

REGIONAL REPORT

Multi-country Programme Evaluation Synthesis Report of the Childcare and Deinstitutionalisation Reforms from 2009 to 2022



Commissioned by UNICEF

Title	Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 - 2022
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List of acronyms

CPD	Country Programme Document
CRC	UN Convention on the Rights of the Child
CRC Committee	UN Committee on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CRPD Committee	UN Committee on the Rights of Persons with Disabilities
CSW	Centres for Social Work
CWD	Children with Disabilities
DI	Deinstitutionalisation
ECARO	Europe and Central Asia Regional Office
EU	European Union
FGD	Focus Group Discussion
FTPCs	Family-Type Placement Centres
GDP	Gross Domestic Product
KII	Key Informant Interview
NATO	North Atlantic Treaty Organization
OECD	Organisation for Economic Co-operation and Development
RI	Residential Institution
SEN	Special Education Needs
SSWF	Social Service Workforce
ToC	Theory of Change
ToR	Terms of Reference
UN	United Nations
UNEG	United Nations Evaluation Group
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USD	United States Dollar
USSR	Union of Soviet Socialist Republics

Glossary

Alternative care refers to arrangements made for the care of children outside of their biological families. It includes both informal care, such as kinship care, as well as formal arrangements, such as foster care (including formal kinship care) or placement in residential facilities.¹

Child care reforms refer to reforms to support families to care for their children, prevention of family separation and reforms made to the system of providing care for children whose parents or guardians are unwilling or unable to provide the child with adequate care and protection. **Community-based services or community-based care** refers to a range of services aimed at enabling children, to live within the community and grow up in a family environment rather than in a residential institution. These services aim to prevent family separation, promote family reintegration, and facilitate the development of high quality, family-based alternative care options.²

Deinstitutionalisation refers to the process of planning the transformation, downsizing and/or closure of residential institutions (RIs), while establishing a diversity of other child care services regulated by rights-based and outcomes-oriented standards.³ DI consists of four elements, namely, (i) the prevention of placing children in RIs, (ii) the reintegration of children in RIs back with their families; (iii) developing alternative family-based care and small group homes; and (iv) transition of children out of the child care system.⁴

Family-based care covers both short and long-term child care arrangements within a family, as opposed to residential care. These arrangements include kinship care both formal and informal, foster care and different forms of guardianship.

Gatekeeping is a process that evaluates whether a child needs placement in an alternative care setting, and, when necessary, selecting the most appropriate alternative care arrangement from the available options based on the child's specific situation, ensuring that alternative care is utilised only when necessary and that the chosen setting is the most suitable for each child's needs.⁵

Prevention services are interventions and programmes aimed at preventing family separation, and supporting the upbringing of children in their families and communities. It covers a wide range of services and may include financial support, parenting programmes, social work support, day care centres and respite care for children with disabilities, mother and baby units, foster care placements, mental health and addiction services etc.

Reintegration refers to the process when a separated child is placed back with his or her parents or previous carer with the expectation that this will be a permanent placement.

Residential institution or institutional care for children refers to a large-scale institution where children reside full-time. Despite variations between countries, institutions for children may include infant homes for babies and young children, children's homes, boarding schools, and orphanages, even though many children accommodated in these facilities are not orphans.⁶

¹ UN General Assembly, UN Guidelines for the Alternative Care of Children, 24 February 2010, paragraph 29 (ii).

² Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012, page 27.

³ Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012. See also Care in Action., Website. Accessed on: <https://care-in-action.org/en/events/volunteer-training-on-reforms-to-institutional-care-in-ukraine>.

⁴ Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012.

⁵ Cantwell, N.; Davidson, J.; Elsley, S.; Milligan, I.; Quinn, N. (2012). Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'. UK: Centre for Excellence for Looked After Children in Scotland.

⁶ While there is no universally accepted definition of residential institutions for children this definition is summarised by the Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012, page 26.

Small group home refers to a public or private residential care home, that offers temporary care to a small group of children (usually up to a maximum of eight children), staffed by employed carers (some of whom may be professionals) who work in rotation.

EXECUTIVE SUMMARY

This report presents the main findings, conclusions, and recommendations of an evaluation of the child care and deinstitutionalisation reforms in seven countries (Bulgaria, Georgia, Moldova, Montenegro, North Macedonia, Serbia and Tajikistan) for the period of 2009-2022. The evaluation was commissioned by the United Nations Children's Fund (UNICEF) Europe and Central Asia Region Office (ECARO) and conducted by Coram International.

Purpose, Objectives, User

The object of the evaluation is the national child care reforms undertaken between 2009 and the end of 2022, with a focus on deinstitutionalisation (DI) across the seven evaluation countries in Europe and Central Asia. The evaluation aims to assess the strengths and weaknesses in approaches taken by different countries; provide insight into system level bottlenecks and, in particular, to assess the results achieved by governments and UNICEF to date (outcome and impact level) in supporting children with disabilities and other highly marginalised and vulnerable children in the region to remain with their families or in family-based care.

The evaluation had four objectives which applied to all countries involved in the evaluation:

- Assess the impact of government child care policies and understand what worked and what did not in the deinstitutionalisation of children, in particular children with disabilities and other 'difficult to place' children, how and why;
- Determine the effectiveness, impact, coherence, relevance and efficiency of national child care reforms;
- Assess the actual and potential contribution of UNICEF's work to national progress (including the outcomes and impacts of programming) in child care and deinstitutionalisation reforms, including children with disabilities and other 'difficult to place children;'
- Identify lessons and provide recommendations for refinement and potential scaling up of good practices to further support national governments in strengthening child protection systems.

The intended audience of this regional Evaluation includes the Government and relevant ministries of the seven countries, UNICEF regional and country offices and external donors, in particular the EU.

The child care reforms are intended to contribute to Sustainable Development Goal (SDG) 1, by addressing the financial burdens on families with children with disabilities; SDG 4, by offering quality inclusive education; SDG 5, by promoting gender equality; SDG 10, as it relates to mitigating disparities between individuals with and without disabilities and SDG 16, by fostering inclusive and just societies.

Methodology and limitations

The Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC) criteria of relevance, coherence, effectiveness/impact, efficiency and sustainability forms the basis of this evaluation framework. In addition, the evaluation methodology was developed according to the UNEG Norms and Standards for Evaluation (2016) and incorporates UNICEF's guiding principles on gender equality, equity, and human rights. The evaluation adopts a theory-based approach to determine whether and how child care reform initiatives have led to the changes set out in the overarching regional theory of change (ToC), which amalgamates the country ToCs. The evaluation employs a mixed-methods approach, drawing from the strengths of both qualitative and quantitative data to improve the validity of results through triangulation. The evaluation draws on a desk review of programming documents, administrative data and secondary sources, as well as qualitative data collection at the national level, and at sub-national level in the evaluation countries.

All qualitative data was coded to identify key themes, patterns, and relationships relevant to the research question, and quantitative data was analysed using Excel software. Strict ethical guidelines were followed at all stages of the data collection and analysis.

The main limitation was the comprehensive scope of childcare and deinstitutionalisation reforms across the evaluation countries which made it challenging to conduct a regional assessment that accurately

represented the entire target population. Additionally, the sensitive nature of the subject matter, involving child protection reforms and deinstitutionalisation, introduced the possibility of reporting bias, as respondents may have been reluctant to share personal information due to concerns about negative repercussions. In addition, the constraints of available data and the complex nature of the Child Protection Programmes posed difficulties in measuring the impact of UNICEF's programming on child care reforms.

KEY FINDINGS

Relevance

Relevant strategies and plans of action for child care reform and DI were developed in all the countries, but the extent of their relevance has been impacted by limited implementation, mostly due to a lack of capacity in the social services workforce, a lack of community services and, in some countries, inadequate financial resources. In addition, there have been periods of stagnation in the reforms, with no reviews of the challenges presented nor a recalibration of reforms in the light of inactivity.

The reforms in all countries largely align with the UN Convention on the Rights of the Child (CRC). However, countries have been slower to align their policies and practices with the Convention on the Rights of Persons with Disabilities.

The reforms have been relevant to children with disabilities and 'hard to place' children. They have benefited from the reforms, but not all have benefitted from the entirety of the reforms and many have benefitted at a slower pace. Inclusive education for children with special education needs has increased in all countries over the period of the evaluation and relevant community services developed.

UNICEF was a major player in the child care and DI reforms in each of the countries and its programmes have been consistently relevant across the evaluation period

Effectiveness

There have been significant changes to the child care and protection systems across the evaluation countries in the years 2009-2022. During that period all seven of the evaluation countries moved from a system that relied on residential institutions to provide care and protection to vulnerable children, towards a system that prioritised growing up in a family environment with support through the provision of community-based services and, where needed, family-based alternative care. The number of children in institutional care has decreased in all the countries over the evaluation period including the number of children with disabilities in institutional care. However, there are children who continue to be cared for in residential care in small group homes, with boys outnumbering girls.

There are a number of significant challenges to effectiveness, including how to complete the effective DI of all children from small group homes; how to grow foster care, and particularly short term foster care; how to grow a skilled, supported and experienced workforce able to identify and manage complex child protection cases and how to grow preventive, community-based services while at the same time ensuring the services offered are high quality and meet the needs of children.

Across all evaluation countries, data and monitoring systems for children in care, as well as for the broader child protection system, appear to be lacking. The fact that disaggregated data was found to be unavailable or incomplete across evaluation countries has significantly undermined possibilities for measuring, monitoring and reporting results for different groups of children, including ethnic minorities and children with disabilities, and ensuring that reforms are responsive to their needs.

Efficiency

The child care and DI reforms were ambitious and far reaching and required a level of human and financial resourcing beyond that made available. This has had an inevitable impact on efficiency. Cross-financing from different donor funding streams, and particularly from EU structural funding pots supported and enabled the reforms but have also brought efficiency challenges. Implementing reforms on a project basis, especially from the EU, has meant complying with EU deadlines, funding criteria, and other administrative requirements, which were seen by many participants in the country evaluations as not allowing sufficient flexibility in approach. The reforms, and particularly the closure of large residential

institutions should, in theory, have freed up resources to be funnelled into the development of community-based services. Although Bulgaria, Georgia and Moldova adopted an explicit strategy of reallocating resources from institutions in order to fund reforms there was little evidence that the strategy had been implemented in a consistent fashion.

Coherence

All of the evaluation countries at some point over the evaluation period established cross-sectoral coordination bodies to monitor and oversee DI and child care reforms, often at national level, but also at local government level. The extent to which the coordination bodies function effectively varies across the countries and across time. None of the countries have had an active coordination body throughout the entire period of the evaluation, with some relapsing into inactivity or being replaced with new bodies, particularly following an election or with the allocation of new funding. Where and when coordination bodies do exist, the evaluations note that they often struggle with coordination, due to weak powers, ministerial disinterest or both. As a result participants in the evaluation tended to regard both vertical and horizontal coordination as inadequate. This is problematic, especially given the cross-sectoral nature of the reforms and has arguably impeded the rate of progress of the reforms. Poor coordination has also been exacerbated by the lack of data exchange between the various ministries involved in the reforms.

Sustainability

There has been a significant decrease in the numbers of children in residential care over the time period of the evaluation, many of the large institutions have been closed, new community-based services have opened to prevent separation, and foster care has been developed. Although fears were expressed by some participants that the large institutions might open again or that new institutions might be built, the need to adhere to EU accession criteria and the obligations of membership are likely to prevent this in all countries, except for Tajikistan. The sustainability of the prevention services, particularly community-based services, many of which are provided by NGOs is far less certain. Government funding for these services is often inadequate and fitful, leaving the services reliant on donations.

None of the reforms will ultimately be sustainable in any of the evaluation countries unless there is a greater level of investment in the SSWF who ultimately deliver child protection. A strong workforce ensures consistent care, personalised attention, and timely interventions, ultimately leading to improved outcomes for every child and a more satisfied workforce.

Conclusions

Growing up in a '*family environment*' has been the focus of the child care and DI reform programmes. In terms of this element the countries are able to show considerable achievement.

There has been a significant decrease in the number of children placed in large-scale residential institutions, many of which have been closed, and this has been accompanied by an overall increase in the use of kinship and foster care.⁷ Other successes, in line with the ToCs, include an increase in the number of children with disabilities in mainstream education; a reduction in the number of special boarding schools and special schools generally, as well as the number of children attending these schools; the transformation of special schools into resource centres to support children with disabilities in mainstream education and the development of day care services to provide support to schools and to offer services to children with disabilities who cannot attend school. All of these successes have contributed to gatekeeping and the prevention of institutionalisation.

While there are still many steps to be taken and an array of challenges hindering full implementation, the closure of the large institutions and the DI of the children placed in them is well on the way or approaching completion in the countries participating in this regional evaluation. Community-based services, including services for children with disabilities, have been developed to support reintegration as well as to prevent separation of children from parents, but these are more fragile and their funding is often uncertain.

⁷ This is not the case in Bulgaria where the use of small group homes has increased nor in Tajikistan, where foster care has yet to be developed

Lessons learned

1. The evaluations demonstrate the importance of a holistic and cross-sectoral approach to child care reform. Preventing institutionalisation requires children and their families to have access to family support and community based services, inclusive education, especially for children with disabilities, the promotion and practice of kinship and foster care together with a skilled SSWF.
2. Recruiting, skilling up and retaining an effective SSWF has proved to be a challenge in all of the evaluation countries. Working practices in all of the evaluation countries need to be addressed. Social workers need to be relieved of routine tasks, should be encouraged to specialise in working with children and families and should be supported and supervised by well-trained, experienced, social work trained managers.
3. CRPD General Comment No. 5 equates small group homes for children with disabilities with institutional care, but providing alternative family-based care for children with severe and /or complex difficulties is proving a challenge for all of the countries in the evaluation. In order to achieve alignment with the General Comment, greater levels of State support are required both for birth families and foster carers. The right to support packages for children with disabilities should be contained in legislation and should not be limited to allowances, but include the provision of services from social care, education and health to meet the needs of the child and carers.
4. In order to ensure that the right services are available to meet the needs of children in the area, local governments need better data on which to base their planning and budgeting. This requires the mapping of both government and NGO services available, as well as the needs of the child population in the area. This would help to avoid duplication of services and gaps in provision.

Recommendations

1. UNICEF programming

UNICEF should continue to prioritise child care and DI reform in their country programmes, with additional emphasis on:

- a) the development of preventive services for children at risk of separation;
- b) continuing the deinstitutionalisation of children from institutional and residential care;
- c) reducing the placement of children in boarding schools, especially children with disabilities and special needs and increasing the inclusion and support of children in mainstream education and community based social services.

2. Professionalization of the SSWF and review of working practices

Revisit and support Governments to implement the Strengthening the Social Work and Social Service Workforce in Europe and Central Asia as an Investment in our Children's Future: A Call to Action (2018), and in particular:

- (a) Review the functions of children's social services to determine and address the barriers to recruitment and retention of social workers, including pay levels, working conditions (including case-loads and transport allowances), professional standards, mentorship and professional supervision.
- (b) Develop and implement standards for children's social services; including minimum workforce ratios (number of social workers to child population) case-loads;
- (c) Ensure functions, competencies and qualifications across the social service workforce are aligned;
- (d) Utilize digital innovation to replace paper-based systems, enabling better management visibility.

3. Provision of services

Support Governments to develop a comprehensive system of family and community-based social services that:

- (a) Aim at preventing family separation and, in particular:

(i) Establish a wider range of services in conjunction with the ministries of education and health, including psych-social services for children with emotional and behavioural difficulties, drug and alcohol services and mental health services;

(ii) Ensure quality standards are in place for community services and provide for regular monitoring and inspection.

(c) Expand the level of inclusive education with a phasing out of residential boarding schools / special schools for children with disabilities, with reinvestment of funding into improving access and facilities in mainstream schools and other community-based support services.

4. Alternative family based care: foster care and kinship care

Support Governments to diversify foster care services

(a) Promote strategic planning on the development and expansion of foster care services and in particular, develop emergency and short term foster care to reduce the use of shelters and small group homes for children in need of immediate or short term child protection interventions

(b) Document and advocate for quality standards for foster care;

(c) Promote the development of effective foster care support services, drawing from successful models, including foster care support centres.

(d) Promote recruitment and retention policies, including financial support and benefits for foster carers.

5. Alternative community-based care: small-scale residential care (small group homes)

Support the recommendations contained in the UNICEF ECARO white paper on 'the role of small-scale residential care for children in the transition from institutional to community-based care and in the continuum of care in the Europe and Central Asia region', with a specific focus on ensuring that:

(a) Any small-scale residential care for children is well-designed, adequately funded, and limited to 4-6 children to maintain a family-like environment.

(b) The specific needs of children with severe disabilities and ensure appropriate resources and support are met; and

(c) Children under three are not placed in any form of residential care, with the age progressively increasing to 7 by 2030.

6. Financial investment and resource allocation

(a) Advocate and encourage governments to invest more in social services, drawing on successful examples from other countries, and to ensure budgeting at the local level is targeted effectively to meet the specific needs of children and families.

7. Data

Support governments in digital information management systems to improve:

(a) case management; and

(b) management and analysis of community based programmes to promote evidence-based decision making on the effectiveness of services and current gaps in provision for target groups (children at risk of separation and children with disabilities).

8. Increase accountability for reforms

Advocate for governments to establish high-level interministerial coordination bodies to take responsibility for monitoring implementation of the reforms.