents). These interviews were carried in the evaluation across all countries, except Ukraine.
43 It was striking to have this reported by child care professionals from several countries (e.g. Georgia, Romania, Turkey) almost with the same wording.
groups. They struggle to find time to conduct direct work with families. When social workers are more involved in direct practice this is more likely to focus on alternative rather than preventive and support services.

In most of the countries addressed in this evaluation, access to health care has widened considerably since the start of the reform. Children in foster care and in home based care faced problems in accessing appropriate psychological support services, however. In some cases behavioural problems are only addressed by psychiatric medication, often not in the long-term best interests of children\textsuperscript{44}.

Often, general problems regarding access to health services are compounded for children in care, through a lack of information about eligibility for health insurance, the need for out of pocket payments, corruption, poverty, and bureaucratic rules. Similarly, children with disabilities in the care system face problems in accessing appropriate and inclusive education. Promoting inclusive education by Governments tends still to be more declarative than real\textsuperscript{45}.

\textbf{The child care system is slow to respond to new issues and challenges.} One example given related to increased labour migration (particularly in Bulgaria, Moldova, and Romania). Many children were left behind, not always in safe or fully responsible care. Services for children whose parents work abroad are largely lacking as this need has recently emerged but is still not recognised by existing policies. More recently \textit{internally displaced children and refugee children} have emerged as a vulnerable group in some of the countries in evaluation. In Ukraine, the recent armed conflict generated an increased pressure on the child care system to respond to the needs of children being more vulnerable to violence, the most recent data available indicate 119,832 internally displaced children\textsuperscript{46}. In Turkey, the total number of Syrian refugee children in 2014 was of about 800,000\textsuperscript{47} children and in 2015 it is estimated that this number will increase to 900,000\textsuperscript{48}. The situation of these vulnerable children is testing the capacity of child care systems in the respective countries to address the urgent growing needs. In addition to the emergency and humanitarian aid (related to health, nutrition and shelter), these children need education and psychosocial support.

4.1.5 Influence of external factors

A key assumption made by governmental and international actors seemed to be that systematically ensuring alternative care settings would automatically meet the needs and best interests of all children concerned. As noted above, limiting system transformation to replacing large-scale residential care with family-type or family-based care risks limiting both the nature and extent of the reforms.

In terms of external factors the most important has undoubtedly been the \textit{uneven impact of accession to the European Union (EU)}\textsuperscript{49}. Of the countries covered by this evaluation, three (Bulgaria, Croatia and Romania) are now EU Member States, joining during or soon after the reference period. The impact of the accession process on child care reform was perhaps most apparent in Romania, with the years leading up to EU accession providing an impetus and momentum for change, in large part because child care reform became seen as a political criteria for accession within broad human rights criteria. EU accession can also be seen as having been important in Croatia. The accession processes contributed to implementation of child care reform. The Joint Inclusion Memorandum (JIM), developed jointly by the Croatian Government and the European Commission, emphasizes reform based on decentralisation, deinstitutionalization and diversification of social services. In Bulgaria, in some contrast, the EU impetus

\textsuperscript{44} Interviews with parents of children with disabilities.
\textsuperscript{45} Ibid.
\textsuperscript{46} State Emergency Service, 6 February 2015
\textsuperscript{47} UNICEF: Syrian Crisis – Influx Situation Report (September 2014)
\textsuperscript{48} http://www.unhcr.org/pages/49e48e06a7f.html (accessed in February 2015)
\textsuperscript{49} The findings related to the influence of EU are based on four interviews with EU staff, key staff in the Governments and UNICEF COs staff, as well as on data from desk review
for change had an influence primarily after accession. The EU became a significant actor in promoting child care reform largely after accession. The detrimental impact of the economic and financial crisis on child care reform has, to an extent, been mitigated by the availability of new EU funds related to a Vision and Action Plan for Deinstitutionalisation and the development of EU-funded key reform projects. In Romania, some reform momentum was lost after accession but there is now a renewed focus on using EU structural funds for reform. However, “the question with new EU New Member States is if the country has the incentive and motivation to spend the money on disadvantaged children and so far this has been less obvious” (international expert).

EU accession was also mentioned as a trigger for the candidate countries (including Montenegro and Serbia) and for newly associated countries (Moldova). Due to UNICEF’s advocacy efforts with the Ministry of Foreign Affairs and with the Ministry of Labour, Moldova is the only country among the newly EU Associated countries which introduced into its’ Association Agreement with the EU a separate chapter on child rights. The recently signed Association Agreement represents an important political framework for further promotion of child’s rights in Moldova. In Montenegro, the EU accession process has been very influential in both supporting and motivating child care reforms, in terms or reporting requirements and providing funding for UNICEF programmes to provide operational leadership and expertise.

It is important to mention that EU’s “Europe 2020: Social Investment Package”, which promotes social policy as an investment policy, is a strategic document that may have an important influence on the future of child care policies in the European countries in the sense that it may become a milestone for “child centered social investment strategies”50.

In Bulgaria, in the reference period, not only the EU has played a role in promoting child care on public agenda, but also the World Bank. In fact, in Bulgaria the Child Welfare Reform Project51 was implemented between 2001 – 2006, most of it prior to the start of UNICEF CO activities in the country. According to the project official document, “the project development objective was to improve child welfare and to protect children’s rights in Bulgaria through promoting community-based child welfare approaches such as de-institutionalization, prevention of abandonment and street children services, as cost-effective alternatives to institutionalized child care”. Given the coverage of the project, it is considered52 that the child care reform in the country started with this project. Thus, the World Bank had an important triggering effect on the reform. Currently, in Bulgaria the World Bank is implementing a project (started in 2008)53 which promotes social inclusion through increasing the school readiness of children below the age of seven, targeting low-income and marginalized families, including children with a disability and other special needs. The project is more relevant for early childhood development, than child care, however the influence of this project on child care in Bulgaria lies in the fact that it has an effect on reducing child abandonment among vulnerable families.

Similarly, in Romania the World Bank implemented two projects that have influenced child care reform. Prior to the reference period the World Bank implemented the Child Welfare Reform Project54 (1998-2003). According to the World Bank’s final report the project objective was “to improve child welfare in Romania through testing and promoting community-based child welfare approaches as sustainable and cost-effective alternatives to institutionalized child care and for re-integrating street children in Bucharest

52 Interviews national respondents from Government
more fully into society". The influence of this project on the future child care reform was high not only in the country, but for the region as well. In the country it actually stopped any possibility to reverse the reform by proving the feasibility and cost-effectiveness of community-based child welfare services. At the regional level it was a large scale pilot intervention on a child care system reform which served as a learning basis for Governments, NGOs and UNICEF in their future actions in the domain.\footnote{Interviews national respondents} In 2006 – 2014 the World Bank has implemented a Social Inclusion Project\footnote{\url{http://www.worldbank.org/projects/P093096/social-inclusion-project?lang=en&tab=overview}} which aimed “to improve the living conditions and the social inclusion of the most disadvantaged vulnerable people in the Romanian society. As such, the project was not a child care reform project, but it is relevant for the progress of child care reform in the country especially from the prevention perspective.

A significant external risk or threat to the reforms was, undoubtedly, \textit{the severe economic and financial crisis} affecting much of the region from 2008 onwards. It \textit{demonstrably led directly to a slowing of reforms}, particularly because of reduced investments in the context of smaller fiscal envelopes and the introduction of austerity measures. Spending on new services and investments in human resources were reduced considerably in some countries (Bulgaria, Croatia, Moldova, and Romania). As well as reducing supply, or at least its quality, the crisis may well have increased demand for services and, hence, increased pressure on already scarce resources. In particular, it led to the implementation of austerity measures including significant cuts and a more general reorientation of social protection to be both more targeted but also more punitive. The impacts of the crisis have, perhaps, been more directly acknowledged and addressed within UNICEF’s social protection programming but aspects of concern for both social and child protection, including the payment of child allowances, have been foci of UNICEF’s work.
4.2 Effectiveness
In terms of effectiveness, there have been many accomplishments in child care reforms in the countries covered by the evaluation. These include: well developed legislation, the development of child care standards, child protection referral mechanisms, operational child care and guardianship bodies, and increasing recognition of social work as a profession. At the same time, child welfare services are not equally responsive to different vulnerable groups of children. There are also imbalances in terms of geographical coverage with remote areas or smaller cities lagging behind service provision in the capital cities. In addition, gatekeeping has not been developed sufficiently and there are still severe human resource shortages within the system. Synergies between different aspects of the system are not yet sufficiently well developed. Looking, in turn, at each of the determinant areas allows us to evaluate to what extent, and how, the expected results of reforms have been achieved in practice.

4.2.1 Outcome attainment
Enabling environment
A major set of risks documented by UNICEF and confirmed by stakeholders in most of the countries relates to dominant social and professional norms and their impact in terms of the attitudes of policymakers, professionals, and the general public in relation to vulnerable children and child care reform. These attitudes are slow to change or even resistant to change in the short- or medium-term. Hence, the assumption that one-off projects or campaigns would lead to behavioural changes has proven to be unrealistic. UNICEF has addressed this risk in its programming, but it has not been a top priority in spite of the fact that everything that has to do with child care reform (any reform, in general) is about people and their attitudes.

In the absence of meaningful time series data, it is hard to assess changes in social and professional norms over time. However, the survey among staff working in child care services carried out for this evaluation collected some evidence about the perceptions of this important group of stakeholders. Thus, the proportion of child care staff who ‘agree’ or ‘strongly agree’ with the statement that “There is an established preference for family-based placements over institutional placements for all children without parental care” (Figure 2) varied, from 59% in Bulgaria to 94% in Belarus and 100% in Moldova. These responses generally constitute an encouraging indication of support for the direction in which child care reform is moving.

In most countries, professional norms remained a major bottleneck and this was most pronounced in terms of doctors and nurses and less pronounced with regard to social workers and teachers. Country respondents suggested that it is still, generally speaking, health professionals whose professional norms represent a major blockage to reform. Respondents pointed to the continued prevalence, if not dominance, of a medical model of disability which means that, still, a significant proportion of medical staff, particularly doctors, continue to believe that children with disabilities may be better off in institutions where specialist medical support facilities may all be immediately available. For many medical professionals “child protection and child rights are still not part of their vocabulary and mindsets.” In some countries (e.g. Ukraine) UNICEF addressed this issue in a training programme for medical and

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57 Social norms are defined by Stanford Encyclopedia of Philosophy as “customary rules that govern behaviour in groups and societies”. By extension, professional norms are those beliefs shared by a group of people belonging to a certain profession about how the group members should behave in certain situations. These norms may be explicit or implicit.

58 Quantitative survey of staff working in child care services carried on for this evaluation (April-May 2014).

59 Interview NGO stakeholder - study visit Bulgaria (March 2014). Similar evidences were collected from interviews with service providers from other countries visited for this evaluation (e.g. Azerbaijan, Georgia, Romania).
social work specialists on support to vulnerable pregnant women and young mothers to prevent baby abandonment.

Sometimes a range of professionals continued to believe that extremely poor living conditions and poor parenting capacity were good enough reasons for separating a child from their family. Even though systems of alternative care are well developed, in many countries professionals in the child care system believe that a 'safe' option in these cases involves placing such a child in a residential institution, evidence of a kind of ‘rescuing’ ideology.

Figure 3: Perceived norms regarding the preference for family-based placements of children without parental care over institutional placements

In countries like Croatia, Bulgaria and Montenegro UNICEF have led the way with media campaigns that address stigma and discrimination. For example, in Montenegro UNICEF developed the campaign ‘It’s About Ability’, which has already begun to fight stigma and discrimination against children with disabilities. The campaign aims to galvanize support for the inclusion in society of children with disabilities by changing the public’s ingrained attitudes and practices towards these children.

In terms of social norms, there is recognition throughout the countries concerned that these are important but that, within the reform, there may have been less emphasis on this area than was needed. In part this was because of the difficulty of measuring change but also because changes in social norms take a long period of time, and may be influenced by a very wide variety of factors not all of which can be controlled for. The importance of public awareness campaigns in support of the reform process was stressed by a wide range of respondents. For example, in Romania the most significant campaign ‘Casa de copii nu e acasa’ (‘A Children's Home is Not a Home’) occurred well before the reference period, from November 2001 to November 2003, with 3.6 MEUR (EU funding) devoted to TV, radio, print media and advertising hoardings, combined with another 5.7 MEUR of free advertising space. Follow-up showed that the campaign reached some 68% of the population and led to an increase in those interested in

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60 UNICEF: Ending the placement of children under three in institutions: Support nurturing families for all young children, Sofia Conference Report (2012)
accepting a child to be placed with them\textsuperscript{61}. Although nothing on a similar scale has been attempted in Romania since, the importance of media portrayals of child care issues was said by respondents in all countries to be of immense importance in creating a framework for public debate. In this sense, media coverage of the Mogilino scandal\textsuperscript{62} and its aftermath in Bulgaria, as well as elsewhere (recently in Serbia, for example), has also been highly significant with coverage of bad conditions raising public awareness of the need for widespread change and the creation of alternatives.

As well as professional norms and general social norms, the attitudes of vulnerable families are crucial in terms of the effectiveness of reforms. In most countries in the evaluation there is a recognition that the impacts of the legacy of the state caring for children are hard to overcome. In Bulgaria, some parents, service users, particularly those who are most vulnerable and where a pregnancy had not been planned, continue to believe that institutional care may be better than a child staying with them, especially in terms of meeting the child’s material well-being and basic needs and improving the child’s future life chances. Contrary to that, it was reported that parents of children with disabilities increasingly recognise that they themselves, and not professionals, know the capacity of their children best of all, and that institutional care is more likely to be harmful than beneficial. Importantly, in Belarus, a major campaign was launched to precisely push this message to parents of children with disabilities, suggesting that ‘nothing is impossible’ in terms of the development of children with disabilities in the care of their own parents, with sufficient support.

It is important to note that according to the field evidence from some countries in the evaluation\textsuperscript{63}, the prevalent opinion among stakeholders is that rather than focusing on changing professional norms, the best way forward would be to introduce laws, policies, procedures and protocols, combined with significant sanctions for non-compliance, which would be highly likely to change professional behaviour in the short- to medium-term. These combined with the awareness raising efforts of professional associations, as well as with building understanding and capacity of professionals for acting differently would, in the longer-term, also have positive impacts in terms of changing norms, beliefs and values. At the same time, it is demonstrated in practice that changes in laws and procedures do not automatically translate into changes in attitudes.

In relation to the norms and values perceived as prevalent in the national care systems by staff working in services in the countries participating in the survey, 72\% of respondents agree that the best interests of the child is the overriding principle of the authorities when considering a child’s separation from his/her parents, with two highly contrasting cases of almost unanimous agreement (96\%) in Moldova with highly critical staff in Croatia (only 15\% agreement). In a dynamic, multi-faceted and constantly changing system such as the one addressing child care, a more critical attitude of professionals working in the system may be preferable as this represents a continuous driver for change.

It should be mentioned that an important bottleneck for progress in changing social norms refers to the political commitment and political will which does seem to have influenced a great deal of UNICEF’s


\textsuperscript{62} In 2007 BBC showed the film “Bulgaria’s Abandoned Children” reporting about the institution for children with physical and mental disabilities located in Mogilino (a village in Ruse Province, northern Bulgaria). As an immediate reaction, the British public started a petition to the Prime Minister to intervene and put pressure on EU institutions and the Bulgarian Government to solve the problem. Many British, Bulgarian and international charities intensified their effort to solve the problem with abandoned children in the country. As a result of this campaign, some of the children from the Mogilino home had been relocated to other homes around Bulgaria and the State Agency for Child Protection) with UNICEF support, worked to close the home. The Mogilino children’s institution was closed in 2009. Beyond the closure of this institution, the film and the campaign that followed increased the general public’s and decision makers’ awareness and focus on children in institutions, particularly children with disabilities, in Bulgaria.

\textsuperscript{63} Interviews with stakeholders in Georgia, Bulgaria, Azerbaijan and Turkey (October 2013, March-April 2014)
work in all countries. This is difficult to operationalise but relates to practices which may influence political elites to give a greater emphasis to child care policies; practices to ensure a broad political consensus on the nature of progressive child care reform; and practices which commit political elites and policy makers to listen to the voices of children and parents who are service users.

The most important and, in many ways, most intensive, set of activities in all of the countries studied has focused on developing and changing policies, legislation, procedures and standards to promote prevention, alternative family care, family support and the use of residential institutions as a last resort. In each of the countries in question, the nature, extent, timing and dynamic of these changes has, however, been rather different.

The field and desk review evidence in this evaluation demonstrates that these **efforts to create a normative framework supportive for the development of services and aimed at prevention of child separation represent one of the most visible results of the reform in all countries.** However, now a **lot of work has to be done on their internal harmonization in order to create a fully functional and consistent normative framework.**

There are countries still having **bottlenecks concerning complementarity of reform vision and legislative amendments or development.** UNICEF’s Determinant Analysis (Bulgarian case) states that, despite all the changes over time, state obligations to support families are still not adequately reflected in legislation and a new Children’s Act is needed, together with strict enforcement of legal bans on children under 3 entering residential care\(^\text{64}\).

At the level of opinions of child care staff in the countries concerned, the majority agreed or strongly agreed that social policies and programmes exist which encourage the return of separated children to their own parents. Moldova (84%) and Belarus (86%) are the countries where this opinion prevails most strongly, while in Romania fewer professionals in child care (45%) confirm that this is the situation in their country although this may be the result of higher expectations from professional staff working in countries where child care reform started earlier.

Also, the survey shows that 66% of respondents consider that policies and laws focus mostly on prevention, with unanimous agreement that this is the case in Moldova and almost unanimous agreement in Azerbaijan. In Bulgaria (51%), Croatia (43%) and Serbia (37%) the perception is much less favourable about the extent of the focus on prevention. This piece of evidence has to be interpreted in a highly contextualized manner, otherwise it could be deceiving when it comes to the reality in the field especially in those countries where a high degree of agreement was reported. In these countries there is other evidence\(^\text{65}\) demonstrating that prevention is still more an aspiration than a well regulated practice.

Table 2 summarises some of the main changes in legislative frameworks and strategies in recent years in all of the countries of this evaluation. It shows how some countries have only recently began to work on legislative and regulatory changes whereas a number of others, notably Bulgaria and Romania, have a long history of legislative development supportive of child care reform. It is also interesting to note how some of the countries in the study, most notably Serbia, have focused on developing changes in practice **before** introducing changes in legislation. This was an explicit attempt to avoid a situation where ‘ideal’ Laws are simply not followed up in terms of changes in practice.

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\(^\text{64}\) UNICEF Bulgaria, Determinant Analysis.

\(^\text{65}\) Interviews with national respondents in Azerbaijan and Moldova, UNICEF reports
Table 2: Legal and policy milestones in Child Care Reform

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<thead>
<tr>
<th>Country</th>
<th>Key legislative and policy milestones</th>
<th>Assessment</th>
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<tbody>
<tr>
<td>Azerbaijan</td>
<td>The State Program on De-institutionalization and Alternative Care, 2006-2015</td>
<td>Gap between stated intentions and effective implementation noted by many respondents, particularly from NGOs. Basis for progressive reforms exist, but need more time to develop in practice.</td>
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<tr>
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<td>Law on Social Services, 2012</td>
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<td></td>
<td>State program on Inclusive Education</td>
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<tr>
<td>Bulgaria</td>
<td>Child Protection Act, 2000</td>
<td>Establishment of State Agency for Child protection (SACP) and municipal Child protection departments (CPDs) crucial for subsequent reforms. Preference for family-based care placements clearly outlined. Critique of the 2000 Act that although it established a clear focus on separated children, it did not explicitly address prevention, with paragraph 5 relegating &quot;the procedures and measures towards prevention of abandonment of children&quot; to subsidiary regulations which were not passed until 2003 and which gave responsibility for prevention to under-resourced CPDs which lacked capacity. Vision and Action Plan commits Bulgaria to a ban on the placement of children under 3 in residential care and the closure of all old style large residential care facilities by 2025.</td>
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<td>Child Protection Reform Strategy, 2000-2003</td>
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<td>National Strategy for the Child 2008-2018</td>
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<td></td>
<td>Deinstitutionalization Vision and Action Plan, 2010</td>
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<tr>
<td>Croatia</td>
<td>Joint Inclusion Memorandum, 2007</td>
<td>Progress made, linked to EU accession, on the transformation of residential institutions, the process of deinstitutionalization, and strengthening of capacities for quality foster care. Legislation has enshrined commitments to strengthening alternative care services but respondents point to slow implementation and poor monitoring of strategies and an over-politicization of social welfare priorities with new Governments changing Laws passed by their predecessors.</td>
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<td></td>
<td>Social Welfare and Foster Care Laws, 2011 (amended 2013)</td>
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<tr>
<td>Georgia</td>
<td>Child Care Action Plans, 2005-7, 2008-11, 2012-15</td>
<td>Gradual development of child protection legislation, with an increasing emphasis on child well-being and the differentiation of parental rights. Creation of protective and restrictive orders and procedures on the functioning of Guardianship and Care Committees, as well as elaboration of child care standards, represent important steps forward. Respondents noted bottlenecks in legislation and the fact that changes in Laws and procedures do not automatically translate into action.</td>
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<tr>
<td></td>
<td>Amendment to the Civil Code</td>
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<tr>
<td>Moldova</td>
<td>National Strategy on Child and Family Protection, 2003-8</td>
<td>Legal changes followed Action Plan commitments to ensure a child’s right to grow up in a family. Legal environment focuses on the protection of vulnerable</td>
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66 The assessment is the result of analysis made by evaluators based on both desk review and field data.

67 Interviews national respospondents, Bulgaria.

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<thead>
<tr>
<th>Country</th>
<th>Action Plan/Strategy</th>
<th>Law/Ordinance</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Montenegro</td>
<td>Strategy for the Development of Social Welfare and Child Protection System 2008-12 and 2013-17</td>
<td>Law on Social and Child Protection, 2011 Strategy for Development of Foster Care, 2012-16 Protocol on Strengthening Inter-sectoral Co-operation for the Prevention of Institutionalization</td>
<td>Legal frameworks adapted in line with strategic visions favouring deinstitutionalisation. New Law states that no child under three years of age is to be placed in an institution and that placement of a child in an institution is a measure of last resort, when all other options are exhausted, which should be reviewed at least once every six months. Licensed fostering established as the main alternative child care option. Inter-sectoral co-operation prioritised prevention of abandonment of babies and small children.</td>
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<td>Romania</td>
<td>Child Care Ordinances and Laws, 1997 and 1998 Government Strategy on the Protection of Children inDifficulty 2001 – 2004</td>
<td>Law on the Protection and promotion of Children’s Rights, 2004 National Strategy for the Protection and Promotion of Child Rights 2008-2013</td>
<td>A period “real reform” began in the late 1990s, establishing County Child Protection Services. 2001 Strategy prioritised the move from institutional-based care to residential care and the establishment of alternative care services. A huge cohort, estimated at some 45,000 children, left residential care between 2001 and 2005, some 53% being returned to their biological family and a further 27% reaching the age of graduation from the system. 2004 Laws moved the focus away from vulnerable families whose children were at risk of being received into care exclusively to a wider concern with the protection and promotion of the rights of all children and created General Directorates for Social Assistance and Child Protection. 2008 Strategy provided the overarching framework for much of the reference period regarding the protection and promotion of child rights, the prevention of separation of children from their parents, and the special protection of children who are separated from their parents.</td>
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<tr>
<td>Turkey</td>
<td>Social Welfare Law</td>
<td>Child Protection Law</td>
<td>Child Protection Coordination Strategy</td>
<td>Creation of Ministry of Family and Social Policy</td>
<td>Legislative change formed the basis for subsequent institutional change. Co-ordination between education, justice, health and social services has been emphasized, prioritising children in conflict with the law and children without family care. Some contradictions between provisions of different laws regarding the need for court review of institutional care. General agreement that changes have had mixed results in practice.</td>
</tr>
<tr>
<td>Ukraine</td>
<td>Law on Child Protection</td>
<td>National Plan of Action</td>
<td>Strategic Programme of Reform of State Care Institutions</td>
<td>Strategy to Reform the System of Social Services Provision</td>
<td>National Strategy to Prevent Social Orphanhood</td>
</tr>
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</table>

*The gap between legal provisions and the degree to which families are informed of their rights is still high.* The practice of the utilisation of appeals against administrative and judicial decisions is perceived by many country respondents as lagging behind. Not all countries in the evaluation have a fully functioning, credible, and independent Child Rights Ombudsperson’s Office. In some countries, complaints of violations of children’s rights are handled by the general Ombudsperson’s service but there are concerns about how child sensitive some of these bodies may be.

In Azerbaijan, Bulgaria, Georgia, Moldova, Romania, but not untypical of the other countries in the evaluation, no parents interviewed reported being informed of their rights during procedures and, indeed, most did not conceive of themselves as having rights. In Serbia, centres for social work are much more involved in informing parents about their rights than child care service providers who are mostly focused on the child. Some respondents noted that there is a complaints box in the reception area of services they use, as required by Law, but rarely used. Service providers saw appeals mechanisms as formally required but not particularly important, although some larger NGOs were reported as making efforts to inform parents of their rights to appeal. While Bulgaria does not have a Children’s Ombudsperson, changes to the Law on the Ombudsperson in May 2012 gave the post holder a specific mandate to protect the rights of the child. In Romania, a proposed law introducing a specialist Children’s Ombudsperson was rejected in late 2013 - currently the Ombudsperson’s office has a Deputy responsible for the sub-field of “the rights of children, families, young persons, retired persons and persons with disabilities”. In Serbia, the Ombudsperson’s Office facilitated pre-drafting of the Law on Child Rights in the country. However, according to evidence provided by UNICEF, the issue of whether the persons in charge of this function are within a separate child rights’ ombudsperson office or within an

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73 Interviews national respondents Romania

74 Interviews national respondents Serbia
overall human rights ombudsperson office is less relevant than their independence and ability to advocate independently for child rights.

At the systemic level, changes in financial flows and budgets are an important component of the reform. **The lack of clear information on changes to financial flows and budgets is in itself an indication of one of the major blockages to reform.** Some countries in the evaluation had somewhat ineffective mechanisms for tracking financial flows and budgets, both at central level, and in relation to the balance between central and local expenditures. The relationship between the Ministry of Finance and the line ministries responsible for child welfare services were not well developed. In some countries, the Ministry of Finance was said to prefer an over-rigid formula for budgetary allocations that was sub-optimal in a reform environment. A consistent picture emerging from the evaluation is that the principle of ‘money following the child’ is not yet well developed in practice.

An important risk for the effectiveness of child care system that concerns both the financial flow and the coordination among the different levels of the institutional framework of the system refers to the fact that in some countries even in those where decentralisation of public administration was adopted (such as Bulgaria or Romania) social services are managed and implemented at the local level but they are funded by the state budget (see also sub-section vi).

In Georgia and in Turkey which have also prioritised reforms, there does seem to be an increase of budgetary allocations for child care services although not always in the most effective way. In Georgia, financing standards for per day per service allocation are developed. The food voucher is considered as the most important preventative measure in child care, but the resources allocated for the majority of preventative services are insufficient in order to ensure their effective functioning.

The main reason behind the ineffective use of budgetary funds lies in a lack of evidence-based budgeting built on ex-ante impact evaluations as part of multi-annual programming. Evidence from international studies indicated the value of preventive interventions both in terms of better reaching children in need of care (e.g. children with disabilities or for protection of children against violence) and in terms of the costs and economic pay-offs. In addition, ministries are competing for funding and lack willingness to let go of the budgets of residential care institutions which would need to be spread across more entities in order to fund integrated services. In the absence of evidence-based national budgeting making use of international experience applied to national contexts, preventive services remain underdeveloped.

An example of ineffective use of budgetary funds refers to the development of small group homes, which has been important for the progress of the reform, in those countries, notably Bulgaria and Georgia, where their use has expended rapidly. However, after a few years of implementation, there is a risk that a model, initially promoted by a small number of INGOs as one alternative, becomes the only alternative. Consequently, the major risk is that financing becomes tied up in the system with too few resources for preventive and community based support services. The following consequence is a lack of funding for community based services which has tended to negatively affect the progress of the reform.

Another issue is that in the countries where funding for community based services is based in part on contributions from local level or in ‘pilot’ projects (Croatia, Romania, Serbia), such funding is less consistent and sustainable than central funding. In many ways, then, supervision of and influence over

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75 The original concept “money follows the client” was adapted in order to increase the emphasis on the importance of the child.

76 As indicated by UNICEF CO, in some places like Ukraine, the term money follows the child is a misnomer and is rather a subsidy than changing the financing flows.

Public finance management remained a major challenge. In some countries (Bulgaria, Georgia, Romania, Serbia), there does seem to have been some commitment to increased budgetary allocations for alternative child care services but even in some of these, the budgetary pressures consequent upon the economic and financial crisis has tended to slow this trend down or in some cases, reverse it.

Some of the most important trends and challenges in terms of financial flows and budgets for a number of countries in the evaluation are presented in Table 3.

Table 3: Trends and challenges in terms of financial flows and budgets for a number of countries in the evaluation

<table>
<thead>
<tr>
<th>Country</th>
<th>Key trends and challenges</th>
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<tbody>
<tr>
<td>Azerbaijan</td>
<td>Increased funding for child care. 'Money follows the child' have been piloted in education but not yet in child welfare, hindered by limited cooperation with Ministry of Finance. Differential financing of national and regional government institutions. Financial standards have been elaborated for some services but not yet accepted by the Government.</td>
</tr>
<tr>
<td>Belarus</td>
<td>No political commitment to address budgets and financial flows in childcare, so that unreformed (Soviet-type) system remains in place. Balance of financing between central, regional and local levels remains unclear. Savings from closing residential services sometimes used by regional governments for non childcare related projects.</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>Budgets for community-based services and family based care have increased substantially since 2005 until now, however tracing and influencing financial flows and budgets remains difficult despite serious efforts of key stakeholders. Substantial EU funding for recent reform projects linked to deinstitutionalisation showing value of transitional funding but with some concerns regarding sustainability. Resources for preventive services widely seen as inadequate, uneven, sporadic and extra-budgetary.</td>
</tr>
<tr>
<td>Croatia</td>
<td>Expenditures on residential care rose significantly annually until 2010, although there have been small reductions in 2011 and 2012. Spending on foster care has risen annually since 2009 but is still only about 11% of expenditure on residential care.</td>
</tr>
<tr>
<td>Georgia</td>
<td>Public spending on child protection including alternative care constantly increased in the reference period. Institutional shift in responsibility to MoLHSA also brought financial increases, with a doubling of resources available from 2008 to 2009. Financing standards for per day per service allocation were introduced in 2012.</td>
</tr>
<tr>
<td>Moldova</td>
<td>Line Ministry data suggests a decline in the budget for residential care of around 7.5% between 2008 and 2012. Although there was a 59% overall increase in child care expenditures in local budgets between 2009 and 2012, this was extremely uneven across rayons with some rayons showing significant decreases. New services including foster care, family support and integration tended to be donor funded though NGOs, and were included in the state budget for the first time only in 2012. A 2012 Governmental Regulation ensures funds released as a result of closing of residential institutions are channelled to future child care reform.</td>
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78 However, for Romania this was not the case for prevention and/or family support services, which actually generated a stationary trend in children in child care.

79 ANNUAL STATISTICAL REPORT, Ministry of Social Policy and Youth, http://www.mspm.hr/djelokrug_aktivnosti/socijalna_skrb/statisticka_izvjesca

80 State Budget, Georgia

81 Veverita – Budget Analysis Report, Moldova (2013)
Romania

More funds have been made available for family-like services as opposed to residential care, with a broad trend of increased resources for child protection pre-crisis. Reforms boosted by use of pre-accession EU funds and extra-budetary National Interest Programmes. Improved knowledge of financial flows may lead to changes in future in favour of alternative and preventive services. Recent elaboration of standardised costs for different services helps with restructuring priorities but these costs do not address quality of services and can act as a disincentive to the development of new services.

Serbia

Public finance management is still the weakest part of childcare reform, with suggestions that budget allocation fell between 2012 and 2013. Funding for community based services was boosted by Social Innovation Fund but remains inconsistent and unreliable. Local governments now are more aware of need to allocate funds to community based services.

At the level of perceptions among staff working in child care services, the opinions of the staff in child care about a possible increase in allocation of budgetary resources for family preservation or family-based care models rather than for placement and maintenance of children in institutions is quite balanced at the multi-country level. It is reported that 35% of respondents from all 10 countries surveyed agree that this would be the case, 30% disagree, while 36% were either undecided or did not know.

In Croatia, again the respondents were the most critical, 58% of them disagreeing that such an increase is in place with 47% of the respondents also disagreeing in Georgia. In Belarus 52% of the respondents agreed with the above mentioned shift in budget allocation, which is to a certain extent contradictory to the prevailing opinion from the qualitative data, as explained below.

As presented in Figure 3 the opinions of staff working in child care services about the allocation of resources to prevention programmes/services are quite evenly distributed. Although more than a half of respondents (54%) agreed that resources are allocated to day care for children with disabilities or with special needs, fewer resources were allocated for respite care (22%), centres that provide support and assistance to pregnant women at risk of abandoning their new born babies (24%), centres for mothers at risk of abandoning their children (26%), and family strengthening services, such as parenting education, mediation and conciliation services (28%). These perceptions of staff surveyed broadly correspond to the views of a wide range of stakeholders interviewed.

A clear commitment to a coherent governance structure, with clear ownership and leadership of reforms, was widely recognised as a crucial institutional precondition for the success of changes. In fact, it was assumed at the level of key stakeholders that the creation of key agencies responsible for co-ordinating child care reforms would be a major driver of institutional reform. The creation of a single agency within Government to co-ordinate reforms has been a crucial element of the reform strategy in a number of countries, most importantly Bulgaria and Romania, where it has the longest history. At the same time, the precise place of this agency within the governance system and existing institutional landscape has varied and changed over time, suggesting that the role of such an agency has not always been accepted by other key actors within Government. In some countries, in stark contrast, the absence of such a lead agency has been identified as a problem limiting reforms and as a sign of the lack of coherence and co-ordination between different governance bodies.

In Romania the National Authority for the Protection of Child Rights and Adoption\(^{82}\), was, on a number of occasions, downgraded in importance during the reference period and, to an extent, became less independent. A similar situation was reported for the State Agency for Child Protection in Bulgaria. In

\(^{82}\) Re-established in 2014.
Turkey, the setting-up of the Ministry of Family and Social Policies (MoFSP) was considered, together with the adoption of the Child Protection Law, as a milestone of child care reform. The establishment of the MoFSP gave more managerial power in front of other line ministries concerning measures for children.

Figure 4: Opinions of staff about the resources allocated to prevention programs/services

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Undecided</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family strengthening services, such as parenting education, mediation and conciliation services</td>
<td>16%</td>
<td>23%</td>
<td>24%</td>
<td>24%</td>
<td>4%</td>
<td>20%</td>
</tr>
<tr>
<td>Day care for children from disadvantaged families</td>
<td>3%</td>
<td>24%</td>
<td>17%</td>
<td>32%</td>
<td>8%</td>
<td>15%</td>
</tr>
<tr>
<td>Day care for children with disabilities or other special needs</td>
<td>2%</td>
<td>20%</td>
<td>12%</td>
<td>40%</td>
<td>14%</td>
<td>31%</td>
</tr>
<tr>
<td>Centres for mothers at risk of abandoning their children</td>
<td>17%</td>
<td>22%</td>
<td>13%</td>
<td>20%</td>
<td>6%</td>
<td>29%</td>
</tr>
<tr>
<td>Centres that provide support and assistance to pregnant women at risk of abandoning their newborn babies</td>
<td>17%</td>
<td>21%</td>
<td>17%</td>
<td>17%</td>
<td>7%</td>
<td>31%</td>
</tr>
<tr>
<td>Centres that provide psycho-social support and assistance for abused, neglected or exploited children</td>
<td>17%</td>
<td>20%</td>
<td>17%</td>
<td>17%</td>
<td>7%</td>
<td>31%</td>
</tr>
<tr>
<td>Centres that provide services that support the integration or reintegration of children in families</td>
<td>17%</td>
<td>21%</td>
<td>15%</td>
<td>34%</td>
<td>9%</td>
<td>18%</td>
</tr>
<tr>
<td>Centres that provide services for the development of independent living skills</td>
<td>8%</td>
<td>22%</td>
<td>13%</td>
<td>24%</td>
<td>6%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Q: Considering the budgetary constraints [COUNTRY] faces nowadays, to what extent do you agree that resources are adequately allocated for the following types of services aiming at preventing family separation? Total sample, N=438

The institutional arrangements for the entity responsible for child care reform are important for the success of the reform although there is no simple formula here. In some countries, the establishment of a line Ministry was a crucial move; in other cases, it was the establishment of a core agency; in yet others, ‘ownership’ of reform was signalled by placing responsibility within an office of the Prime Minister or Deputy Prime Minister. **What appears to be crucial is that the mandated agency has to have real power (both formal and informal) and real legitimacy.** In Turkey, for example, the establishment of the Ministry of Family and Social Policies gave more managerial power ahead of other line ministries concerning measures for children.

In all countries, a risk that was mentioned frequently, and also discussed in terms of sustainability, was that of **political instability and frequent changes of Government.** It is, indeed, rather hard to build this risk into programming beyond developing some kind of scenario analysis and working with those outside of the current Government including opposition parties and Parliament to try to ensure both a broad consensus on reforms and to minimize the discontinuity which a change of Government may lead to. There was evidence that UNICEF had engaged in both of these activities intermittently in some countries.

Over time child care reform has been recognised as complex, and requiring synchronized and coordinated interventions from different key sectors including health, education, social protection, justice, and so on. There was an assumption that **once the necessity of inter-sectoral cooperation began to be understood at the highest levels of governments that this would lead to improved cooperation and co-ordination in practice.** Such an assumption generated a tendency of overlooking the lack of a culture of cooperation and trust in governance in the countries of the region.

Apart from the governance structures, an important expected area of change was what has been termed **child protection information systems,** to effectively track and provide up to date, live information on...
services provided to children and families at risk and on children in care\textsuperscript{83}. In some countries information systems were developed\textsuperscript{84}, or are in the process of being developed, but there is agreement from the responsible key informants in Governments that much more work is needed to make these systems fit for purpose, i.e. enable monitoring of the status of each child in the system in accordance to a child’s specific needs and best interests, and to inform in real time policy making.

**Supply of services**

Many of the countries of the region now have more children in family-based care than in residential care, with most exhibiting trends towards a greater emphasis on family-based care (Figure 1). Throughout the countries, real and significant progress has been made in terms of the development of new services as an alternative to large-scale residential care. In many ways, these have been crucial in ensuring a shift in the balance of care provision away from large-scale residential care facilities and towards alternative care settings. At the same time, the different pace at which different services have been developed, and their uneven availability across time and space, have hindered the reforms and sometimes created unintended consequences. A general picture emerges not of a continuum of flexible alternative care services able to meet a wide range of needs but, rather, of a \textit{fitful creation of new types of services which, in and of themselves, are able to offer only limited support to children and families.}

**Kinship care** emerged as the main alternative care for children temporarily or permanently without parental care in all countries in the evaluation. To a certain extent, this solution has maintained that position throughout the reforms. Kinship care represents, in many ways, the easiest and cheapest alternative care solution and it does recognise the importance of cultural traditions of extended family care. Children in kinship care remain in their family environment and in principle the State has no decision-making or other role. However, there are some attempts to reach out to the children and the kinship carers\textsuperscript{85} through voluntary registration and offers of support, in light of the potential vulnerability of the children and the carers’ possible lack of preparedness. Informal kinship care may be recognised, if all parties agree, in the form of e.g. guardianship or formal kinship foster care. In such cases, most standards relating to formal alternative care should apply (selection, monitoring, support, etc.)

The use of \textit{foster care}, both voluntary and, increasingly, professional foster care has been central to the reforms in most of the countries, although with a different dynamic in each country. In Bulgaria foster care was rather slow to develop but has shown a sharp rise in recent years disproving a view, prevailing until at least 2006, that it was unlikely to be accepted by large enough numbers of families as a result of cultural and social norms which rejected the idea of temporary family care for children by strangers. A survey, supported by UNICEF and the State Agency for Child Protection, showed clearly that it was a lack of awareness of fostering as a concept, and not any deep social and cultural norms, which was the most important blockage\textsuperscript{86}. Hence, with raised awareness and with a focus on training specialist social workers to recruit, train and support foster parents, thus increasing supply and reducing barriers, the service has developed rapidly in Bulgaria. Again this has been largely implemented through UNICEF support, as was widely recognised by stakeholders. It is in terms of the expansion of foster care that the clearest example of projects ‘going to scale’ can be found. There is a clear lineage from small-scale pilots, through systematic modelling in up to a quarter of all municipalities, to the current major EU-funded


\textsuperscript{84} For example, in Romania a Child Monitoring Tracking Information System (CMTIS) was put in place, however not very much used.


programme. This takes its methodology and target group, particularly newborns and children under 3, directly from earlier UNICEF projects\(^87\). Although most evaluation informants were positive about the expansion of foster-care in Bulgaria, it remains to be seen whether the initial enthusiasm can be sustained and whether short-term, professional foster care is sustainable as a part of the child care system in the long run\(^88\). In addition, the rapid expansion of foster-care has placed significant burdens on many municipalities, tending to recruit inexperienced social workers to manage foster care whilst ‘the available resources of the NGO sector remain unused’\(^89\).

In Romania, foster care developed as early as 1997 through the concept of 'maternal assistant', envisaged as a professional task on a temporary basis to prepare children in care either for rehabilitation into their natural family or placement in an adoptive family. By 2008, Romania had some 15,000 professional foster parents caring for 20,000 children\(^90\). These professional foster families are licensed and inspected every three years, forbidden to work in any other paid formal employment, and placement of children with them is governed by a contract.

Although in most of the countries there have been attempts to expand the network of professional foster carers so that older children, children with severe disabilities, children with HIV/AIDS (where relevant), and children with behavioural problems may be placed with them, this has not happened at the desired rate. Perhaps even more crucially, it has become clear over time that the majority of such placements are long-term rather than temporary, with foster care becoming the placement of choice for younger children rather than a step to reintegration or adoption. As a number of respondents\(^91\) argued, this gap between the purpose for which foster care was designed and the reality of its implementation in practice, will have unintended consequences and create new blockages in many of the child care systems covered by this evaluation. Any expansion of new professional foster parents seems likely to cost more money and may drain resources from other alternative and, particularly, preventive services. New kinds of pressure may also be put on foster parents as foster children grow and deal with issues relating to adolescence.

In some countries it was suggested that because of a ban on placement of young children under 3 in residential care, foster parents may return older children into residential care to ‘free up’ a place for a younger child although there is no clear evidence to suggest that children are being re-institutionalised in this way as yet. In any case, whilst the development of professional foster care across the countries is a major achievement, the sustainability of the service without some considerable rethinking, in the context of a suggestion that numbers have peaked and may even be declining, is a significant issue, pointing to the need for a ‘new generation’ of child care reforms\(^92\).

In some countries (Bulgaria, Georgia, Romania, Turkey) there are concerns that foster care had been rushed as a reform measure with some children placed in foster care without a thorough assessment, much less any matching process, although some initial training has been provided through initiatives of UNICEF and the central government authorities. Nevertheless, serious gaps in the selection, training and support of foster parents are noted by some stakeholders. Although the extent of the problem is not clear, some service providers suggested that older children returned from foster care to large residential institutions were an emerging vulnerable group.

\(^{87}\) Interviews national respondents Bulgaria, March 2014.
\(^{88}\) Country visit, Shumen, Bulgaria, March 2014.
\(^{91}\) Interview and focus groups with NGOs and child care staff in Bulgaria, Georgia, Romania
\(^{92}\) Interviews national respondents April – May 2014.
An important new service across most of the countries in the evaluation is the **small family-type group home**. Small group homes became the centrepiece of the reforms, particularly for children with disabilities previously in old-style large residential care (in Bulgaria, for example). Considerable disagreements can be seen regarding the number of small group homes needed, their ideal role in the system and their size/capacity. In Bulgaria, Government authorities are reported to have initially suggested a capacity of between 12 and 15 children with NGOs insisting on a maximum of 8 children so as to avoid the rapid development of a kind of re-institutionalisation. A model of a capacity of 12 plus 2, in cases of emergency, has been developed, largely as a result of the costs involved in creating smaller units. The original idea for small group homes came from International NGOs working to a standard design. However, crucially, the new Government is financing a large number of such homes or placement centres, some respondents suggested as many as 170, as a key element of the reforms.

There is an increasing concern amongst country respondents from some of the countries in this evaluation (Bulgaria, Georgia, Romania and Turkey) that such small group homes may contribute to **re-institutionalisation** or trans-institutionalisation rather than inclusion. An overwhelming emphasis on small group homes as *the* solution is also felt by many to introduce new distortions and, as noted above, risks to system reform. On a desired continuum of social services which are needed, the construction and running of these small group homes is in danger of taking the lions’ share of the child care budget, leaving the development of alternative care services for a later stage in the reforms. At the same time, it was recognised that children with disabilities in existing, large-size, residential care needed to be a priority as they suffer from the severe denial of their basic rights and that placement of such children in smaller and better homes may, at least for a transitional period, be an important policy measure.

However, the definitions of these services are not always clear cut and sometimes service providers use different definitions either for reasons of not having these services yet well established and regulated, or in order to have a better standard cost. A recent report, for example, noted situations “where in the family type services child protection authorities included small group homes, which are, in fact, residential services” and in other cases that child protection authorities “prefer to report their small family homes as institutions, as cost and staff standards are more generous for institutions than for small family homes”.

Ultimately, in all the countries it is the supply of a wide range of **preventive services** which allow children at risk to remain in their natural families whilst tailored support is offered to individuals and families whether in their own homes and/or in specialist non-residential centres, which is fundamental to the effectiveness of child care reform. At the same time, although some progress has been made in most of the countries in the evaluation, this is the element of the reform which, across the entire region, appears still to be the least well developed.

On paper, all countries have a range of preventive services, which aim to prevent placement in institutions, support the return of children in care to their natural parents, and, in general terms, support children in at risk families (facing e.g. unemployment, poverty, lone parenting, alcoholism etc., or most often – a combination of these). Across the countries in the evaluation, preventive services addressing families at risk of separating a child due to inappropriate parenting practices include: Centres for Social  

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94 Country visits, March – April 2014.
95 HHC Romania/ARK (2012) The Audit of Social Services for Children in Romania, page 43, [https://docs.google.com/file/d/0B3UFnlxVxp24mQUVubFVkhZ0Z5YkU/edit](https://docs.google.com/file/d/0B3UFnlxVxp24mQUVubFVkhZ0Z5YkU/edit) (accessed in June 2014).
96 HHC Romania/ARK (2012) The Audit of Social Services for Children in Romania, page 13, [https://docs.google.com/file/d/0B3UFnlxVxp24mQUVubFVkhZ0Z5YkU/edit](https://docs.google.com/file/d/0B3UFnlxVxp24mQUVubFVkhZ0Z5YkU/edit) (accessed in June 2014).
97 Mapping of services in all countries covered by evaluation.
Support/Community Support Services, Mother and Baby Centres, Day Care Centres, Complexes for the Provision of Social Services, Centres for Social Rehabilitation and Integration, and others. In response to evidence that mothers often leave their babies whilst in hospital, Mother and Baby Units allow for a time-limited placement of a mother and her baby to enable mothers to receive advice and support, learn parenting skills, and prepare for reintegration into the community. In some countries, for example Bulgaria, the lack of facilities for fathers was noted by some respondents as a major problem. Day Care centres offered tailored support, often in groups, for at-risk children and children with disabilities. Community support services are tasked with providing a range of services including psychological, social and legal support to parents, training, pre- and post-natal care and counselling.

As indicated in Figure 4, among the services perceived by staff working in child care services as being currently available, day care centres for children with disabilities or other special needs were most often mentioned (54%), followed by centres providing counselling and legal aid (45%), home based care and centres providing psycho-social support and assistance for abused, neglected and exploited children (43%). While at the beginning of the reference period, the most available were home based care (15%), centres providing counselling and legal aid (12%) and day care for children with disabilities or other special needs (8%). The data concerning the situation 10 years ago needs to be treated with caution in terms of the level of knowledge respondents have about the situation at that time, given that qualitative evidence indicated quite a high staff turnover in child care systems.

Figure 5: Opinions of staff regarding the evolution of services in terms of availability

In all the countries in the evaluation, financial and human resources available for preventive services are widely viewed as insufficient and, at best, uneven, with some suggestions that those regions and localities where needs are greatest have the least well developed preventive services. This is because this type of service has not been prioritized over other type of services.

Even in Bulgaria where a clear Vision and Action Plan has led to five large-scale EU funded projects, there is no project which explicitly includes prevention or family support work within its mandate. At the same time, in the Shumen region of Bulgaria, UNICEF is piloting, on a rather large-scale, a range of innovative preventive services including outreach services and community-based services. The continuum of services targets a wide range of potential clients, tailoring some work to the most vulnerable
and marginalised, including Roma, but also offering a wider range of, for example, health visiting and support services free of charge on demand. UNICEF respondents stressed that the approach as a whole is new insofar as it focuses on support for childhood development, within a holistic approach to the whole family. Staff in different services “try to address major issues in the family, help with social benefits, the legal status of the parents, education”98. The model is based, explicitly, on a move away from a focus on so-called ‘prevention of abandonment’ to ‘prevention of family separation’. The former can reinforce a ‘deficit’ model of mothers instead of seeing family separation in a wider context including “the community, the beliefs, and the wider social inclusion agenda that needs to be addressed”99. The Shumen model, at least in part, appears to support a recent argument that what is needed is more community social development type interventions, working with the strengths, not with weaknesses, of families, and using advocacy approaches to lever social investments, including investments in housing and employment100.

Romania has in place a similar array of preventive services, including a network of day care centres, intervention services in maternity wards, as well as programmes targeting intervention in schools. Despite being more advanced than most countries in the region in terms of reform, studies still suggest that the development of preventive services and methodologies are not fully in place and, indeed, that prevention as a concept is not yet fully embedded in the minds of social workers. Perhaps even more importantly, a study suggested that 60% of those working in preventive services lacked higher degrees, a proportion which was even higher in rural areas101. Recent cuts in fuel allowances are reported to have hit hard in terms of limiting outreach work since social workers have had to restrict their travel; hence, adequate follow up on all but the most essential cases is being reduced and preventive work across any distance is made much more difficult102.

In all countries the gap between commitments on paper to a range of preventive services and realities in practice appears to be quite large. Also, another factor that is slowing down the development of prevention services refers to bottlenecks in cross-sectoral work (sub-section 4.2.2).

The effectiveness and sustainability of services are negatively influenced by the fact that statutory local child protection departments in many countries have not had sufficient investment and their workers have not been trained or empowered enough so that their staff often feel overwhelmed and demoralised. The average social workers’ monthly salary across the countries in evaluation range between 150 – 400 USD and it was reported in all countries as being among the lowest paid jobs in the country. For that reason correlated with high caseload and responsibilities, the staff turnover in social work services (including child care) is very high and varies from a few months (such as in Moldova) to a few years in other countries. The professional status of professionals working in child care (and not only social workers, but other professions such as the police) is very low. For example, in Turkey it was reported that police staff working with children have the lowest informal status among their peers. In terms of professional qualifications, this varies from country to country and according to the job undertaken in the child care system. Overall, in the system there are many carers working in direct contact with children with very little training, qualifications and even education.

The low status of staff working in the child care system is another important source of risk. In Bulgaria, there was general agreement that statutory social workers within Child Protection Departments

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98 Country visit Bulgaria, March 2014.
99 Ibid.
(CPDs) receive low salaries and have high workloads resulting in sub-optimum outcomes for children\textsuperscript{103}. Whilst it is the case that one of the five EU-funded reform projects is concerned with increasing the capacity of CPDs, there is widespread agreement that this has been the least developed of the projects, thus far. Country respondents reported that workers in child protection departments suffer from a lack of quality management and supervision of their work and workload, and that in-service training modules have been planned but not implemented, on the whole\textsuperscript{104}. A recent report states that social workers have caseloads up to around 150, whereas standards suggest an optimal caseload of 25-30\textsuperscript{105}. In Romania, social workers in County Directorates for Child Protection are widely seen as having a relatively good capacity. At the same time, the economic and financial crisis and, in particular, a moratorium on new appointments, lifted in 2013 for workers in child protection, has reduced both morale and capacity. As a result of the introduction of austerity measures, salaries of public sector employees have been cut, including those of social workers and specialised child care staff and, crucially, fuel allowances have been reduced, considerably limiting social workers’ ability to travel and, hence, reducing still further already limited mobile, outreach and community-based services\textsuperscript{106}.

In most of the countries in the evaluation the system is not only based on de-motivated staff, but is also understaffed. \textbf{Insufficient human resources} for the implementation of the reform correlated with insufficient institutional capacity to implement reforms and lack of financial resources reported in many countries are decreasing the sustainability perspectives of the reform in these countries. A particularly difficult situation was reported in Ukraine where the need for community social workers is very high because of the recent dismissal of all otherwise recently hired community social workers (about 12,000 people). In Moldova professionals in child care have serious concerns regarding instability in terms of the child care workforce, as according to the Ministry of Labour Social Protection and Family, annually, at least 20% of social workers are leaving the system because of their very low salaries.

\textit{Demand for services}

Beneficiaries’ capacity to express demand for child care services is an important element of the system, nonetheless an element that proved to be the most difficult to address in the reform and which is still lagging behind all the other drivers of child care reform. Empowering beneficiaries to overcome barriers to access services had to be done in spite of the fact that the more vulnerable families are, the more difficult it is for them to express demand and of parents’ general perception that children are their property and decisions about children’s lives are only of their concern.

In many ways the question of access to new services and particularly of vulnerable families has been addressed at length above. Whilst detailed statistical information is lacking, the qualitative data collected for the evaluation clearly indicate that in many countries new services are not always available countrywide\textsuperscript{107}. This is the case, to an extent, even in those countries with decentralised child care systems where it should have been easier to develop new services from a human and financial resources aspect\textsuperscript{108} closer to the needs of the beneficiaries. Country respondents noted that preventive services have, in some cases, been hindered by decentralisation because the local authorities were “completely

\begin{itemize}
  \item \textsuperscript{104} Country visit Bulgaria, March 2014.
  \item \textsuperscript{106} Interviews and focus groups RO, March 2014
  \item \textsuperscript{107} Interviews and focus groups Bulgaria, Georgia, Moldova, Romania, Turkey
\end{itemize}
unprepared”, particularly in situations where “fiscal decentralisation did not accompany the administrative decentralisation process”\textsuperscript{109}.

In Bulgaria, at least within the Shumen demonstration or model project, UNICEF and others have been heavily involved in supporting a network of new services which do appear to be relevant for, accessible to, and effective in meeting the needs of vulnerable families. Crucially, an example of good practice in Shumen region, particularly important in rural and peripheral areas away from the city centre, has been the establishment of a kind of ‘early warning’ network of volunteers acting as the ‘eyes and ears’ of community support services and forming the key link through which outreach and support services can be targeted where needed. It is important to note that, on the whole, these volunteers are, themselves, former users of social care services. In part this reflects their credibility and possibility to establish relations of trust with vulnerable children and families. At the same time, it points to the lack of engagement of key professionals in the community including doctors, teachers, and others\textsuperscript{110}. As noted above, the lack of sustainable financing as well as the absence of clear criteria for new services is cited by staff as major factors still limiting access to new services\textsuperscript{111}.

In Turkey, as well as in other countries (Azerbaijan, Bulgaria, Georgia, Moldova, Romania), making changes in access to services is highly related to decreasing regional disparities across the regions of the country. In these countries it was reported that in many cases professionals who are supposed to work in services related to child wellbeing refuse to relocate to the remote, poor areas of the country. In spite of the lack of quantitative evidence or economic measurement, country respondents confirmed that in the case of child care services a vicious circle between the lack of supply and the lack of demand is present. Professionals have not only the role of providing services, but as a consequence of service provision, they also empower beneficiaries to express their demand either by explaining the role of the respective care service in the child’s development and/or by referring to other services that might contribute to better care. However, in the countries in the evaluation there was no evidence of existing policy incentives for staff working in remote poor areas.

In the countries where financial support for demanding services is provided (e.g. for the care of children with disabilities) this measure proved of limited effectiveness so far in the absence of awareness raising on the importance of expressing demand for services and of ensuring a fairly even availability of these services. Overall, for the countries where policy instruments for expressing demand begin to be available, there is a lack of coherence with other child care policy measures/instruments (related to service supply or to case management).

**Quality of services**

Alongside system governance, issues of quality of services were also of utmost importance, although the nature and effectiveness of quality assurance mechanisms varied considerably across the countries covered by the evaluation and also, in countries where decentralisation is already in place, it differs in implementation at the local levels. Mechanisms for the quality assurance of services include standards for services, supervision and inspection procedures, criteria and methods of staff recruitment, performance monitoring and evaluation, and assessment of quality of services. In spite of the differences in the architecture of the mechanism and in the path of progress in actually transposing this mechanism into practice in all the countries there has been some kind of commitment to ensure quality of services.

Based on feedback received from country-level consultations, the major challenge in developing and applying a quality assurance mechanism lies in the availability of needed data, the frequent absence of

\textsuperscript{109} Interviews staff working in child care

\textsuperscript{110} Country visit Bulgaria, March 2014.

\textsuperscript{111} Interviews and focus groups Bulgaria, March 2014
good baseline data, and in how to connect and to use the outputs of the quality assurance mechanism with the broader child care system in the country – which remains problematic for most countries. In some countries there is confusion regarding who is charged with monitoring and who is responsible for inspection, what does monitoring mean and how is this different from inspection\textsuperscript{112}, or how to connect evidence resulting from systematic monitoring and evaluation of various aspects of services related to child care with policy making or with improving decision making.

\textbf{Diversity of quality assurance practices across the countries:} Romania and Bulgaria have developed a system of quality standards for child care services and for case management over a long period of time which represent a key measure of quality assurance across the country. Although such standards are far from perfect, “they have contributed to shaping ... services and improving the quality of service provision”. Crucially, in both Bulgaria and Romania, quality standards are related to \textit{licensing} referring to licenses only issued to service providers for a limited period and on condition of meeting the quality standards.

In Serbia, according to the Social Welfare law there are two functions related to quality assurance: inspection (controlling) and professional supervision (which is more about professional oversight and support). Inspection is understaffed especially since the inspectors are in charge for all licensed service providers (not only state run but also community based services). Professional supervision is by its nature/purpose expected to be separate function meaning that it should not be performed by inspectors. The problem is not only that capacity for professional supervision is lacking (i.e. no staff available), but also the line ministry does not have a clear vision regarding how this activity should be implemented.

In Montenegro, even though currently there are no national quality standards in place, it is planned for the new Institute for Social Work to be an independent mediator between social care services and Ministry, and that will be responsible for monitoring standards, training and accreditation and issuing licences to practice, and accrediting services and programmes according to the new by laws.

In Turkey, the Ministry of Family and Social Policies has recently adopted a package of self-assessment tools to improve the quality of the childcare services. The self-assessment tools were designed to empower the child care services’ managers “to present their achievements, provide reasons for failures and define the path to success”. However, the field evidence demonstrates delays in implementation and certain reluctance on behalf of the potential users to actually proceed with mainstreaming self-assessment in their current practice.

\textbf{Case management\textsuperscript{113} is an important part of quality assurance} in the countries where it has been established and is emerging as functional. However, there are minimum quality standards for case management to be observed in all child protection cases in a very few countries in the evaluation. Case management is reported as increasingly becoming a working method across the countries in the evaluation, but field evidence indicated that in several countries (except for Bulgaria, Croatia, Romania and Serbia where this is already implemented) only in the last reference years the main case management elements have been stipulated in the legislation and only in a few countries very recently it

\textsuperscript{112} It should be noted that this evaluation was carried in countries lacking evaluative culture, where activities aimed at following progress and performance have punitive connotations, rather than those referring to learning or implementation of real time, ongoing adjustments.

\textsuperscript{113} There are different definitions of case management. Thus, in the Romanian legislation, “case management, applied in the child welfare sector, represents a coordination method of all social work and special protection activities developed in the best interest of the child by professionals from various private and public services/institutions (Order 69/2004 of the National Authority for Child Protection and Adoption). A UNICEF source defines case management as a “step by step management of the individual case by statutory services, in several phases – from initiation to case closure” (UNICEF CEE/CIS Report of the Sofia Consultation on Child Care System Reform in South East Europe, July 2007).
began to be applied in practice (Georgia and Moldova). Furthermore, what is meant by case management and the role it plays within the system varies considerably across countries.

**Case management – a quality assurance tool:** In Romania, where case management standards appear most advanced, most respondents supported the idea of quality standards for case management in order to ensure a common approach amongst different child care professionals throughout the country, but the gap between the standard and the reality was felt to be quite large. Service providers suggested that, on average, a case manager had a workload of between 40 and 50 cases compared to the maximum of 25 set in the standards. Currently, as reported by the Ministry of Labour (*Study on the Evaluation of General Directorates for Social Assistance and Child Protection, Public Services for Social Assistance and other institutions and organisations involved in child protection system in Romania – 2013*), the workload increased to 70 to 100 cases. In the context of staffing difficulties, often the same professional plays multiple roles within a case team. In addition, although quality standards have improved the situation, the understanding of what case management actually entails varies.

Although quality standards were introduced in Bulgaria in 2003 (*Regulation on Standards and Requirements for Social Services for Children*) they are related only to foster-care, residential care and alternative care services in general terms. Crucially, they were described by NGO representatives as ‘provider-centred’ rather than ‘child-centred’, relating more to inputs rather than outputs and outcomes for children. They are less about service quality, therefore, than about the type of documentation required to be kept, broad environmental standards, space per child, and food and hygiene. Furthermore, as long as “services meet their own interests and do not try to meet the needs and interests of their clients and the families”, then Bulgaria will not have true quality services. There is a general view among parents, NGOs representatives and child care professionals that inspections, carried out by the State Agency for Child Protection (SACP), are rather formalistic in nature and do not result in improvements in quality. The SACP is also responsible for registering and licensing service providers as regulated by the Child Protection Act. *Case management and protocols for inter-agency case conferences* in cases of suspected violence against children exist with social workers from Child Protection Departments acting as case managers. In practice, in large part as a result of heavy demands on statutory social workers, the practice of case management is rather underdeveloped, still, in Bulgaria.

**Child care standards often include a separate mechanism for complaints.** However, the field evidence indicates that beneficiaries do not make use of their right of participation – using feedback and complaints procedures for exercising their social rights and service development. Care beneficiaries and their parents are not well aware about the essence of feedback/complaints procedures and tend to consider it as a source to express a “wish” or “gratitude”. Overall, in the countries in the evaluation, in the best cases, a mechanism for complaints serves not to improve quality but to control and channel dissatisfaction, so that parents do not complain elsewhere.

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114 Interviews with children and parents, as well as focus groups with NGOs
Different stages of the development of standards:

In Belarus, 44 normative standards relating to children, including inclusive education for children with disabilities, were introduced in 2003, these are essentially formulae setting out basic packages of entitlements rather than strict quality standards. Licensing of providers has been discussed but not yet implemented.

In Georgia the first draft of the child care standards has been developed in 2005 for small group homes within an EU funded project. The initiative was expanded to all alternative care by UNICEF. Under the Technical Secretariat of Inter-ministerial Committee for Child Welfare and Deinstitutionalization a special work force of professionals was established and child care standards for family substitute and family support services have been developed. The standards have been finalized also with EU funding and the first version of standards was approved by the government in 2009. The final version of the standards was approved by 2014. It was enforced for all state funded child care services. After the introduction of child care standards, changes were introduced in the Law of Licensing for residential institutions stipulating as compulsory licensing as per child care standards. In parallel, standards addressing day care service standards for persons with disabilities has been developed and approved. Monitoring of standards was launched in 2013 with UNICEF support. The initiative resulted in the establishment of the separate monitoring unit within the MoLHSA.

In Serbia standards have been developed for the following groups of services: a/ residential placement services (homes for children and young people, small group homes, shelters, respite care); b/ services supporting independent living; c/ community based services (day care centres, home help, drop in centres, child personal assistant). Standards are seen by NGO professionals and service providers as a step forward in introducing the system of quality, rules and mechanisms for monitoring and evaluation of services as well as an important progress in providing protection to service users from inadequate treatment. However, more services should be standardised in order to be recognised by local authorities for funding. Standards for foster care were adopted in 2008, but that bylaw was not in line with the new Social Protection Law so a new bylaw has now been drafted.

In Turkey, the Development of Minimum Standards for Children Deprived of Parental Care has aimed to support and monitor the standards of state protection and/or care provided to children deprived of parental care, including those who have fallen into conflict with law, as well as victims of emotional, physical and/or sexual abuse, and to develop minimum standards to be used in evaluating these services. The process of elaboration and launching the standards in practice has been long and with a limited effectiveness so far, as it is still reported that upload in the system have just started in 2014. The General Directorate for Child Services (at that time still the Agency for Social Services and Child Protection) has launched in 2009 an initiative to create a Total Quality Management System for implementation in its provincial organizations. Having anyway an extremely limited coverage of individual care standards, this paper–based system soon proved to be unjustifiably burdensome and non–functional (although some enthusiastic provincial branches used it as a means for showcase), and the restructuring of the General Directorate as a constituent of the Ministry of Family and Social Policy rendered its extinction” (independent child protection expert). The Minimum Standards project (2009–2013) yielded a considerable number of (digitized) tools for ensuring and supervising quality of care in various group and family–based care settings as well as in after–care. Lack of ownership by General Directorate for Child Services’s central decision–makers and the re–structuring of its departments, their chief executives, and the Ministry’s several agencies, postponed the implementation.
4.2.2 Harmonizing child care reform with other key sectors

Although mostly rhetorically there has been increased attention to maximising the synergies between child care reform and other key sectors of social and child care policy, the realities have often fallen short of the ideal. Recent studies\textsuperscript{115} indicate that a major pre-requisite of inter-sectoral collaboration is an increase in the professional capacity of all those involved, requiring “informed professional judgement 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 is not easy to find in the countries studied and which implicitly sets the need for considerable efforts of professional development and capacity building, as well as for a certain level of professional maturity. Analysing the achievement of child care reforms it appears that none of the national systems studied in this evaluation has reached such a critical mass or stage of development.

For this reason there were informants who questioned child care reform because it failed to connect with other sectors sufficiently. One respondent stated: “I don’t think it is a reform; a reform by definition should link it to other sectors of interest (e.g. health, education)”\textsuperscript{116}.

Although inter-sectoral and inter-ministerial working is relatively well developed in those countries where child care reform started earlier, in part because of the creation of reform ‘lead agencies’, there remain issues about how far there are synergies and a degree of harmonization between child care reform and the health sector across the countries studied. In some countries (Romania, Ukraine) actions have been taken to intervene to ensure social work intervention in maternity wards. While in Romania this practice is regulated by the normative framework, in Ukraine this is not mandated by law. What the laws have done is to ensure a clear division of labour between different ministries and, as noted above, a clear lead agency charged with steering child care reforms. Stakeholders from most of the countries in the evaluation argued that co-ordination between sectors, particularly health and education, is not well developed and that this is one of the most significant factors hindering more effective and complete reform within the child care system.

The health care sector is seen as largely unreformed from the perspective of progressive child- and family- centred interventions, with most reforms being of a technical nature and relating more to financing than the inclusivity, relevance and accessibility of the sector. Indeed, within a set of reforms which included giving a greater role to general practitioners as the key gatekeepers into the system, together with a new public management approach to costs within hospitals and, indeed, the health sector as a whole, some services which could have been important in terms of child care were eroded or even completely eliminated. A case in point is that of community nursing or community health visiting which was widely appreciated under the old system. In some countries, drops in GDP and the austerity measures concomitant upon the economic and financial crisis have also considerably eroded health systems.

A similar view that there has been little synchronisation between the child care and education system was often reported in the evaluation, with the exception being a general impetus towards inclusive education for children with disabilities and, in particular, supplementary or resource teachers in schools to provide additional support to children with special needs. Again, there is still a gap between stated commitments and the ways these are implemented in practice. In some countries such as Bulgaria, Georgia, Moldova, Romania and Turkey, the fact that there is a shortage of resource teachers and a lack of sufficient training, as well as a limited understanding of and competence in using modern methods to

\textsuperscript{115} 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)

\textsuperscript{116} Country visits March-April 2014
work with children with special needs, is seen by some respondents as indicative of the half-hearted nature of the interconnections between child care and inclusive education\textsuperscript{117}.

In some countries, still, there is little or no synergy between sectors, agencies or ministries with divisions, in particular, between the Ministries of Education, Health and Labour and Social Policy reflecting an old, rather out-dated, separation which limits the effectiveness of child care reforms in a number of ways, creating artificial divisions of responsibilities based on the age and status of the child. The lead Ministry in the reforms is not the same across the countries studied. In some countries, other Ministries are reported as not particularly active in implementing reforms or may block deinstitutionalisation based on the specific status of a child. In some post-Soviet countries draft laws and regulations are usually compiled by a single lead Ministry although, increasingly, there is a degree of inter-Ministerial working but on a rather technical level. Such systems tend to remain rather ‘statist’ and ‘top down’ with little space for NGOs to be involved in key governance mechanisms.

In all countries in the evaluation UNICEF has been involved in developing standards and/or protocols for inter-agency working in practice for different specialists to respond to the needs of children and families at risk. These standards are not yet rolled out and, hence, have not yet impacted on the rather weak levels of inter-agency working at local level. Some important work has been undertaken, again supported by UNICEF, in developing shared databases and information systems between different sectors which ought to improve the effectiveness of the reforms although in practice the degree of exchange of relevant information remains rather low, as does the capacity for more evidence-based policy work. Many respondents working on child care reform suggested that other professionals, notably those in health care, have not yet developed a commitment to, much less competence in, child- and family-centred approaches, and there remains a lack of consistent and sustainable training models which target workers from different sectors and/or prioritises inter-agency working.

In Romania there was a general agreement that synergies have been developed and laws have certainly been passed, such as those preventing children under two being institutionalised, which require strong inter-agency agreement. In practice, as NGO representatives suggest, too many young children remain within hospitals and health professionals' participation in case management and inter-disciplinary working was also stated as a weakness in the system. Nevertheless, formalised partnerships between education, social protection, health and police services is, at one level, mandatory but opinions differed as to whether these are only formal partnerships on paper or whether, and to what extent, inter-sectoral communication and understanding has improved over time. As a matter of routine, rather like in Bulgaria, in Romania all policy documents involve the active participation of all relevant Ministries and bodies so that, at least at the macro-level, an inter-sectoral approach is now standard. In all countries in the evaluation, as a result of its high reputation, UNICEF was noted by many stakeholders as playing a key role in mediating and creating a safe space for different Ministries and bodies to come together.

The inter-relationship between child protection and social protection in all countries is a complex issue, worthy of much greater research. Nevertheless, it should be mentioned that it is reported by UNICEF\textsuperscript{118} and other sources that the system as a whole, including the poverty reduction components, does not seem to be prepared to reach the most vulnerable families, prevent separation and support families to reintegrate children.

\textsuperscript{117} Interviews national respondents Bulgaria, Georgia, Moldova, Romania and Turkey

For example, in Romania “social benefits are not instrumental in lifting poor people above the poverty line”. In some cases, not even the USD 1.25 a day poverty line is reached. Thus, social transfers help poor people to survive from one day to another, but do not protect children effectively, since poor households (including those in severe poverty and the working poor) that have received a mix of benefits during the entire period 2008-2011 still are in poverty or worse, in severe poverty. Moreover, children from these households have experienced multiple deprivations in various critical areas such as health, nutrition, and education.\(^{119}\)

In Georgia, within the reporting period one of the most important social assistance programs addressing children from poor families was the Targeted Social Assistance (TSA) Program. This program was introduced in 2006 with the aim to provide targeted cash assistance, health and communal services to the poor families based on the proxy means testing. TSA coverage expanded year by year from about 400,000 beneficiaries in July 2008 to about 430,000 recipients as of mid-2011. When comparing TSA coverage by households with and without children it appears that in the poorest households, those with children were less likely to receive cash benefits in 2011. Thus, it is reported that 12 percent of households with children were receiving TSA in 2011 compared to 15 percent of households without children (UNICEF 2012). In 2009, 35 percent of households without children in the poorest wealth group were covered by TSA cash benefits as compared to 56 percent of similar households covered in 2011. As for households with children in the same consumption group, the increase was from 43 percent to 53 percent in the same time period. Even though coverage of TSA cash benefits increased, this positive change is more evident for households without children (UNICEF 2012). Besides the financial assistance, TSA’s role does not necessarily translate into a positive impact of the targeting mechanism. There are service access barriers because of the lack of documentation or registration by those who are the most vulnerable. The program’s role in addressing poverty is satisfactory. However, it is questionable whether it really deals with vulnerability since social protection services delivered did not demonstrate positive changes in terms of social status of the beneficiaries, with few exceptions represented by cases at the micro level, where the success of the social workers involvement revealed its importance\(^{120}\).

4.2.3 Correlation and stability of changes

In terms of the Determinant Areas, in each of the countries, the precise sequence and inter-relationship between the different elements has exhibited a somewhat different dynamic. However, synthesizing the information above for all the countries in the evaluation, it can be argued that the following determinant areas have received most of UNICEF’s and Governments’ attention over the reference period: ‘Legislation and Policy’ and ‘Management and Co-ordination’ (or, at least in the broader sense, governance). Issues of ‘Social Norms’, as a part of the overall ‘Enabling Environment’, and ‘Social and cultural practices and beliefs’, as an aspect of ‘Demand’, are recognised as important by UNICEF and partners (especially non-governmental ones) but have been addressed to a lesser extent in the reference period in spite of their major influence in every other determinant area of change. Challenges in ‘Budgets and Expenditures’ have received more attention in the latter part of the reference period. Both UNICEF and the Governments’ contributed to changes in the determinant area, largely triggered by UNICEF’s advocacy and know-how. Action plans are judged as coherent, and likely to produce resilient changes in the lives of at least some children, albeit with some reservations in terms of human and financial resources, the impact of the crisis, and the lack of attention to prevention.

The risks identified by the evaluation in relation to the ‘Legislation and Policy’ component of the reform refer to the delays in implementation and contradictions between certain provisions in the child protection legal framework and the provisions of other laws. In the countries where this has occurred the reform

\(^{119}\) Stanculescu M., Marina M. Popp A.: Being a child in Romania - A Multidimensional Diagnosis (2012)

\(^{120}\) UNICEF Georgia: Evaluation of Results Achieved through Child Care System Reform 2005-2012 in Georgia (2015)
itself is quite contested. The uneven speed and sequencing of the reform was a risk factor in the implementation of reforms. International support mostly project-based introduced reporting requirements which generated pressure for showing tangible immediate results often at the expense of demonstrating a long-term impact on the lives of children and their families. **The assumption that quick reform means good reform is not supported by the evidence.** Preference for group homes as a priority ahead of the development of more extensive prevention services, with success more difficult to demonstrate in the latter, diminishes the impact of the reforms. UNICEF Regional Office has developed initiatives\textsuperscript{121} to ensure international exchange of best practices in order to increase the capacity of stakeholders to learn from each others’ experience, to reduce duplication of efforts and to adjust the speed of the reform based on each country’s specific situation which has gone some way to mitigating some of the risks noted here. For example, the Government of Turkey, inspired by the practices of ‘Every Child Needs a Family’ initiatives of different countries in CEE/CIS documented and disseminated by UNICEF Regional Office via the Country Office, launched a dynamic campaign (TV spot and meetings with public influential figures) for promoting foster care.

Development of ‘Supply’ came as a logical step forward towards progress in child care systems and has also been prioritised although there remain considerable barriers to access, less in terms of infrastructure but more in terms of a combination of the presence of qualified personnel and adequate channels for information. Also, the financial sustainability of new services is not always certain. As already presented in detail in Section 4.2.1, the diversification of new services available is not sufficient to respond to the many complex realities that vulnerable families may face, or to address the specific needs of the most vulnerable groups of children and their families. The stability of the progress achieved so far both in terms of ‘Access to adequate services’ and of ‘Availability of essential commodities’ remains causally connected to consolidating the ‘Enabling environment’ (especially related to ‘Budget and expenditures’ and ‘Management and coordination mechanisms’).

Changes in ‘Demand’, especially concerning ‘Financial access’ and ‘Continued use of services’, were less visible so far and more of interest to UNICEF and their NGO partners. ‘Financial access’ has been an issue at the interface of child protection and social protection reform but more focus has been placed on identifying rather than removing blockages. From the perspective of UNICEF’s focus on prevention these areas of system changes will have to be consolidated in the future with a stronger involvement from Governmental partners.

Over time, especially in the more recent years of the reference period, ‘Quality of services’ received greater attention and have been addressed in all countries but perhaps, is most developed in the countries where reforms started earlier and as a response to UNICEF’s and non-governmental partners’ interest.

### 4.2.4 UNICEF’s contribution

In many ways, the contributions of UNICEF and of other key stakeholders to the reforms, particularly Government agencies, policy makers and professionals, have been addressed above in terms of each Determinant Area. Here, we provide little more than a summary overview and a broad discussion of the

\textsuperscript{121} UNICEF Report - *Child Care System Reform In South East Europe: Taking Stock and Accelerating Action*, Sofia (2007)


views of respondents regarding the strengths and weaknesses of UNICEF’s interventions. In the countries where child care reform has started earlier and/or benefited from an increase allocation of resources (both from national and international sources), such as Bulgaria, Croatia, Georgia, Romania and Serbia, the effectiveness of UNICEF changed considerably over time and can be divided into three broad phases:

**Phase 1 - Information and Advocacy Work**: in this phase, UNICEF supported and was involved directly in assessments, studies and reviews which increased the knowledge base but was not in itself sufficient to change practices. Advocacy work at this time involved the attempt to generate shared understandings of the key challenges facing the system, mainly in terms of the need for an increased emphasis on deinstitutionalisation.

**Phase 2 - Model, pilot and demonstration projects**: in this phase, UNICEF concentrated on supporting and implementing, on a relatively small scale, new alternative approaches to child protection. UNICEF invested considerably in demonstrating that deinstitutionalisation and transition to family support and community-based services were possible even in the most difficult of circumstances.

**Phase 3 - Holistic and strategically-driven child care system reform efforts**: in this phase, informed by the Theory of Change and other new tools, UNICEF focused on seeing child care reform in systems terms, basing its interventions on the Determinant Areas and building synergies between them. UNICEF invested more in embedding the efforts for strengthening national child care systems in a more comprehensive approach addressing social change. In addition, considerable work has sought to maximise the linkages between child protection reform and other issues such as early childhood interventions and juvenile justice.

In terms of the impact on the lives of children there is a wide recognition in all countries in the evaluation that UNICEF’s pioneering work on foster care has been the basis for the expansion of foster-care. In addition, new work on regional social planning is considered in many countries to be likely to have important impacts in the future.

Breaking down UNICEF’s investments by Determinant areas overall (Figure 5) and by individual country (Figure 6) presents a rather complex picture. It appears that all determinant areas were covered, however with a prevalence of the determinants contributing to changes towards an **Enabling environment** (53%), followed by **Supply** (25%), **Demand** (12%) and **Quality of services** (10%). In terms of COs’ perception of UNICEF’s contribution to systemic changes this finding, triangulated with UNICEF’s programmatic documents, suggests that, overall, it was perceived that for the reference period the majority of the contribution was for building first the preconditions for an environment in which further on to develop the services. It should be also noted the low percentage of **Demand** (covering three determinat areas), which in real terms might be even lower given the field evidence indicating a blurred line in COs perception between what can be counted as changes in **Social norms** and what could be considered changes in **Enabling social and cultural practices and beliefs**. Nevertheless, UNICEF’s focus on building an enabling environment, including engagement with the corporate and business sector, is seen by many key informants across the countries to be important in terms of influencing cultural norms through public campaigns and, crucially, strengthening a broad-based advocacy coalition for change. It is clear that UNICEF’s work in partnership with state agencies, professionals and researchers was of high importance both in terms of a direct impact on the lives of the children, but also in a wider sense of what can be achieved in child care reform, even in the most intractable situations.

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122 Interviews with key informants form UNICEF COs and NGOs
In terms of building an enabling environment UNICEF has also succeeded in empowering experts from each country, with a decreased need for international experts over time, and hence supporting a coalition for change which has had real impacts. UNICEF’s support for the central entities in charge of child protection (where applicable), for the multi-agency reform process and for coalitions and networks of NGOs was also seen as crucial by many respondents in sustaining the reform momentum. One policy-maker summed up the views of many from most of the countries when suggested that “UNICEF managed to have a long term vision”. UNICEF was widely seen as having raised awareness, helped to change bureaucratic ways of thinking, and through knowledge and insights promoted models of good practice. UNICEF was also praised for playing a political role in terms of facilitating dialogue between different actors. One important issue has been the way in which UNICEF has picked up on documents and strategies and contributed to raising their relevance in relation to child’s rights. One example is UNICEF’s contribution to the Council of Europe Strategy for the Rights of the Child, especially regarding child-friendly services, Violence against Children (VAC) and child participation. UNICEF was identified as a key partner in the implementation of this strategic document.

In keeping with patterns of expenditure on the core roles (as further presented in Section 4.3.1), the largest item by determinant areas was Legislation/Policy which accounted for 23 % of total spending. This was followed by Management/Co-ordination (15%) and Access to Adequate Services (13%). Taken together, then, these three areas accounted for half of total expenditure and this is consistent with findings from the qualitative data regarding UNICEF’s main activities and added value. Also consistent

123 Source: UNICEF COs
124 Interviews country visit Bulgaria, March 2014.
125 Interviews with key informants from Government and NGOs
126 Interviews country visit Turkey, April 2014.
127 Interview international expert
with respondents’ views are findings that only 8% of the total expenditure was on Social norms and 7% on Budget/Expenditure which correlated with bottlenecks presented in section 4.2.1 (resistant attitudes to change, the lack of adequate support for statutory case managers, the lack of preventive services and, to an extent, the lack of quality standards), indicating the need for further action.

UNICEF’s main contributions have been, albeit over a longer period of time, in support for legislative changes, initially using technical assistance from international experts but, over time, supporting more and more national experts. In addition, UNICEF has been important in strengthening the governance of child care through its formal and, indeed, informal, support for the national entities in charge of child care reform.

The role of International NGOs128 is rather complicated although their presence did lead, directly, to more reform activity if not always to greater clarity regarding reform objectives, with different INGOs pushing different models and/or working on a very limited basis in terms of region, number of children, and so on. In this sense, most key stakeholders recognised the considerable added value of UNICEF’s involvement over and above that of individual NGOs who tended to take only small parts of the reform agenda rather than consider the whole system.

In terms of concerns regarding UNICEF’s role in relation to the systemic achievements, respondents129 pointed to the importance of continuing to develop an evidence- and knowledge-base through assessments, studies and, above all, research. In addition, more opportunities to reflect on what has occurred within the reform were also needed, but in that sense UNICEF has not yet reached the critical mass.

UNICEF was also singled out for playing a mediating role in key political arenas. UNICEF investment in public awareness work, as well as in capacity building and strengthening, in research, and in supporting quality control and monitoring, were also seen as directly relevant to children’s lives. Most importantly, the modelling of new services and alternative approaches was seen as having been timely, appropriate and necessary.

Another UNICEF’s added value was related to challenging the status quo and supporting those stakeholders who saw the limitation of individual, stand alone, projects if not accompanied by rigorous evaluation, discussion and, where appropriate, follow-up. This was important not only in terms of “going to scale” but also in terms of incorporating innovations within legislation. UNICEF has been axiomatic to a shift in thinking “from protection to prevention”130, and has also been instrumental in elaborating on models for prevention. Crucially, over time, UNICEF came to be seen as a partner in reforms not as primarily a donor. This widely shared perception enabled UNICEF to play a facilitating role among stakeholders of child care reforms. UNICEF’s transformed engagement over the reference period is, in large part, related to an emphasis on logics of intervention, the importance of monitoring and evaluation and more generally “knowledge management”, creating a new role for UNICEF as, in effect, a systems “advisor” and “reform promoter”131. Overall, UNICEF’s comparative advantage in upper middle income countries in the region is in terms of its systemic approach and emphasis on inter-sectoral work devoted to translating this approach into concrete results for children.

As in Figure 6 expenditures by determinant area in each of the 11 countries indicate a variety of country patterns. Only Montenegro, Romania and Turkey spent across all ten determinant areas and, in the case of Romania, three of these account for only 1% of expenditure each, and one for only 4%. Georgia,

128 This applies to Azerbaijan, Bulgaria, Georgia, Moldova, Romania, Ukraine
129 Interviews with key informants from Government and academic sector (UNICEF partners), focus groups with NGOs
130 Interview country visit Romania, April 2014.
131 Interview country visit Romania, April 2014.
Moldova and Serbia only spent across five of the 10 determinant areas, and, effectively, when very low spending areas are discounted, Georgia and Serbia spend across four determinant areas. Although, when aggregated across all 11 countries, the highest spending is on Legislation/Policy, it is the highest item of expenditure in six countries (Azerbaijan, Croatia, Moldova, Romania, Serbia and Ukraine). Serbia and Romania have three or four determinant areas which take an approximately equal share, whereas in Ukraine, spending on Legislation/Policy accounts for 53% of all expenditure. In Moldova, 53% of expenditure is on Availability of Essential Commodities. In Bulgaria, Georgia and Turkey the highest expenditure of the total is on Management/Co-ordination. As reflected in the qualitative analysis, there is significant spending on Budget/Expenditure only in three countries: in Georgia (18%), Azerbaijan (15%), Bulgaria (13%). However, in five other countries this determinant area of change was also considered, but to a less extent: Romania (4%), Montenegro (2%), Moldova, Serbia and Turkey (1%).

Figure 7: The structure of expenditures on interventions by type of determinant area and countries (% within total amounts spent in each country)\textsuperscript{132}

Overall, the diversity of country patterns reflects the variety of country contexts and most probably in-depth country-per-country analysis might lead to sound inferences on how these systemic determinants combined in order to generate the systemic change at the level specific to the respective country.

\textsuperscript{132} Source: UNICEF COs
4.3 Efficiency

Overall, stakeholders perceive UNICEF has been rather efficient, both in terms of influencing reforms through systems changes and changes in social norms. In the words of a key respondent, UNICEF has managed, on this issue, to „punch above their weight“133 having a level of influence and impact on reforms far above the resources at their disposal, whether these resources were from within UNICEF or from donors.

4.3.1 Cost-efficiency of UNICEF’s core roles

The evidence resulted from the analysis of the expenditure broken down in terms of the core roles, as in Figure 7, demonstrated that in the reference period the largest amount was spent on Policy Advice and Technical Assistance (some 32% of the total). At the regional level, UNICEF has achieved this core role through development of tools and guidance and facilitating access of countries and UNICEF country offices to technical assistance. The tools developed at regional level included a framework for monitoring and evaluating progress of reforms at country level, a glossary of child care terms, and a short film on the child care reform intended for policy makers, which was based on the organization Every Child’s movie “The Road Home”.

At the country level, UNICEF Country Offices accomplished efficiently this core role through:

- supporting changes in policy, legislation and standards for services (all countries),
- engaging technical expertise on, amongst others, reform planning (all countries), costing and financing of services (Bulgaria, Georgia, Romania),
- leveraging partners’ actions of developing relevant strategic documents and legislation (all countries),
- technical assistance for policy reform and for the Government to increase capacities of social and health services (Croatia, Georgia, Romania, Ukraine)
- revising relevant legislation and introducing new by-laws or coordination among key responsible ministries (all countries),
- technical assistance on harmonization of legal and policy frameworks with international instruments (all countries),
- technical assistance for the development of the main pillars of the normative framework (child care law, secondary legislation on minimum quality standards for services and standards costs for services within public care and accreditation of services and licensing of services providers) – all countries,
- promoting new regulations for private service providers and subcontracting of services by the public system (Romania),
- generating knowledge and evidence to support informed and evidence-based policy development (all countries),
- assurance of quality and resources for services within the public care system (all countries),
- policy development/ advocacy (social standard of social Mother & Child Centre; training of social workers from Centre for Social Services for Family, Child and Youth and from maternity wards), case assessment tools for children in institutions (all countries).

UNICEF was praised across all the countries in the study for its technical assistance and policy advice support. It was clear that UNICEF had gathered, over time, within its staff and a small group of like-minded consultants, a body of knowledge and expertise that was fit for purpose in aiding reform efforts throughout the region. Over time, in some of the countries where child care reform is the most advanced,

133 Interview international expert, May 2014.
the ‘bearers’ of this knowledge and expertise are increasingly nationals of the country in question and no longer international consultants, suggesting that this knowledge and expertise has now become more sustainable and institutionalised, although more time and effort is clearly needed before this becomes a ‘critical mass’ for change in many of the countries of the evaluation.

In spite of the prevalence of allocations to this core role UNICEF still has challenges to overcome in order to achieve better results. Thus, strengthening budgetary resources allocated to prevention programmes/services remains a priority in all countries. Also, UNICEF will have to continue to advocate for narrowing the gap between legal provisions and practices and perceptions.

Figure 8: Total amount spent on interventions in the 11 countries, disaggregated by core roles between 2005-2012\textsuperscript{134}

<table>
<thead>
<tr>
<th>Core Role</th>
<th>Amount</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy advice and technical assistance</td>
<td>$13,885,000</td>
<td>36%</td>
</tr>
<tr>
<td>Leveraging resources from the public and private sectors</td>
<td>$2,563,000</td>
<td>7%</td>
</tr>
<tr>
<td>Facilitating national dialogue towards child friendly social norms</td>
<td>$3,508,000</td>
<td>9%</td>
</tr>
<tr>
<td>Enabling knowledge exchange</td>
<td>$2,119,000</td>
<td>6%</td>
</tr>
<tr>
<td>Modelling/Piloting</td>
<td>$7,621,000</td>
<td>20%</td>
</tr>
<tr>
<td>Monitoring and evaluation</td>
<td>$4,664,000</td>
<td>12%</td>
</tr>
<tr>
<td>The 'Voice' for children and adolescents</td>
<td>$3,633,000</td>
<td>10%</td>
</tr>
</tbody>
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\textsuperscript{134} Source: UNICEF COs

The second largest expenditure by core role was in terms of Modelling/Piloting. UNICEF has been recognised by stakeholders across the countries as a major player in demonstrating how different interventions could contribute to improve children's wellbeing. Overall, in the reference period, UNICEF has shifted its focus from small-scale pilot interventions to more systemic and strategic contributions. Country Offices have been better positioned in contributing to this core role, even though the Regional Office had also contributed to it by promoting models and meaningful practices in child care in regional and sub-regional events (actions predominately considered from the perspective of Enabling knowledge exchange). This key role supporting changes in the child care system in the countries has been achieved by UNICEF through:

- development and strengthening of community-based and substitute family services, strengthening preventive activities with children and families at risk and prevention of institutionalization (all countries),
- introduction of new working methods with and services for children with disabilities (Montenegro, Ukraine),

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\textsuperscript{134} Source: UNICEF COs
-technical assistance for defining standards in care services (all countries),
-school-based prevention and early identification of protection needs (Turkey),
-supporting the government and NGO partners in setting demonstration projects for several alternative services to institutionalization (foster care, day care centres, mother and child centres, social services in medical units) – all countries,
-supporting the development of services and practices aiming at preventing abandonment and relinquishment of children (with special focus on maternity wards and paediatric hospitals) – Romania and Ukraine.

UNICEF has ensured that ‘Modelling and piloting of new services’ has become more sophisticated and coherent over time, and has built up a conceptual understanding of when piloting and modelling is most useful and when it may be unsustainable and create heightened expectations which go unfulfilled. This represents a considerable comparative advantage for UNICEF in relation to other international organisations, particularly International NGOs. However, where the scaling up is not yet at an optimal level this is mostly for reasons of not having reached a sustainable level of ownership from central and local authorities. Also, it should be noted that in order to increase its’ efficiency in modelling and piloting UNICEF will have to continue to invest in increasing the quality of services that have been piloted, as well as in advocating for an increased availability of services in each country.

The core role referring to UNICEF as being a Voice for children and adolescents has been fulfilled at the regional level through ensuring visibility to children’s situations at high level fora and in the media (e.g. OneMinuteJr developed for and shared at sub-regional consultations; launching with OHCHR of the campaign on children below three years in formal care at the European Parliament); participation in many international fora with the aim of presenting the reforms of child care systems in Eastern, Central Europe and Central Asia and the need to support governments’ efforts to improve outcomes for children (with the EU, Council of Europe, European associations of professionals in the social sectors and NGOs supporting such types of reforms such as EuroChild).

At the countries’ level, the same core role was mentioned in relation to:

- child consultation and participation within strategic documents (CRC reports, in Romania – Child Rights Strategy),
- raising awareness and sensitising decision-makers and professionals (Azerbaijan, Bulgaria, Croatia, Georgia, Montenegro, Romania, Serbia, Turkey),
- mobilising general public and raising awareness on importance of foster care (Croatia, Turkey),
- advocacy for deinstitutionalization of children in public care (Azerbaijan, Belarus, Bulgaria, Georgia, Montenegro, Romania, Serbia, Turkey).

‘Being a voice for children and adolescents’ and, to an extent, it can be added, their families and communities, has been central to UNICEF’s mandate globally and within the region. At the same time, a focus on more technical aspects of reform as exemplified by the previous two core roles, may have been at the expense, to an extent, of a focus on voice and participation of vulnerable children and their families. In a context of systems which can seem semi-authoritarian, paternalistic and over-professionalised, strengthening the collective and individual voice of vulnerable children and their families could be developed much more strongly in the future. The collective voice of children in care and, in particular, those leaving care, as well as voices of their parents and advocates, globally, has been a crucial element in promoting progressive reform in child care systems. Beyond this, ensuring that the voice of children is heard at all levels of the system is a vital element of a child rights focus which appears not to have been developed to the fullest extent possible in the countries covered by this evaluation.

In the reporting period, the core role Monitoring and evaluation has been efficiently addressed at the regional level through assessments and studies aimed to inform reform agendas, such as:

- country assessments and/or evaluations of the progress of child care reform (Azerbaijan,
Belarus, Bulgaria, Georgia, Moldova, Romania, Serbia),
- improving data-collection on core child care indicators through the TransMonee project (testing and review of indicators was done in 2006 and 2011 based on the global formal care indicators),
- specialised studies on the status of gatekeeping (in 2007-2008) have been disseminated, including the report “At Home or in a Home” analysing trends in child care reform in the region through an analysis of TransMonee data,
- documenting and inspiring reform practices,
- developing a web-based resource aimed to facilitate the access of partners and colleagues to UNICEF key documents on child care reform.

In contributing to the same core role, at the country level UNICEF has been recognised by the stakeholders as active in:
- improvement of data collection systems (Montenegro, Romania), assessment of residential institutions (Bulgaria, Montenegro, Romania),
- multidisciplinary team assessment, referral and support to child victim of abuse (Turkey),
- improving the knowledge base (assessments of national child care systems; evaluations of internationally funded projects that have supported the progress of child care reforms in the countries; analysis of vulnerable, excluded and discriminated children; multi-dimensional analysis of the most vulnerable children) – all countries.

There was some concern expressed by some stakeholders, mainly from Government, NGOs and researchers, that in the reference period there was less systematic attention within UNICEF to some aspects of ‘Monitoring and evaluation’, notably quantitative and baseline assessments of the situation of children at risk or lacking parental care. A key balance here is between widening the evidence base and deepening the knowledge of certain core issues and trends. Crucial issues here concern the lack of knowledge, still, about care careers and patterns of movement of children in and out of care over a long period of time. In addition, the lack of agreed, robust, and harmonized baseline indicators to capture the real situation of children within the child care systems of many of the countries studied is a major challenge. Better implementation of this core role will allow UNICEF and counterparts to assess, on a regular and consistent basis, the effectiveness of child care reforms and the performance of respective national policies.

All Country Offices have been active in Facilitating national dialogue to align child care system with international standards through bringing together government, the private sector and civil society to debate on the issues of child care reform in national high level conferences/meetings and organising study tours. In all countries, this suggests that this role has served the broader role of providing technical assistance and policy advice.

However, the evaluation found that for example, changing attitudes and approaches related to children with disabilities need more efforts for change. UNICEF has to continue to invest more in order to support countries to improve early interventions for mitigating the effects of disability.

The regional intervention in Leveraging support from partners were efficient in joint regional projects with key partners (e.g. “Changing Minds Policies and Lives” toolkits), shaping regional standards on social services, initiating regular partnership dialogue (e.g. with the World Bank and the EU), documenting and identifying key entry points with key partners and fundraising for regional and multi-country initiatives. Also, an important contribution was brought through participation in the European Union Expert Group on the Transition from Institutional to Community-based Care aiming at influencing the allocation of EU funds in Member states, Accession and Neighbourhood cooperation funds in the social sector.

If the regional efforts related to this core role are less visible to UNICEF’s national partners, country initiatives are better known for leveraging resources from the public and private sectors through engaging
in strategic dialogue with international partners supporting the reform (EU, World Bank, NGOs), providing inputs to key strategic documents (EU Progress Reports for Accession Countries) and leveraging funds.

Although ‘Leveraging resources from the public and private sector’ has been of increasing concern for UNICEF over the reference period, it may be that it has been less well developed in practice. Given that leveraging resources is a tool for social change rather than an end in itself, the need to connect this activity more with other aspects of UNICEF’s core roles is certainly needed. At the moment, there is a sense that some aspects of the role of leveraging resources, particularly fund raising from the private sector, can distract from as much as add to UNICEF’s core business. Nevertheless, leveraging monetary resources, human resources and knowledge from other key international organisations, notably the European Union, is a role that has grown in importance, and to an extent in refinement, over the course of the reference period. This goes far beyond leveraging resources directly for UNICEF’s activities to encompass, increasingly, leveraging resources for significant change within child care systems themselves. Across the countries covered by the evaluation the level of interest of, and therefore possibility of leveraging resources from, key international actors varied considerably.

UNICEF RO has ensured its ‘Enabling knowledge exchange’ core role by facilitating capacity building meetings of the child care network and UNICEF country representatives and by organizing high-level consultations/conferences for taking stock of reforms and articulating road maps/sharing of experiences and lessons learned. Between 2007 and 2009, a review of progress of reforms against the objectives set in 2000 was made in the series of sub-regional conferences “Child Care Reform - Taking stock and accelerating action” (Sub-regional consultation for South Eastern Europe - Sofia, Bulgaria, July 2007; Sub-regional consultation for Central Asia, Azerbaijan and Turkey - Bishkek, Kyrgyzstan, May 2009; Sub-regional consultation for South Caucasus and Western CIS, Chisinau, Moldova, December 2009). Also, in November 2012, a Ministerial Conference on “Ending the placement of children under three in institutions: Support nurturing families for all young children” was organised.

At the countries’ level there were a wide variety of interventions through which UNICEF ensured or facilitated knowledge exchange, such as:

- retraining of staff and in some cases introducing University courses for new professions which did not exist in the past (Croatia, Turkey, Ukraine),
- strengthening capacities of healthcare professionals, gathering and sharing extensive knowledge on foster care (Croatia),
- inter-country experience exchanges, study tours (Bulgaria, Croatia, Moldova, Montenegro, Turkey, Ukraine),
- in-service training programmes for foster parents (Ukraine).

UNICEF will have to continue to support development of the knowledge-base in countries in order to shift the focus of the reforms from protection to prevention, and from protection/assistance to investment in children’s development.

Overall, from all the evidence presented it can be inferred that three of UNICEF’s core roles have been the most important: ‘Policy advice and technical assistance’, ‘Modelling and Piloting’ and ‘Enabling knowledge exchange’. These three core roles have also been inextricably linked in the countries studied, with the synergies between them also improving UNICEF’s efficiency. As with any international organisation working in diverse environments over a long period of time, the issues of knowledge management and institutional memory are challenging. In the case of UNICEF, the role of the Regional Office becomes of major importance here and its efficiency with regard to knowledge exchange in relation to child care reform has clearly been helped by a lack of major staffing changes in key positions and an attempt to maintain a continuity of approach. At the same time, ensuring that knowledge exchange, policy advice and technical assistance, as well as learning from facilitating national dialogues, can be shared most effectively across, and even beyond the region, remains a challenge.
It should be also mentioned that an assessment of the efficiency of core roles in delivering outputs for the progress of child care reforms in the countries should not be related only to the financial expenditures or allocation per each core role, but also has to take into account the complexity of each core role. Thus, policy advice is a labour-intensive, interactive work which is carried on mostly by UNICEF staff and which requires considerable amount of time of the respective staff members. In contrast, modelling/piloting is more expensive because it involves community level interventions. These are not carried by UNICEF staff, who is not involved in direct implementation/service delivery, but is contracted to external suppliers.

When we explore, using Figure 8, expenditures by core roles in each country, it should be noted the considerable variation among countries. Policy advice and technical assistance represented only 7% of UNICEF’s spending in Bulgaria, rather surprising since this appeared to be an important activity with considerable impact. It constituted 90% of spending in Belarus, although the impact was, in many ways, rather less. Bulgaria and Romania are considered to be similar and to require similar kinds of interventions. However, in Bulgaria all seven core roles were addressed, whereas in Romania only five core roles were addressed (Facilitating national dialogue and Enabling knowledge exchange were absent), in the reference period. Also, Romania, similarly with Moldova, invested considerably more in Modelling/Piloting. Spending on Voice was highest in Serbia (at 27%), Croatia (16%) and Montenegro (at 20%), but in four of the eleven countries (Ukraine, Romania, Moldova and Belarus) spending on this was either zero or extremely low (up to 3%).

Figure 9: The structure of expenditures on interventions by type of core roles and countries between 2005-2012

Only four countries, Bulgaria, Croatia, Montenegro and Turkey intervened in terms of all seven core roles, with the latter two having estimated spending of only 1% or 2% on at least one of the core roles.

In Bulgaria, in terms of UNICEF’s core roles in the reference period, five interventions stand out, all of which included investments of more than 0.5 MUSD. The first of these was the closure of the home for children with disabilities in the village of Mogilino, combining a project type intervention with a public awareness and advocacy campaign. Working with relevant state and municipal authorities and a network

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135 Source: UNICEF COs
of NGOs, UNICEF invested some 1.7 MUSD (between 2007 and 2010), funded mainly by four UNICEF National Committees. The Regional Foster-care programme which began in one region in 2007 and was expanded to 8 more in 2009, represented an investment of some 1.2 MUSD, including a donation from the Australian National Committee for UNICEF, UNICEF Bulgaria funds, and national fundraising. Some 730,000 USD was invested in the Regional Planning of Social Services, through a model project in 2009 and then the nationwide rolling out of the scheme in 2010, through funds donated by the Belgian and Dutch Governments. 1.3 MUSD was invested in the complex of social services for children and families in Vidin region, funded by the Danish national Committee for UNICEF. Some 616,000 USD was invested in the Family for Every Child initiative in Shumen which, as noted above, targeted the provision of a network of services for parents and families with young children, mainly using UNICEF core funds plus local fundraising, support from the Government of Bulgaria and UNFPA. In addition, almost 300,000 USD from UNICEF core funds has been invested to support the National network for Children since 2010. One of the striking aspects of the mapping of UNICEF interventions is that, in addition to these large scale investments, small interventions on issues such as a study of foster care, on public finance management, and on public awareness regarding Early Childhood Development have also been important in opening up new issues, often followed by more significant related investments.

In Croatia, in the absence of UNICEF support it would not have been possible to mobilise the Croatian public around the importance of family-based care for children and on the negative impacts of institutional care on child’s development. It would also not have been possible to recruit as many as 110 new foster parents in such a short period of time (three months). Public mobilisation and advocacy directly contributed to the development of the Foster Care Law in 2007. Piloting of the foster care support teams would also not have been possible without UNICEF’s support, providing grounds for future conceptualisation and methodology of foster care teams regulated by the Foster Care Law. UNICEF also provided information and recommendations for improvements through surveys and researches, which would not have been conducted without UNICEF’s support. UNICEF had a considerable contribution to the implementation of the Joint Inclusion Memorandum. Overall, key informants from the Ministry of Social Policy and Youth see UNICEF’s interventions as well planned, very professional and with important part of follow up activities.

In Montenegro UNICEF contributed to the changes in the child care system in the country by implementing interventions in accordance with all seven core roles (Figure 8) but, again, two of these amounted approximately only to 3% and 7% respectively. UNICEF has been seen as more successful and more efficient than local stakeholders might have been at: influencing cultural attitudes and norms via awareness campaigns that are changing embedded attitudes among the public and across all sectors; promoting and raising awareness of the needs of vulnerable children in previously taboo areas such as domestic violence and disability; promoting and sharing achievements and learning locally, regionally and internationally; co-ordinating and leading the system of reform; providing training, technical assistance, and advocacy to service providers and civil society thereby raising level of skills, capacity and expertise; strengthening civil society to continue to push for bottom up agenda and needs. There are specific projects on disability, deinstitutionalisation, foster care would not have been so possible without UNICEF.

In Turkey evidence collected in evaluation indicate that that UNICEF’s major role was of bringing the issue of child protection on the agenda of the Government. Together with EU, most of the changes in the legislative framework addressing child protection were done with UNICEF technical support. In the absence of UNICEF it has been mentioned that certain reforming would have been done anyway, but less effective. UNICEF’s role is perceived as consisting in ensuring harmonization among key players and policies on child care reform in the country, facilitating the dialogue among the public stakeholders, as well as between public authorities and NGO sector. UNICEF has been seen as supportive on increasing the visibility and participation of the beneficiaries of child care reform in the design and implementation of the reforming measures through innovative projects and provision of technical assistance; dissemination of good practices; and improvement of the professional capacity of the staff
working in child care. However, it is thought by many independent informants that UNICEF did not do much about strengthening NGOs and there is too much focus only on the relation with the Government. CSOs were somehow left aside in UNICEF’s activities addressing child care reform.

Azerbaijan, Moldova and Romania spent across five core roles, following a different pattern. However, between Azerbaijan and Moldova there is a certain similarity in the sense of an estimated predominance of Policy advice and technical assistance differing from Romania were the importance of this core role was much lower due to the more advanced path of the reform. Also, between Romania and Moldova there is a certain similarity consisting of a predominance (as a second core role as the estimated amount of allocation) of Modelling/Piloting which could be explained to a certain extent by the fact that between the two countries there was a transfer of sequencing of the reform.

In Azerbaijan the evidence collected in the evaluation indicates that UNICEF has been very effective in coordinating the partners and stakeholders in child protection system. UNICEF’s contribution is also big in producing alternative reports. But most of UNICEF spending in Azerbaijan was allocated to interventions in technical assistance and policy advice, as well as in facilitating national dialogue towards child friendly social reforms. These included interventions such as situation analysis on the institutional child protection system and the needs of protection of children, a study visit for increasing capacity of key partners in the central Government, development of the State Programme on De-institutionalization and Alternative Care, capacity building and awareness raising in Child Welfare Reform in Azerbaijan, capacity building activities for Commissions on Minors and other professionals on social work, case management, prevention and de-institutionalisation. As per the mapping of intervention in the country for the reference period UNICEF engaged in piloting transformation of one residential institution for children without disabilities and re-unification of children with their biological or extended families including capacity building of local authorities and staff of the institution, study on violence against children (referral mechanisms, available resource, gaps in the system), assessment of residential institutions in Azerbaijan. In more recent years, UNICEF has supported establishment of a database on institutions and developing a transformation plan, child protection framework review, cost-benefit analyses on child care, a nationwide public awareness campaign on child protection, modelling of district level child integrated social services, technical assistance in developing Law on Social Services and Child Care Standards, evaluation of implementation of the State Programme on De-institutionalisation and Alternative Care.

In Moldova UNICEF has substantially contributed to changing minds and forging the Government’s ownership of the reform, improving policies (harmonization with CRC, International Guidelines for the Alternative Care, the Hague Convention on Inter-country Adoption), creation of services at the local level, transformation and closure of residential institutions for children, participation of children in monitoring and reporting on their rights and technical assistance for drafting policies.

In Romania, as noted above, UNICEF has been perceived as highly efficient by respondents, through piloting innovative projects which could be scaled up and through technical assistance for developing legislation and strategies. Although other actors did bring important know-how to aid the reforms, there was a general view that UNICEF was crucial in terms of developing models adapted to national contexts in efficient ways. Other aspects of UNICEF’s interventions, including strengthening and supporting NGO were thought by many respondents to be important and unlikely to have been funded otherwise. UNICEF was mentioned as supporting an NGO with a „watch dog” role at a time when no other donors were interested in monitoring visits in institutions, and this type of intervention was negatively perceived by the authorities, showing the importance of UNICEF’s independence. In large part, respondents felt UNICEF’s efficiency in influencing system changes are a result of an approach which included actors from all sectors with responsibilities in the field of respecting child rights and their continuity in implementing interventions. An example of continuity is the concept of a minimum package of services which was implemented as a pilot intervention for several years but whose principles are now integrated in the draft of the new strategy for protecting and promoting child rights. In terms of leveraging resources, it is felt by many that UNICEF’s vision of integrated interventions is now reflected in key program documents for the future, including the 2014-2020 EU financial framework.
Belarus, Georgia and Serbia spent across four core roles although two of those in Belarus amounted only to 2% and 3%.

In Belarus, not least in the absence of many of the main development donors, UNICEF has had limited resources at its disposal. In general terms, an overview of UNICEF’s investments in Belarus suggests that funding over the reference period was relatively limited and that there was little external funding. Nevertheless, UNICEF managed to leverage partnerships with a variety of stakeholders including Government, State and Local State Institutions and NGOs. The main focus seems to have been on modelling and technical assistance combining to establish new services but that the limited investments meant that the scaling up of these services was far from guaranteed. In addition, there was a limited focus on voice throughout the reference period. The regional UNICEF campaign on no child under 3 in residential care was important in raising the profile of the issue in Belarus and, indeed, was a catalyst for some legislative and strategic actions. In addition, Belarus was the sight of a number of joint UNICEF activities with other UN agencies, notably UNDP and WHO, under the UN Development Assistance Framework (UNDAF) as with UNFPA and the IOM to strengthen capacities in preventing and counteracting domestic violence. It is extremely difficult to know which activities may have been carried out even without UNICEF’s presence. Some model provisions developed by INGOs, including Hope and Homes for Children and ChildFund international, as well as capacity development for some key professionals, would probably have occurred anyway, but UNICEF has been crucial in ensuring a greater scale and consistency to such interventions.

UNICEF’s contribution in Georgia was considered by the informants as significant in terms of providing technical assistance for key decision makers towards the progress of child care reform. UNICEF is perceived by most of the interviewees as the main actor in the development of foster care and small group homes in Georgia, in training and re-training of social workers, in establishment of standards for services. Also, another important contribution of UNICEF was to an increasing knowledge base for child care reform by supporting assessments and studies. It was appreciated that UNICEF have contributed to the development of networks and coalitions of NGOs.

In Serbia, the support to the development of community based services practically started by the establishment of the Social Innovation Fund in 2002 and continues to be active by today – with the support of EU, DFID, Norwegian government, Ministry of Foreign Affairs of Italy. In addition to donor support, some funds for community services are also provided through the national budget. Norwegian Ministry of Foreign Affairs was the key actor in the social welfare reform until 2009, which jointly with DFID supported the new project ‘Support to the implementation of the Social welfare Development Strategy’. Even before that their efforts resulted in adoption of the Social Welfare Development Strategy, adoption of the Family Law. Together with DFID they supported the establishment of two Institutes for Social Protection (Republic and Provincial) with a view of encouraging professional development, quality of care, monitoring and reporting and establishment of the system of accreditation of training programmes for social welfare professionals. They directly supported development of the new Rulebook for Centres for Social Work - CSW (new organisation and standards of work, including case-management concept); contributed to the adoption of the Rulebook for fostering, and establishment of the Centre for fostering in Belgrade. UNICEF specific contribution consisted of a/ simultaneous work and policy and practice levels – with input provided into policy on basis of ground realities and help to government in translating new policies into practice, b/ systematic modelling of new services by defining services at national level with practice level inputs/ experinces and then testing these at various locations. Finally – inputting into standards c/ consistent lobbying and advocating with an evidence base and d/ capacity building of national actors to take leadership in modelling, monitoring and data analysis.

Ukraine spent across only three of the core roles: Policy advice, Enabling knowledge exchange, and Modelling/Piloting. As per the field evidence, UNICEF is considered as more successful and more efficient than local stakeholders through: assisting the government in their review of legislation and policies with regard to the deinstitutionalization of children; promoting and raising awareness of the needs
of vulnerable children in previously taboo areas such as HIV/AIDS and disability; promoting and sharing best-practices on national and local levels of what could be done in the field of child care reform; co-ordinating and leading the child care reform; conducting study-tours for the representatives of the Ministry of Social Policy and Ministry of Finance to bring knowledge and organize dialogue for developing appropriate financing mechanism of the social protection system reform in Ukraine; developing knowledge management through conduction of trainings, provision of technical assistance, and advocacy to service providers and civil society; establishing platform for coordination and strategic policy making on the issue of children and their families through setting up of an Inter-Ministerial Commission for the Protection of Childhood; strengthening civil society to improve their voice in guiding the policy development and ensuring holistic respond, i.e. policies are being implemented in way that were initially planned.

4.3.2 Adequacy of UNICEF inputs for leveraging resources

In the absence of access to solid evidence from other stakeholders it is difficult to address UNICEF's efficiency in relation to similar interventions. In part this is because the nature and modalities of the interventions of other key stakeholders be they the EU, international development agencies, international NGOs, or others, differ considerably across space and over time. At the same time, whilst not having the explicit 'conditionality' which, for example, the World Bank has and not having the direct leverage which the EU has and, although more an expression now of 'soft power', in accession countries and in new Member States (Romania and Bulgaria, to a lesser extent in Croatia) there is a general view of UNICEF as very successful in leveraging resources from these and other agencies for the creation of changes in child care systems. A common understanding was that UNICEF has had significant impacts with rather limited resources. For example, in 2013 the programme assistance expenditure for the entire CEE/CIS region was 24 MUSD (1%) from RR and 71 MUSD (2%) from OR136, this amount being allocated for the totality of UNICEF's operations in the region, not just for child protection programming137. This allocation is based on a formula approved by UNICEF's Executive Board following the principle of investing in the most vulnerable.

At the same time, many informants within UNICEF suggested that a lack of sufficient and stable core resources had meant that the organisation was not able to respond quickly and flexibly to requests, particularly from Governments, even including those which would not require massive resources. Hence, evidence from some Country Offices indicates a certain self-dissatisfaction for reasons of not being able to seize particular moments for change and maximise the likelihood of change occurring. There was also a sense that the need to fundraise138 for activities from donors sometimes distracted from the other core roles. This is particularly important in a reference period when donor interest and amount of investment in the countries of the region as a whole, including the countries covered by the evaluation, declined significantly. At the same time, many recognised that this activity was a necessity and that, with classical donors but also, even more so, with engagement with the corporate sector, this presented opportunities to raise awareness of child care reform issues.

In the reference period, the total costs of interventions for each of the eleven countries in the evaluation are shown in Figure 9. It can be seen that the eleven countries can be divided into two broad groups. A first group of five countries (Moldova, Georgia, Bulgaria, Serbia and Turkey) represent a medium level of costs, ranging between 6.95 MUSD to almost 5.08 MUSD. The second group of six countries (Azerbaijan, Croatia, Belarus, Montenegro, Romania and Ukraine) spent between 1.09 MUSD and 2.05 MUSD in the reference period.

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137 For comparison, the other regions expenditure were the followings: Latin America and Caribbean - RR: 26 MUSD (1%) + OR: 46 MUSD (4%); Middle East and North Africa - RR: 48 MUSD (1%) + OR: 335 MUSD (9%); Asia - RR: 184 MUSD (5%) + OR: 500 MUSD (14%); Sub-Saharan Africa - RR: 465 MUSD (13%) + OR: 1,644 MUSD (46%); Interregional - RR: 61 MUSD (2%) + OR: 82 MUSD (2%)
138 Considered as an activity under Leveraging resources core role
Since the reference period covers some 8 years, this can be seen to involve **rather low levels of costs/investments** of on average by country between 136,000 USD and 869,000 USD annually. These levels of costs/investments suggest that in those countries where the evaluation shows that UNICEF contributed to significant impacts in the reference period this was achieved with remarkable levels of efficiency. This is certainly the case in countries such as Croatia, Montenegro and, to an extent, Romania, although a true picture here would need to explore costs before 2005. It can even be argued that such low levels of investments may be sub-optimal and too low in comparison with other actors, including international and even local NGOs, to really have an impact, even in relatively small countries. In many ways, the five countries where the costs were higher represent also a high rate of efficiency with significant gains being made in the reform period. Particularly in the case of Bulgaria, relatively small amounts of UNICEF resources made not only significant changes in policies but also leveraged significant EU funds which are having a meaningful impact on the lives of children. Moldova seems to be a particular case in terms of quite high expenditures compared with all the other countries. This is explained by few important EU-funded projects focusing on child care reform implemented in the country in the period 2005-2008. Even so, in comparison with key supranational and international agencies such as the World Bank and the European Union, UNICEF’s average annual spending on child care reform is still quite low.\(^{140}\)

There is a much **smaller range of human resources costs across the countries**, suggesting that these costs are relatively fixed and not so variable based on the amount of overall investments. Croatia is

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\(^{139}\) Source: UNICEF COs

\(^{140}\) EU or WB overall expenditure on child care reform projects/programmes are not publicly available as such. However, for comparison, we looked at two country examples. In Bulgaria, WB disbursed 10.5 MUSD for the “Child Welfare Reform” Project between 2001-2006. This would make an average of 2.1 MUSD per year, compared with UNICEF’s yearly expenditure in the same country amounting 0.678 MUSD. In Moldova, EU disbursed between 2006-2007 approximately 2.7 MEUR for the project “Development of Integrated Social Care Services for Vulnerable Families and Children at Risk”. This would make an average of 1.35 MEUR per year compared with UNICEF’s yearly expenditure in the same country amounting approximately 0.87 MUSD.
an outlier here, not least because for most of the reference period it has existed on money generated largely through the Croatian private sector and therefore has a different model of funding from all the other countries. Human resource costs over the reference period for the other ten countries range from 0.62 MUSD in Azerbaijan to 2 MUSD in Ukraine. Again, given that the reference period covers some eight years, these human resources costs represent a rather high impact: expenditure ratio suggests that UNICEF does 'more with less' compared to a number of other supranational organisations. In terms of the proportion of human resources costs to total spending on child care reform, the outlier here is Ukraine, with human resources spending almost equal to that of total costs. Not surprisingly, the low spending group of countries has the highest ratio of human resources costs to total costs, usually between about 50% and 60%. Croatia, again because of its special status, has extremely low human resources costs. In Turkey the ratio is 21% which is less than the average for all countries in evaluation and was flagged as an underfunding situation\(^{141}\). Obviously, more systematic comparisons would need to be made to explore the 'ideal' ratio but overall, we can conclude that UNICEF was efficient throughout the countries studied in terms of limited investments in both finances and human resources being able to obtain significant results as both a catalyst for reforms and in terms of direct impacts on the lives of children.

Figure 10 shows total costs and human resources costs for KLA1 for all the 11 countries for each year of the reference period. The overall trend shows how 2005 was, in many ways, a benchmark year with relatively limited expenditure of around 1.45 MUSD across the eleven countries. Overall spending more than doubled in 2006 and continued to increase in 2007. The decline in spending for 2008 may have been related to the onset of the financial crisis but the levels of spending had again an increasing trend until 2011. The proportion of human resources costs to total costs began at 49%, settled at between 24% and 25% between 2006 and 2011 and increased again to 33% in 2012. In 2011 and 2012 the level of spending decreased, however the HR costs slightly increased.

Beyond the limited financial investments in human resources, it is important to note the adequacy of staff inputs in terms of skill mixes and expertise that was engaged by UNICEF of the implementation of KLA1 related core roles. All COs have mobilized highly qualified staff with sound political judgment and analytical skills able to perform capacity development, technical support, policy advocacy, liaison and alliance building to the level required by the specific situation in the respective country. Assessed in the limited extent of the resources the evaluation had to gather HR information, it seems that most of the COs’ staff have competences in social policy, behavioural sciences and social change, organizational development, as well as in networking and coordination, which is highly efficient for reaching child care objectives.

A crucial question regarding UNICEF’s role in the reforms in some countries relates to leveraging of resources from the European Union. In Bulgaria it is certainly the case that, largely as a result of activities with which UNICEF had a central role, the five reform projects noted on several occasions in this evaluation were developed, with total funding of some 107.6 MEUR, all but some 3 MEUR from EU funds. Some of this funding, particularly the 22.6 MEUR for the development of foster-care, is a direct result of UNICEF’s interventions since the EU-funded project completely utilises the methodologies developed in an earlier UNICEF project. It is also the case that, in the reference period, UNICEF’s regional office built up a strong commitment to influencing the EU, including regarding child care reform in the new Member States, candidate countries, prospective candidate countries and non-candidate countries in the European Neighbourhood Programme. At the same time, there was a sense that, once the EU invested significant funds, direct leverage and influence was not as easy.

In Georgia UNICEF has also supported the Government in getting access to international resources in relation to EU and USAID. Though, because of the economic crisis this support has decreased in more

\(^{141}\) UNICEF Turkey: Evaluation of Results Achieved through Child Care System Reform 2005-2014 in Turkey (2015)
recent years. An overview of the costs in the mapping of UNICEF interventions in Georgia in the reference period indicates that of 6.1 MUSD, more than a half was leveraged from USAID.

In the reference period UNICEF CO in Turkey leveraged approximately 18 MUSD from EU funding\textsuperscript{142}. This was the result of a strong partnership between UNICEF and the central Government (Ministry of Family and Social Policies, former Child Protection Agency, Ministry of Education, Ministry of Health, Ministry of Justice).

**Figure 11:** Comparative evolution per year of total costs and human resources cost for KLA1 in all 11 countries between 2005-2012\textsuperscript{143}

It is important to note that this discussion on UNICEF leveraging resources from other donors to fund significant parts of the national child care reform agenda does not refer to funds that UNICEF received from these donors to fund its own operations. The amounts mentioned in relation to leveraging resources were not received by UNICEF, but that were used by governments and partners to pay for reforms that UNICEF advocated, designed and supported.

\textsuperscript{142} This amount includes not only child care interventions, but also some juvenile justice interventions.

\textsuperscript{143} Source: UNICEF COs
4.4 Relevance

A key test of the reform approach within the countries in question, and in terms of UNICEF’s interventions specifically, is its relevance in terms of addressing the needs of the most vulnerable families and children. The impact on the most vulnerable children and families was discussed above, together with the degree of agreement between different stakeholders on which were the most vulnerable groups. In addition, equity gaps, i.e. whether some groups of vulnerable children and families were ‘left behind’ in the reforms, have also been discussed above. Here, we explore the appropriateness and consistency of identification of the vulnerable groups by UNICEF in its’ strategic approach, as well as the alignment of this approach with national plans, international standards and key partners’ strategies.

4.4.1 Appropriateness in addressing the needs of the most vulnerable

In the evaluation reference period the group of vulnerable children that is mentioned most often in UNICEF’s programmatic documents is children in institutions. Their relevance to UNICEF’s programming was the highest throughout the period of evaluation and the countries in the evaluation, with the exception of Turkey where children vulnerable to abuse and neglect and street children are brought upfront in terms of relevance, especially in the earlier years of reference.

Children with disabilities were identified as particularly vulnerable in UNICEF's approach, as reflected in programme documents, especially in more recent ones, and confirmed through interviews with key stakeholders in the countries covered by the evaluation. But even if in most of the countries children with disabilities have been targets of the reform the expansion of alternative care services has not been sufficient to meet their needs and integration has been slow to develop, with targeted day care services tending to substitute for mainstream kindergartens or schools. There are particularities from country to country which make these groups still relevant for future programming. For example, in Georgia, children with disabilities are now within the focus of the reform, compared with the earlier reference years. However, because the majority of disability cases are due to absence of early intervention and early intervention is not prioritized the relevance of such a focus remains high.

Children deprived of parental care, especially children under three years old are a particularly vulnerable group in most countries in the evaluation. More recently UNICEF has targeted this group through a range of country specific activities and a wider regional campaign and call to action on ending the placement of children under three years old in institutions144, however there is strong evidence across the countries on the remaining relevance for future actions. It is important to note that in most countries the main responsibility for institutionalised children with disabilities and those under three rests with the Ministry of Health and this Ministry was seen as not playing a very active role in reform efforts so far. In addition, the field evidence collected for this evaluation demonstrates that the three-tier model of support services (primary, secondary and tertiary)145 still remains rather an intention than a current practice in most countries in the evaluation, which reduces the relevance of interventions for this group of children. The age limit is being used to eliminate the placement of children under three in residential care, for example in Romania, where according to the law no child under 2 should be admitted to residential care. Nevertheless, there may be a problem with the precise age limits being used to restrict the placement of infants into residential care.

In the evaluation reference period children with risky behaviour and children confronted with neglect, abuse and exploitation in their biological families in the evaluation reference period either due

to the lack of or weak intervention procedures, or inadequate operational referral mechanisms were not identified and remain invisible to the system. UNICEF is now recognised by respondents in some countries (Georgia, Romania, Turkey, Ukraine) as having drawn attention to children victims of domestic violence and children victims of abuse and neglect and, indeed, to have made some efforts to ensure that the needs of these children are reflected in Government Laws, policies and strategies but not with much progress in the reference period. For this reason the relevance of addressing this group in the future of UNICEF’s programming remains high.

In Moldova, Romania and Ukraine children of migrant parents are mentioned by stakeholders among the most vulnerable. However, in these countries (with the exception of Romania) or in other countries also confronted with increasing migration of the labour force, this group of children does not seem to have appeared as the focus for specific interventions.

In some countries the problem of lone parenthood is very acute and not adequately addressed, e.g. Belarus, where 25% of children live in lone parent households, and in Bulgaria, where single parent households and children in deprived areas were rarely mentioned in UNICEF key documents.

There was a general recognition that UNICEF has drawn attention to the rural-urban divide in terms of both higher vulnerability and more limited access to services. Almost in all countries reform is not covering children in remote or rural areas. This problem was explicitly identified in Azerbaijan, Bulgaria, Croatia, Georgia, Romania and Turkey. Some respondents pointed to a relatively new spatial dimension of vulnerability related to those living in poor neighbourhoods on the edge of large urban centres who often face multiple deprivations including problems with housing. However, it is reported that progress is very slow and the need remains. It should be noted that in terms of creating a knowledge base for future interventions UNICEF has addressed this need in some studies and reports; however this is not yet reflected in strategic documents.

**Minority groups**, especially Roma, are also mentioned by stakeholders as among the most vulnerable facing multiple deprivations and social exclusion in several countries (Bulgaria, Romania, Turkey and Ukraine). Although UNICEF documents are concerned with issues of Roma empowerment, education and health, the typical approach formulated within child care system reform as „making the whole system more inclusive” is less relevant because the vulnerability of this group is highly related to stigma and discrimination against Roma. In Bulgaria, the Vision and Action Plan included an explicit attempt to develop what one respondent termed ‘affirmative action’ for children with disabilities and poor children. The latter included, but was not limited to, Roma children. In part this was because other minorities, notably the Turkish minority and, indeed, ethnically Bulgarian children, may face similar problems. The lack of baseline data on ethnicity and the danger that even collecting such data, especially when involving staff merely ‘guessing’ on the basis of skin colour, was thought to be itself discriminatory. So far UNICEF’s response was relevant, but not at the level the need appears in the countries.

One of the weakest aspects of the reform in most countries in the evaluation, as well as in UNICEF’s response, is the lack of policy connections with other policies (employment, housing etc.) addressing the needs of care leavers, which reduces the relevance of the interventions especially for the children close to the phasing out age. There are still inconsistencies in terms of how child care reform is connected to other policies in order to ensure the social integration of young adults who are former beneficiaries of the child care system.

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146 Interviews national respondents Romania, Turkey, Ukraine
147 Interviews national respondents Romania, May 2014
148 Interviews national respondents Bulgaria, March 2014
As presented in Figure 11, the opinion of staff working in child care about which needs of the most vulnerable are still not adequately addressed, the most important are: support services (20%), financial support for families/social benefits (both in cash and in kind) and the need to remedy problems in the child care system such as lack of staff and gaps in legislation.

Overall, it is important to note how **UNICEF’s interventions have, at times, not only been tailored to the needs of the most vulnerable families and children but have also helped to uncover new categories of vulnerability**. This is particularly the case with the concept of ‘invisible children’ who are children in poor communities, including but not limited to Roma, who are largely unknown to health, education and social services and, therefore, are at particular risk of being received into care. UNICEF-funded research on these children has been closely linked to specific community-work interventions. UNICEF has also drawn attention to the role of medical staff on hospital maternity wards where appropriate and timely support, or the lack of it, is often crucial in terms of whether mothers in difficult circumstances, or who have given birth to a baby with disabilities, actually keep their babies.

For future programming it should be mentioned that a **stronger focus on combination of vulnerabilities would increase the relevance of UNICEF’s interventions.**

### 4.4.2 Alignment of ToC with national plans and international standards

In all countries in the evaluation UNICEF has had a synergetic relationship with Governmental counterparts and worked in close cooperation with them in ensuring a complementarity between UNICEF’s strategic approach and interventions with national plans addressing child care reform. Indeed, 149

a wide range of respondents noted that UNICEF is now far more focused on working at the systems level and this was widely valued and appreciated. Some policy makers noted that, lately, however, some aspects which were dominant in UNICEF’s earlier work, notably research and assessment work, were now less present and, without wanting a return to the past, felt that these could continue to add value within a systems approach.

The relevance of UNICEF’s approach with the national plans is assessed by observing UNICEF’s contribution to child care reforms in relation with countries’ priorities in child care as per the country programme action plans (CPAPs) agreed with the Governments. For easy reference, in the Annex 15 it is presented a mapping of child care related interventions in CPAPs in all the countries in evaluation across the evaluation reference period.

In the early stages of child care reform, UNICEF’s priority was to support families and to move towards a progressive de-institutionalization process. Indeed, the majority of the CPAPs (Azerbaijan, Belarus, Bulgaria, Croatia, Georgia, Moldova, Ukraine) are mentioning de-institutionalization for the earlier years of the reference period.

Observing the evolution of the national approaches over time it can be noted that some countries (Belarus, Bulgaria, Croatia, Georgia, Moldova and Ukraine) approached the reform by synchronizing de-institutionalization and development of alternative care at national and local level. The children were transferred to other types of care, such as foster care or smaller specialized homes. Existing staff was included into the planning process of deployment, recruitment and training for future new services. The mandate of the care institutions was redefined, and norms, standards and financial flows were considered for adjustment. This was in line with one of UNICEF’s alternative approaches of child care reform as foreseen during the Seminar of the Regional Management Team in Kazakhstan (2003)

Another option for a few countries (Romania, Serbia and more recently Bulgaria, Georgia, Montenegro, Turkey and Ukraine) was for a wider system reform, restructuring family benefits and decentralising services. Planning was foreseen to include a comprehensive assessment of demand for services by citizens and the capacity of local stakeholders to provide services. Protocols of understanding between social and other public services were established on issues of common concern. In order to accommodate new service providers, accreditation criteria were also considered in order to make sure that all providers are fulfilling the necessary standards. This is also in accordance with the above mentioned UNICEF strategic approach.

Overall, in all countries in the evaluation, UNICEF’s approach to child care reforms was in line with its’ global\textsuperscript{150} and regional\textsuperscript{151} strategies. All programmatic documents in the countries over the reference period that were directed to building a protective environment for children subscribe to UNICEF’s Child Protection Strategy’s five principal sections: (a) strengthening national protection systems, and (b) supporting social change; followed by (c) promoting child protection in conflict and natural disasters; (d) evidence-building and knowledge management, and (e) convening and catalysing agents of change. Under RKLA UNICEF’s engagement in CEE/CIS focused, and remains relevant for future focus, on 10 key results areas of which the first one (RKLA1) refers to a child’s right to a family environment that was addressed by all countries in the child care strategies. Furthermore, UNICEF’s roles in the countries in

\textsuperscript{150} UNICEF Child Protection Strategy 2008: “defines the contribution of UNICEF to national and international efforts to fulfill children’s rights to protection and to achieve the Millennium Development Goals, within the context of the UNICEF medium-term strategic plan (MTSP) for 2006-2009”.

\textsuperscript{151} Regional Knowledge and Leadership Agenda (RKLA): “provides a framework through which UNICEF can engage with governments to identify where there is evidence that the cooperation has produced results towards the progressive realization of Child Rights while at the same time reducing equity gaps, where national systems for children have achieved levels of performance equivalent to international standards, and where country experience can be shared across borders, thus facilitating horizontal cooperation”.

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the evaluation were aligned and highly relevant to the generation and sharing of knowledge guiding principle of the RKLA.

In terms of international standards that guided UNICEF’s approach of child care reforms it is of utmost importance to mention the Convention on the Rights of the Child (CRC) that states the priority that “the child, for the full and harmonious development of his or her personality, should grow up in a family environment” and the right that “State parties shall ensure that a child shall not be separated from his or her parents against their will except when (...) such separation is necessary for the best interests of the child”. UNICEF’s relevance and, indeed, comparative advantage in all of the countries is its position as a privileged mediator, a mediator of choice as it were, between international standards relating to children, particularly the Convention on the Rights of the Child (CRC), on the one side, and National Strategies and Action Plans on child care developed by National Governments/States Parties on the other. Over time, UNICEF has developed a well-elaborated strategic approach as a model and representation of the elements necessary to achieve change in the longer-term, through the securing of wide-ranging and relevant child care system reform.

It has been reported by UNICEF\textsuperscript{152} that the Convention on the Rights of the Child has proven to guide its’ vision for policy and systemic change to achieve results for children. For example, if the understanding and respect of children’s rights guide the assessment and decision making on individual cases, the proposed set of actions cannot fail. Of course even the best decisions can only produce a real difference if the appropriate services are available, accessible and of good quality. Here again, the rights of the child are central. For example, to prevent unwarranted separation of children from their biological families, a whole range of support services must be available. As for children without parents, the family environment continues to be of paramount importance; hence quality substitute family services must be at hand.

More recently, UNICEF’s work in approaching child care reforms was also guided by the International Guidelines for the Alternative Care for Children. UNICEF has participated in an international effort of drafting a tool for implementation of the Guidelines\textsuperscript{153} and this is currently used in all COs in the region.

4.4.3 Relation of UNICEF’s ToC to other key partners and strategies

The relationship between UNICEF’s approach to child care reform between 2005-2012 and the strategies of other international development actors is difficult to trace not only because UNICEF’s systemic approach has been revised and adjusted to the changing social, economic and political realities during these years, but also because UNICEF’s major international partners who supported child care reforms have a completely different overall mandate. The systematic mapping of this nexus which served as a background paper for the South East Europe sub-regional consultation\textsuperscript{154}, written some time ago, has not, to our knowledge, been updated or replicated in any formal sense subsequently.

UNICEF’s most often mentioned international partner in the countries covered by the evaluation was the European Union. Considerations on EU’s policies targeting children would merit a study in itself. EU does not have a child care policy in the sense it is found in UNICEF. Nevertheless, elements with relevance for child care as per UNICEF’s approach are found\textsuperscript{155} in EU policies addressing 1/ justice and 2/ employment, social affairs and inclusion.

For the reference period, EU’s child’s rights perspective is found in the Communication from the Commission: Towards an EU Strategy on the Rights of the Child (2006). Similarly to UNICEF’s strategic

\textsuperscript{152} Sub-regional consultation for South Eastern Europe - Sofia, Bulgaria, July 2007
\textsuperscript{153} MOVING FORWARD: Implementing the ‘Guidelines for the Alternative Care of Children’ (2012)
\textsuperscript{154} \url{http://www.unicef.org/ceecis/IO_and_CCR_See.pdf} (accessed in June 2014)
\textsuperscript{155} European Platform for Investing in Children (\url{http://europa.eu/epic/index_en.htm} - accessed in November 2014)
approach and documents, this EU strategic document recognizes among the most vulnerable (although not called as such) “children living with poor parents or who cannot live with their parents, as well as children from some ethnic communities, such as Roma”. It also identifies priorities for future EU action, mentioning UNICEF as the first agency to refer to for beginning to define these actions.

In accordance with this strategic framework the European Forum on the Rights of the Child was established in 2007 which brings together representatives of Member States, the European Parliament, the Committee of the Regions, the European Economic and Social Committee, the Council of Europe, UNICEF, national observatories on childhood, Ombudspersons for children, civil society and other stakeholders. From the perspective of UNICEF’s future collaboration with the EU this was clearly relevant for creating a mechanism of consultations on priority topics, including child protection systems.\footnote{The 8th European Forum on the Rights of the Child (2013) was dedicated to this topic (“Towards integrated Child Protection Systems through the implementation of the EU Agenda for the rights of the child”\footnote{Communication from the Commission to the European Parliament, The Council, The European Economic and Social Committee and The Committee of The Regions COM (2010) 758.}}

The EU Strategy on the Rights of the Child which set the ground for promoting and protecting the rights of the child in the European Commission’s internal and external policies was complemented in 2011 by another strategic document called An EU Agenda for the Rights of the Child that states the EU’s 11 concrete actions for children.\footnote{Communication from the Commission to the European Parliament, The Council, The European Economic and Social Committee and The Committee of The Regions COM (2010) 758.} The vulnerable groups to be addressed by these actions also addressed by UNICEF (and still remain relevant for future interventions) are children at risk of poverty, disabled children and Roma children.

From the perspective of EU’s policies on employment, social affairs and inclusion the first EU strategic document in which are first outlined elements clearly connected with UNICEF’s strategic approach of child care systems was The European Platform against Poverty and Social Exclusion: A European framework for social and territorial cohesion.\footnote{http://ec.europa.eu/justice/fundamental-rights/rights-child/eu-agenda/index_en.htm} This document set as a future action for “the EC to propose in 2012 a Recommendation on child poverty outlining common principles and effective monitoring tools to combat and prevent poverty in early age.” It is important to note that this document refers to prevention, early intervention, intersectoral approaches (health, education and social services), social protection and access to services, elements that are also found as determinant for UNICEF’s strategic approach of child care reform presented (in detail the section 4.2.4).

Following up the commitment made in The European Platform against Poverty, the EC has issued in early 2013 the Recommendation on Investing in children: breaking the cycle of disadvantage. Currently this is the EU’s strategic document which is the most relevant for advocating for the continuation of child care reform in the countries in the region from the EU’s perspective, relevant for the sustainability of UNICEF’s interventions in these countries (as per section 4.5.1 on sustainability).

Overall, it can be concluded that over the years UNICEF’s approach to child care reform in 2005-2012 was highly relevant for the EU’s policy position on child care.

Another key actor throughout the region, playing a particularly important role in the early part of the reference period was the World Bank. The objectives of UNICEF’s regional approach derived from the objectives of reform agreed at the regional high-level conference supported by UNICEF and the World Bank called “Children Deprived of Parental Care: Rights and Realities” (Budapest, October 2000). The outcome document of this conference stipulated as the priority of the reform to support families and to move towards a progressive de-institutionalization process.

In terms of UNICEF’s ToC, this was built between 2000-2005 on a three-pillar intervention: 1/ improving gatekeeping of the system, 2/ development of standards for a new package of services and 3/ reallocation of resources from residential care to other forms of community-based services. These three
main areas of intervention were widely developed in three toolkit guides\textsuperscript{160} UNICEF and the World Bank drafted to aid the reforms.

It should be mentioned that the alignment of UNICEF’s early elements of the ToC and the strategic intent of the World Bank was rather stronger on child care reform issues compared to other programming aspects, notably social protection. The World Bank had also participated in and co-sponsored the series of sub-regional consultations on child care reform held between 2007 and 2009. In terms of alignment of UNICEF’s approach on child care reforms in the region, these consultations created a frame for UNICEF to review together with its’ partners the progress of reforms against the objectives set in 2000 and for re-validating the relevance of the strategic approach.

A review of the World Bank’s interventions in Romania and Bulgaria for a longer time frame than strictly limited to the evaluation reference period widens the perspective on UNICEF’s approach in child care reform both in the countries and in the region. Thus, in the last 15 years, in Romania two World Bank projects and loans addressing entirely or connected to child care reform have been implemented. The first project\textsuperscript{161}, also referred to in section 4.1.5 as an influential factor for child care reform in Romania and in the region, “was intended to support the Romanian Government specialized agency for the protection of child in reforming the child-care and the child protection system, through reducing the flow of children into institutions, improving the quality of care for institutionalized children and the de-institutionalization of children through alternative community-based services”. UNICEF’s approach of child care reform as it evolved in the reference period was very close to the elements of the World Bank’s project. According to the project final report relations with UNICEF were maintained throughout the project implementation as a result of the continual need for dialogue on future interventions in child care reform in the country.

In Bulgaria, a World Bank project and loan\textsuperscript{162} (as per section 4.1.5) was crucial in providing momentum to the reform, and was based on an assessment mission which included a UNICEF representative before UNICEF had established a country office. Within the European Commission, Bulgaria was cited as an example of clear synergies between the EU, the World Bank and UNICEF\textsuperscript{163}. According to the World Bank project’s final report, in the preparation phase a social assessment of child care in Bulgaria was conducted with joint financing by the World Bank and UNICEF. This joint assessment continued to serve as a benchmark for the changes in the country’s child care system after the project ended in 2006. This clearly indicates the complementarities between UNICEF’s and the World Bank’s approaches on child care reform.

As already mentioned in Section 4.1.5, in the evaluation reference period the World Bank started to implement social inclusion projects (in 2006 in Romania and in 2008 in Bulgaria) which, in spite of not being labelled as child care interventions in the sense of child care systemic interventions as per UNICEF’s approach, they are relevant from the perspective of UNICEF’s more recent stronger strategic orientation towards prevention, child development rather than ‘just’ protection, as well as strengthening and empowering families.

\textsuperscript{160}As per the ToR, these toolkits represent what was perceived by UNICEF and World Bank and agreed by governments at the time as the main areas for reform of the system that were needed in order for children to be able to grow up in a family environment, supported by the state, rather than separated from their parents by the State. The toolkits are available from the following link: “Changing Minds, Soliciies and Lives” 3 volume toolkits: 


\textsuperscript{163}Interview international expert, May 2014.
Thus, it can be concluded that UNICEF’s approach on child care reform both in its’ earlier stages and later on, was and remains relevant to the World Bank’s position in the domain.

A third group of actors with whom UNICEF has interfaced with in terms of child care reform are NGOs and coalitions of civil society organisations ranging from those specialised in children’s rights and child care reform to those with a wider humanitarian and development focus, on the one hand, and also ranging from those with a long history (such as members of the Save the Children164) to those specifically formed to address child care reform in the region (such as the Lumos Foundation165) or grassroots organisations of parents and children. With some of these NGOs, including strong European networks, notably Save the Children and Eurochild166, there is a shared systems’ understanding which has, in many ways, developed at a similar pace, so that UNICEF’s ToC is strongly in alignment with their strategic intent. At the same time, on the ground in all the countries, this wide group of stakeholders is perceived by many respondents as focusing on single issues, on individual projects, mostly engaging when project-based funds are available and with a very limited fundraising capacity.

4.4.4 Persistence of relevance in spite of changes

UNICEF’s ToC is thought to be resilient and to maintain relevance even in the context of political changes, changes in the systems landscape and new knowledge which is emerging on the issue of child care reform. In all the countries in question, the broad approach developed from 2005 onwards by UNICEF and Governmental counterparts remained relevant. In Romania, it was suggested that, throughout the reference period the key issue was the supply of sufficient financial and human resources, both of which were jeopardised as a result of the economic and financial crisis and, in particular, by the embargo, only recently lifted, on new appointments within the sector of public administration. This meant, in a sense, that new knowledge of the kinds of profiles and work places which would be needed in a more effective child care system, including more community workers, could not be realised in practice. Therefore, the relevance of efforts to be made in supplying financial and human resources for country’s child care system remain relevant. This is of course not only a matter of continued relevance, but also a matter of effectiveness and sustainability of the system.

In Bulgaria the fact that both the Vision and Action Plan as well as the five reform projects were based, to a significant extent, on approaches developed and piloted with the support of UNICEF is a clear indication of the continued relevance of the approach.

In Belarus throughout the reference period, UNICEF’s support for intensive legislative development to protect the rights of children deprived of parental care and children with disability, as well as UNICEF’s focus on modern intervention methods, were judged by respondents as highly relevant. In all three countries, what is clear over the reference period is an increasing understanding that fiscal flows and the size of the fiscal envelope, including the securing of adequate resources for alternative and preventive services are crucial aspects of the reform.

For all countries in the evaluation the general direction of the changes in the child care system is considered somewhat stable and remains relevant notwithstanding the changes that have occurred in the political and systems landscape. The approach at hand is seen as basic with the need of broadening the focus when it comes to vulnerable groups by including those excluded from mainstream society like Roma children and families with multiple problems, at risk of abandoning their children. For the EU member states the accession process provided a new impetus from the perspective of the social policies connected to child care reform. For non-member states the EU orientation raises incentives to speed-up the path of social policy reforms, with a positive influence on the child care agenda. The

164 http://www.savethechildren.net/ (accessed in June 2014)
165 http://wearelumos.org/ (accessed in June 2014)
166 http://www.eurochild.org/ (accessed in June 2014)
triangle made by UNICEF between child care reform, social protection and the EU agenda remains relevant but it requires a better understanding of the institutional setting (who can do what, with what resources and towards what strategic target)\(^\text{167}\).

The intersectoral collaboration between public sector and non-state actors developed smoothly within the reform. In the middle of the evaluation period, the 2007 Sofia consultation paper stressed that importance of good coordination among intergovernmental organisations, national governments and NGOs in the child care system, which was not so strong at that time. The situation in this regard has changed for the better towards the end of the reporting period in most of the countries, although there is still room for improvement. However, the propagated “three-ones”\(^\text{168}\) principle is not precisely followed in the majority of the countries.

### 4.4.5 Adjustment to gender dimensions

In terms of the gender dimensions, many stakeholders in the countries noted the importance of mainstreaming gender into an understanding of the factors which might produce a risk of child separation. Gender was integrated into the design of interventions and into the entire reform approach rather fitfully and unevenly. Although UNICEF in all countries has been involved heavily in issues relating to gender equality and women's rights, this has not always carried over to issues of child care and its reform. One exception, throughout, has been a concern with family violence and the impacts of male violence on women and children, present in all countries, which was not object of this evaluation, but is a reason for child separation from family.

As presented earlier in section 4.1.2, there is limited gender disaggregated data which could serve for assessment of gender dimension of child care reforms in the countries in evaluation. However, the data referred in section 4.1.2 indicate that in the respective countries (Bulgaria, Croatia and Montenegro) more boys tend to stay behind in institutional care.

In Belarus, throughout the reference period, UNICEF, as a part of the UN Country Team (UNCT), was part of a thematic group on gender issues. Although in some of its Annual Reports in the reference period, UNICEF has noted the way in which gender-based assumptions, including what are described as “stereotypical roles of men and women”, impact on child well-being in general, it is argued that “there is no gender inequality in children’s access to social services”\(^\text{169}\). At the same time, the fact that some 89% of ‘incomplete families’ are reported to be headed by women\(^\text{170}\) and that young children, in any case tend to be brought up by mothers and grandmothers\(^\text{171}\), whilst it has informed UNICEF’s gender-sensitive trainings on early childhood and on parenting in general, it does not seem to have been integrated, to the fullest extent possible, in work on child care and child protection.

In Belarus and Georgia, over the reference period, and particularly relatively recently, UNICEF has pressed for statistical data to be broken down by gender which had not been the case in the past.

As a measure of preventing abandonment, as well as for narrowing the entrance and enlarging the exit from child care system, in Bulgaria municipalities, such as Shumen, have developed a comprehensive

\(^{167}\) Interview international expert, May 2014

\(^{168}\) Refers to a principle promoted by donors as a basis for strategic development, efficient use of resources, and results-based management in terms of:
- One agreed Action Framework that provides the basis for coordinating the work of all partners.
- One National Coordinating Authority, with a broad-based multi-sectoral mandate.
- One agreed country-level Monitoring and Evaluation System.

\(^{169}\) UNICEF Belarus Annual Report 2011

\(^{170}\) UNICEF Belarus Annual Report 2007

\(^{171}\) UNICEF Belarus Annual Report 2008
complex of family services in order to “narrow the entrance” into State care which included self-help groups for pregnant women and girls.\textsuperscript{172}

In the efforts made for developing diversified and well supported foster care, Croatia is a good example where foster care is available to children without parental care as well as, among others, to pregnant girls and single mothers in the first months after childbirth.\textsuperscript{173}

There are reports mentioning UNICEF-supported research on reasons for the abandonment of young children\textsuperscript{174} which identified gender roles as “one of the main contributing factors”, suggesting that decisions are usually made by dominant male figures in the family, whether the father of the child or the father of the mother. UNICEF sees tackling “social norms and the traditional role of men”, therefore, as a major priority. In addition to inputs into policy through a presence on the National Council on Gender Equality, the 2012 Annual Report also notes a study on children in institutional care which suggests that boys in care are prone to labour exploitation whilst girls in care are prone to face violence and sexual abuse.\textsuperscript{175}

In Romania, most of UNICEF’s efforts in relation to gender equality with relevance to child care reform had a particular focus on Roma girls and young women, especially relating to early marriage and early pregnancy. Whilst it is taken in the 2005 Annual Report as axiomatic that “mothers must be empowered to prevent child abandonment”\textsuperscript{176}, respondents were often far from clear as to how this was manifested in practice. Again, the low involvement of fathers in child rearing is noted and UNICEF has emphasised this in some of its training interventions relating to parenting.

A Gender Assessment of UNICEF’s programming between 2005 and 2009 suggested that “planning, policy and monitoring documents do not consistently and accurately reflect the extent to which gender is mainstreamed across the office” recommending that there is a need “to formulate a gender mainstreaming strategy in which gender equality objectives will get a clearer scope”\textsuperscript{177}. Subsequent annual reports show little progress on this, noting that deficits regarding disaggregated data and gender sensitive budgeting are important obstacles to greater gender mainstreaming. In all countries stakeholders suggested that gender equality was not high on the Government’s agenda.

In Romania and Ukraine, support for mothers of newborn babies within maternity wards has been a key part of UNICEF’s approach which has contributed to prevention of child abandonment by single mothers. At the same time, some respondents noted that the development of Mother and Baby Units may not always be the most appropriate, particularly in terms of supporting fathers who want to take an active role in the early development of their children. Although it is hard to know how representative this is, one case was noted in which rules prevented a father from residing with his baby and the baby’s mother such that he preferred to camp out near the grounds of the maternity home rather than become estranged from the baby and their mother.

In Turkey UNICEF addressed gender issues especially in relation to disparities in education, violence against children and child labour in the early years of the reference period; more recently it was child marriage that was included on the agenda\textsuperscript{178}. Gender disparities related to more boys in institutional care

\textsuperscript{172} UNICEF - Child Care System Reform in South East Europe: Taking Stock and Accelerating Action Consultation Report (Sofia Conference, 2007)

\textsuperscript{173} Ibid.


\textsuperscript{175} UNICEF Bulgaria Annual Report 2012, Country Factsheet Turkey

\textsuperscript{176} UNICEF Romania Annual Report 2005.

\textsuperscript{177} UNICEF Romania Annual Report 2009, page 36.

\textsuperscript{178} Interviews national respondents Turkey, UNICEF: Analysis of the Situation of Children and Young People in Turkey (2012)
and girls preferred for foster care and adoption are acknowledged in more recent reports, but not necessarily reflected in programming.\textsuperscript{179}

All the above demonstrate UNICEF’s efforts to approach child care reform in a gender-sensitive and gender-specific manner to the extent possible given each country’s cultural specific context. Addressing child care reform in a gender specific manner requires careful observance of gender stereotypes, social norms and attitudes which UNICEF may introduce more explicitly in its future programming.

\textsuperscript{179} UNICEF Turkey: \textit{Evaluation of Results Achieved through Child Care System Reform 2005-2014 in Turkey} (2015)
4.5 Sustainability

Estimating the trends for the future of child welfare can be approached from a variety of angles. This evaluation assessed the factors enabling the countries to continue investing in the reform, the ownership of stakeholders in the reform, as well as their commitment and capacity to consolidate the achievements of the reform. In order to provide a realistic perspective on the stability and further development of the achievements of the reform, the evaluation also considered the risks and vulnerabilities which might challenge the future of child care reform in the country.

4.5.1 Perspectives

Both in terms of their impacts on children and in terms of outcomes at system level, reforms have achieved a significant level of sustainability, although the precise dynamics of this differs from country to country. Overall, as per earlier findings and discussion, the achievements at system level in line with UNICEF’s ToC and overall approach to the reforms contributed in all countries to the sustainability of the progress in child care reforms.

In terms of political commitment at the highest level, this has not yet been fully achieved in all countries. In the context of a fragmentation of responsibility for different aspects of the reform between different Ministries, it follows that political commitment and, hence, national ownership is, itself, fragmented.

Some countries (Bulgaria, Croatia, Georgia, Montenegro, Romania, Serbia) reached the level of sustainability due to the political commitment and responsiveness of decision makers to evidence of cost-effectiveness of the development of alternative care and social importance of the child related problems. For example, in Bulgaria, stakeholders have different views regarding the effects of the change of national Government in May 2013 on political commitment to reform at the highest level. The previous Government elected in 2009, led a major reform effort following the Mogilino scandal involving the linkage of significant EU funds with a clear Vision and Action Plan for de-institutionalisation\textsuperscript{180}. Whilst some respondents noted that the new Government appeared more lukewarm towards the process, others suggested that there was no substantial change in commitment\textsuperscript{181}.

In all countries in the evaluation it was demonstrated that a change in Government often brings a change in personnel in key state agencies responsible for the reforms. ‘Politicisation’ of child care reform also occurred at local authority levels, so that, on occasions, staff were appointed to leadership positions based more on party affiliation than as a result of professional skills and experience. In most countries although there are concerns that frequent changes of Ministers can result in a loss of reform momentum, there was broad agreement that reforms are sufficiently embedded at all levels to be robust and sustainable. In this sense, while political commitment at the highest level can serve most importantly as an initial impetus, it must be followed by the achievement of strong policy consensus, a clear ‘critical mass’\textsuperscript{182} of stakeholders in favour of such a consensus, and the continued existence of a strong ‘coalition for change’ at all levels.


\textsuperscript{181} Country visit Bulgaria, March 2014.

\textsuperscript{182} In the UNICEF CEE/CIS Regional office, the concept of ‘critical mass’ is applied to “a group of countries having developed much experience and/or momentum in an area (who) are encouraged by UNICEF to work with a common set of objectives and priorities, strengthening their approaches, actively documenting and sharing experience and lessons learned, drawing on expertise as well as networks and using evaluation as a tool for course correction – for the benefit of all countries working in the same area” UNICEF CEE/CIS (2009) ‘Critical Mass in Juvenile
Political commitment is not necessarily matched in all countries by financial commitments and structural changes in the system. Although there is increasing evidence of the cost-effectiveness of investments in family-based care rather than residential care, this is not always translated into policy commitments. Some countries on the lower tier of sustainability lag behind in terms of alternative service development and social work involvement in gate keeping and service provision, be it case management, counselling or outreach services.

As presented in Figure 12, child care professionals who participated in the survey carried out for the evaluation mentioned a lack of adequate resources, child care not being a priority and a formal approach as the main aspects of concern.

Figure 13: Professionals’ concerns about the sustainability of the reforms

Although in Belarus 53% of respondents agreed or strongly agreed with the statement that “more budgetary resources are allocated for family preservation efforts or family-based care models rather than for the placement and maintenance of children in institutions”, the corresponding figures for Bulgaria (34%) and Romania (24%) were considerably lower than this. In terms of whether there had been an “adequate allocation of resources in order to sustain the reform process”, only 5% ‘strongly agreed’ with this in Romania, 3% in Belarus and 2% in Bulgaria.

In Romania, a recent report183 presented three different child protection scenarios: a baseline scenario assuming no new structural changes in the system; a downsizing scenario assuming a moderate approach to continuing reform; and a deinstitutionalisation and prevention scenario completely eradicating old-type residential care by 2020, enhancing alternative care and developing preventive services. Although the second and third scenarios would cost less by 2020, they appear to involve higher costs at least up until 2018, in part because of the need for investments in a large number of new Family-type Group Homes and, in the case of the third scenario, a significantly increased investment in

Justice’. Here it is adapted to apply to a group of actors working within a single country who share the same broad objectives and priorities.

resources channelled towards prevention of family breakdown. This suggests, in fact, that even in a system where reform is well developed, a further push would be costly in the short-term and that significant use of EU structural funds, combined with further changes in legislation, would be needed. Furthermore, according to UNICEF CO in Romania the Operational Programmes for 2014-2020 include a certain conditionality for funding as follows: funds requested for deinstitutionalization (closing institutions) will be not available without components for development of alternative services family-type (and limiting the family group homes which are considered institutional care) and without components for development of family support and other type of prevention services.

As already noted on a number of occasions, the role of the European Union in contributing to the sustainability of reforms has been important in Bulgaria, Croatia and Romania, albeit with a rather different degree of influence, dynamic and timing. In Romania, there is a broad consensus that the inclusion of child care reform as a pre-accession conditionality was a major stimulus for reform. A recent report suggests that, at critical moments, “EU intervention (both political and financial) was essential for saving the early gains of the reform process and for pushing forward for further reforms”\textsuperscript{184}. At the same time, many respondents suggest that the achievement of accession, on 1 January 2007, allowed policy makers to focus less attention on this issue. In contrast, in Bulgaria although child care reform was an issue within the soft \textit{acquis}, the EU did not force the hands of policy makers so much and “child welfare reforms were not given similar importance connected to the EU accession process”\textsuperscript{185}. Rather, in the aftermath of the Mogilino scandal and the 2009 report of the Ad Hoc Expert Group on the Transition from Institutional to Community-based Care\textsuperscript{186}, Bulgaria became a model for the use of different Structural Funds for deinstitutionalisation\textsuperscript{187}. In a sense, then, continued EU involvement in promoting reform is likely to be important in both Bulgaria and Romania to ensure sustainability, not least in terms of sustainable funding being delivered by these countries.

The 2013 Commission Recommendation on \textit{Investing in children: breaking the cycle of disadvantage}\textsuperscript{188}, forming a key element of the Commission’s Social Investment Package, is an important tool for future leverage in relation to the EU which includes a specific focus on children that is tackling disadvantage early, before it compounds, and is one of the best ways to tackle education inequality to help children to live up to their full potential\textsuperscript{189}. Another source of potential leverage is the Europe 2020 commitments, particularly relating to early childhood education and care\textsuperscript{190} which could be used for advocating among Member States and candidate countries to include a sub-indicator on the number of young children in residential care\textsuperscript{191}.

A particular concern in the countries in the evaluation which have joined the EU refers to the financial sustainability of the reform (mostly in Bulgaria and Romania) given the increasing importance of EU


\textsuperscript{186} Available at \texttt{http://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=614&furtherNews=yes} (accessed in June 2014).


\textsuperscript{190} \texttt{http://ec.europa.eu/education/dashboard/index_en.htm} (accessed in June 2014)

\textsuperscript{191} Interview international expert, May 2014.
funding for the projects aiming at supporting the child care reform. Thus, in Bulgaria, reforms are being funded through the use of EU Structural Funds (as main contribution) which does raise some questions of financial sustainability, although there was a broad agreement amongst respondents that there is a political commitment to seeing the reforms through and to meeting the financial costs involved. In Romania the concern refers to the capacity of the project promoters (both at the central level or at the local levels) to integrate in a strategic manner the EU funded projects with their own overall objectives and with the real needs of the beneficiaries.

In the countries recently associated to the EU (Georgia, Moldova and Ukraine) the influence of the EU is currently more of a political nature and on the level of the overall social sector in these countries. Though, in the past, especially in Georgia, the EU had major importance as a funder of child care reform.

There is a significant difference in terms of the role which coalitions and networks of NGOs and social movements play in advocating for continued reforms and, hence, in terms of reform sustainability. In the countries where reform sustainability has been more clearly demonstrated (Bulgaria, Romania, Georgia, Serbia), the coalitions are formed and developed though not on equal base. In Bulgaria a strong informal alliance of NGOs has been active since the Mogilino scandal including the National Network for Children, For Our Children Foundation, the Movement of Bulgarian Mothers, the Social Activities and Practices Institute, and others. The National Network for Children (NNC) brings together some 122 organisations working with children and families and advocating on child care issues. Although the network itself has expressed concern that the voice of NGOs and indeed, their role within the reform projects, has been marginalised, and some policy makers suggested that the network has become too powerful at the expense of other voices, there was a general consensus that the existence of a strong advocacy voice for children has contributed to the sustainability of the reform in Bulgaria. In Romania, the Federation of NGOs Active in Child Protection (FONPC), consisting of some 100 member organisations, was formed out of a merger of two different networks. It also plays a key role in advocating for child care reform although some respondents suggested that the range of different interests within the Federation, as well as uncertainties regarding funding, can sometimes limit its impact. In Georgia, UNICEF has contributed to the development of networks and coalitions of NGOs focused on child rights, also establishment of the Foster Parents Association, Small Group Homes Association. Nevertheless, in Bulgaria and Romania, there is a realisation that investment in the capacity building of such networks and alliances is an important contribution to the sustainability or reforms, not least in terms of their ability and willingness “to say things as an NGO which UNICEF could not have gone publically with directly”.

In Turkey the CSO movement in child care has little influence, if any, on the development of child care reform, NGOs had a very small contribution to this reform. CSOs are more looking for UNICEF to support them in becoming a voice in relation with the authorities. While in Azerbaijan the NGO sector was reported as being stronger in advocating for some changes but weaker in offering working mechanisms for proposed changes, which reduces their influence concerning the sustainability of child care reform measures.

192 Country visit Bulgaria, March 2014.
195 Interviews national respondents Bulgaria, March 2014
197 Interviews national respondents Romania, May 2014.
198 Ibid.
In the countries facing challenges from the point of view of the financial sustainability of the reform (e.g. Moldova) authorities are willing to continue the process of reform in 2012-2015, but the reform implementation depends largely on the ability of NGOs to guarantee donor funding or by contracting services to NGOs.

In Belarus, there are issues regarding the sustainability of NGOs or CSOs per se, clearly limiting their role as a voice contributing to the sustainability of reforms. In the 2012 CSO Sustainability Index\(^\text{199}\), produced by USAID, which ranks 29 countries in Central and Eastern Europe and the Former Soviet Union in a range from CSOs being Fully Sustainable (1.0) to Unsustainable (7.0), Belarus scores 5.8 and ranks in 28\(^{\text{th}}\) place on the index, Azerbaijan ranking 25\(^{\text{th}}\), Georgia ranking 22\(^{\text{nd}}\) and Moldova 4.1 ranking 19\(^{\text{th}}\). It should not be surprising, then, to find NGO representatives suggesting that the lack of a strong network of NGOs and, indeed, politicians’ reluctance to meet with NGOs to discuss child care issues, limits the sustainability of reforms\(^\text{200}\).

Another impeding factor in this tier of countries is the fact that the know–how on deinstitutionalization is still with a handful of expert NGOs which are dependent on external funding, and the transfer of knowledge and skills is quite slow, and real scaling-up is not happening yet. NGOs do not have access to public funds with rare exceptions (e.g. Azerbaijan had such precedents within the evaluation period).

There are no real signs of growing capacity of grassroots NGOs for doing prevention work at community level in this tier of countries. In countries where local authorities are responsible for the development of services, at the same time, there is no clarity on financial flows in the context of de-centralization. The de-centralization strategy in the social protection sector was put on hold.

One other factor mentioned by some respondents in terms of the sustainability of reforms related to positive media interest and coverage, particularly from TV and newspapers. Whilst the impact of media interest on public awareness is difficult to demonstrate, a number of respondents in Romania suggested that the continued interest of the media in child welfare issues was an important factor in ensuring that reforms remained on the political agenda over a long period of time. In Bulgaria, apart from specific campaigns and stories, the main media interest began after the Mogilino scandal and with the launch of the Vision and Action Plan for Deinstitutionalisation. Of course, the relationship between public awareness and public opinion is a complex one and, in many ways, it is less public opinion per se than the views of particular targeted, segmented, publics which is important.

### 4.5.2 Risks and vulnerabilities

Beyond broad questions of the sustainability of reforms, there are a number of risks which, if not mitigated against, could undermine the positive achievements made to date in the lives of children and also call into question their sustainability. In all countries in the study, respondents noted a significant gap between the formal existence of laws and policies promoting child care reform and the practice of using residential placements only when they constitute the most appropriate and constructive response to the child concerned, on the one hand, and the realities in practice on the ground, on the other.

Another hindering factor for the reform sustainability is the split of responsibilities for child welfare without strong coordination mechanisms. Among impeding factors for the smooth implementation of the reform was named the constant changes of the heads of the responsible entities. Also the weak coordination between executive and legislative bodies, as parliamentary approval is sometimes difficult to attain for key changes in the system\(^\text{201}\).


\(^{200}\) Interviews national respondents Azerbaijan and Belarus, March 2014

\(^{201}\) Country visit Bulgaria, March 2014.
In most countries in the evaluation the sustainability (maybe not so much in terms of existence, as in terms of its’ path) of the reform is significantly influenced by cultural norms such as a strong culture of hierarchy to the detriment of the best interests of the beneficiary (children), a lack of self-critical culture and public accountability, and a very limited capacity of independent reporting in implementation of child care reform. Particularly, in Turkey, there were reported risks related to the lack of tolerance and human rights education, lack of understanding on behalf of public authorities to approach needs in a more contextualized and individualized manner (mismatch between supply and demand), limited understanding of the social change which should focus more on education. Also, in relation to cultural norms of certain minorities, the adversity of the ethnic minority groups was often reported in Bulgaria and Romania. For example, minority ethnic groups (Roma) become suspicious when “outsiders” interfere in their community life, questioning the need of the intervention and become reluctant to accept them.

In many ways, the impacts of the global economic and financial crisis on a region already hit hard by transition may pose the greatest threat to the sustainability of the reforms. Even in the countries where reform is sustainably progressing the crisis had its negative impact. In Bulgaria was hardest hit by the crisis between 2010 – 2012, with dramatic increases in already high child poverty rates, especially for households with three or more children where some 80% of children fall below the EU standard poverty line of 60% of median income. Bulgaria froze social benefits and social expenditures during this period and there appears to be little prospect of significantly increased funding in the near future. In Romania and Moldova respondents note that the economic and financial crisis, demographic ageing, and the migration of significant numbers of the working age population, have combined to limit social expenditures and, in particular, made it harder to protect expenditures on children and child care. The economic and financial crisis and subsequent austerity measures have impacted particularly on local authorities’ commitment and capacity to continue to fund preventive and alternative care and pay for staff. Some services which have been created by NGOs have lost local authority support as a result of fiscal constraints introducing a further element of instability and lack of sustainability into the system. In Georgia currently the government is working on the development of an Emergency Fund for the support of vulnerable families. The fund was operational under the INGOs and proved its results.

Political instability and frequent changes of Government in crisis conditions also negatively reflect on reform sustainability. Although new Governments have reintroduced a degree of relative stability, it is extremely hard to plan for political risks and to limit their impacts on child care reforms. One strategy, to an extent developed in Bulgaria, Romania, Georgia and Serbia has been to work with Members of Parliament and, crucially, parliamentary committees to try to ensure that there is a shared understanding of, and support for, continuing reforms across different political parties. Georgia advanced in consolidating legislative and executive bodies’ efforts around the reform since 2004. Since 2008 Georgia also succeeded in the consolidation of central and local government strategies towards the reform goal. In the beginning of the reform local government was apart from the central strategies, hindering the process of gatekeeping. Above and beyond this, explicit support for a coalition for change, including key policy makers, advocates, academics and others, as agents of change, has also been important in contributing to a shared understanding of the reforms and a commitment to ensure that they are continued regardless of who is in political power.

Interethnic and military conflicts occurring in turbulent political landscapes, as well as conflict spill-over are not just hypothetical, but real risks especially in Turkey and CIS countries.

For Turkey regional conflicts, with specific reference to Syrian crisis, have had a negative influence on child care reform in the sense of testing the capacity of the system to react rapidly to urgent growing

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needs, beyond longer term planning and strategizing. As of beginning of March 2015 the total number of Syrian refugee children in Turkey was reported by UNICEF at 879,579\textsuperscript{203}. UNICEF was informed by the Government about no officially reported unaccompanied minors, except one child who was successfully reunited. Communities report separated children to be vulnerable, although they are generally being taken care of by relatives informally. Governmental institutions declare that, if notified, cases will be addressed and the children may be temporarily placed in residential institutions\textsuperscript{204}. According to UNHCR’s estimation\textsuperscript{205} it is expected that in 2015 the total number of Syrian refugees to increase, thus the estimated number of Syrian refugee children to overpass 900,000. As reported by UNICEF the child protection response is consisted of providing psychosocial support to children and adolescents in order to restore normalcy, develop children’s life skills and coping mechanisms following their experiences of violence and displacement. A parenting programme is provided as a result of collaboration among Ministry of Family and Social Policy, The Asian Federation Against Involuntary Disappearances and UNICEF, eventually reaching around 50,000 children.

The highly negative effects of this risk becoming a reality in the lives of the children in the region were reported very recently in Eastern Ukraine where children’s lives were severely disrupted by the armed conflict. The number of registered internally displaced people reached 1,228,090, including 154,635 children, as of April 2015\textsuperscript{206}. In terms of child protection, UNICEF reported increasing psychosocial needs of conflict-affected children.

\textbf{Environment and disaster related risks} – as per UNICEF reports\textsuperscript{207}, the countries in the region were confronted in the past few years with a growing incidence of natural disasters such as floods, landslides and extreme weather conditions. In spite of the existence of disaster management systems in place in the countries covered by this evaluation, the focus tends to be more on rescue and relief interventions rather than mitigation and prevention aspects of disaster risk management. These risks and vulnerabilities challenge the capacity of the child care systems to respond to sudden increase of number of beneficiaries and their often urgent needs.

\textsuperscript{203} UNICEF: Syria Crisis Situation Report (February 2015)
\textsuperscript{204} UNICEF: Syrian Crisis – Influx Situation Report (September 2014)
\textsuperscript{205} http://www.unhcr.org/pages/49e48e0fa7f.html
\textsuperscript{206} http://www.unicef.org/ukraine/UNICEF_Ukraine_SitRep_32_-_17_April_2015.pdf
\textsuperscript{207} UNICEF Regional Analysis Reports
5 CONCLUSIONS

5.1 Child Care System Reform: achievements and challenges

In several countries in the evaluation an increasing proportion of children are being separated from their families and amongst children separated, fewer are being cared for in formal care institutions. Predominately the economic difficulties (e.g. poverty) and the resistant social and professional norms are the main reasons behind children being separated from their family and much less the need for protection from abuse.

In general terms, across the eleven countries in this evaluation, significant changes have occurred in child care systems during the reference period. Although a small number of countries started meaningful reforms earlier, the period between 2005 and 2012 saw the consolidation of a vision of reform which stressed the need to protect and support children in their families, work to prevent family separation in situations of risk and, where separation is necessary, to ensure an emphasis on family-based or family-type care rather than institutional care, and to aim at rehabilitation or permanence. Crucially, systems reform has also, for the most part, been accompanied by increased public awareness of the need for reform; more child-centred social, cultural and professional norms; and increased political will to engage with the issues. The reforms that have occurred have had significant positive impacts on the lives of many children and their families.

Among the many achievements that are documented in this report, it is important to note that all of the countries covered now have legislation in place that meets the standards of international human and child rights conventions. In addition, most have nominated a competent governmental body or agency to lead the reforms in operational terms. Many have created protocols that seek to ensure that the system is based on clear assessment, referral and placement procedures. Most have developed child care standards which begin to address key aspects of the quality of services and their appropriateness for children and families. Whether formally designated as such or not, most countries in the region have established personal social services through the creation or strengthening of the social work profession. In addition, many now have procedures through which competent and accredited non-state actors provide alternative services.

At the same time, challenges remain in terms of aligning legislation, institutions, procedures, budgets, skills, competences and standards as well as in terms of monitoring and evaluating progress made. Policies and practices within child care systems are not yet fully ‘evidence-based’, not least because of the lack of robust, valid, agreed baseline data necessary for the setting of clear, meaningful, and achievable targets. Child care reform has not always been linked in a progressive way to reforms in other systems, such as education, health, justice, and social protection. Some professionals are not yet fully aware of, or committed to, a child rights approach.

Crucially, particular groups of children and families remain ‘hard to reach’ or, in some cases, have been ‘left behind’ in the changes, with their specific needs either unaddressed or addressed fitfully and late on in the reform process. As a result, some ‘equity gaps’ may even have grown in some of the countries in this evaluation during the reference period. Children with disabilities in particular remain at risk of exclusion and too many continue to live in inappropriate institutional care. Some ethnicised minority groups, notably Roma, in some of the countries in the evaluation, are at risk of being over-represented in the care system, spending longer in care, and having a care experience marked by continued discriminatory treatment.

Reforming child care systems is a complex, long-term, and reflexive process, not least because knowledge of the precise interactions between different elements of the system never fully exists prior to
actions to reform the system. Hence, well-intentioned reform efforts can have unintended consequences which, if not addressed in a timely and accurate manner, can themselves create systemic blockages to improved outcomes for children. Much needed improvements in parts of this system, such as improved identification and assessment of children and families ‘at risk’, can lead to ‘net widening’ in which greater numbers of children are drawn into the system without the necessary resources supportive of families staying together and without a continued focus on rehabilitation and family reintegration. Sometimes, child care standards contribute less to raising the overall quality of services, shaping service provision, and creating a level playing field for providers and more to an unintended defence of the status quo and act as a barrier to innovation. In much of the region, standards still remain more provider-centred than client-centred. Gatekeeping and case management, whilst widely recognised to be key elements of a more responsive system, remain underdeveloped in many countries, indeed, there appears to be little consensus on what these concepts mean in practice.

In a move away from reliance on residential care as the centre of the system, some alternative services, notably small family-type group homes and foster care services, have grown in some of the countries in the region, at a pace and in a form that may not be optimal in terms of outcomes for children. An emphasis on merely finding alternatives to institutional care and moving large numbers of children accordingly, has sometimes been at the expense of adequate preparation and on-going support to both children and the new providers. At times, in some countries, the balance of human and financial resources devoted to these new services has been at the expense of investments in preventive, community- and home-based support services to keep children, if possible, in their birth families. Transitional measures that were necessary in order to close those institutions that posed the biggest threat to the realisation of children’s rights have sometimes become the centrepiece of the reforms, diverting attention away from preventive care services. Instead of contributing to a continuum of flexible care services, new services that have been developed remain fitful, ad hoc and, often, unsustainable, offering only limited support to children and families.

Although much greater attention has been paid to what might be termed the ‘governance’ of reform, the challenge of ensuring a common reform vision and action plan, led by a credible and competent ‘lead agency’, remains difficult to achieve in most countries. Action plans in the region, where they exist, sometimes have little real ownership or tangible effects. Unclear or inappropriate divisions of responsibility between different line Ministries often still exist. Vertical co-ordination between national and sub-national tiers of Government is often lacking, so that the need for reforms to operate across diverse scales is either not recognised or, where it is recognised, not really implemented. Needs-based social planning is not yet well developed. Decentralisation of some services, especially when decentralisation of responsibility is not accompanied by fiscal decentralisation, is often problematic, with local providers under-resourced and unable to provide services for which they are mandated. An over-emphasis on decentralisation at all costs can also make it hard to realise economies of scale and may even provide perverse incentives for inappropriate services to be over-provided.

How to finance reforms remains a complicated question that has not been satisfactorily resolved in any of the countries in the evaluation. The nature of established budgetary procedures and financial flows can be an obstacle to reform in the absence of flexible, transitional, funding. External support for time limited, pilot, projects has, at times, contributed to the lack of sustainability of reform efforts and has focused attention on the need for more resources, often not available, rather than promoting a shift in where and how resources are allocated. In parts of the region, the economic and financial crisis and resulting cuts in social expenditures have also impacted hard. Increases in poverty and social exclusion have also added to pressures both on families and on child care systems. Social workers, including those employed by central or local government, remain massively under-resourced, under-valued and, often, under-qualified for the tasks they have been assigned. Staff in care services are rarely given adequate remuneration, training nor recognition.
In general terms, those systems which exhibit aspects of either a ‘punitive’ or ‘moral instruction/rescue’ orientation\textsuperscript{208}, prioritising the protection of society against children who are perceived as a threat or rescuing children as a moral act, are less likely to produce desirable outcomes for children and families than those which avoid such orientations. Indeed, a legacy of rather ‘statist’ and even ‘semi-authoritarian’ systems, compounded by some of the deficiencies of democratic transition in parts of the region has contributed to a \textit{distinction between ‘deserving’ and ‘undeserving’ children and families which may also have served to increase equity gaps and resulted in more punitive outcomes for children from stigmatised groups}. This has been compounded by the economic and financial crisis and an emphasis on the importance of cutting social spending. More generally, ‘semi-authoritarian’ or, at best, rather ‘paternalistic’ systems have meant that the ‘voice’ of children, adolescents and their families, may not be heard enough. In much of the region, complaints and appeals procedures, even if enshrined in legislation and guidelines, may not be fully realised in practice. Again, those with the least voice, the least likely to be informed of and know their rights, and the least likely to be able to use appeals procedures effectively, are those from marginalised, stigmatised and vulnerable groups.

An emphasis on changing laws and procedures represents a necessary, but not sufficient, part of the reforms. There has been a need in all of the countries covered for legislation to be put in place that helps to establish the foundations of a reformed system, and this has, largely, now occurred. \textit{An over-reliance on legislative changes as if they were themselves sufficient to ensure reform has been replaced, in some countries, by a more sophisticated understanding of the linkages between legal and practice changes.}

Similarly, \textit{a balance between coercive and controlling dimensions within the child care system}, on the one hand, and more caring aspects, on the other, is clearly important but rather hard to achieve, in the context of a more punitive drift within social protection more generally. Striking the right balance between what has been seen as ‘care’ and ‘control’, as a form of risk management and judgement of what is ‘good enough’ parenting, without shying away from taking difficult decisions when necessary, has long been at the heart of professional ethics in social work, and is a crucial part of the mandate of statutory child care social work in all countries in the evaluation. Systems that err too much towards ‘care’ may leave too many vulnerable children exposed to unnecessary and harmful risks. Conversely, systems that err too far on the side of ‘control’ may be too quick to intervene in family life, reinforcing discrimination and oppression of those groups judged not to conform to mainstream norms.

\textit{The ideal system, which does not exist fully in the region as yet, may be one that moves towards a more rights-based approach combining a focus on children and their families with a community development approach} by empowering vulnerable groups through establishment of partnerships among community groups and seeking to map needs into a planning process\textsuperscript{209}. This involves moving to a broader, more holistic, idea of child protection encompassing much more than merely protection from violence, abuse, neglect, exclusion and exploitation to more of a focus on the right of children to live free from poverty and exclusion, the right to be heard, and the right to participate, as well offering assistance to parents and ensuring the development of institutions, facilities and services for the care of children\textsuperscript{210}. Although elements of this are prefigured in some countries in the study, particularly in Bulgaria, Croatia

\textsuperscript{208} As derived from work by UNICEF and others on child welfare system classifications, see http://www.crin.org/docs/C956_CPS_interior_5_130620web.pdf (accessed in November 2014).


\textsuperscript{210} Convention on the Rights of the Child, Article 18.
and Romania, it is not fully institutionalised anywhere. At the level of individual cases, an ideal system necessarily involves a focus on working with the strengths of families and building community support mechanisms. At the systems level, it requires a much greater focus on prevention and on rehabilitation than is currently found even in the most progressive countries covered by this evaluation. In addition, of course, it requires a more holistic linkage between childcare and other systems, including social protection, but also early childhood, education, health and justice.

In most of the countries in this evaluation, with the exception of the post-Yugoslav states, personal social services and social work only emerged as a new profession in the 1990s. Throughout the region, it is far from being a true profession, having much lower status and, in many cases, fewer resources than classic professions. Whilst it is widely recognised that establishing a statutory social work service is crucial for child care system reform, social workers employed by national governments of local authorities in the countries in this evaluation were consistently under-resourced, under-valued and, largely, under-qualified and under-trained for the complex tasks they need to perform. As a result, although evidence for this is primarily anecdotal, many are de-motivated, overwhelmed by impossibly high caseloads and there is, in some countries, a reportedly high rate of turnover of social work staff and personal social services staff.

The capacity of child care systems to respond in a timely, flexible and yet also consistent manner to new challenges, whilst not central to this evaluation, is important in terms of child care systems’ effectiveness and sustainability. A number of these challenges, notably: the economic and financial crisis; ecological disasters such as severe flooding; large-scale labour migration of adult family members leaving children behind; and, new inter-ethnic and military conflicts in parts of the countries studied; have all occurred during the evaluation reference period. Whilst responses to some of these challenges, notably military conflicts and ecological disasters, have tended to be focused on disaster mitigation and the provision of emergency relief, the importance of strengthening child protection systems should not be underestimated. In addition, the importance of being able to gather accurate information, quite rapidly, in a complex and changing environment, is another challenge. Some of the challenges, notably those involving children separated from parents who seek work abroad or who move, without the children, from rural to urban areas, require a careful understanding of the capacities of extended family, friendship and community networks to provide ‘good enough’ care, without succumbing to what may become a new ‘moral panic’. In relation to the economic and financial crisis, the importance of choosing to prioritise investments in children and ‘child proofing’ any austerity measures need to be prioritised.

5.2 UNICEF’s Strategic Contribution

UNICEF has clearly had a significant and strategic influence over child care reform in all of the countries in the evaluation. In particular, it has consistently applied and adopted a rights-based approach to the issue of child care reform, tailored in a flexible way to the different country contexts and conditions. It is undoubtedly the case that this has given UNICEF leverage, allowing it to build gradually a movement towards a more rights-based approach. Influence has clearly built up over time, based on mutual trust and respect between UNICEF and key Governmental counterparts. A number of child rights advocacy organisations pointed out that whilst UNICEF’s mandate is to work primarily with and through Governments, this often went hand in hand with helping advocacy organisations gain legitimacy and have a ‘seat at the table’. This sometimes allowed these organisations to deliver ‘harsher’ messages than UNICEF could deliver directly. Indeed, UNICEF’s position as an important facilitator between Governments and other actors was emphasised by many stakeholders in NGOs as well as in Government.

UNICEF was praised across all the countries in the study for its technical assistance and capacity building. It was clear that UNICEF had gathered, over time, within its staff and a small group of like-minded consultants, a body of knowledge and expertise that was fit for purpose in aiding reform efforts throughout the region. Over time, in some of the countries where child care reform is the most advanced,
the ‘bearers’ of this knowledge and expertise are increasingly nationals of the country in question and no
longer international consultants, suggesting that this knowledge and expertise has now become more
sustainable and institutionalised, although more time and effort is clearly needed before this becomes a
‘critical mass’ for change in many of the countries of the evaluation.

One area where **UNICEF could clearly increase its influence relates to social and professional
norms.** Although UNICEF has a good track record in leading or contributing to public awareness
campaigns, including innovative use of both old and new media, there is a sense that this has been
somewhat fitful and, in contrast to its technical capacity building, less coherent, consistent and
sustainable.

As noted above UNICEF’s Theory of Change (ToC) is a work in progress which is gaining increased
relevance, within the organisation, as a reflexive tool which is fit for purpose in terms of understanding
UNICEF’s interventions and increasing their effectiveness. As an evolving instrument, it is perhaps better
at allowing for an understanding of the ‘what’ of UNICEF’s interventions than the ‘how’. Complementing
the ToC with a focus on systems typologies and, in addition, the importance and influence of more
structural level issues such as countries’ political economies, may also be needed if the ToC is to deliver
its full potential in terms of social change and improved outcomes for children and families.

Crucially, using the ToC as a more explicit tool to be shared with counterparts in Government, with other
international actors, and with a wider range of stakeholders, was recognised by many respondents,
mostly inside and few outside UNICEF, as a major priority for the future. How to adjust the ToC would
require a more systematic engagement with its use than has been possible in this evaluation. One theme
which has been stressed on a number of occasions in this evaluation is *the need to be clearer about
what is meant by social and professional norms, by the differences and relationships between the
two and how they relate with other system determinant areas of change.* If it is the case that parts of
the region continues to have an over-professionalised approach to child care, as a fusion of the legacy of
systems found under communism with elements of a new technical orientation, then the responsiveness
and accountability of professionals to their clients and to the wider society needs to become a much more
important issue for concern. In addition, combining the middle-range concepts of the ToC with a more
reflexive process analysis and with more structural and contextual analysis of political economies, could
also be important.

In partnership with others, UNICEF has clearly played a significant role in strengthening child care policy
in the region and in outlining reform pathways. UNICEF has contributed to an emerging consensus on
the ‘what’ in terms of the content and elements of child care policy and practice which can be built upon
in the future. At the same time, a *focus on prevention as at the centre of the system remains more
rhetorical than real.* It is not by chance that recent work on child protection systems emphasizes the
need to move beyond current uncoordinated, unsustainable, reactive and, we would add, residual
emphasis on prevention towards a more comprehensive, holistic and proactive approach

**UNICEF has been a key actor addressing the need to narrow equity gaps within child care systems.** A closer connection between child care reforms and the development of anti-discriminatory
policies and practices would seem to be necessary here, however. In broad terms, anti-discriminatory
practice in social work in general, and child care in particular, recognises and promotes the values of
diversity and respect for difference and explicitly challenges disadvantage, discrimination and
oppression. Discrimination on the grounds of age is, of course, of wider importance in child care but

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211 Ibid
212 Thomson, N. - *Developing Anti-discriminatory Practice* in D. Tomlinson and W. Trew (eds.) *Equalising
Routledge (2002)
the need to address ethnicity, disability, class-based discriminatory and also discrimination on the grounds of gender and sexuality are not addressed fully across the countries in the evaluation. Whilst most have some formal legal provision outlawing discrimination, the impact of this legislation in practice is often limited. It may well be that a focus on anti-discrimination could be central to partnerships with a range of supranational, regional and international actors.

Beyond this, a greater focus within UNICEF on increasing the range, relevance, sustainability and accessibility of non-residential care services, making them needs-based, and through incentivising a range of non-state providers within a developed welfare mix, is also a priority. **UNICEF has recognised increasingly the importance of local and regional social planning to match needs and services** and is promoting this as a key aspect of reform in some of the countries in the region. How to create a continuum of services and reduce gaps between service types whilst also promoting more flexible and fluid possibilities of combining different services within flexible care packages, is still rather poorly developed thus far. How to combine casework and case management with local social planning and community development has not, to any great extent, yet become central to new systems either in terms of the competences needed nor in terms of the policy framework which may facilitate it. As also noted above, building in user voice, ensuring fair, meaningful, and accessible complaint and review procedures, as well as making professionals and decision makers more accountable for their actions is also needed.

**Although UNICEF has engaged in work on public finance management, there has been little progress made in terms of removing rigid rules regarding financing and directing budgets towards prevention and non-residential care.** Although ‘Budgets and expenditures’ is one of UNICEF’s determinant areas, and more has been done on this in recent years, the leverage over Ministries of Finance directly, or via the World Bank, IMF and/or European Union, remains rather limited across the countries in this evaluation. Although it can be argued that, in many countries studied, UNICEF has raised awareness of the cost effectiveness of alternatives to institutional care in the long-term, it has been less successful in leveraging transitional funding. The impact of cuts in expenditures through austerity measures introduced in the wake of the economic and financial crisis has also limited UNICEF’s room for manoeuvre.

The evaluation has shown that **UNICEF is increasingly committed to and in some cases, actually implementing a more cross-sectoral approach**, especially in those countries where reform is most advanced. What is important, perhaps, is the development of a mind-set that goes beyond the compartmentalisation of UNICEF’s interventions into traditional 'sectors'. The organisational culture of UNICEF was not a central theme of this evaluation. Nevertheless, as in many human services organisations, there may be a tendency when new Representatives and senior managers are appointed or key personnel change, particularly at the Country level but also, to an extent in the Regional Office, for a switch in emphasis to occur from one sector of programming to another as new staff seek to 'make their mark'. UNICEF may be increasingly prioritising an orientation and skills-set which is constantly looking for entrees into cross-sectoral working. This takes the form of combining interventions across previously already well-developed sectors, combining work in one or more well developed sectors with work in relatively underdeveloped sectors, and/or developing completely new and innovative cross-sectoral initiatives. Above and beyond this, creating a body of knowledge and transmitting competences on cross-sectoral working, through emphasising its importance within the Theory of Change, within the core roles, and beyond, would also add value.

Although not a primary focus of this evaluation, the relationship between the UNICEF Regional Office and Country Offices was an important issue that was addressed by many respondents, primarily within UNICEF. It may be important to note that it was rare for Government counterparts to mention the role of the Regional Office except in relation to the important role played in terms of regional studies and campaigns, and in relation to the sub-regional consultations on child care reform that were generally agreed to be useful. UNICEF national staff valued Regional Office support along all dimensions of the
core roles, in particular in relation to Enabling knowledge exchange, Policy advice and technical assistance, and Monitoring and Evaluation. Although Regional Office interventions in national contexts were generally welcomed, there was also a sense expressed by some that a deeper absorption in national issues would allow for greater synergies between regional knowledge and national practices. Some also expressed a need for stronger linkages between UNICEF’s global and regional offices and for closer linkages, also, with those parts of UNICEF most engaged with the European Union.

UNICEF’s relationship with NGO partners is a topic that is, largely, beyond the scope of this evaluation. It was, however, brought into the discussion by several stakeholders, from the state and non-state sectors, during the evaluation. Clearly, the relationship differs depending on the size, nature and form of the NGOs concerned. Even in terms of International NGOs, the issue of child care reform has seen traditional INGOs such as Save the Children and World Vision joined by a large number of newer NGOs, some of which have been formed specifically to address issues regarding institutionalised children and child care reform in the region covered by this evaluation. Whilst the evaluation did not systematically gather the views of a range of INGOs regarding UNICEF’s role, a number of general points can be made. Firstly, with some exceptions, strong partnerships have tended to be built with INGOs who have proven to be important in terms of opening up certain themes, developing demonstration projects, with or without UNICEF’s financial support, and contributing to advocacy and dialogue. Occasionally, as in issues of children leaving care, UNICEF has recognised the comparative advantage of key NGOs and played a lesser role.

Many key stakeholders within the Governments of the region recognise that UNICEF has a wider mandate and that, therefore, **UNICEF is a stable and predictable partner in reform**. A second key issue relates to UNICEF’s support for pan-European, regional, transnational and national networks of NGOs engaged in this issue. Although in principle this has been recognised as an important vehicle to promote change, in practice UNICEF has perhaps not engaged in supporting networks as much as it might have. At the same time, the risk of creating false positives through stimulating the creation of networks that proved not to be sustainable has often been at the base of UNICEF’s caution. The situation regarding national and local NGOs is, in many ways, positive, with UNICEF’s advocacy work almost universally tying child care reform to the diversification of service provision and the development of a new welfare mix with a clear role for non-state actors.

Although it is the case that more funding for UNICEF to invest in child care reform in the region would be likely to lead to improved outcomes for children, the main thrust of our financial analysis is that **better results could also be achieved by stable, consistent core funding**. At the moment, as outlined in the report, two elements of the inconsistency of funding tend to produce sub optimal outcomes. One is that the lack of funding makes it hard to respond to some short-term requests by Government that means that strategic entrees that could produce meaningful change are lost. This may not be an argument for more funding as much as an argument for the creation of a substantial reserve funding pool within the region that can be accessed at short notice. In addition, some UNICEF staff, as noted above, felt that a constant need to leverage more resources, particularly from the private sector, sometimes resulted in a lack of focus on other core roles and activities. Although there was no sense that UNICEF as a global organisation is funding driven, there was a concern that the region, because it consists of medium-high income countries, does not command the same attention as poorer parts of the world. Some within UNICEF expressed the idea that more could be done with the same amount of funding if most of this was predictable and secured in advance. In addition, this was thought to be precisely the basis for the possibility of leveraging more resources for larger scale initiatives from, for example, the EU.
6 LESSONS LEARNED

6.1 System changes
The decentralization process is seen as a good premise for further development of community based services, although evidence from international experience shows that when inter-sectoral cooperation is envisaged this is easier to establish within statist or directive forms of governance than within more delegated structures, although it has to be emphasized that this is only valid for accountable and transparent modes of directive forms of governance.

A lesson learned from the debates among stakeholders is that it is not efficient to adopt strategies for very narrow issues (such as a strategy for children with autism, or for children with Down syndrome which were very much debated in the last years with draft versions proposed by NGOs), but to create a framework or a strategy focused on multiple vulnerabilities.

The key for sustainability or the next step of the reform is considered the development of family focused services, not just cash transfers. Child care reform will be hindered by continuing to consider children separate from their families, as they are one social unit. The identification of causes of social malfunctioning and not just addressing consequences will ensure sustainability. Constant efforts to empower vulnerable families will ensure the well-being of their children.

6.2 Better implementation of multi-country evaluations
The implementation of this multi-country evaluation demonstrated that in practice this was not only an evaluative exercise, but also a capacity building process, with an important learning function for all stakeholders involved: mainly for evaluation team and UNICEF – both RO and COs, but to a certain extent for UNICEF partners who agreed to inform the evaluation. For a formative evaluation as this was, learning from its’ results is one of the main objectives. Learning from the evaluation process is rarely acknowledged and encouraged. This multi-country evaluation, although implicitly, has done that.

The object of this evaluation was UNICEF’s ToC, which is a complex, multi-faceted and dynamic evaluand. Furthermore, the evaluation reference period is longer than just one programming period. Over such a long period of time UNICEF may consider revisiting its’ ToC in order to capture more in depth the changes when launching a theory-based evaluation. While this is done, it may consider differentiating more accurately between impact and other levels of change.

In the process of desk review the evaluation team has made the attempt of identifying any counterfactual studies/evaluations addressing child care/child protection related topics in the region, which turned to lead to no results. Admittedly, the specificity of child care interventions in the region is a more systemic one and measuring impact for systemic, large scale type interventions is much more difficult than measuring the impact of a specific, small scale intervention, however UNICEF RO in this region should consider in the future to demonstrate its’ impact in child care based on counterfactual\textsuperscript{213} evaluation(s).

In the implementation of any evaluation the process of data collection has to be carefully considered in order to keep the balance between the credibility of the result and the resources (human resources, time

\textsuperscript{213} As per EU Glossary of the EVALSED Guide, a counterfactual situation is “a situation which would have occurred in the absence of a public intervention. By comparing the counterfactual and real situations, it is possible to determine the net effects of the public intervention. Various tools can be used for the construction of the counterfactual situation: shift-share analysis, comparison groups, simulation using econometric models, etc. At the baseline, the real situation and the counterfactual situation are identical. If the intervention is effective, they diverge”.

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and money) available. A multi-country evaluation, by its more complex nature, challenges the evaluation team and the contracting entity even more in that sense. For that reason this process **has to be analyzed more realistic in the inception period.** During this multi-country evaluation several data constrains were encountered. Thus, quantitative data (both secondary and primary) from partners were difficult to collect. The effort and resources invested in quantitative data collection is very high in each country, but in a multi-country evaluation reporting is not done per country which de-motivates the partners in supporting the process of data collection. Qualitative data collection from the field also proved to be more difficult than initially estimated for two reasons: 1/ the lack of transparency or willingness to inform the evaluation by some representatives of the partners in the countries lacking evaluation culture (for a variety of cultural reasons related to professional status, age, gender etc.) and 2/ because sometimes it was difficult to track the best informants who could share information about changes after such long time.
7 RECOMMENDATIONS

7.1 A Renewed Emphasis on Prevention and Family Support

Despite wide recognition that it is the single most important component of improved outcomes for children and families, prevention of family breakdown and support for families to avoid, wherever possible, the reception of children into public care, remains rather underdeveloped across the countries in the evaluation and, we would assert, in the region as a whole. Comprehensive preventive and family support services are rarely rolled out across an entire territory/state and are often developed within pilot projects that rarely go to scale and are often unsustainable.

A clear recommendation from this evaluation is that Governments should prioritise the strengthening of prevention and family support services. These services should be based on a thorough understanding of the underlying causes of family breakdown and reception into care. Preventive and family support services should be established, enshrined in legislation, and well funded. They should seek to strengthen protective factors within families and communities. Above all, prevention should be “proactive, comprehensive, context-specific and sustainable”¹¹⁴. Targeted, intensive, services to support individual families who are at risk of breakdown and in immediate crisis need to be developed along with a range of support services targeting a wider group of children and families, including clear mechanisms for children and families to transition from the first to the second group of services. A network of preventive and support services, therefore, requires stronger inter-sectoral working, discussed as a separate recommendation below.

UNICEF COs should support counterparts to develop a functional mapping of the types of preventive and family support services that have been developed, are in place, or are planned to be developed. From this, with the support of UNICEF RO, a typology of preventive services, noting their coverage, effectiveness, and outcomes could be developed, which could be used as a basis for the assessment of future priorities in each country. In addition, UNICEF RO should facilitate learning from best practice across and, where relevant, beyond the region, including the experiences of prevention in Western Europe and North America.

Establishing a platform for dialogue on the appropriate balance between crisis intervention, clustered support services, and a trust in broader systems should avoid the negative consequences of accepting uncritically a logic of ‘early intervention’ and ‘predictors’ which may perpetuate a disciplinary focus on family pathologies in disadvantaged families and could lead to significant ‘net widening’. In the short term, UNICEF COs and the RO should commission studies aimed at understanding the coping strategies, resilience mechanisms and capacities of children and parents in complex, multiply disadvantaged households and communities. In the longer-term, UNICEF RO may consider launching a call to action which emphasizes the importance of investing in preventive services. A more consistent, pro-active and effective preventive approach may actually result in increasing the numbers of children within the child care system and categorised as in need of protection. Hence, there may be a need to revise indicators on the effectiveness of child care systems, moving away from a simplistic understanding that fewer children in the system is an indicator of success and higher numbers of children is unnecessary ‘net widening’.

7.2 Reducing Equity Gaps

In all of the countries in the evaluation and, we would assert, in the region as a whole, the reference period has seen much more attention paid to the needs of the most disadvantaged children. Indeed, a

¹¹⁴ Ibid, page 34.
major driver of child care reform itself has been an increasing recognition that children who suffer from violence, exploitation or neglect, are themselves an important vulnerable group. At the same time, achievements in child care reform have, sometimes, left some groups of disadvantaged children behind, such that the equity gaps between these children and the rest of the population have not improved significantly and, indeed, may actually have worsened despite increased awareness of this issue.

The causes of this are complex and, indeed, under-researched. Some relate to the way in which systems reform may, indeed, target those children and families who may be easier to reach than the most disadvantaged. In addition, multiple disadvantages combined with discrimination may also continue to act against improved outcomes for the most vulnerable and stigmatised children and families. As in the justice system, a number of barriers may exist which limit access to some services for the most disadvantaged children, resulting in them entering the more problematic parts of the care system, including inappropriate residential care, more quickly than their peers, and remaining longer in care. The care experience may also be qualitatively worse for the most disadvantaged and their prospects on leaving care may also be worse than their peers.

The precise determinants of inequity, and the exact composition of the children 'left behind' in the reforms, differ across the countries in this evaluation. In general terms however, disadvantages based on gender, disability, ethnicity, poverty and geographical isolation combine together to create continuing equity gaps. If not addressed urgently, such equity gaps are likely to grow in the future and may be perpetuated across generations, with those children in public care becoming the parents of the next generation of children in public care.

In terms of broad recommendations, whilst recognising the intersectionality of deprivation and disadvantage, we focus here on four broad themes: children with disabilities; children from ethnicised minorities; children from multiply deprived households; and the gender dimension of child protection.

7.2.1 Children with disabilities

The inclusion of children with disabilities needs to be a major priority of Governments in the next few years. Governments need to strengthen their priorities and commitments regarding the inclusion of children with disabilities in pre-school education, inclusion in integrated schools with appropriate support, adequate disability benefits and, above all, increased access to appropriate and affordable support services. In the countries studied, children with disabilities represent a significant proportion of all children in care and, in particular, of children in residential care. In terms of child care reform, support for children with disabilities to remain within their own families and communities, with appropriate support, must be a top priority. The use of community support services, respite care, flexible care and personal and home-based assistance should also be expanded. For those children with disabilities currently in public care, strengthening their linkages with their birth families is crucial even where reintegration may not be possible. At the moment, children with disabilities tend to be one of the groups that remain the longest in the care system. In addition, expanding professional foster care for children with disabilities and ensuring that part of the professional task involves maintaining links with parents wherever possible is also important. Governments should commit to developing a wide range of supportive ‘early intervention’ services for families with children with disabilities.

There is a need to examine the interaction of different groups of children with disabilities, including those diagnosed as having mental health issues, with the child care system. Another issue not researched sufficiently relates to the needs of children born to parents with disabilities. UNICEF RO and COs, with counterparts, should consider commissioning a regional study and specific country case studies to explore these issues further. Within countries, UNICEF COs, with other UN agencies, should find ways to combine a focus on the Convention of the Rights of the Child with greater attention to the Convention on the Rights of Persons with Disabilities. A number of mechanisms that are already used in terms of the CRC could be expanded to cover the CRPD with particular reference to child protection and child care issues. These could include: legislative review and gap analysis; capacity development of national Human Rights Institutions and Ombudspersons’ Office staff; and shadow reports by networks of
advocacy NGOs. UNICEF RO should establish mechanisms to facilitate inter-country learning, within the region and beyond. UNICEF COs should prioritise policy advice and technical assistance relating to preventive and alternative care services for children and families with disabilities, as well as supporting holistic assessment procedures and treatment plans which encompass a social model of disability.

### 7.2.2 Minority Children (ethnic minorities, internally displaced children and refugee children)

There seems to be little doubt that, in some of the countries in the evaluation, some ethnic minority groups, particularly Roma, but also other stigmatised minority groups (internally displaced children and refugee children), are significantly over-represented in the child care system, likely to remain in care for longer periods than their majority peers, and at risk of facing discriminatory treatment whilst in care. In particular, minority children in care may have little attention paid to their linguistic needs, cultural identity or the need for appropriate role models. Some minority children may be classified as having disabilities which compounds the disadvantage and discrimination they face in the system. The lack of availability of data disaggregated by ethnicity, combined often with a suspicion by members of minority ethnic communities as to the uses to which such data will be put, adds to the lack of a robust evidence base on this issue.

National and sub-national Governments should work closely with members of minority communities in order to gather robust, meaningful and disaggregated data regarding Roma and ethnic minority children in the care system. Where systems of data collection rely on self-identification, smaller scale research studies should be developed which address the over-representation of Roma and ethnic minority children in public care. UNICEF RO and COs, with others, including the Council of Europe, should provide advice on international standards for the collection of such data and on data protection for children and families. Governments also need to ensure that Strategies and Action Plans on child care make specific reference to the needs of Roma and ethnic minority children.

UNICEF COs should support national Governments to ensure that increasing numbers of foster parents and child care staff are drawn from Roma and minority ethnic communities, as well as promoting the training of members of these communities as social workers, support workers, mentors, and volunteers. Programmes which address Roma inclusion, including those supported by the European Union, Council of Europe, Decade of Roma Inclusion, and others, should ensure specific reference to issues of child care and child protection. UNICEF RO and COs, with other international actors and national counterparts, should make a long-term commitment to developing modular, competence-based, trainings for key decision makers, including social workers, administrators, judicial staff, and others, on ‘ethnically sensitive’ policies and practices. This is important in ensuring that assessments of Roma and ethnic minority parenting practices are not made based on cultural stereotyping and labelling of ‘good enough’ parenting practices as inadequate. Issues of ensuring greater voice of children and parents within the child care system, and the development of meaningful appeals and review procedures, discussed below, need to pay particular attention to ensuring the participation of Roma and ethnic minority children, parents and communities.

### 7.2.3 Gender Mainstreaming

Gender equity issues in relation to child care systems manifest themselves in a number of different ways, making recommendations on gender mainstreaming complex and varied. Crucially, there may be gender stereotypes at work in terms of assessment of family functioning, particularly in those countries where, despite rapidly changing household and family forms and structures, there remains a stigma against those who are seen to depart from dominant social norms, notably lone parents, whether female or male, young single mothers, and others. In addition, there is some evidence from disaggregated data that the majority of children in formal care are boys. Issues of gender stereotypes within the care system, in terms of access to employment in different types of care for women and men, may also be an issue, although beyond the scope of this evaluation. The relationship between gender based violence and abuse and child care is also important. In addition, the gender dimensions of child care are rarely addressed in
strategic documents and action plans. In short, strengthening gender mainstreaming in relation to child care systems may require a more specific focus in the future.

All of the issues discussed above require more detailed research and analysis. In particular, UNICEF COs and RO may support Governments and their partners in exploring differences in care careers for girls and boys, clarifying how gender may interact with other dimensions. Developing policies to address the over-representation of boys in formal care could follow from such studies. UNICEF RO may wish to explore the possibilities of establishing a Working Group in the region to take stock of the gender dimensions of child protection and child care reform, to push for gender disaggregated data, to address the gendered dimensions of the reception/entry of children into care, to challenge gender stereotypes which may be present in concepts of ‘child abandonment’ and to develop a range of recommendations for more gender-sensitive policies and practices. Such a Working Group should include those with experience of gender equality from within Government, other UN agencies, the European Union, and women’s and girls’ rights and advocacy NGOs.

7.3 Strengthening Personal Social Services and the Social Work Profession

The nature and roles of social work, including the balance of employment and functions between state and non-state social workers, appears to have developed haphazardly rather than in a planned way. In addition, issues of the status of social work, and its obligations to users, are being addressed quite inconsistently.

National and sub-national governments need to be more consistent and clear regarding the role of social workers or personal social services staff within the child care system. Closer attention needs to be paid to planning for the training, recruitment and rewarding of social workers in many countries of the region, including the creation of career progression paths to develop a new cadre of well-trained social work supervisors and managers and meaningful continuing training and education programmes. Investing consistently and adequately in social workers would represent a significant step forward in the reform agenda. At the very least, clearer systems of reward based on functional workloads need to be introduced together with careful workload management and the development of a range of incentives for specialised social work interventions.

Learning from countries which have introduced quality standards and licensing of social workers would also be important, in the context of a wider set of discussions about the balance of responsibilities between state and non-state social workers. Strengthening the capacity of social work to emerge as a profession in the region, through the development of social work charters, codes of ethics, and professional associations, would also be important, balancing this against regulation by their (state) employers and, crucially, accountability to service users.

UNICEF COs and RO are well placed to support exchange between social workers in the region and beyond, as well as facilitating involvement of social workers in the region in European and global networks. UNICEF COs and other international agencies should continue to support the development of social work education and training at qualifying, post-qualifying and in-service levels, ensuring the development of relevant competences in child protection, case management, social work ethics and, crucially, modern management. In the short-term, a study on the status of the social work profession in a representative sample of countries in the region could yield important further recommendations on how to support this emergent profession, build core competences, and reduce staff turnover.

7.4 Promoting Regional Social Planning Approaches

The development of social planning is important in terms of ensuring that needs and services are mapped and aligned with each other. Work on child care systems has suggested that a regional scale may be crucial since a national scale is too large and a local scale may be too small for child care services planning purposes. A regional scale of some kind allows for the minimisation of duplication, the maximisation of economies of scale and, when used appropriately, can be an important mechanism for child care system reform and a move away from inappropriate residential care. Regional social planning
that can map and match supply and demand, and respond to articulated needs in a comprehensive way\textsuperscript{215} offers a potential to ‘unlock’ child care systems in the region. Taken together, the two aspects of community development and regional social planning may constitute an ‘area-based approach’ to child protection, of general value but, also, of particular importance in terms of responding to the needs of those in rural or remote areas, as well as those in areas of significant deprivation and need.

Governments and their partners should encourage the wider adoption of community development approaches, particularly by NGOs and citizens’ movements, to complement more child and family-focused interventions within child protection. In addition, statutory services should work more closely with such initiatives and promote the use of volunteers as ‘early warning’ mechanisms and support structures in child care. UNICEF COs and RO should ensure that those examples of good community development practice existing in the region and beyond are more widely discussed, and skills and competences in community development are promoted in social work and related professional training. Linking community outreach work in child protection, health and education may also bring important benefits. Governments should introduce or expand regional social planning mechanisms for child care services in the countries in the evaluation. UNICEF COs and RO should ensure that lessons learnt from existing regional social planning initiatives are more widely shared across the region.

7.5 Strengthening Cross-sectoral Approaches

Over time, linkages between different sectors in relation to their impacts on children at risk have improved considerably, with the establishment of a number of protocols and procedures and an increasing emphasis on inter-disciplinary approaches to child protection. At the same time, child protection mandates are sometimes split between different Ministries, notably social welfare, health, education, and justice. In addition, understanding of and support for child care reform amongst some professionals within the health, education and justice sectors are not as strong as they need to be. The interconnections of child protection and social protection have also not developed optimally, not least in the context of the current economic and financial crisis and the rise of austerity policies.

Governments need to ensure that cross-sectoral co-ordination and programming is a priority both at the policy and practice levels. Inter-Ministerial co-ordination needs to exist in practice and not just on paper, through the creation of clear functional reviews which ensure that child protection is not divided inappropriately between a number of line Ministries. It may be that examples from the countries evaluated where inter-sectoral approaches are led by a body above the Ministerial level, such as the office of the Prime Minister or Deputy Prime Minister, should be assessed and learnt from. Strengthening the role of Parliamentary scrutiny also requires an explicit focus on child care issues by a Parliamentary Committee.

The role of sub-national, regional and local authorities in developing and strengthening clear procedures and ensuring co-ordination and co-operation between different services is also crucial. Local and regional authorities should consider establishing clear procedures to ensure co-operation with systems of child protection, health care, education, social protection, justice and others. In addition, awareness at sub-national levels of policies developed at national level are not always optimal, so that strengthening the linkages between central and sub-national bodies is also extremely important.

UNICEF COs should contribute to these processes wherever possible, through supporting functional reviews, providing technical assistance and helping in the development of inter-sectoral policies, procedures and protocols. UNICEF RO should also contribute through facilitating learning across the region and building training programmes which strengthen competences in cross-sectoral working.

7.6 Ensuring a Continuum of Care Services and Clarifying Case Management

Although the concept of ‘case management’ is frequently being used across the countries in the evaluation, and it is widely accepted to be an important component of child protection systems, what is meant by case management and the role it plays within the system varies considerably. More importantly, there seems to be little or no agreement about who should be a case manager and what functions this involves. Part of the problem is the absence of a wide enough continuum of care services to respond to diverse needs and to be called upon by case managers to develop adequate and sustainable packages of care that can produce optimal outcomes for children. Whilst the idea of a continuum of care services to meet complex, multiple and changing needs is accepted in some of the countries in the evaluation, in practice only a small number of community-based services, often with quite rigid eligibility rules, tend to exist. Crucially, the creation of a ‘level playing field’ for state and non-state providers, also requires a commitment to move away from ‘statist’ conceptions of child care reform, ensuring that finding a range of providers is consistent, long-term and sustainable.

National and sub-national Governments in the region need to commit to a clear identification of the role, function and status of ‘case managers’, through the elaboration of clear procedures and protocols. In addition, Governments need to focus on both the expansion of the range of care services available, as well as considering how to increase the flexibility of such services through the introduction of multi-functional and polyvalent services, whether domiciliary, day centre-based or community-based.

UNICEF COs should support country specific mapping exercises on the meanings of the continuum of care, making suggestions in dialogue with others as to how to ensure a wider range of more flexible community-based services can be developed. Above all, the idea of a minimum basket of community-based care services should be assessed and ways of ensuring that a wider range of services can be provided to meet needs should be explored. UNICEF RO should facilitate learning across the region from best practice in this regard.

UNICEF COs should support Governments in gathering systematic information on the use of case management, working with UNICEF RO and others to identify differences in the way in which case management is defined and implemented and, through a process of dialogue, seek to advocate for a more consistent approach. The importance of case management in terms of continuously assessing situations, ensuring a mix of quality services are provided, and evaluating interventions, has proven to be an important tool for delivering more child- and family-centred services in parts of the region and this is an experience which needs to be learnt from and built upon, as well as more fully introduced into qualifying and post-qualifying social work education and training.

7.7 Investing in Child Care and Public Finance Management

Improved outcomes for children require increasing, and increasingly well targeted, investments in children and in child protection. Child care reform requires the development of transitional funding mechanisms and, over time, a change in the balance of expenditure towards preventive services and community-based services. In addition, a move from the funding of services to the funding of those using services, sometimes termed ensuring that ‘money follows the child’, is also needed. Although most Governments in the region would recognise these principles, the performance of delivering improved public expenditures for children and for child care reform is somewhat uneven. In some countries, external funding, including from the EU, may offer an initial investment for reform but still needs to be incorporated into national and local budgetary processes in the future.

Through initiatives on child budgeting and, more importantly, Public Finance Management, UNICEF has sought, within the region and elsewhere, to track and influence fiscal flows in the interests of children. However, this has had only fitful, partial and limited impacts. At the same time, in the context of the economic and financial crisis, cuts in social expenditures are sometimes being required within the framework of IMF-led support packages. Often, these cuts are being made without a clear and consistent assessment of the social impacts on vulnerable children and their families. Although international actors
like the World Bank and the European Union are supporting Governments in the region to engage in multi-annual budgeting, in sector-wide and programme-based budgeting, this is often framed more in terms of reducing public debt than in ensuring improved outcomes for children.

Governments in the study need to ensure that the needs of children, including the most vulnerable children, are addressed in all budget processes. Where decentralisation of child care services is envisaged, national Governments must ensure adequate resources and arrange equalisation mechanisms to ensure that those areas that services most do not have the least financial resources at their disposal. UNICEF COs should work with international partners and national counterparts to promote a much more coherent approach to Investing in Children along the lines outlined recently by the European Union levering for wider access to improved quality services which are essential for child well-being. UNICEF COs should advocate for ensuring that services tailored to prevention of family breakdown, support for families at risk, support to reintegration of separated children and support for children leaving care are all included within child investment budgets, with funds earmarked for these purposes.

Crucially, UNICEF COs and RO should redouble their efforts to engage in meaningful interventions in the area of Public Finance Management seeking to influence all stages of the budgetary planning process, at national and local levels, including a commitment to Multi-annual Budgeting, to ensure improved outcomes for children. Of necessity, this will require continued, sustained, peer to peer engagement with the World Bank, the IMF, and others, as well as direct and meaningful engagement with Ministries of Finance.

Within this, UNICEF COs and RO should continue to develop the competences of its staff and other stakeholders in understanding public finance and budgeting, in assessing the extent to which budgets meet child and family needs, and in learning how to improve budget processes to secure improved child well-being, increased investments in children, and improved child protection services. UNICEF COs will need to push to be included in the implementation of programme-based budgetary planning processes together with the IMF, the World Bank and the EU. UNICEF COs should also seek to ensure that outcomes for children are included within performance audits of budget expenditures.

7.8 Promoting Leadership in System Governance

Whilst it is widely recognised that reforms need leadership, based on one lead agency mandated and equipped to steer child care reforms, one agreed and clear strategic framework, vision and action plan, and one M&E framework, this is rarely achieved in practice. Leadership and vision is often either absent, contested and fought over, or results in unintended or unforeseen consequences. The governance of child care systems and, hence, of reforms, requires clear and agreed mandates and responsibilities, and strong and consistent multi-level governance in terms of clear relationships between levels or tiers of government, between Ministries and specialist agencies, and between state and non-state actors.

In addition, whilst political will is important in providing an initial impetus for reforms, the sustainability of reforms is more likely in situations where political consensus is achieved and where political commitments are translated into an environment where technical staff, appointed on the basis of their ability and competence to do the job, are allowed to function free of unnecessary political interference. Too often in the countries of the region, changes in governments result in changes in senior technical personnel in favour of those who are members of, or close to, currently ruling political parties introducing unnecessary instability into the system and threatening the sustainability of reform processes.

UNICEF COs should work with key partners, notably in Government, on establishing the need for one lead agency and one framework document, at the same time building an inclusive coalition for change and, crucially, developing practice competences and process analyses which can identify potential

blockages and impediments to the work of this agency at an early stage and develop proactive ways of removing them. Crucially such agencies should have one, clear, M&E framework to assess the reforms and should have adequate funding guaranteed. Unequivocal support by UNICEF COs for the creation and strengthening of such lead agencies, in the context of building a resilient consensus on the functions and mandates of such agencies, is crucial. Through encouraging the examination of potential risks, learning from good/promising practice, and maintaining institutional memory and knowledge management, the impacts of such agencies can be significant.

In terms of governance in a broader sense, Governments need to ensure that there are clear horizontal and vertical governance arrangements that are optimal and fit for purpose in terms of child care reforms. The likelihood of political consensus on reform can be increased by the involvement of main opposition parties in key policy and strategy bodies, as well as the scrutiny of reforms via a cross party Parliamentary committee. UNICEF COs should work with international partners including the European Union and the World Bank to ensure that public administration reform includes the de-politicisation of senior appointments. In addition, technical assistance should be provided to all public bodies and agencies focusing on child care reform.

7.9 Improving Baseline Data for Evidence-based Policies

A better understanding is needed of the situation of children which leads to institutionalization and the problems faced by different groups of children (before/during/after institutionalization) and this should drive the ToC, the identification of the relevant indicators and the process of robust and timely data collection agreed by all stakeholders to be accurate and valid, to measure progress towards targets set within national and sub-national policies and programmes.

A key priority for the future should be the development of harmonized indicators reflecting the situation of children in need of care. UNICEF COs should work with Governments and other stakeholders to agree on these indicators and introduce them into national statistical systems. At the same time, UNICEF RO should ensure that indicators are developed in accordance with UN Conventions, UN General Assembly endorsed Guidelines on Alternative Care for Children and best practice in terms of the development of international statistical systems. At both UNICEF CO and RO level, co-ordination with a range of international organizations, including the World Bank, ILO, WHO, UNFPA, the IMF, the EU and others, will need to be a priority. The long-term goal, within five years, should be the production of agreed harmonized indicators. In the short-term, within the next two years, it is more important, perhaps, to establish a clear and transparent consultation process, aided by triangulated and innovative research studies, serving to raise awareness of the problems of the statistical evidence base, uncovering and analysing as much disaggregated data as possible, and stimulating a wider research agenda for the future.

7.10 Shifting from Piloting to Modelling and Re-scaling Interventions

Knowledge and competence on modelling and piloting has clearly increased considerably during the reference period, and UNICEF has invested considerably in these activities. At the same time, the balance between modelling innovative and effective interventions and investing in pilot projects and programmes not all of which are then brought to scale, could be changed in favour of more strategic modelling than small scale piloting. We recommend that UNICEF COs should explore with counterparts how to shift the balance from small scale piloting to strategic modelling in the next period, whilst maintaining or even increasing the overall amount of investments allocated to this type of activity. In particular, key informants from the Government level are/continue to be interested in learning more from models of interventions in the child care areas deriving from good/promising practices in the region, but also from the developed and developing worlds. The role of the UNICEF RO in driving reforms, contributing comparative knowledge, and supporting country offices, was valued by all of key informants. However, more involvement of Regional Office staff in national programming, and vice versa, perhaps through a secondment scheme, would be welcomed.
7.11 Leveraging Change in European Union context

Although UNICEF in the region has invested considerably in seeking to understand, influence, and partner with, the EU, the changing geo-political role of the EU in the region, and its renewed interest in some aspects of children’s rights and child care reform, may necessitate a renewed effort. UNICEF may wish to review its current engagement with the EU in the Member States, Candidate and Prospective Candidate Countries, European Neighbourhood Programme Countries, and others. This review may wish to examine and make recommendations on such issues as: the balance of responsibilities and co-ordination between the Regional Office, UNICEF’s Brussels office, and Country Offices. In addition, leveraging resources from the EU in the Member States (through the European Social Fund, Regional Funds and Structural Funds), in the Candidate Countries (through the Instrument of Pre-Accession Assistance) and elsewhere, should go hand in hand with new partnerships around shared priorities in child protection. UNICEF may wish to build on existing institutional linkages with the EU in the context of the new Investing in Children framework of the EU, as well as other important strategic frameworks. Again, sharing lessons across the region and building competences in working with the EU should be a priority.

7.12 Revising the Theory of Change

As was widely recognized by the stakeholders across the countries, UNICEF’s child care response has broadened beyond just child care. The evaluation documented that, in very practical terms, UNICEF had a broader child welfare response which takes into consideration the roles of different sectors and actors (beneficiaries, service providers, the state, NGOs, advocacy groups, parents’ groups, business and the private sector). Such a complex approach of “working for social change” requires interventions strongly embedded in a variety of attitudes, social norms, cultural practices and beliefs and mentalities. UNICEF has recognized this by defining two determinant areas of change related to this important aspect in its’ ToC. However, UNICEF’s ToC did not prioritize these determinants, either in the MoRES framework or in the implementation of its’ interventions. In more recent ‘Determinants analysis’ prioritization can be vaguely inferred from the information mentioned in relation to the sequencing of interventions under a certain determinant, which further supports the idea of the need for prioritization.

In the future, UNICEF may wish to explore correlations between spending on core roles and determinant areas with the development of a typology of child protection systems in the region. This would involve grouping child protection systems together which „share similar characteristics or essential features“217 along four dimensions: Orientation, Degree of Formalisation, Context (overall socio-economic and political context: i.e. whether the state system is Fragile, Developing or Complex), and Performance (in terms of extent to which the system delivers positive outcomes in children's well being). Perhaps most interesting, Orientation refers to the overall approach of the system to the child in her/his family. Seven broad models are outlined:

1. Punitive: the system prioritises the protection of society against children who are seen as a threat
2. Moral Instruction/rescue: the system prioritises rescuing children seen as at risk of moral contamination because of a lack of appropriate parental care
3. Welfare: the system prioritises deprivation and broader child welfare failings, particularly poverty, as they affect the physical, social and psychological well being of children rather than child protection issues per se

4. Communal harmony: the system is designed to ensure the maintenance of communal and social harmony when children have been harmed with the priority focused on the preservation of family, neighbourhood and communal ties.

5. Child protection: the system prioritises protecting children from harm through legalistic and coercive interventions.

6. Family support: the system prioritises working with the family to reduce harm to children, helping children and parents in a supportive way.

7. Rights-based child-focused orientation: the system prioritises the rights of the individual child to protection and the importance of supporting parents and other carers to achieve this.

7.13 Strengthening the Voice of Children and Parents and Promoting Review Mechanisms

Governments and their partners need to offer a more sustained and effective commitment to strengthening the voice of children and adolescents within the care system, as well as ensure that parents have meaningful opportunities to challenge, appeal and seek review of decisions made regarding their children. Within general commitments to child participation, Governments may need to pay greater attention to participation in the child care system and, in particular, to create ways in which the voices of the most vulnerable children can be heard. Governments may wish to consider both a charter of rights for all children and parents within the child care system, and offer support, financial or otherwise, to groups of children and parents, as well as including these groups in all policy dialogues. Where child care systems are shown to have failed individual children or their families, Governments should consider establishing independent judicial review bodies, composed of a wide range of stakeholders, mandated to make wider recommendations regarding the functioning of the child care system. Historically, in the most developed countries, such judicial reviews have been key drivers of progressive changes and improved outcomes for children.

Given UNICEF’s commitment to child voice and participation, UNICEF COs and RO are well placed to support all of these processes through technical assistance, piloting and modelling, and, above all, through sharing of best practice within the region and beyond. Support for the Ombudsperson’s institutions as well as for those tasked with independent reviews are particularly important. In addition, with development partners, UNICEF COs and RO can offer support to groups of children and parents, including facilitating their engagement in national and international networks. UNICEF should redouble its efforts in ensuring that the voice of children and adolescents, and of their parents and care givers, is heard much more within the child care system and, crucially, that child and youth participation in decisions regarding their lives is given higher priority in the region. UNICEF COs should work to ensure that the voice of children in public care is heard much more clearly in policy discussions and regarding desirable reforms and should support organised groups of children in care to form associations. UNICEF COs should advocate for stronger and more meaningful complaints and appeals mechanisms within the child care system, again, providing opportunities for stakeholders to learn from internationally recognised best practice.

7.14 Addressing New Challenges

Governments and their partners need to ensure that what may be termed ‘new risks’ to improved outcomes for children are prepared for, as far as possible, through the establishment of early warning and disaster preparedness systems. In addition, the establishment of emergency funds may be useful in terms of allowing for a timely response to new challenges as well as maintaining other social expenditures at existing levels. Rapid assessment and policy advice needs to be available, perhaps with the support of international development partners, including UNICEF COs.

UNICEF COs and RO should also seek to work with authorities in conflict zones to ensure not only survival of children but also to attempt to maintain or even strengthen child protection systems. On issues of migration, UNICEF COs and RO should work with key international partners including IOM and
International Social Services to ensure the maintenance of trans-national linkages between children and their carers. **UNICEF COs and RO** may consider organising a series of workshops and modular trainings developing competences in relation to new challenges in child protection, focusing both on the content of new challenges and the importance of setting up systems to predict and respond to emerging challenges.

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ANNEX 1 – TERMS OF REFERENCE
This document is attached as a separate pdf file.
ANNEX 2 – DIAGRAM OF UNICEF TOC RKLA 1

Attached as a separate document.
ANNEX 3 – EVALUATION MATRIX

This is attached as a separate document.
ANNEX 4 – LIST OF DOCUMENTS CONSULTED FOR DESK REVIEW

This is attached as a separate document.
ANNEX 5 – METHODOLOGY FOR DATA COLLECTION

Attached as separate document.
ANNEX 6 – CRITERIA FOR SELECTION OF COUNTRY VISITS

Attached as a separate document.
ANNEX 7 – COUNTRY VISITS

Attached as a separate folder, this includes the Agendas of the six country visits and the six Aide Memoires drafted by the key experts after each country visit.
ANNEX 8 – COUNTRY FACTSHEETS

Attached as a separate folder, this includes 11 Country Factsheets, the Fieldwork Protocol which guided data collection activities of the national consultants and the Country Factsheet Template which guided the presentation of the data collected by the national consultants.
ANNEX 9 - LIST OF INFORMANTS

Attached as a separate document.
ANNEX 10 – SECONDARY DATA

Attached as a separate folder, this includes the List with indicators for secondary data collection and the data collected.
ANNEX 11 – FINANCIAL DATA FROM COUNTRY OFFICES

Attached as separate folder, includes the financial data collected from Country Offices regarding UNICEF resources per ‘Core Roles’ and ‘Determinants’, as well as financial data for human resources.
ANNEX 12 – SURVEY OUTPUTS

Attached as a folder, this includes the Mapping of services, Sampling per countries, Data collected from the participants from 10 countries participating in the survey and Survey data processed.
ANNEX 14 – DATA COLLECTION TOOLS
ANNEX 15 – MAPPING OF CHILD CARE INTERVENTIONS IN CPAPS