

# REGIONAL REPORT

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



Coram International at Coram Children's Legal Centre (CCLC)

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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Commissioned organisation	Coram International
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Timeframe of evaluation	October 2022 to May 2024
Location and date of report	East Europe and Central Asia, 15 <sup>th</sup> May 2024

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Published by:

UNICEF ECARO

## **Acknowledgements**

The authors would like to thank Saltanat Rasulova, Mirella Hernani, Aaron Greenberg and Stela Grigoras for their assistance while writing the regional report. We would also like to thank the UNICEF country office staff, government and non-government stakeholders, parents and children of Bulgaria, Georgia, Moldova, Montenegro, North Macedonia, Serbia and Tajikistan who participated in the study.

A thank-you must also go to Sihana Bina of Coram International for preparation of the graphics and assistance with revisions to the report and to Adam Cunliffe for project managing the evaluations.

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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.<sup>1</sup>

**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.<sup>2</sup>

**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.<sup>3</sup> 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.<sup>4</sup>

**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.<sup>5</sup>

**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.<sup>6</sup>

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

<sup>2</sup> 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.

<sup>3</sup> 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>.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> 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.<sup>7</sup> 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.

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<sup>7</sup> 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.

# 1. BACKGROUND

## 1.1. Introduction

In the twentieth century, the Union of Soviet Socialist Republics (USSR) and the Former Republic of Yugoslavia developed large scale residential institutions for the care of children. While the development of these large institutions was initially to provide care for children orphaned as a result of World War II, famine and political oppression,<sup>8</sup> their development was underpinned by a post-war belief that social care was better than parental care, and especially so for children with mental, intellectual and physical disabilities, children regarded as anti-social and children whose parents were regarded as poor parents and unsuitable to care for children. It was also seen a measure to address family poverty.<sup>9</sup> The view that placing children in institutions was better than remaining with the family prevailed for many years. It is only since the collapse of the USSR in 1991, and the subsequent breakup of the former Republic of Yugoslavia that there has been a slow, but recently accelerating process of change and a recognition of the importance of providing family-based care for those in need of alternative care in the region.

The preamble to the UN Convention on the Rights of the Child (CRC) recognises that the child, for the full and harmonious development of his or her personality should grow up in a family environment, in an atmosphere of happiness, love and understanding. Article 18 CRC provides that parents and legal guardians have the primary responsibility for the upbringing of the child and that the State shall render appropriate assistance to parents and guardians in the performance of their responsibilities. Where it is not possible for parents to fulfil this role, the child is entitled to special protection (Article 20). The CRC also addresses the rights of children with disabilities, both in Article 2 (no discrimination on the basis of disability) and Article 23 which provides that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community. This is echoed in the Convention on the Rights of Persons with Disabilities (CRPD) which provides that States Parties shall take all necessary measures to ensure the full enjoyment by children with disabilities of all human rights and fundamental freedoms on an equal basis with other children.

While Article 20(3) of the CRC refers to alternative care for children including foster care and adoption, it permits the placement of a child in a residential institution 'where necessary'. However, since 1991, when the CRC came into force, ideas on child welfare, informed by research, have developed. Large scale institutional care, especially in the case of young children is now accepted to carry inherent risks to the child's health, development and well-being,<sup>10</sup> a view that is reflected in the UN Guidelines on Alternative Care, the UN Committee on the Rights of the Child (CRC Committee) General Comment No. 9<sup>11</sup> and the UN Committee on the Rights of Persons with Disabilities (CRPD Committee) General Comment No 5.<sup>12</sup> In response to the growing body of evidence, governments throughout the ECAR, with the assistance of UNICEF, have initiated child care reforms, moving away from institutional care towards family and community-based alternatives.

Protection of the rights of the child, including a reduction in the number of children in residential care is one of the objectives of the European Union (EU). In order to achieve this aim, the EU has adopted various policies aimed at fulfilling its commitments to deinstitutionalisation. The EU Strategy for the Rights of Persons with Disabilities 2021-2030 calls on Member States to implement good practices of deinstitutionalisation and to strengthen the transition from institutional care to services providing

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<sup>8</sup> Ismayilova L., Ssewamala F., Huseynli A., *Reforming child institutional care in the Post-Soviet bloc: The potential role of family-based empowerment strategies* Children and Youth Services review, Vol. 47, Part II, December 2014, pp 136-148.

<sup>9</sup> UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS), *At home or in a home? Formal care and adoption of children in Eastern Europe and Central Asia*, September 2010.

<sup>10</sup> Save the Children, "Keeping Children Out of Harmful Institutions -Why we should be investing in family-based care", 2009.

<sup>11</sup> CRC/C/GC/9 27 Feb 2007, in relation to children with disabilities.

<sup>12</sup> CRPD/C/GC/5 27 October 2017. See also, UN Human Rights Council, Report of the Special Rapporteur on the Rights of Persons with Disabilities, Catalina Devandas, *Rights of persons with disabilities*, UN Doc. A/HRC/40/54, (Jan. 11, 2019).

support in the community.<sup>13</sup> This is endorsed and emphasised in the EU Strategy on the Rights of the Child 2021 -2024.<sup>14</sup> The Council of Europe has also issued a Disability Strategy 2017 – 2023 to tackle institutionalisation and promote inclusion of children with disabilities through the provision of community-based services.

In 2023, UNICEF Europe and Central Asia Region Office (ECARO) engaged Coram International to conduct a multi-country evaluation of the child care and deinstitutionalisation reforms in Europe and Central Asia. As presented in the Terms of Reference (ToR), enclosed in Annex A, this multi-country evaluation covered the following countries: Bulgaria, Georgia, Moldova, Montenegro, North Macedonia, Serbia, and Tajikistan<sup>15</sup>. The evaluation spans the period 2009-2022.

The present synthesis report combines and triangulates findings gathered during the research of the countries, with a view on the lessons learned from the Europe and Central Asia region as a whole, and incorporates findings from the country reports alongside additional desk research.

## 1.2. Object and objectives of the evaluation

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 selected 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 regions to remain with their families or in family-based care.

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

1. To assess the impact of government child care policies and understand what worked and what did not in the deinstitutionalisation of children and, in particular in the case of children with disabilities and other 'difficult to place' children, how and why;
2. To determine the effectiveness, impact, coherence, relevance and efficiency of national child care reforms.
3. To assess the actual and potential contribution of UNICEF's work to the national progress (outcome and impact) in deinstitutionalisation child care reforms for children in residential care, including for children with disabilities and other 'difficult to place children'.
4. To draw lessons and provide recommendations for the refinement and potential scaling up of good practices to further support national governments in their efforts of strengthening child protection systems.

The implementation status of the object of the evaluation: child care and DI reforms from 2009 to 2022, straddles several national policy planning periods and UNICEF country programme documents (CPDs) across countries. This evaluation focuses on reforms that have already been implemented, but since this is a formative evaluation, it also considers the planned approach of the government and UNICEF towards child care and DI reforms in the future.

The evaluation scope includes all the government child care and DI reforms in the evaluation countries, irrespective of whether or not they were directly implemented with UNICEF support. Budgetary information for the reforms was gathered, though governmental financial data was limited across countries. Additionally, in many of the UNICEF CPDs, child care and DI components were integrated into various outcomes related to child protection, such as governance, social and behavioural change, education, health, and child rights monitoring, without any official breakdown of the amounts allocated directly or indirectly to child care and DI. Similar constraints related to external donor funding in some

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<sup>13</sup> EU Strategy on the Rights of the Child 2021 -2024 at p. 12, accessed at: [https://ec.europa.eu/info/sites/default/files/ds0821040enn\\_002.pdf](https://ec.europa.eu/info/sites/default/files/ds0821040enn_002.pdf).

<sup>14</sup> Ibid.

<sup>15</sup> Armenia was also included in the Evaluation, and although a draft evaluation was completed, it was not validated due to the conflict in Nagorny Karabakh.

instances. These factors made identifying the total budget or cost for the evaluation's scope challenging. Nonetheless, summaries of the available budgetary and cost information across countries are provided in the table below. For more specific details on each budget see the country reports.

Table 1: Overview of the budget UNICEF country programmes

	Country Programme relevant to DI and child care reforms	Budget (in thousands of USD)
<b>Bulgaria</b>	2006-2009	4,964,000
	2010-2013	8,250,000
	2013-2017	16,250,000
	2018-2022	15,715,000
	2023-2027	19,250,000
<b>Georgia</b>	2011-2015	21,400,000
	2016-2021	11,748,000
	2021-2025	20,110,000
<b>Moldova</b>	2007-2011, and extended to 2012	8,000,000
	2013-2017	17,000,000
	2018-2022	10,925,000
	2023-2027	11,000,000
<b>Montenegro</b>	2010-2011	2,300,000
	2012-2016	6,300,000
	2017-2021 extended to 2022	4,414,000
<b>Serbia<sup>16</sup></b>	2010-2015	27,250,000
	2016-2020	21,451,000
	2021-2025	29,250,000
<b>Tajikistan</b>	2010-2015	2,440,000
	2016-2020, extended to 2022	9,305,000 – for the entire child protection programme
	2023-2026	6,167,000 – for the entire child protection programme

### 1.3. Rights holders and duty-bearers

The evaluation covers child care and DI reforms targeting *all* children (i.e. person under the age of 18 years), who are rights holders and potential beneficiaries of the interventions. The most immediate beneficiaries of the child care reforms are those at risk of separation and children already separated and in institutional care. The evaluation pays special attention to the following groups of rights holders and beneficiaries:

- Children with disabilities, including girls and boys with long-term physical, mental (psycho-social), intellectual (cognitive) or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others;<sup>17</sup> and
- ‘Hard to place’ children, namely, children for whom it is often difficult to find a durable family-based placement.

Rights holders for this evaluation do not include children in conflict with the law who are remanded into custodial residential care by a court or given a custodial measure post-conviction.

Table 2: Number of children across countries

Countries	Number of children
Bulgaria	1,099,696(2022)
Georgia	900,792 (2023)
Moldova	539,000 (2023)
Montenegro	133,310 (2021)
North Macedonia	372,558 (2021)
Serbia	1,188,338 (2022)

<sup>16</sup> Includes UNICEF’s total budget from regular resources, and from other resources

<sup>17</sup> Convention on the Rights of Persons with Disabilities, Article 1.

Tajikistan	3,759,781 (2022)
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The main duty bearers and non-state actors involved in implementing these reforms across the evaluation countries are summarised in the table below.

Table 3: The main stakeholders and duty-bearers across countries

	NATIONAL LEVEL	SUB-NATIONAL LEVEL	OTHERS
<b>Bulgaria</b>	<ul style="list-style-type: none"> <li>Ministry of Labour and Social Protection</li> <li>Ministry of Health (MOH)</li> <li>Ministry of Education and Science (MoES)</li> <li>National Council for Child Protection</li> <li>State Agency for Child Protection (SACP)</li> <li>Agency for Social Assistance (ASA)</li> <li>Agency for the Quality of Social Services</li> </ul>	<ul style="list-style-type: none"> <li>Social Assistance Directorates</li> <li>Child Protection Departments (CPDs)</li> <li>Municipalities</li> <li>Service providers, including NGOs, small group homes, kinship/foster carers and private providers</li> </ul>	<ul style="list-style-type: none"> <li>UNICEF Bulgaria Country Office</li> <li>European Union</li> <li>Other donors</li> </ul>
<b>Georgia</b>	<ul style="list-style-type: none"> <li>Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health, and Social Affairs (MoIDPOTLHSA)</li> <li>Ministry of Education, Science and Youth (MoESY)</li> <li>Ministry of Infrastructure and Regional Development</li> <li>Standing Parliamentary Council for the Protection of the Rights of the Child</li> <li>Agency for State Care and Assistance for the (Statutory) Victims of Human Trafficking (SCA)</li> <li>Inter-Agency Council of Human Rights</li> <li>Interagency Committee for the Implementation of the Rights of Persons with Disabilities</li> </ul>	<ul style="list-style-type: none"> <li>Social Service agency</li> <li>Guardianship Board</li> <li>Municipal Child Units</li> <li>District Courts</li> <li>Small Group Homes / Specialised Family-Type Services</li> <li>Service providers, including NGOs, FBOs and private providers</li> </ul>	<ul style="list-style-type: none"> <li>UNICEF Georgia Country Office</li> <li>European Union</li> <li>Other donors</li> </ul>
<b>Moldova</b>	<ul style="list-style-type: none"> <li>Ministry of Labour and Social Protection (MoLSP)</li> <li>Ministry of Health (MoH)</li> <li>Ministry of Education and Research (MoER)</li> <li>Ministry of Finance (MoF)</li> <li>National Council for the Protection of Children's Rights</li> <li>National Bureau of Statistics</li> <li>Child Rights Ombudsperson</li> <li>National Agency for Social Assistance (reorganised to Agency for the Management of Highly Specialised Social Services)</li> <li>State Social Inspectorate</li> <li>Republican Centre for Psycho-Pedagogical Assistance</li> </ul>	<ul style="list-style-type: none"> <li>Territorial Structures of Social Assistance (TSSA) and General Directorate for the Protection of Children's Rights at the second-level local public administration (LPA2)</li> <li>Commissions for the Protection of the Child in Difficulty</li> <li>Local public administration authority at the first level- mayors of villages/ sector/ city (LPA1)</li> <li>Service providers, including NGOs</li> </ul>	<ul style="list-style-type: none"> <li>UNICEF Moldova Country Office</li> <li>European Union</li> <li>Other donors</li> </ul>
<b>Montenegro</b>	<ul style="list-style-type: none"> <li>Ministry of Labour and Social Welfare (MoLSW)</li> <li>Ministry of Education (MoE)</li> <li>Ministry of Health (MoH)</li> <li>Institute for Social and Child Protection</li> <li>Ombudsman's Office</li> </ul>	<ul style="list-style-type: none"> <li>Centres for Social Work (CSW)</li> <li>Child Care Institution 'Komanski Most' (Podgorica)</li> <li>Child Care institution 'Mladost' (Bijela)</li> <li>Day-care centres</li> <li>Municipalities</li> <li>NGOs</li> <li>Education and health care facilities</li> </ul>	<ul style="list-style-type: none"> <li>UNICEF Montenegro Country Office</li> <li>European Union</li> <li>Other donors</li> </ul>
<b>North Macedonia</b>	<ul style="list-style-type: none"> <li>Ministry of Labour and Social Policy (MoLSP)</li> <li>Ministry of Education and Science (MoES)</li> <li>Ministry of Health (MoH)</li> <li>Ombudsman's Office</li> </ul>	<ul style="list-style-type: none"> <li>Centres for Social Works (CSW)</li> <li>Foster Care Resource Centres</li> <li>SOS Children's Village</li> <li>NGOs</li> </ul>	<ul style="list-style-type: none"> <li>UNICEF North Macedonia Country Office</li> </ul>

	<ul style="list-style-type: none"> <li>National Coordination body for implementing the Convention for the Rights of Persons with Disabilities</li> <li>Institute for Social Activities</li> </ul>		<ul style="list-style-type: none"> <li>European Union</li> <li>Other donors</li> </ul>
<b>Serbia</b>	<ul style="list-style-type: none"> <li>Ministry of Labour, Employment, Veterans and Social Affairs</li> <li>Ministry of Family and Demography</li> <li>Ministry of Education</li> <li>Ministry of Health</li> <li>Republic Institute for Social Protection</li> </ul>	<ul style="list-style-type: none"> <li>Local governments</li> <li>Centres for Social Work (CSW)</li> <li>Centres for foster care and adoption</li> <li>Service providers, including NGOs, and private providers</li> <li>Residential Institutions</li> </ul>	<ul style="list-style-type: none"> <li>UNICEF Serbia Country Office</li> <li>European Union</li> <li>Other donors</li> </ul>
<b>Tajikistan</b>	<ul style="list-style-type: none"> <li>Ministry of Education and Science (MoES)</li> <li>Ministry of Health and Social Protection of the Population (MoHSPP)</li> <li>Ministry of Labour, Migration and Employment (MoLME)</li> <li>Ministry of Interior</li> <li>National Child Rights Commission</li> <li>Committee on Women and Family</li> </ul>	<ul style="list-style-type: none"> <li>Child Rights Commissions or Child Rights Units</li> <li>GTAs within local executive bodies</li> <li>Departments of Education</li> <li>Departments of Interior</li> <li>Department of Health, including Comprehensive Family and Child Support Units</li> <li>Service providers, including NGOs</li> </ul>	<ul style="list-style-type: none"> <li>UNICEF Tajikistan Country Office</li> <li>European Union</li> <li>Other donors</li> </ul>

#### 1.4. Evaluation audience

The main audience for the programmatic findings and recommendations in this synthesis report is UNICEF ECARO including the senior management team, the Child Protection Section, UNICEF Child Protection Advisors/Specialists and other sector specialists in the implementation, management and support to child care and DI reforms. The Synthesis Report will also be a resource for a wider group of donors, development actors (including other UNICEF programmes), NGOs, and child protection specialists. The primary audience for the individual country-level reports is UNICEF ECARO, the concerned UNICEF Country Offices and government counterparts.

#### 1.5. Scope of the evaluation

**Thematic Scope:** In line with the ToR the evaluation covered national child care reform initiatives with a strong focus on DI including prevention and gatekeeping, provision for children with disabilities and other 'hard-to-place' children, planning for change, executing transformation, including redirecting resources from institutional care to extended family and community-based services, overall implementation frameworks and monitoring. As stated in the ToR, given the resources available, the evaluation did not include programming in the following sectors:

- Education sector: development of inclusive education as a key, linked component to a national or sub-national DI agenda;
- Health sector: early detection and intervention in cases of disability, as a key factor to enable early intervention and prevention of secondary disabilities, and the provision of specialised services and additional family support services rather than a rehabilitative, institutional approach to family support.
- Social Protection: increasing the coverage of children with cash transfers; universal and targeted services, especially for children with disabilities; reforming disability assessment towards a human rights-based approach to disability inclusion.

Instead, the evaluation aimed to identify the barriers and bottlenecks in the child protection system for children accessing inclusive education, early detection and intervention services and social protection programmes, with a focus on children with disabilities (CWD).

**Geographical scope:** In terms of its geographic scope, the evaluation entailed in-depth research in the selected countries, namely: Bulgaria, Georgia, Moldova, Montenegro, North Macedonia, Serbia, and

Tajikistan. The current report combines findings gathered during the research as well as incorporates findings from additional desk research from the Europe and Central Asia region.

**Chronological scope:** The evaluation covers the intervention implemented from 2009 until the end of 2022. It addresses the perspectives of a range of programme beneficiaries, including children, adolescents, and their families as well as key actors in the child protection sector.

**1.6. Linkages with Sustainable Development Goals (SDGs)**

The programme is in line with the SDG targets. It mainly contributes to the SDGs and targets presented below:

<b>Goal 1: No Poverty</b>
<b>Target 1.3:</b> Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable
<b>Goal 4: Quality Education</b>
<b>Target 4.1:</b> By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes
<b>Goal 5: Achieve gender equality and empower all women and girls</b>
<b>Target 5.1</b> End all forms of discrimination against all women and girls everywhere
<b>Goal 10: Reduce inequality within and among countries</b>
<b>Target 10.2</b> By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status
<b>Target 10.3</b> Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard
<b>Goal 16 Promote just, peaceful and inclusive societies</b>
<b>Target: 16.6</b> Develop effective, accountable and transparent institutions at all levels

**2. EVALUATION CONTEXT**

Eastern Europe and Central Asia has high rates of children separated from their families and children in residential care.<sup>18</sup> Throughout the region, 232 out of every 100,000 children are accommodated in residential care facilities, which is twice the global average.<sup>19</sup> A variety of factors impact the rates of institutionalisation across the region, namely, poverty, fragmented approaches, insufficient community-based services, professional and societal perspectives on disability and limited expectations regarding the potential of children with disabilities.<sup>20</sup>

This regional evaluation report includes seven countries in the ECAR region: Bulgaria, Georgia, Moldova, Montenegro, North Macedonia, Serbia (Eastern Europe) and Tajikistan (Central Asia). Over the last two decades, the governments of all seven countries, supported by UNICEF, have been engaged in reform of their child care system and DI. Significant progress has been made in all of the countries in reducing the number of children in institutions and closure of the institutions themselves. While the formal child care systems are being reformed throughout the region, the process has been slow and the progress achieved retains a degree of fragility. In many ECA countries, community-based services and family-based services remain underdeveloped, despite the crucial role they play in assisting the transition from a system largely reliant on institution-based care. In addition, the process of DI has failed to prioritise the most vulnerable, particularly children under the age of three and those with disabilities. Furthermore, in more than half of the countries in the ECA region with available data, the proportion of children with disabilities in all types of formal residential care has risen between 2015 and 2021, indicating that they are being left behind in

<sup>18</sup> UNICEF, Situation of Children in Europe and Central Asia  
<sup>19</sup> UNICEF Regional Office for Europe and Central Asia, TransMonEE analytical series: Path- ways to Better Protection - Taking stock of the situation of children in alternative care in Europe and Central Asia, UNICEF, Geneva, 2024  
<sup>20</sup> Jones, H., “Deinstitutionalization for Children with Disabilities: Technical Guidance for UNICEF’s Engagement in National Reform Efforts”, January 2020, accessed at: <https://www.unicef.org/eca/media/13271/file>

the transition from institutional care to family-based settings. Other marginalised groups, such as the Roma, also have lower rates of deinstitutionalisation.

Figure 1: Map of countries covered in the report



**2.1. Demographic and socio-economic context**

The population of the countries covered in the evaluation varies significantly, with Tajikistan having the biggest population: 10 million, while Montenegro the smallest at 620,000. In terms of economy, all are upper middle-income countries, except for Tajikistan, which is rated as a lower-middle income country. The economies of the six countries also vary considerably, with Gross Domestic Product (GDP) per capita ranging from \$13,974 in Bulgaria to \$1,054 in Tajikistan.

Table 4: Demographic and Economic Data for countries involved in report

	Approximate population in millions (2022)	Percentage of population under 18 years old (2022)	GDP per capita (2022)
Bulgaria	6,500,000	17 %	\$ 13,974
Georgia	3,700,000	24 %	\$ 6,675
Moldova	2,500,000	21.5 %	\$ 5,714
Montenegro	620,000	21.6 %	\$ 10,093
North Macedonia	1,800,000	20 %	\$ 6,591
Serbia	6,600,000	17.4 %	\$ 9,537
Tajikistan	10,000,000	41 %	\$ 1,054

The political volatility of the early 1990s was marked by a surge in economic deprivation, inadequate nutrition and heightened infant mortality rates, with a particular impact on certain demographic groups such as large families and Roma children.<sup>21</sup> Since the end of the 1990s, however, the region has witnessed advancements in economic and social welfare indicators, though the recent health and economic crises triggered by COVID-19 and the conflict in Ukraine has exacerbated pressures on children's welfare in the region, with a recent report from UNICEF predicting an escalation in child poverty across all countries covered in the evaluation due to the crises.<sup>22</sup>

**2.2. Political context**

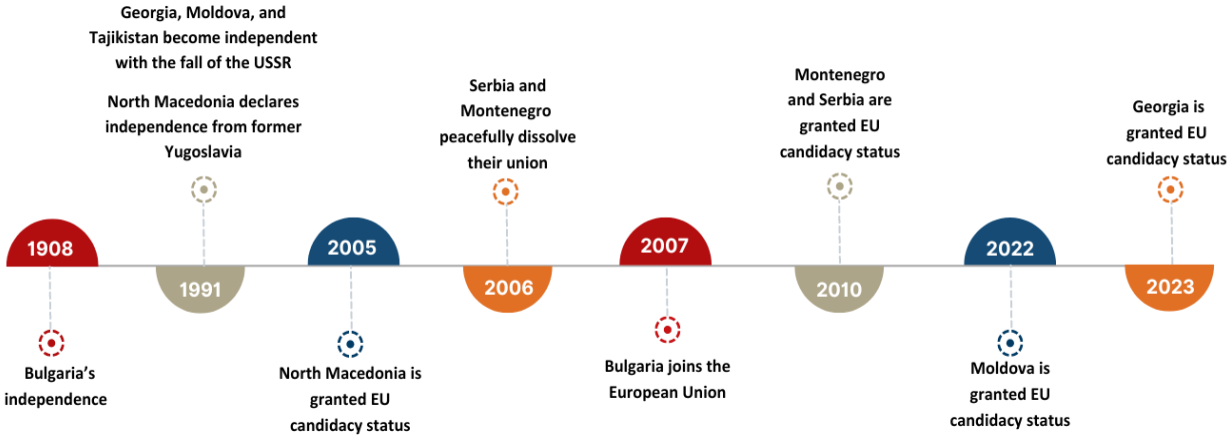
Bulgaria, Georgia, Moldova, Montenegro, North Macedonia and Serbia are all parliamentary democratic republics with a multi-party system, while Tajikistan is a presidential republic. Bulgaria is a member of

<sup>21</sup> Squarcina, M., et al., 'War and Economic Downturn: The impact of the war in Ukraine and the subsequent economic downturn on children and families in Europe and Central Asia', UNICEF Innocenti – Global Office of Research and Foresight, Florence, July 2023. Accessed at: <https://www.unicef.org/eca/media/32906/file/War%20and%20economic%20downturn.pdf>

<sup>22</sup> Ibid.

the European Union (since 2007), while the other States, with the exception of Tajikistan, are all candidate countries. Accession requirements to the EU have been a driver for many of the reforms.

Figure 2: Timeline of most significant political events across countries



**2.3. Legal context**

All countries have ratified major human rights treaties, including the International Covenant on Civil and Political Rights (CCPR), the International Covenant on Economic, Social and Cultural Rights (CESCR), and the Convention on the Rights of the Child (CRC). With the exception of Tajikistan, all countries have also ratified the Convention on the Rights of Persons with Disabilities (CRPD), though Tajikistan signed the CRPD on 22 March 2018 and adopted a road map to ratify the CRPD by 2024. Additionally, as part of ongoing reforms, countries have been working to align their national laws and policies with both international and European standards.

Across the board, countries have established comprehensive legislative measures aimed at protecting children. Key legislation includes the Child Protection Act in Bulgaria (2000), the Code on the Rights of the Child in Georgia (2019), the Special Protection of Children at Risk Law in Moldova (2014), the Family Law (2006) and the Law on Social and Child Protection in Montenegro (2013) the Law on Social Protection in North Macedonia (2019) the Family Law (2005) and the Law on Social Protection in Serbia (2011) and the Child Rights Protection Law in Tajikistan (2015). These laws address issues concerning children separated from their parents and underscore the significance of family-based care and community-based alternatives to residential institutions.

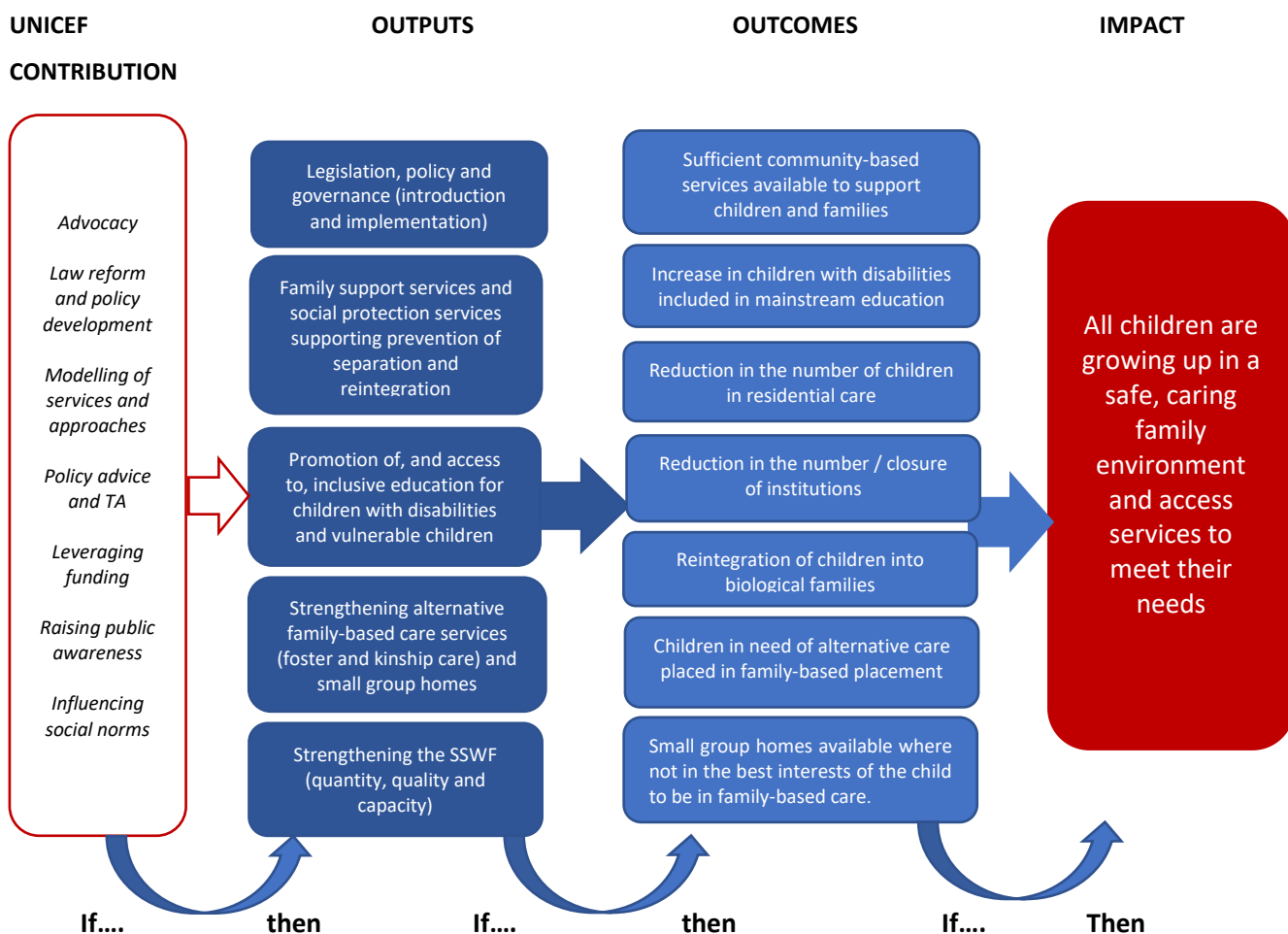
Additionally, each country has formulated national strategies and action plans to guide their deinstitutionalisation efforts, whether through dedicated strategies solely focused on DI or indirectly through broader strategic frameworks. These strategies outline specific measures for transitioning children from institutions to family-based care settings and for strengthening community-based services.

**2.4. Theory of change for child care reform**

A reconstructed ToC was prepared for each of the countries in this regional evaluation to cover the entire period of the evaluation. They vary from country depending on the nature of the reforms, the stage in the reform cycle in each country, and the UNICEF country programmes. The ToCs can be found in the country evaluation reports.

A broad regional ToC was developed during the inception phase. It combines ToCs from the different countries and is presented below. This ToC is based on the assumption that each country shares the same goal: all children are growing up in a safe, caring family environment and access services to meet their needs.

Figure 3: Reconstructed Theory of Change



**Assumptions**

Countries are politically stable; political will and proactive engagement from government stakeholders; strong national commitment to deliver reforms and national plans; synergies and good cooperation between government stakeholders, UNICEF and partners; availability of adequate financial and human resource; supportive social inclusion environment; Public and professional attitudes conducive to social inclusion;

**Risks**

Stalled reforms; Economic downturn; insufficient sustainable community-based services; insufficient family-based care; political changes; political instability and lack of political commitment

**If** legislation and policies are introduced and effectively implemented, **and if** family support services and social protection services are developed aimed at preventing separation and facilitating reintegration, **then** there will be a significant increase in the availability of community-based services. Consequently, this will lead to a notable decrease in the rate of children separated from their families.

**If** inclusive education for children with disabilities and vulnerable children is effectively promoted, **then** there will be a substantial rise in the number of children with disabilities included in mainstream education.

**If** alternative family-based care services such as foster care and kinship care, as well as small group homes, are fully developed **and if** the social service workforce (SSWF) is strengthened in terms of quantity, quality, and capacity **then** there will be closure of residential institutions and consequently decrease in the number of children residing in institutions. This decrease will occur as more children are

successfully reintegrated or placed into family-based care, with exceptional cases being accommodated in small group homes.

If the hypothesis held, then the **overall impact** will be that all children are growing up in a safe, caring family environment and access services to meet their needs.

The risks seen in the reconstructed ToC are drawn both from the country ToCs and from the country evaluation findings.

### 3. METHODOLOGY

#### 3.1. Overall methodological approach

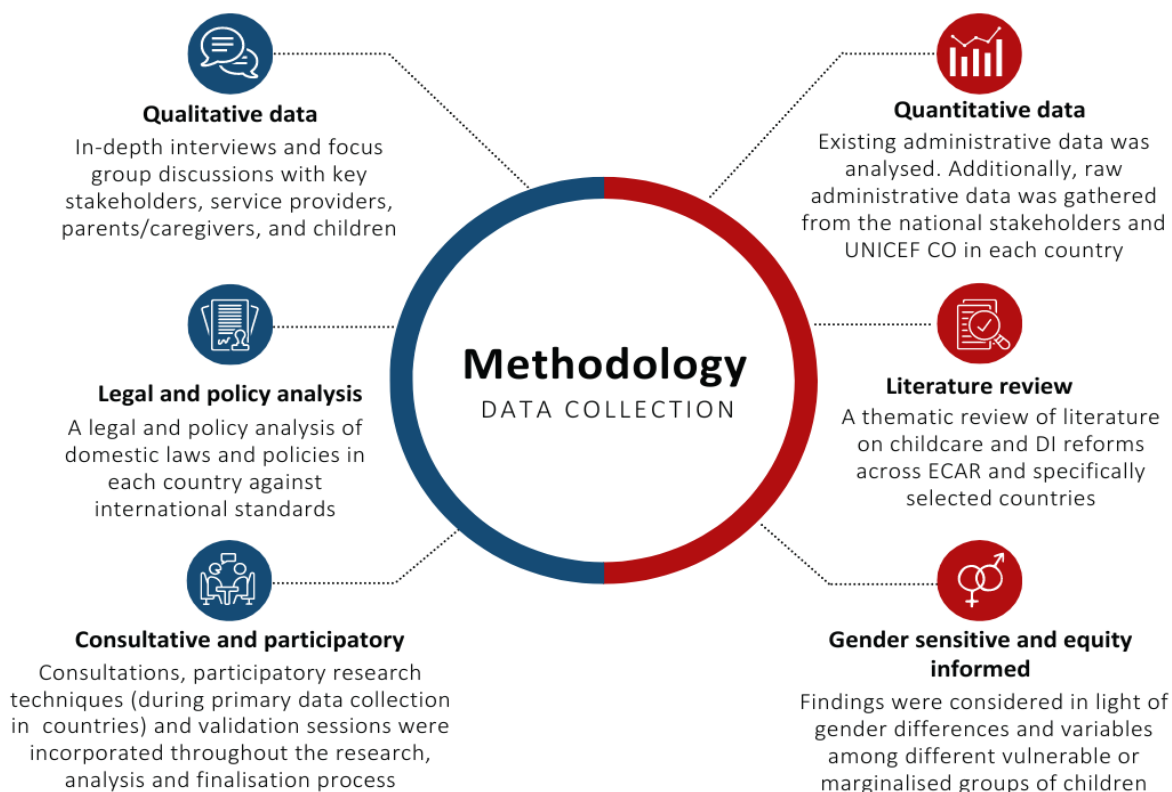
The methodology was framed around the evaluation criteria of the Organisation for Economic Co-operation and Development / Development Assistance Committee (OECD/DAC), namely relevance, effectiveness, efficiency, sustainability, and coherence. The evaluation methodology was developed according to the UNEG Norms and Standards for Evaluation (2016) and incorporated UNICEF's guiding principles on gender equality, equity, and human rights. UNICEF's guiding principles on gender equality, equity, and human rights, which will guide the evaluation process. **Our approach is equity and rights-based**, addresses child rights and is rooted in the CRC, the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the CRPD, the UN Disability Inclusion Strategy (as appropriate) and other key international standards. In order to ensure no child is left behind, the evaluation paid special attention to vulnerable or 'at risk' groups of children (many of whom are likely to be regarded as 'hard to place'), particularly children with disabilities, girls and children from ethnic minorities, to ensure their particular needs were identified, represented and addressed through our data collection and sampling techniques, analysis and recommendations.

The overarching methodology was **theory-based**, designed to garner evidence to determine whether and how child care reform initiatives have led to the changes set out in each respective country's ToC and why this may (or may not be) the case. Taking a theory-based proved to be appropriate, given the complexity and multi-component nature of the reforms, including the multiple partners involved in reforms and the recognition of other relevant sectors (including education, healthcare and social protection). A ToC was developed for each country, to enable the evaluation of each country's DI reforms relative to their intended outputs, outcomes and impact. This synthesis analysis is based on an overarching regional ToC which amalgamates the country ToCs. This tailored approach facilitated triangulation for cross-country comparison and regional synthesis.

In terms of data collection and analysis, a **mixed-methods approach** was employed, combining both quantitative and qualitative methods (see section 3.3). By leveraging the strengths of each, the evaluation gathered rich and explanatory data while ensuring accuracy and measurability.

The country evaluations embraced a **consultative and participatory approach** involving UNICEF, stakeholders, and beneficiaries. It integrated consultations, workshops, participatory research techniques, and validation sessions throughout the process. This ensured the production of context-appropriate and high-quality findings while fostering stakeholder ownership.

*Figure 4: Snapshot of the methodological approaches used*



### 3.2. Evaluation questions

For this synthesis report, the evaluation team reviewed the evaluation questions chosen by each country, and in consultation with the ECARO child protection and monitoring and evaluation teams condensed these questions to ensure clarity, relevance and alignment with the overarching objectives of the evaluation. The evaluation questions and sub-questions for each country are detailed in the Country Reports. The questions used for this regional report are set out below. An evaluation matrix was not created for the regional report as reliance was placed on the individual country matrices.

Table 5: Evaluation questions and sub-questions

Key Evaluation Questions	Sub-questions
<b>Relevance</b>	
1. What strategies and approaches to child care reform have been most relevant to deinstitutionalisation across the seven evaluation countries and in what circumstances?	
2. How relevant have child care and deinstitutionalisation reforms been to the needs of children with disabilities and hard to reach children?	
3. To what extent have the UN Guidelines on Alternative Care for Children, EU guidelines and policies, and the CRC and CRPD acted as a trigger for national reform across the evaluation countries?	3.1 To what extent are reforms aligned with international and regional standards?
4. How relevant has UNICEF’s input been to national child care and deinstitutionalisation reforms?	
<b>Effectiveness/Impact</b>	
5. How did deinstitutionalisation reforms (and other external factors) contribute to the desired outcomes for all children, including children with disabilities and hard to place children, across the evaluation countries?	5.1 How did outcomes differ across evaluation countries, and why? (e.g. approaches to reform, particular circumstances, contextual factors, etc). 5.2 Were particular approaches to reform more effective in particular contexts?

6. How and why did the DI reforms make a difference in terms of strengthening/establishing prevention services and family-based alternative care services across the evaluation countries?	6.1 Which approaches to service strengthening were found to be particularly effective and what challenges emerged? <ul style="list-style-type: none"> <li>• Prevention services</li> <li>• Family-substitution services</li> <li>• Community-based services for children with disabilities</li> </ul>
7. Which reforms were particularly effective in contributing to strengthening the social service workforce, and particularly the social work profession, across the evaluation countries?	7.1 How did this differ in different contexts and circumstances? 7.2 What challenges emerged?
8. Was sufficient attention given to measuring, monitoring and reporting results including results of DI reform related to gender equality across the evaluation countries?	8.1 Which approaches, if any, were particularly effective? 8.2 How effectively has evidence been used to inform changes and adjustments to the DI reforms?
<b>Efficiency</b>	
9. Across the evaluation countries, how have government used their resources – human, technical, and financial, to support DI reforms?	9.1 To what extent has this allocation of resources been effective in supporting DI reform efforts? 9.2 What have the challenges been?
<b>Coherence</b>	
10. What coordination mechanisms exist to ensure a comprehensive approach to DI and child care reform, and how effective have they been?	10.1 Was there alignment between the aims and strategies of different actors across the evaluation countries?
<b>Sustainability</b>	
11. To what extent are deinstitutionalisation reforms sustainable across the evaluation countries?	11.1 What are the key factors that have influenced the sustainability of reforms?
12. How has UNICEF supported the sustainability of DI reforms across the evaluation countries?	12.2 How can UNICEF best promote the sustainability of reforms?

### 3.3. Data collection methods

A range of qualitative and quantitative methods were used to collect data for this synthesis report and for the country reports. Data collection for the country evaluations was carried out both remotely and in person through research visits. Data collection tools are enclosed in Annex B.

#### *Desk review*

For the country reports, the evaluation team reviewed a large number of documents provided by UNICEF and obtained from desk-based research, including: situation analysis reports; evaluations; country programme documents; programme strategy notes; annual management plans; programmatic reviews; progress reports; mid-year and end-year reviews and annual reports; third party monitoring reports from Government, the UN and NGOs; and research studies. The desk review also included a review of key government documents in each country (laws and policies, strategies and action plans) and key sectoral and thematic action plans relating to child care and DI reforms and key articles. In addition, the team reviewed existing administrative and survey data relating to institutionalisation, support services and alternative care provision, as well as raw data gathered from national stakeholders and UNICEF Country Offices. In writing the regional report further desk based research was undertaken to include regional reports both from UNICEF and other regional bodies.

#### *Key informant interviews*

Key informant interviews (KIIs) were conducted in each country to obtain detailed information from experts or key informants who had in-depth knowledge and experience related to the child care reforms and DI at both country and regional level. Interviews were guided by a standardised set of questions, but allowed for a response-directed interaction.

#### *Individual/group interviews, and focus group discussions with children and adolescence*

Focus groups and in-depth interviews were held in country with children and adolescents placed in residential institutions, family-based alternative care, and children who had received community-based services developed as part of the DI reform process. A particular focus was placed on children with disabilities and other difficult to place children. The purpose of the interviews was to ensure a rounded

view of children's experiences of the reforms. As with KIIs, these interviews and focus groups discussions were guided by a standardised set of questions to capture information about the different stages of the child protection response and the child's experiences, while also allowing the researcher to probe for more detail on aspects of particular interest.

#### *Focus group discussions and group interviews with key stakeholders, parents/caregivers, and service providers*

Focus group discussions (FGDs) were held in each country with civil society organisations, service providers and staff workers in residential institutions to gather their perspectives on different aspects of the care reform process, to understand how reforms translated into changes in the provision of services on the ground and to identify the enabling factors and barriers which shaped the changes. This enabled the evaluation to assess the nature of services provided, their quality and appropriateness and the capacity of service providers to address child protection issues in line with best practice. Group interviews were also held with parents/caregivers to understand their point of view and how reforms have impacted them and their children. The FGD tool incorporated an interactive element involving participatory systems mapping.

In total, **203 KIIs, 64 FGDs and 92 individual interviews were carried out accordingly** out of which **133 were with children and young people** (a full, detailed list of individual interviews, FGDs and KIIs in each country are enclosed in Annex C.

### **3.4. Sampling**

#### **Selection of research locations**

The research locations for all the countries were selected in consultation with the UNICEF CO and the Evaluation Reference Groups (ERGs), which included the capital city as well as locations in which there was a high prevalence of residential facilities and child care service providers. Locations included a mix of rural and urban areas. The research locations for each country were:

- **Bulgaria:** Sofia, Montana, and Stara Zagora.
- **Georgia:** Tbilisi, Batumi, Kutaisi, and Telavi.
- **Montenegro:** Kotor, Bijelo Polje, and Berane.
- **Moldova:** Chişinău, Făleşti, Ialoveni, and Hînceşti.
- **North Macedonia:** Skopje and Bitola.
- **Serbia:** Belgrade and Niš.
- **Tajikistan:** Dushanbe, Sughd Province, and Khatlon Province.

#### **Selection of respondents**

Given the qualitative nature of the data collection methods, the sampling strategy for the selection of participants was primarily purposive and non-random for all countries and prioritised diversity to ensure respondents of diverse backgrounds and with diverse perspectives were included in the evaluation.

The sampling strategy for key informants was purposive and included key stakeholders at regional level as well as at each country's national and sub-national level who had particular knowledge, expertise and accurate information in relation to child care and DI reforms, including stakeholders in relevant government agencies, UN agencies and international and national NGO partners. The purpose of this selection was to obtain particular knowledge, expertise and accurate information in relation to indicators in the evaluation framework from stakeholders.

The sampling for focus group discussions with local service providers and staff in residential institutions was purposive as well to include the perspectives of NGOs, local service providers and residential institutions. The sampling strategy for interviewing care-users (children, adolescents and adults) aimed to ensure representation across different disabilities. The identification of the sample relied on organisations that were involved in KIIs and FGDs, utilising a snowball sampling method.

### **3.5. Data analysis**

### Qualitative data analysis

All interviews were transcribed, uploaded into MAXQDA software and coded to identify key themes, patterns and relationships relevant to the research questions. The utilisation of an innovative tool such as MAXQDA was to enhance the efficiency and accuracy of data collection and management, contributing to more robust and insightful results. A realist evaluation approach was employed for data analysis, aiming to extract specific themes pertaining to 'what had worked, for whom, under which circumstances, how, and why?' This analytical approach played a pivotal role in addressing research inquiries about the underlying mechanisms connecting child care and DI reforms with resultant outcomes and impacts. The objective was to unravel the causal connections between DI in reforms and their effects. Expanding on this methodology, the exploration of "how and why" was enhanced by integrating participatory systems mapping and agent-based modelling into the analysis. These tools were utilised to gain insights into the key stakeholders within DI reforms and to discern the varying contributions of different actors, including entities like UNICEF. Additionally, these tools helped shed light on the intricate interactions among different agents involved in the process.

### Quantitative data analysis

Administrative data was analysed using Excel software to provide descriptive statistics for children in residential institutions and alternative care and providers and beneficiaries of support services, which was either provided by UNICEF Country Offices and designated national authorities or available on TransMonEE. Across countries, there were notable gaps in data, including incomplete datasets that did not cover the entire evaluation period. Furthermore, the data lacked disaggregation based on critical factors such as disability, age, and sometimes gender.

### Data triangulation

Data was triangulated to facilitate cross-country comparisons pertaining to all core research evaluation questions. The realist evaluation, participatory systems mapping, and agent-based modelling approach were consistently applied to identify distinctions among countries and to furnish a comprehensive regional summary of the impact, effectiveness, efficiency, relevance, coherence, and sustainability of child care and deinstitutionalisation reforms.

**It should be noted that ToR of the evaluation did not include a requirement to undertake a cost analysis, nor an analysis of the validity of the ToC constructed before the evaluation began. As a result, neither are incorporated into the methodological approach. Further, the methodology did not employ primary quantitative data collection methods. Rather, administrative data was requested and relied upon to assess implementation of outputs and achieved outcomes for the duration of the reform period. The quantitative analysis was dependent upon the availability of this data.**

## 3.6. Risks, limitations and mitigation measures

Limitations and Constraints of the Evaluation	Mitigation strategies
<b>Contextual Variations:</b> Each country has a unique socio-economic, and political context, which might have influenced the implementation and outcomes of child care and DI reforms. Variations in context posed challenges in making direct comparisons and drawing conclusions across countries.	The evaluation adopted a flexible approach to adapt to the contextual variations across countries. Tailored methodologies and indicators were employed to capture the unique nuances of each context, allowing for more nuanced analysis and interpretation of findings. In addition data was triangulated to facilitate cross-country comparisons.
<b>Limited data</b> - The limitations of existing data and the diffusive nature of the Child Protection Programme have presented a challenge in measuring the contribution of the child care reforms to changes in outcomes	The evaluators' triangulated data from several sources when analysing differences between intervention and comparison districts, in order to better link any differences identified to elements of UNICEF's programme.
<b>Limited timeframe</b> - The evaluation was conducted within a specified timeframe, which may have limited the ability to	Where possible, the evaluation adopted a longitudinal approach to track changes and impacts over time. This

delve deeply into certain aspects or to capture longer-term impacts of interventions.	helped mitigate the constraints related to time limitations and provided insights into the longer-term effectiveness and sustainability of interventions.
<b>Availability of disaggregated data</b> - quantitative data disaggregated by gender and vulnerable groups was limited. This lack of disaggregated data hindered the research team’s ability to fully assess the impact of reforms and UNICEF’s programming.	The reliance on qualitative data collected from stakeholders assumed greater significance. The qualitative information served as a valuable alternative, enabling the research team to glean insightful perspectives and augment the understanding of the reform's impact and UNICEF's contributions.
<b>Reporting bias</b> - Given the sensitive nature of the evaluation subject matter (which deals with child protection reforms and DI of children), it is likely that the evidence gathered was affected by reporting bias. Participants may have been reluctant or unwilling to share sensitive and personal information about traumatic and deeply personal events in their lives (children, young people and adults). Further, participants might have been resistant to engaging critically on aspects of their professional experiences, which they may fear will reflect badly on themselves, government agencies, UNICEF or other partners/stakeholders.	To mitigate against reporting bias, evaluators took care to carefully explain to all participants that the evaluation was learning-oriented. Evaluators also emphasized that confidentiality of responses would be protected and that no negative personal or professional consequences would result from sharing open and honest information. Questions were asked sensitively and interactions will be flexible and participatory to allow for the most authentic, spontaneous and participant-led exchange.
<b>Interviews with supervising bodies/supervisors</b> – although official requests were made to interview government officials in the absence of a focal point from its supervising body or their supervisor, in a small number of cases, a representative of the supervising Ministry/body or supervisor attended the interview. This may have impeded the participant’s willingness of speak freely during the interview.	The evaluators triangulated data and, where possible, sought to speak separately with the relevant participants to verify the information provided.

### 3.7. Validation and oversight

Each country involved in the evaluation was supported by an Evaluation Reference Group (ERG), which played a crucial role in providing oversight throughout the evaluation process. Comprising representatives from the relevant line ministries, institutions/service providers, CSOs, and independent bodies, the ERG served as a mechanism for ensuring accountability and rigour in the evaluation process. At the outset of the evaluation, a workshop was convened with the ERGs to validate the evaluation questions. Additionally, in all countries, consultations with the ERGs were conducted during the inception phase to gather input and insights; and draft reports were shared and findings validated in a further workshop with each country. Feedback was incorporated into the final reports, ensuring that the evaluation outcomes reflected the perspectives and insights of all stakeholders involved.

This synthesis report incorporates findings from the individual country reports and underwent validation by UNICEF ECARO and UNICEF country offices. This collaborative effort ensured the comprehensiveness and reliability of the synthesised findings, strengthening their relevance and utility for informing policy and practice.

### 3.8. Ethical considerations

All research was carried out in full accordance with the UNEG Ethical Guidelines and Coram International’s own Ethical Protocol (Annex D) Guidelines (Annex E) as well as UNICEF’s Ethical Standards in Research, Evaluation Data Collection and Analysis, the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (2021) and UNICEF procedures for Ethical Research Involving Children. Additionally, Coram International employed the following ethical safeguards:

**Independence, impartiality, and integrity:** The absence of conflict of interest was duly checked prior to the start of the evaluations. Reasons for evaluative judgments and acceptance or rejection of comments on evaluation products were provided in written comment trails for each version of evaluation deliverables. All findings were triangulated. The data analysis and interpretation were conducted

objectively, with evaluators carefully avoiding any preconceived notions that could sway the assessment's outcome.

**Credibility, completeness and accountability:** The evaluations ensured that all evidence was tracked from its source to its use and interpretation. All evaluation questions were answered through triangulation of data from multiple sources and processed using multiple analytical tools. All findings and conclusions were explicitly justified and substantiated, and the recommendations based on findings and not bias.

**Consent, confidentiality, and respect of rights:** Rights-holders and stakeholders consulted were duly informed about the purpose of the evaluation, the criteria applied and the intended use of findings. The evaluations were conducted with full respect for the participants' right to provide information in confidence through an information and consent form, where possible, and where this was appropriate and not intimidating for young people. Researchers explained in clear, age-appropriate language that participants were not required to participate and could stop participating at any time without negative consequences. Information was used and represented only to the extent agreed to by its contributor.

**Data collection with children:** The children who participated in interviews and FGDs were asked to participate on a voluntary basis and their participation was strictly confidential. Where possible, parental / guardian consent was obtained for all children aged under 13 years. For children aged over 13, the decision on whether consent from parents / carers is needed was made on a case-by-case basis, depending on the age and capacity of participants. Special care was taken to ensure that especially vulnerable children gave informed consent.

The evaluation underwent an ethical review process conducted by the HML Institutional Review Board (IRB) which comprehensively assessed the research protocol / methodology, data collection methods and plan and ethical protocol and tools, along with the data collection tools, information sheets and consent forms. The ethical approval is attached as Annex F and template consent forms at Annex G.

## EVALUATION FINDINGS

### 4. Relevance

#### 4.1. Strategies and approaches to child care reform most relevant to deinstitutionalisation and relevance of reforms to the needs of children with disabilities and hard-to-reach children

The countries in the evaluation all initiated child care reforms prior to the evaluation period, though the extent to which these early reforms were successfully implemented and achieved their goals varied across the countries. In Serbia some policies and legal frameworks introduced prior to 2009 continued to play a key role and maintained their relevance throughout the evaluation period, including the 2004-2009 National Action Plan for Children, the Family Act (2005) and the Rulebook on the Organization, Norms and Standards of the Centre for Social Work (2008), which provided for the introduction of case management services. In Montenegro the reforms started in 2001 but major reforms did not begin until the Social and Child Protection Strategy 2008-2012. Similarly in Moldova, reforms started before the evaluation date, with major, highly relevant reforms set out in the National Strategy and Action Plan for the Reform of the Residential Childcare System in Moldova 2007-2012, which focused directly on upholding the right of the child to be raised in a family, and the National Programme on an Integrated System of Social Services 2008-2012. In North Macedonia, the National Deinstitutionalization Strategy for 2008–2018 was adopted prior to the evaluation. However, while the DI Strategy was relevant, it did not fully achieve its objectives.<sup>23</sup> In Georgia<sup>24</sup> it was recognised that the early reforms were unbalanced and of limited relevance for children with disabilities and other hard to place children (particularly

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<sup>23</sup> Ministry of Labour and Social Policy, National Deinstitutionalisation Strategy of the Republic of Macedonia for 2018–2027 'Timjanik' & Action plan, Skopje, September 2018, page 44. Available at: [https://www.mtsp.gov.mk/content/pdf/2019pravilnici/23.4\\_National%20Deinstitutionalisation%20Strategy%20and%20Action%20plan.pdf](https://www.mtsp.gov.mk/content/pdf/2019pravilnici/23.4_National%20Deinstitutionalisation%20Strategy%20and%20Action%20plan.pdf)

<sup>24</sup> UNICEF, Evaluation of Results achieved through child care system reform 2005-2012 in Georgia.

minority children such as the Roma), while in Bulgaria the early reforms, starting around 2000 were regarded as “*piecemeal and ad hoc*”.<sup>25</sup> The Tajikistan, the National Plan of Action (NPA) for Children 2003-2010, aimed to: (i) establish conditions for the medical and social rehabilitation of children with disabilities and their reintegration into society; (ii) prevent “social orphanhood,” develop mechanisms to ensure the upbringing of orphans in family conditions and improve the process of socialisation of children without parental care; and (iii) develop and optimise a network of institutions providing a variety of social services to families and children in “difficult life situations”. Little data was available to determine the extent to which the aims were realised.

While the outcome sought by all the countries both pre- and post- 2009 was for children to grow up in a family environment,<sup>26</sup> there are noticeable differences between child care reforms prior to and after 2009. These included a growing recognition post-2009 that a wider, more holistic approach was required if the outcome was to be achieved, and that simply closing down the large residential institutions was not sufficient. New strategies and plans of actions were developed in all the countries over the period of the evaluation, though in some countries there were gaps between strategies. The new strategies were highly relevant, but as with earlier reforms their relevance was impacted by limited implementation, mostly due to a lack of capacity in the SSWF; a lack of community services and, in some countries, inadequate financial resources.

Bulgaria provides a good example of the move towards a holistic reform programme, which included policy, legal, governance and practice reform, as well as an inter-sectoral approach. The aim of the National Strategy on the Child 2008- 2018<sup>27</sup> was to reform the child care system to ensure that children were raised in a family environment; to reduce the number of children at specialised institutions and to create mechanisms and systems to guarantee the provision of high-quality care and services to children separated from their biological families, either temporarily or permanently. In order to achieve the objectives of the reform, the National Strategy set a number of priorities. These included measures to support good and responsible parenting, prevention of abandonment; improving the skills of social workers to identify risk of abandonment; the provision of social services within the community to support children and families; provision of social assistance and the development of a range of day care facilities, including nurseries and kindergartens. The Strategy prioritised the development of high-quality alternative family care through support of kinship care, voluntary and professional foster care and adoption. In addition, the Strategy sought to reduce the number of children in institutions to a minimum by a range of measures including:

- ⇒ Continuing the process of decentralisation of the management and funding of specialised institutions.
- ⇒ Establishing a funding mechanism to encourage municipalities to develop services within the community, based on the principle “money follows the child”.
- ⇒ The introduction of new standards for care at specialised institutions which approximated as closely as possible the raising of children in a family environment.
- ⇒ Encouragement to improve and maintain the quality of institutional care, by providing an environment close to a family environment, by optimising the number of staff, maintaining contact between the child and his/her family, the provision of specialised services, etc.

Developing the skills of children to live an independent life after leaving the specialised institution.<sup>28</sup> North Macedonia also took a holistic approach too in 2017 in their latest and highly relevant Strategy for Deinstitutionalization 2018-2027 “Timjanik” and accompanying Action Plan. The Strategy provides that residential institutions should be replaced by a system of intensive support for children and their biological families or carers; that children should be enabled to live with their peers, attend regular

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<sup>25</sup> ARK, Transforming Children’s Lives: De-institutionalisation in Stara Zagora, Bulgaria, 2006-2009, ARK Bulgaria, p. 31.

<sup>26</sup> In the case of Tajikistan, the outcome sought was that “by 2022, children in institutions and children at risk of family separation have increased access to family and community-based care.”

<sup>27</sup> Bulgaria, National Strategy on the Right of the Child, 2008-2018. <https://www.mlsp.government.bg/uploads/35/sv/national-strategy-child-2008-2010-en-tra.doc>

<sup>28</sup> Ibid, at pp 13-17.

schools and participate in community activities.<sup>29</sup> In addition to the main goals the Strategy provides for policy measures, such as changes to the legislation to support DI, changes in financing, such as redirecting funds from institutions to community-based services, increased foster care services and capacity building of staff.<sup>30</sup>

Nearly all of the countries undertook awareness raising on the damage done to children as a result of placing them in residential care, especially in the case of young children. UNICEF made significant contributions to communication campaigns, such as “It’s About Ability (2010 – 2013) and Every Child Needs a Family (2013 -2014) in Montenegro, the former of which addressed the negative and discriminatory attitudes displayed towards children with disability. Its relevance was shown by a 110 per cent increase in the number of children included in mainstream education. At the start of the second campaign “Every Child Needs a Family’ in 2013-2014, 58 per cent of the public believed placing a child in institutional care was a good solution for a child:<sup>31</sup> a figure that dropped to 20 per cent by the end of the campaign.<sup>32</sup> In addition, the campaign led to a 40 per cent increase in non-kinship foster families.<sup>33</sup> The same campaign was undertaken by UNICEF North Macedonia between 2017 and 2019, and yielded highly positive initial results, including a 20 per cent increase in the number of foster families.<sup>34</sup>

All of the countries were continuing their reforms at the end of the evaluation period and these remain highly relevant. In Georgia, for instance, the current policy on child care reform and DI is the National Strategy for the Protection of Human Rights of Georgia 2023-2030. This latest Strategy provides for equal and universal accessibility to education, including inclusive education for children with disabilities and special needs, especially for children in State care; implementation of the Code on the Rights of the Child; support of children by municipalities; the employment of specialised staff, further strengthening of family support services; support for children leaving State care; deinstitutionalisation of children with disabilities and promotion of kinship carers when the child is in need of alternative care.<sup>35</sup>

**4.2. Impact of UN guidelines on alternative care for children, EU guidelines and policies, CRC and CPRD on the national DI reforms, and the extent to which reforms are aligned with them**

Table 6: Overview of main conventions/agreement/guidelines and the year they were ratified.

	Bulgaria	Georgia	Moldova	Montenegro	North Macedonia	Serbia	Tajikistan
<b>Convention on the Rights of the Child (CRC)</b>	1991	1994	1993	2006	1993	2001	1993

<sup>29</sup> Ibid, page 15.

<sup>30</sup> Ibid.

<sup>31</sup> UNICEF Montenegro, Every Child Needs a Family campaign [https://www.unicef.org/montenegro/en/every-child-needs-family-implemented-2013-2014#:~:text=Every%20child%20needs%20a%20family,in%202013%2D2014\)%20%7C%20UNICEF](https://www.unicef.org/montenegro/en/every-child-needs-family-implemented-2013-2014#:~:text=Every%20child%20needs%20a%20family,in%202013%2D2014)%20%7C%20UNICEF), accessed 22 August 2023.

<sup>32</sup> UNICEF Montenegro, Every Child Needs a Family campaign <https://www.unicef.org/montenegro/en/stories/every-child-needs-family-campaign-results-positive-change-children-without-parental-care>, accessed August 22, 2023.

<sup>33</sup> Ibid.

<sup>34</sup> Georgievska, A. Evaluation Report UNPRDP Project “Working bottom up - building a local model for deinstitutionalization”, 2021, p. 14 and 59.

<sup>35</sup> In Tajikistan, this includes the National Plan of Action 2018 – 2022; Social Protection Strategy 2022-2040, the National Development Strategy 2016-2030; the Comprehensive State Programme of Training of Personnel in the System of Social Protection of the Population for the Period Until 2030. In Bulgaria, the National Action Plan for Implementation of the Council Recommendation (EU) 2021/1004 establishing a European Child Guarantee (2030) *Adopted by Council of Ministers Decision No. 879/09.11.2022* and National Strategy of the Republic of Bulgaria for Equality, Inclusion and Participation of the Roma (2021 – 2030). In Serbia, the Strategy for the Improvement of the Position of Persons with Disabilities in the Republic of Serbia for the period 2020 to 2024; 2022-2030 Strategy for the Social Inclusion of Roma in the Republic of Serbia and Strategy on Deinstitutionalisation and Development of Social Protection Services in the Community for the Period 2022-2026. In Montenegro, the Strategy for Exercising Children’s Rights 2019-2023 and in Moldova the National Programme for Child Protection 2022-2026.

<b>Optional Protocol to the CRC on the involvement of children in armed conflict</b>	2002	2010	2004	2007	2004	2003	2002
<b>Optional Protocol to the CRC on the sale of children child prostitution and child pornography</b>	2002	2005	2007	2006	2003	2002	2002
<b>Optional Protocol to the CRC on a communications procedure</b>	Not ratified	2016	2023	2013	2012 (signed)	2012 (signed)	Not ratified
<b>Convention on the Rights of Persons with Disabilities (CRPD)</b>	2012	2014	2010	2009	2011	2009	Not ratified
<b>International Covenant on Civil and Political Rights (ICCPR)</b>	1970	1994	1993	2006	1994	2001	1999
<b>International Covenant on Economic, Social and Cultural Rights (CESCR)</b>	1970	1994	1993	2006	1994	2001	1999
<b>European Convention on Human Rights</b>	1992	1999	1997	2004	1997	2004	Not ratified

The CRC, the CRPD, Bulgaria’s membership of the EU and the desire of Georgia, Moldova, Montenegro, North Macedonia, and Serbia to become full members of the EU have all been significant triggers for reforms.

*UN Convention on the Rights of the Child and the UN Guidelines for the Alternative Care of Children*

All seven countries have ratified the CRC. It is outside of the time scope of the Evaluation to determine the extent to which the act of ratification of the CRC was itself a trigger for reform, but it is clear that the on-going process of periodic reporting and the concluding observations of the CRC Committee have been and remain a trigger for child care reform in all the evaluation countries. All of the countries have made progress in the alignment of their legislation and process of child care reform and DI with the CRC, although some have made more progress than others. For instance, the CRC Committee commended Moldova’s progress in aligning its child care laws and policies with the CRC.<sup>36</sup>

An example of progressive (but not full) alignment can also be seen in the case of Bulgaria. In 2016, the CRC Committee welcomed the progress Bulgaria had made in DI through the reduction in numbers of children in institutional care and an increase in family-based alternatives, but raised concerns relating to continued institutionalisation of specific groups of children; poor gatekeeping; impediments to foster care development; capacity of the staff working in the child protection system and family-type placement centres (i.e. small group homes) and the support available for care-leavers<sup>37</sup> which, it noted, were not in full alignment with the CRC.<sup>38</sup> In its concluding observations to Bulgaria’s 6<sup>th</sup> and 7<sup>th</sup> periodic report in 2024, the CRC Committee welcomed the measures taken to address the previous recommendations made in its concluding observations in 2016 and commended Bulgaria for its DI policy, but again made a number of recommendations, including the need to strengthen the capacity of the child protection system; the need to invest in early protection and preventive services at municipal level to prevent abandonment and family separation, particularly among children with disabilities and Roma children; to complete the DI process; to ensure that the family-type placement centres fully integrated children into the community and to strengthen the system of foster care.<sup>39</sup>

<sup>36</sup> UN Committee on the Rights of the Child, Concluding observations on the combined fourth and fifth periodic report of the Republic of Moldova, 20 October 2017, para. 26.

<sup>37</sup> UN Committee on the Rights of the Child, Concluding observations on the combined third to fifth periodic reports of Bulgaria, CRC/C/BGR/CO/3-5, 21 November 2016.

<sup>38</sup> Ibid.

<sup>39</sup> UN Committee on the Rights of the Child, Concluding observations on the combined sixth and seventh periodic reports of Bulgaria, 15 March, 2024, para. 31.

The CRC has been a trigger for child care and DI reforms in Tajikistan, forming and continuing to form the basis for the development of laws and policies relating to alternative care and DI, including the Law on Child Rights Protection, which refers specifically to international standards as forming the basis of the Law.<sup>40</sup> The ongoing influence of the CRC is demonstrated by the National Plan on Action for Children 2003-2010 which addressed the recommendations following the CRC Committee's concluding observations to its initial report in 2000 and the later National Plan of Action for the Implementation of the Recommendations of the CRC Committee 2018-2022, which included steps to implement recommendations of the 2017 CRC Committee on DI.<sup>41</sup> Similarly, in 2019, marking the 30th anniversary of the CRC, the Ministry of Labour and Social Policy reaffirmed the State's commitment to the CRC and pledged to end the practice of placing children in residential institutions in accordance with the CRC principles.<sup>42</sup>

Challenges in achieving full alignment are not unexpected as the CRC is a 'living instrument'. The requirements for alignment change as new research and developments in the field of child protection are accepted and impact on the understanding of the best interests of the child and good practice. This requires States to continually review their reforms and introduce new plans and measures.

It is difficult to determine the extent to which the Guidelines for Alternative Care acted as a trigger for reform, though it is likely that the Guidelines have influenced reforms in light of the alignment of a number of national laws and policies with the Guidelines.<sup>43</sup> The CRC Committee does not always refer directly to the level of alignment with the Guidelines, though in the case of Montenegro, the CRC Committee expressly related its concern about failure to implement the Guidelines for Alternative Care, and made recommendations to bring Montenegrin policy and law into full compliance.<sup>44</sup> Key informants in the evaluation rarely referred to the UN Guidelines as a trigger though the level of alignment of national laws and policies with these guidelines indicates that they are likely to have had a significant influence on the reforms.

### *Convention on the Rights of Persons with Disabilities*

The CRPD was adopted in 2006, some 17 years after the CRC. All the countries in the evaluation have ratified the CRPD other than Tajikistan (which signed the CRPD in 2018 but has yet to ratify). While the CRPD has almost certainly acted as a trigger to address law, policy and practice relating to children with disabilities, the later date of the CRPD and its ratification meant it was not a trigger for the original phase of the reforms in the same way as the CRC. Despite this, it has been an important trigger. In Georgia it "*created a basis to strengthen the DI process*,"<sup>45</sup> and led to the passing of the Law on the Rights of Persons with Disabilities.<sup>46</sup> Tajikistan's signing of the CRPD triggered the NPA on the Readiness of the Republic of Tajikistan for Approval and Implementation of the CRPD 2020-2024.

As with the CRC, the degree of alignment with the CRPD varies across countries. In Moldova, specific reforms have been introduced to ensure the DI of children with disabilities and their inclusion in child care reforms in line with the CRPD.<sup>47</sup> It is notable, however, that in Moldova, a number of the policy

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<sup>40</sup> Tajikistan, Law on the Protection of Child Rights, Law no. 1196 of 18 March 2015, Art. 2.

<sup>41</sup> CRC Committee, Concluding Observations on the combined third to fifth periodic reports of Tajikistan, 29 September 2017, paras. 24 to 26.

<sup>42</sup> Pledge by North Macedonia, available at: [https://www.ohchr.org/sites/default/files/Documents/HRBodies/CRC/30Anniversary/Pledges/North\\_Macedonia.pdf](https://www.ohchr.org/sites/default/files/Documents/HRBodies/CRC/30Anniversary/Pledges/North_Macedonia.pdf)

<sup>43</sup> See, for instance, Raouf A., et al, Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022: Moldova Country Report p. 30.

<sup>44</sup> UN Committee on the Rights of the Child, Concluding observations on the combined second and third periodic reports of Montenegro, CRC/C/MNE/CO/2-3 22 June 2018, 22 June 2018, paras. 3 and 40.

<sup>45</sup> KII with Head of Department for social protection, IDPs and Labour Policy, MoIPDOTLHSA in Georgia, 26 July 2023. Policy, Ministry of IPDs from the Occupied Territories, Labour, Health and Social Welfare in Georgia, 26 July 2023.

<sup>46</sup> UNPRPD, Situation Analysis on the Rights of Persons with Disabilities, 2021, [https://www.undp.org/sites/g/files/zskgke326/files/migration/ge/pwds\\_situation\\_analysis\\_2021\\_eng.pdf](https://www.undp.org/sites/g/files/zskgke326/files/migration/ge/pwds_situation_analysis_2021_eng.pdf), accessed 8<sup>th</sup> February 2024.

<sup>47</sup> See for example the following policies of Moldova: Social Inclusion Strategy of People with Disabilities 2010 and 2013; its subsequent programme for 2017-2022; the National Programme for the DI of Persons with Intellectual and Psychosocial Disabilities from RIs and its Action Plan for 2018–2026.

reforms post-2017, including the 2017-2022 and 2018-2026 national programmes on social inclusion and DI of children with disabilities, have gone even further and explicitly aim to implement the recommendations of the UN Special Rapporteur and feedback from the UN Human Rights Council to Moldova's universal periodic review on the challenges to the system.<sup>48</sup> Similarly, in North Macedonia, the 2018 recommendations from the CRPD Committee have had a significant impact. Notable developments include the government's introduction of a new disability assessment approach based on the International Classification of Functioning (ICF) model in 2021, shifting from a medical model to a human rights-based approach.<sup>49</sup> In addition, the latest DI Action Plan for 2023-2025 includes legal amendments to align with the CRPD. Additionally, the government adopted a new National Strategy for the Rights of Persons with Disabilities for 2023-2030, along with a corresponding Action Plan, aligning with both the CRPD and the EU's Strategy for the Rights of Persons with Disabilities 2021-2030.

In other countries the process of alignment in terms of child care and DI reform has been slower. In 2016, the CRPD Committee expressed concern about the non-alignment of some of the provisions relating to children with disabilities in its concluding observations to Serbia's initial report.<sup>50</sup> A year later in 2017, the CRPD Committee noted that discrimination and social exclusion of children with disabilities remained prevalent in Montenegro<sup>51</sup> and that there was still room for improvement in the protection of the human rights of children with disabilities.<sup>52</sup> The EU 2021 Report on Montenegro,<sup>53</sup> was stronger in its criticism, with the EU Commission "*deploring the lack of alignment of national legislation with the CRPD: and calling for effective implementation of strategies to tackle gaps in upholding the rights of persons with disabilities.*" Concerns were also raised by the CRPD Committee in its concluding observations to Georgia's initial report under the CRPD in 2023, including the continuing use of a medical model of disability assessment; limited coverage of programmes for children with disabilities, especially for children living in poverty, ethnic minority children and autistic children and that programmes designed for children by social workers are not accessible to children with disabilities.<sup>54</sup> Some of these issues have been addressed in the National Unified Strategy for Education and Science 2022-2030.

One of the contributing factors to non-alignment with the CRPD also appears to be the difference of approach between the CRC and the CRPD with respect to alternative care. The CRPD Committee's General Comment no. 5, in 2017, states that "*Large or small group homes are especially dangerous for children, for whom there is no substitute for the need to grow up with a family. 'Family-like' institutions are still institutions and are no substitute for care by a family.*"<sup>55</sup> Contrary to this, the CRC Committee allows for institutional placement "*as a matter of last resort.*"<sup>56</sup> The CRC Committee has also accepted the use of small group homes where it is in the best interests of children.

In relation to Bulgaria, the CRPD Committee recommended in its concluding observations and in accordance with General Comment No 5., that Bulgaria, "*Accelerate the transition process to ensure that all persons with disabilities living in any form of institution, such as psychiatric hospital units or in small community-based group homes, have the right to live independently within the community with choices*

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<sup>48</sup> Moldova, Social Inclusion Strategy of People with Disabilities 2017-2022 para. 12,13.14; the National Programme for the DI of Persons with Intellectual and Psychosocial Disabilities from RIs and its Action Plan for 2018–2026, para.37.

<sup>49</sup> European Commission, North Macedonia 2023 Report, 8 November 2023. Available at: [https://neighbourhood-enlargement.ec.europa.eu/document/download/28a9322a-3f18-434e-89d2-0890c90b2f96\\_en?filename=SWD\\_2023\\_693%20North%20Macedonia%20report.pdf](https://neighbourhood-enlargement.ec.europa.eu/document/download/28a9322a-3f18-434e-89d2-0890c90b2f96_en?filename=SWD_2023_693%20North%20Macedonia%20report.pdf)

<sup>50</sup> UN Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of Serbia, CRPD/C/SRB/CO/1 23 May 2016, para.26.

<sup>51</sup> UN Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of Montenegro, CRPD/C/MNE/CO/1, 22 September 2017.

<sup>52</sup> UNICEF, Report Analysis of cross-sector system support for children with disabilities in Montenegro, November 2019. KII with Basic Court in Podgorica, Montenegro.

<sup>53</sup> European Resolution of 23 June 2022 on the 2021 Commission Report on Montenegro (2021/2247 (INI)).

<sup>54</sup> UN Committee on the Rights of Persons with Disabilities, Concluding observations on the initial report of Georgia, CRPD/C/GEO/CO/1 18 April 2023, para. 15

<sup>55</sup> CRPD Committee (2017, para. 16(c)) in Rosenthal 2021.

<sup>56</sup> UN Committee on the Rights of the Child, General Comment No. 9, 27 February 2007, para. 47.

*equal to those of other persons; in the deinstitutionalisation process, the State party should focus on the situation of persons with intellectual or psychosocial disabilities, and children...with disabilities.”<sup>57</sup>*

UNICEF ECARO has taken what might be regarded as a ‘mid-way’ position in its White Paper on small scale residential care published in 2020.<sup>58</sup> The Paper recommends establishing a minimum age for placement in residential care (suggesting between 6-8 years old) and that governments should direct resources away from constructing small scale residential facilities, towards training a workforce to deliver family-based care (including foster care) and transforming existing homes to “*hubs of innovative services to meet emerging family and community needs for support.*” While small scale residential care continues to exist, UNICEF recommends, that the setting should be small in scale: no more than 4-6 children, and that sibling groups are kept together; that high-quality care is provided, including for children with complex needs; that the placement is as short-term as possible, and never exceeding 6-12 months and that children are integrated into the community.”<sup>59</sup>

### *The European Union*

The European Social Fund Plus and the European Regional Development support investments in human capacity and infrastructure development, equipment and access to services in education, employment, housing, social, health and child care, as well as the shift from institutional to family and community-based services.

Key documents include the Council of Europe Strategy for the Rights of the Child 2022-2027, the EU Strategy on the Rights of the Child 2021 and the European Child Guarantee .

Relationship to the EU		
Bulgaria	Member of the EU since January 2007	The criteria for membership required Bulgaria to “ <i>Ensure the child care system is reformed so as to systematically reduce the number of children in institutional care in particular through developing alternative social services aimed at children and families</i> ”. <sup>60</sup>
Georgia	Association Agreement with the EU signed in 2014, entered into force in 2016. Applied to be a member State in March 2022. The European Council issued an official recommendation to grant candidate status to Georgia in December 2023 on the understanding relevant steps are taken.	DI and strengthening of alternative care and family support service is outlined in the National Human Rights Strategy 2022-2030.
Moldova	Association Agreement with the EU signed in 2014, came into force in 2016. Moldova was granted candidate status in 2022 with accession negotiations opened in December 2023	As part of the Agreement, Moldova undertook the process of aligning its national legislation with the EU <i>acquis</i> (Article 448 of the Agreement). <sup>61</sup>
Montenegro	Officially applied to join the EU in December 2008. A Stabilisation and Association Agreement with the EU came into force in 2010, which included an obligation to adopt, apply and enforce all EU legislation including the EU Charter of Fundamental Rights. <sup>62</sup> Membership negotiations began in 2012.	The Social and Child Care Reform has been integrated as one of the priority actions for Montenegro in the development and

<sup>57</sup> Ibid.

<sup>58</sup> UNICEF, ‘White Paper 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’, UNICEF Europe and Central Asia Regional Office, 2020.

<sup>59</sup> Ibid.

<sup>60</sup> See Council Decision 2003 on the principles, priorities, intermediate objectives and conditions contained in the Accession Partnership with Bulgaria, 2003/396/EC.

<sup>61</sup> Association Agreement between the European Union and the European Atomic Energy Community and their Member States, of the one part, and the Republic of Moldova, of the other part. 26 November 2013, available at: [https://gov.md/sites/default/files/document/attachments/7048451\\_en\\_acord\\_asociere.pdf](https://gov.md/sites/default/files/document/attachments/7048451_en_acord_asociere.pdf).

<sup>62</sup> EU Charter of Fundamental Rights, 2012/C 326/02. Article 24 provides that children shall have the right to such protection and care as is necessary for their well-being.

		implementation of Chapter 23 (fundamental rights) within the accession process. <sup>63</sup> Commission report 2022
North Macedonia	The Stabilisation and Association Agreement between North Macedonia and the EU entered into force in 2004, and North Macedonia became a candidate country in 2005. <sup>64</sup> However the accession negotiations with the EU did not began until 2022 <sup>65</sup> due to the dispute with Greece over the name “Macedonia” The name issue was resolved in 2019 with the official adoption of the name Republic of North Macedonia.	The institutional and legislative framework for North Macedonia’s accession to the European Union is outlined in the National Programme for Adoption of the Acquis (NPAA).
Serbia	Serbia was granted EU candidate status in 2012, and a Stabilisation and Association Agreement came into force in September 2013.	
Tajikistan	A Partnership and Cooperation Agreement (PCA) has been in force since 2010. The EU and Tajikistan started negotiations on an Enhanced Partnership and Cooperation Agreement (ECPA) in early 2023.	

Bulgaria is the only member State of the EU amongst the evaluation countries (since 2007) and Tajikistan the only non-candidate State. Georgia, Moldova, Montenegro, North Macedonia and Serbia are all EU candidate countries. The desire to become a member state of the European Union has likely been the most influential ‘trigger’ for reform for candidate countries. Indeed, the EU accession process, which carries with it considerable funding available to countries that meet the EU requirements for a reduction in the use of institutionalisation, an increase in the use of family-based support and care, and strengthening the capacity of the social services workforce,<sup>66</sup> might be more accurately described as the main driver of child care reforms. Furthermore, EU accession negotiations are likely to continue as a driver of DI and child care reform.

In the case of Bulgaria, the only member State of the EU, the criteria for membership required Bulgaria to “ensure the child care system is reformed so as to systematically reduce the number of children in institutional care, in particular through developing alternative social services aimed at children and families.”<sup>67</sup> This was a major trigger for reform as was the requirement that access to the funding and the application of that funding was to be directed away from refurbishing institutions and towards community-based services and strengthening the capacity of professionals in the system. The significant contribution of EU structural funding made the reforms possible, and EU money for wider programmes, including, most recently, Bulgaria’s work on the EU Child Guarantee, has enabled the Government to strengthen the support for children and families.<sup>68</sup>

Moldova’s journey towards EU accession has also played a particularly influential role in DI and child care reforms. To implement the Agreement, the government and the EU agreed to adopt three consecutive Association Agreement Agendas (2014-2016, 2017-2019, 2021-2027), which included, and continue to include, the DI of children as a priority area of reform. In the most recent agenda, the parties agreed to continue the progressive DI of children and to strive to reduce the number of children in institutions to

<sup>63</sup> UNICEF Montenegro, Child Care System Reform Final Narrative Report, 2014.

<sup>64</sup> European Council, EU Enlargement Policy. Available at: <https://www.consilium.europa.eu/en/policies/enlargement/republic-north-macedonia/>

<sup>65</sup> European Commission, North Macedonia 2023 Report, 8 November 2023. Available at: [https://neighbourhood-enlargement.ec.europa.eu/system/files/2023-11/SWD\\_2023\\_693%20North%20Macedonia%20report.pdf](https://neighbourhood-enlargement.ec.europa.eu/system/files/2023-11/SWD_2023_693%20North%20Macedonia%20report.pdf)

<sup>66</sup> Ivanova, V and Bogdanov, G. ‘The Deinstitutionalisation of Children in Bulgaria – the role of the EU’, National Network for Children, Sofia, Bulgaria, *Social Policy and Administration*, Vol. 47, No. 2, p. 199-217.

<sup>67</sup> See Council Decision 2003 on the principles, priorities, intermediate objectives and conditions contained in the Accession Partnership with Bulgaria, 2003/396/EC.

<sup>68</sup> European Commission Directorate-General Justice and Consumers Directorate C: Fundamental rights and rule of law Unit C.2: Fundamental rights policy Brussels, 31 March 2022 MINUTES First Meeting of the EU Network for Children’s Rights 31 March 2022.

zero, while advancing alternative forms of care.<sup>69</sup> More recently, both the EU acquis and the EU Child Guarantee have been significant triggers / drivers for the government's Restart reforms and reformulation of its minimum package of social services. The continuous EU funding for child care and DI reforms in Moldova reinforces the influence that EU guidelines have on national child care reform.

Similarly, *'the contemporary child welfare system in Serbia cannot be considered separately from the process of European integrations, which significantly affects the content and the dynamics of changes in this area.'*<sup>70</sup> The DI objectives within the Employment and Social Policy Reform Program in the Process of Accession to the European Union (2016–2017) are intended to address Chapter 23 of the Acquis and include an increase in community services to support families, the availability of alternative care measures, and reduction in the number of children in large scale institutions.<sup>71</sup> Chapter 19 of the Acquis was also a trigger for the Strategy on Deinstitutionalisation 2022-2026.

For Montenegro, the EU accession process and the funding that it has brought with it, has undoubtedly been a key facilitating factor in the implementation of reform. The Social and Child Care Reform has been integrated as one of the priority actions for Montenegro in the development and implementation of Chapter 23 (fundamental rights) within the accession process.<sup>72</sup> As a result there has been a high level of alignment of the policy and legal framework with respective UN and EU international instruments.

Equally, the process of accession to the EU has been highly influential in triggering child care and DI reform in North Macedonia. The DI Strategy 2018-2027 explicitly states that North Macedonia is committed to the process of EU accession and is actively taking measures to align with EU principles and practices.<sup>73</sup> Additionally, North Macedonia adopted the National Programme for Adoption of the Acquis (NPAA). After beginning accession negotiations in 2020, the NPAA was updated to outline priorities for 2021-2025, with DI as one of the priority areas, with a focus on developing community-based social services through pluralisation and decentralisation.<sup>74</sup>

After signing an Association Agreement with the European Union in 2014, Georgia applied to be a member state in March 2022. In June 2022, the European Commission published its opinion on Georgia's application for membership, noting that DI had not been completed and that persons with disabilities were amongst the most marginalised in the population. The Opinion recommended that Georgia be given candidate status but only once a number of priorities had been fulfilled.<sup>75</sup> The new vigour and focus on DI efforts currently seen in Georgia can in part be attributed to the desire to become a member state.

#### **4.3. Relevance of child care and DI reforms to the needs of children with disabilities and hard to place children**

Children with disabilities and hard to place children (in the context of this evaluation, mostly Roma children and children with 'behavioural' difficulties), have been and in some cases remain, disproportionately over-represented in institutional care. All of the countries have, however, taken steps to prevent institutionalisation and promote reintegration with biological families through the provision of cash benefits to reduce poverty, a major reason for institutionalisation;<sup>76</sup> the development of

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<sup>69</sup> In June 2022, in its opinion on Moldova's application for membership, the EU Commission noted that although the DI of children has progressed in recent years, more needed to be done to ensure the DI of CWD and babies, as well as improvements to the overall situation of Roma children and children left behind by parents.

<sup>70</sup> Zegarac, Nevenka 'Child Welfare and Serbia on the Path towards European Integration', Ch 14 in *The Routledge handbook of global child welfare.*, edited by Pat Dolan, Nick Frost, 2017.

<sup>71</sup> Irima, R., and Isakov, A. B., Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with Focus on Child Care Reform in Serbia (2013-2017), 15 January 2018.

<sup>72</sup> UNICEF Montenegro, Child Care System Reform Final Narrative Report 2014.

<sup>73</sup> Ministry of Labour and Social Policy, National Deinstitutionalisation Strategy of the Republic of Macedonia for 2018–2027 'Timjanik' & Action plan, Skopje, September 2018, page 11.

<sup>74</sup> Government of North Macedonia, National Programme for Adoption of the European Union Acquis (NPAA) 2021 – 2025, page 109, available at: [https://www.sep.gov.mk/data/file/NPAA/NPAA%20ENG%20Final\\_compressed%20\(1\).pdf](https://www.sep.gov.mk/data/file/NPAA/NPAA%20ENG%20Final_compressed%20(1).pdf)

<sup>75</sup> European Commission, Commission opinion on Georgia's application for membership of the European Union, Brussels, COM (2022) 405, 17 June 2022, [neighbourhood-enlargement.ec.europa.eu/system/files/2022-06/Georgia%20opinion%20and%20Annex.pdf](https://neighbourhood-enlargement.ec.europa.eu/system/files/2022-06/Georgia%20opinion%20and%20Annex.pdf), accessed 4<sup>th</sup> September 2022.

<sup>76</sup> KII, Children's Welfare League, Tbilisi, Georgia.

strategies for inclusive education; community-based day-care services for children with disabilities; the establishment of small group homes as an alternative to institutionalisation; the recognition of the need for specialist foster parents for children with disabilities, as well as ensuring their inclusion in the general DI strategy. All of these steps have been relevant to both prevention of institutionalisation and reintegration and are in line with both the reconstructed individual and regional ToC outputs and outcomes. It should be noted, however, that while the reforms are relevant to children with disabilities and children who are hard to place, and while they have benefitted from the reforms, not all have benefitted from the entirety of the reforms and many have benefitted at a slower pace.

### *Inclusive education*

All the countries in the evaluation have developed strategies or passed legislation providing for inclusive education for children with special educational needs: the Inclusive Education Strategy in Montenegro (2019-2025), the Strategy for Social Inclusion of Roma and Egyptians in Montenegro 2016-2020 and the Roma Inclusion Strategy 2020-2025 (Montenegro);<sup>77</sup> the National Concept of Inclusive Education for Children with Disabilities 2011-2015 and 2016-2020 and the National Strategy on the Development of Education 2012-2030 in Tajikistan; The Inclusive Education Development Programme 2011-2020 and the new Inclusive Education Development Programme 2024-2027 in Moldova; the Strategy for Development of Education in the Republic of Serbia by the Year 2020 and a new Education Development Strategy by the year 2030 accompanied by two action plans (2021-2023 and 2023-2026); in Bulgaria, the National Strategy on the Child (2008-2018); the Action Plan for the European Child Guarantee and the National Strategy of the Republic of Bulgaria for Equality, Inclusion and Participation of Roma (2021-2030); the Unified Strategies on Education and Science for Georgia for 2017-2021 and 2022-2030 and the National Strategy for the Protection of Human Rights of Georgia 2023-2030; and in North Macedonia the Education Strategy (2018-2025), National Strategy for the Rights of Persons with Disabilities (2023-2030), Strategy of Roma (2014-2020), which address the inclusion of children with disabilities and Roma children in education.

In some countries the move towards education inclusion for children with disabilities has been taken further: Article 7 of the Law on Pre-School and School Education 2015 in Bulgaria provides that inclusive education is an inalienable part of the right to education. The Law also provides for additional support for children with special educational needs, including the provision of specialised equipment and materials.<sup>78</sup> The Law on People with Disabilities adopted some three years later in 2018 and replacing an earlier law, aims to promote, protect and guarantee the full and equal rights and freedoms of people and disabilities and to provide support to children with disabilities and their families. Similarly, in North Macedonia the Law on Primary Education 2019 provides that all children have the right to education in primary school and children may not be discriminated against in terms of disability.<sup>79</sup> Transportation for children with disabilities is mandated by the Law as part of affirmative action.<sup>80</sup> It also calls for the transformation of special schools into primary schools with resource centres, offering professional support to students with disabilities, educators, parents, and inclusion teams.<sup>81</sup> In Moldova too, the Education Code 2014, was adopted with the aim of ensuring the right to inclusive education for every child, irrespective of disability, in both public and private educational institutions at all levels.

The relevance of the reforms is demonstrated by the number of children with special educational needs attending mainstream schooling, which has risen in all the countries over the time period of the evaluation (see section 5.7 for the effectiveness of the reforms). While the strategic and legislative reforms are in place, challenges to implementation remain and have had an impact on their relevance.

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<sup>77</sup> In 2019 the government committed to raising the primary education enrolment and completion rate of Roma and Egyptian children to 90 per cent.

<sup>78</sup> The Law is accompanied by an Ordinance on Inclusive Education, No 232, 20<sup>th</sup> October 2017.

<sup>79</sup> Law on Primary Education, Law No. 161/2019 Articles 3 and 5. The Law does not apply to secondary school, though at the time of writing, a Bill was before Parliament which would give equal rights to secondary school pupils.

<sup>80</sup> Law on Primary Education, Law No. 161/2019 Article 11. But note that the school is only required to make reasonable adaptations which do not cause a disproportionate or unnecessary burden on the school.

<sup>81</sup> Article 18 and Concept for Inclusive Education.

### Community-based services

The provision of community-based services plays a major role in supporting children and families, preventing institutionalisation and in ensuring that children meet their developmental potential. While all the countries in the evaluation recognise the need to develop community services, and have provided for such services in law, ensuring adequate provision of community services has been a challenge, with many countries reliant on NGO support to provide services.

The nature of the community services provided varies across countries, but such services as are available focus mostly on children with disabilities and, in some countries, Roma children. Community services commonly take the form of day care services, (mostly used by children with disabilities who are unable to attend mainstream school and as resource centres to provide support to schools),<sup>82</sup> counselling and forms of outreach service, such as in-home or at-home help.<sup>83</sup> The availability and provision of respite care for parents of children with disabilities has yet to be fully developed and currently remains extremely limited.<sup>84</sup>

While these services for children with disabilities are viewed in the evaluation reports as being highly relevant, their relevance is impacted by a number of factors including geographical inequity of services, with services predominantly in urban areas, limited hours of operation, waiting lists, financial and staffing challenges and the quality of service offered.

### Small group homes

In all of the countries, other than Tajikistan, small group homes (referred to as family type placement centres in Bulgaria and temporary placement centres in Moldova) have been used as a DI measure for children who cannot be reintegrated or for whom it was not possible to identify a kinship or foster carer. The use and number of small group homes to accommodate children deinstitutionalised from large residential institutions differs across the countries. However, in all of the countries with small group homes, the residents are primarily children with disabilities and hard to place children. In Bulgaria, there were 266 small group homes in 2022, while Montenegro has just one small group home for children with disabilities. In North Macedonia all large-scale residential institutions in the country were closed in 2019, and small group homes established under the umbrella of former residential institutions.<sup>85</sup>

The relevance of small group homes as a measure for DI has proved controversial, especially in relation to children with a disability. The issues are two-pronged. One, expressed by Eurochild in relation to the proliferation of small group homes in Bulgaria relates to the nature of the homes: *“some of these new small-scale residential care settings perpetuate an institutional culture due to lack of inclusion in the community combined with low staff morale, training and support.”*<sup>86</sup> The second is an objection to any use of residential care. This has been expressed in the CRPD Committee’s General Comment no. 5, in 2017, which states that *“Large or small group homes are especially dangerous for children, for whom there is no substitute for the need to grow up with a family. ‘Family-like’ institutions are still institutions and are no substitute for care by a family.”*<sup>87</sup> The CRC Committee on the other hand, has not classified all

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<sup>82</sup> In Serbia, day care facilities for children with disabilities are not wide-spread: only around 300 children use day care services as most children with disabilities are included in mainstream education only around 300 children use day care services.

<sup>83</sup> Serbia offers a range of services individually tailored support to children with disabilities, including a personal companion service (from 337 in 2016 to 2869 in 2022). North Macedonia too has established home care and personal assistance for people with disabilities, including children. Personal assistance and home care services have not developed uniformly across all regions. In 2022 only 30 children were reported as having benefitted from a personal assistant.<sup>83</sup>

<sup>84</sup> See Moldova, which has established Respiro, providing respite care; Serbia, which runs a small-scale pilot project offering respite care to biological and foster parents of children with disabilities, but this has not been replicated and remains limited. In Tajikistan the reformed Family and Child Support Centres have the ability to offer respite care, but no data is available on the amount, if any, respite care is offered. See Raoof A., Formative and Summative Evaluation, 2009-2022, Tajikistan at p. 31 and Milligan, I., Putting Families First: Deinstitutionalisation of the Baby Homes in Tajikistan, Final Evaluation Report, p. 9.

<sup>85</sup> During data collection there was an indication that there was one NGO small group home. It was not possible to verify this.

<sup>86</sup> Eurochild, Care reform in Bulgaria is far from over, Statement in reaction to Disability Rights International Report, National Network for Children, 20 March 2020.

<sup>87</sup> CRPD Committee (2017, para. 16(c)) in Rosenthal 2021.

small group homes as ‘institutions’ and continues to allow for institutional placement “*as a matter of last resort.*”<sup>88</sup>

While controversial, the use of small group homes has been highly relevant to the process of DI, especially in the early phases of the process, and it is unlikely that the large residential institutions could have been deinstitutionalised without at least some provision of accommodation in small group homes. Ideally, small group homes should become irrelevant, but in order for that to happen, there would need to be a step-up in the DI process, with an increase in the availability of quality inclusive education; community based services; foster care availability, especially for children with severe disabilities and emotional and behavioural difficulties; and a significant increase in the SSWF and medical and counselling services. This issue is addressed further in ‘Conclusions’ at section 9.1.

#### **4.4. Relevance of UNICEF’s input to national child care and deinstitutionalisation reforms**

UNICEF has been 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. Across the countries, it has provided vision, background research, awareness raising, advocacy, technical expertise, international knowledge-sharing, funding, capacity building, coordination, supported the government to plan resource reallocation away from residential homes, and promoted the rights of children with disability and children from vulnerable groups.

There have been two structural factors which have enabled UNICEF to be relevant to the reforms across the entirety of the evaluation period. First, it has taken a long-term view in its programming. The evaluation has covered at least three and sometimes four, country programmes. Each has included a continuing focus on the child care reforms and DI, recognising that change is a long-term process and that reform, if it is to be successful, needs to be consistently and continually addressed. The second factor has been UNICEF’s flexibility of approach and its institutional knowledge and memory of the child protection system, which has allowed it to address issues arising from the reforms as they have arisen, and refocus when needed. As a result, UNICEF’s input has continued to be relevant across the period of the evaluation process and, more than that, its input has been invaluable, especially in initiating new community-based services, which were not previously available. The relevance and value of its input was recognised in every country.

*“UNICEF played a huge role in reforms in this area, as it was the initiator and controller of all reforms. A reliable and honest partner.” - Judge, Basic Court, Montenegro*

*Without UNICEF, there wouldn’t have been any reform – KII with government stakeholder, Bulgaria*

*UNICEF is very, very, very, very important. I could talk for hours about it. They made a fantastic advocacy and communication campaign, and because of this, mindset and public opinion changed. They are very active in supporting the government, in supporting additional projects, very active in demonstrating models for development of new services in communities to support families. - KII with NGO, Bulgaria.*

*“UNICEF has made an immense contribution to the development of services and professions and the system in general, it has a very serious contribution- KII State Care Agency, Georgia.*

## **5. Effectiveness**

### **5.1. Understanding the outcomes of deinstitutionalisation reforms**

Over the period from 2009 to 2022, significant changes have occurred in child care and protection systems across the ECA region. In particular, all seven evaluation countries have experienced a shift away from a system that relies on residential institutions to provide care and protection to vulnerable children, towards a system that prioritises family support through the provision of community-based services and, where needed, family-based alternative care. This shift in approach is clearly demonstrated by government policy documents and action plans, as discussed in the relevance section above. Yet it has

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<sup>88</sup> UN Committee on the Rights of the Child, General Comment No. 9, 27 February 2007, para. 47.

also led to tangible results; all seven evaluation countries experienced a significant reduction in the overall numbers of children in institutions. A good example is North Macedonia, which has successfully removed all children from large-scale residential institutions and no longer has any children placed in residential institutions.

The table below shows the percentage of children in all type of residential care, including large scale institutions and small group homes. In North Macedonia, the reduction in numbers reported from 2019 to 2022 includes only the children living in the small group homes.

Table 7: Percentage reduction in children in residential care over the evaluation period<sup>89</sup>

Bulgaria	Georgia*	Moldova*	Montenegro	North Macedonia	Serbia	Tajikistan*
29% decrease (2009 to 2022).	60% decrease (2015 to 2022).	92% decrease (2009 to 2022).	64% decrease (2010 to 2022).	70% decrease (2010 to 2022)	59% decrease (2009 to 2022).	35% decrease (2009 to 2022).

Whilst there are limitations to the comparability of these changes, due to discrepancies in the definitions of residential care used in different countries, and differences in the time period for which data is available, it is clear that over the evaluation period all countries were successful in reducing the number of children in institutional care. Changes in the numbers of children in institutions were particularly significant in Moldova and North Macedonia and, to a lesser extent, in Georgia, Montenegro and Serbia. It is important, however, to unpack and contextualise the numbers above in order to understand them fully. This is demonstrated by the case of Bulgaria, where a significant component of the child care and DI reforms has involved the closure of large scale institutions and the development of “family-type placement centres” (FTPCs) that house up to 14 children. The approach of relying on temporary or smaller scale residential facilities (small group homes) to enable the transition from institutional to family-based alternative care was used in a number of countries and its advantages and disadvantages are explored further below. Whether children living in the small group homes are considered to be in residential care has significant implications for figures on deinstitutionalisation. In the case of Bulgaria, the numbers of children in large, ‘old-style’ residential institutions reduced by 97 per cent; but children in FTPCs are still living in residential care, albeit a smaller and more child friendly form. This helps to explain the relatively low percentage reduction in the number of children in residential care in Bulgaria.

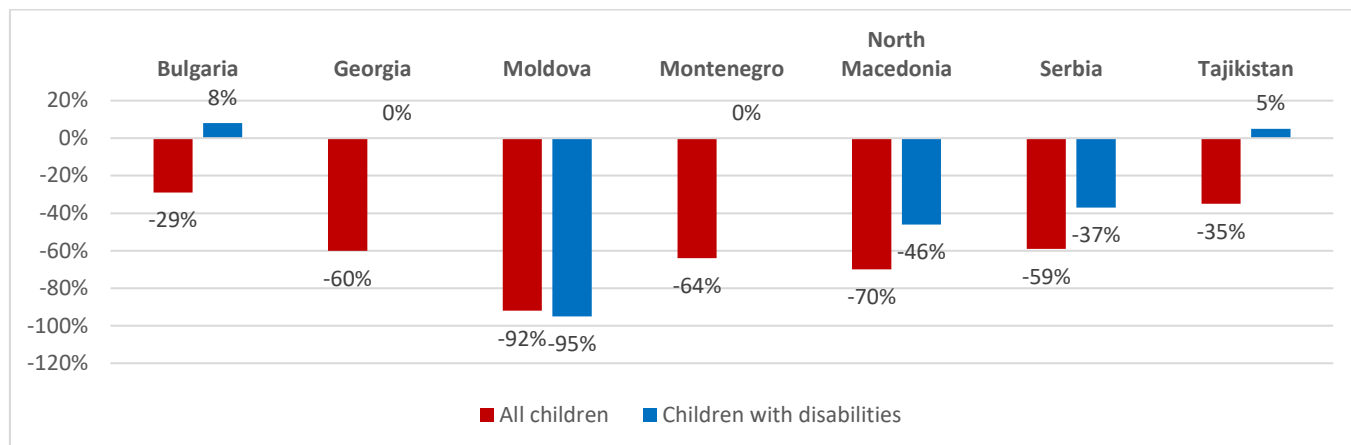
All of the evaluation countries, except for Tajikistan, have achieved the closure of either all or most of the large scale residential care institutions. In many cases, these institutions were repurposed, either as community-based services, such as day care centres, or as small scale residential facilities that provide (temporary) accommodation in a less institutional setting. In Georgia, for instance, 25 large scale institutions were in operation in 2009 and by 2022 all 25 had been closed. In Bulgaria, 137 large scale ‘specialised’ institutions were in operation in 2009 and by 2022 the vast majority of these (134) had been closed. In North Macedonia all residential institutions were closed by the end of 2019. Unfortunately, data on the number of residential institutions in operation at the beginning of the evaluation period is not available in the other four evaluation countries, making it difficult to assess the extent of change.

Unfortunately, across all seven countries, the process of DI has been slower and more limited for children with disabilities in residential care as compared to the general population of children. As demonstrated in table 3 below, Moldova was the only country where the percentage change in the number of children with disabilities in institutions was at pace with the larger population of children. North Macedonia, and Serbia achieved more modest reductions in the numbers of children with disabilities in residential care, while in Montenegro and Georgia the numbers of children with disabilities in residential care remained

<sup>89</sup> The data is constrained by variations in how residential care is defined across different contexts as well as the time period for which data is available. Furthermore, different data sources have been used across countries. Please refer to the respective Country Reports for the source information pertaining to each country. Countries with a ‘\*’ include children in boarding schools in their figures and countries without a ‘\*’ do not; for Serbia this is unknown.

relatively stable. In Bulgaria and Tajikistan, however, the number of children with disabilities in residential care actually increased. Data in Georgia and Bulgaria were only available from 2017 and 2015 respectively: more significant changes may have occurred in the initial phase of DI.

Figure 5: Percentage change in numbers of children in residential care and percentage change in number of children with disabilities, over the evaluation period



The difference in the rate of DI between children with and without disabilities, was borne out by qualitative data gathered across the evaluation countries, which confirmed that limited specialised services for children with disabilities in community settings, lack of family-based alternative care options, barriers to accessing inclusive education, and the persistent stigma around disability, together with a perception that institutions are the most suitable environment for children with disabilities, were all important factors. Other ‘hard-to-place’ groups identified by the evaluations included: ethnic minority children, and particularly Roma children; unaccompanied and asylum seeking children; children whose families live in extreme poverty; children in conflict with the law, or children with ‘delinquent’ behaviour; and, particularly in the case of Serbia and Tajikistan, boys.<sup>90</sup>

The impact of residential care on children in the early years is particularly problematic, and there is a strong global consensus that children under the age of three should only be placed in an institutional setting under the most exceptional circumstances.<sup>91</sup> Indeed, laws, policies and strategies in several of the evaluation countries, including Bulgaria, Montenegro and Serbia, establish prohibitions on placing children under three in institutions (albeit with some exceptions)<sup>92</sup> and reforms have focussed on reducing the numbers of children under three in residential care.

Table 8: Percentage reduction in children under three in residential care over the evaluation period

Bulgaria	Georgia	Moldova	Montenegro	North Macedonia	Serbia	Tajikistan
93% decrease (2010 to 2022).	No data	64% decrease (2014 to 2021).	92% decrease (from 28 to 2) (2010 to 2022).	71% decrease (from 69 to 20) (2015 to 2022)	No significant change (from 26 to 29) (2015-2021).	53% decrease (2015 to 2020). <sup>93</sup>

<sup>90</sup> The overrepresentation of boys in institutions is largely explained by the greater number of boys in education institutions for children and youth with behaviour problems, which is consistent with global trends whereby boys tend to be more involved in juvenile crime than girls, however the gender imbalance was found in other types of institutions in Serbia as well.

<sup>91</sup> See for example discussion in: United Nations Human Rights Office of the High Commissioner, Europe Regional Office, “The Rights of Vulnerable Children Under the Age of Three: Ending their placement in institutional care,” accessed at: [https://bettercarenetwork.org/sites/default/files/Children\\_under\\_3.pdf](https://bettercarenetwork.org/sites/default/files/Children_under_3.pdf)

<sup>92</sup> See for example: Bulgaria’s “Law on Social Services”, 2020; Serbia’s ‘Law on Social Protection, 2011’, and Montenegro’s “Law on Social and Child Protection.”

<sup>93</sup> TransMonEE.

As set out in table 3, all countries where data was available achieved significant reductions in the numbers of under-3s in residential care, with the exception of Serbia. The Serbia evaluation attributed this to the lack of sufficient family-based care alternatives, though it should be noted that the number of under-3s in residential care in Serbia is relatively low.<sup>94</sup> Tajikistan had the highest number of under 3s in institutions at the end of the evaluation period, at 201 in 2020, the last year for which data was available.<sup>95</sup> While the reorganisation of Tajikistan’s baby homes into Family and Child Support Centres<sup>96</sup> was a considerable achievement and has substantially improved outcomes for very young children, the evaluation indicates that a potential unintended consequence of the reforms is the placement of children under the age of four, for whom there is no possibility of reintegration with parents or wider family, into institutions intended for older children, due to the closure of the old-style baby homes and no effective foster care alternatives.<sup>97</sup>

### *Gender in residential care*

Gender-disaggregated data for the entire evaluation period across countries are unavailable, making it impossible to provide a comprehensive analysis of the results for girls and boys. However, findings suggest that in all countries, boys tend to outnumber girls in residential care, particularly in the earlier years, without a clear explanation for this trend. This pattern appears prevalent across the whole ECA region. A UNICEF study suggests that this trend predates the arrival of unaccompanied and separated refugee and migrant male children, noting its presence even in countries without a significant number of such children. However, no study has yet explained this phenomenon.<sup>98</sup> Notably, this gender discrepancy across countries has reduced over the last few years.

While boys outnumber girls in residential care overall, the type of institutions also plays a role in the gender imbalances. For instance, in Serbia, there is a greater number of boys in educational institutions for children and youth with behaviour problems, which aligns with global trends showing higher involvement of boys in juvenile crime.<sup>99</sup> Conversely, in Bulgaria, the share of girls is notably higher in crisis centres.<sup>100</sup> This underscores the nuanced relationship between gender and the specific functions of different care institutions within varying cultural and societal contexts.

## **5.2. Factors that influenced the effectiveness of deinstitutionalisation reforms**

Across the evaluation countries, it is clear that political will from national level government played an essential role in enabling change. Government engagement was particularly crucial in the initial years of the DI process, laying the groundwork for meaningful change, for instance through legal reforms, the development of action plans, or major decisions and commitments. The driving factors behind government support varied across contexts; in several countries, respondents identified particular individuals in government who pushed the reform agenda forward, while in others international and regional dynamics, such as the EU accession process, the provision of technical and financial support, or pressure from international human rights mechanisms served as an impetus for change. Conversely, in several countries, including Serbia, Bulgaria, North Macedonia, and Montenegro, a reduction in political will was found to stall or setback the reform process. Whilst in some cases this was the result of explicit

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<sup>94</sup> Hamilton C., Smith, A., Bina S., “Serbia Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022”, 2023

<sup>95</sup> TransMonEE Report 2021, Tajikistan.

<sup>96</sup> Family and Child Support Centres provide a range of services aimed at preventing the placement of children in residential care and supporting the reintegration of children under four into their families or kinship care.

<sup>97</sup> Raouf, A., Hamilton, C., and Cunliffe, A., “Tajikistan Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022”, 2023, p. 42.

<sup>98</sup> UNICEF Regional Office for Europe and Central Asia, TransMonEE analytical series: Pathways to Better Protection - Taking stock of the situation of children in alternative care in Europe and Central Asia, UNICEF, Geneva, 2024, p. 59.

<sup>99</sup> Hamilton C., et al. “Serbia Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022”, 2023.

<sup>100</sup> Hamilton C., et al., “Bulgaria Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022”, 2023, p.40.

changes in political priorities, the disruption caused by political transition was also found to impede reform. As a stakeholder in Montenegro explained:

*Political change has had a strong negative impact. We have stagnation of reform of the social and child welfare sectors because of the changing ministries: [responsibility shifts] from one to another, and the administrative procedures take too much time... and when we finally have a system in place, another party replaces staff in the Ministry, and the process starts all over again! It has a very negative effect on the whole system.<sup>101</sup>*

These disruptions highlight the importance of UNICEF's role in maintaining momentum and supporting continuity in the reform process, discussed in the relevance section above. Findings also demonstrate the importance of an active and engaged civil society in pressuring government and mobilising public support for reforms. Civil society was also found to play a key role in supporting the implementation of reforms, including through developing service models, piloting services, delivering capacity building, and facilitating the exchange of good practice from other contexts. For instance, in Moldova, a research participant noted that NGOs' stronger connections to local communities gives them a strategic advantage over national ministries in supporting local level reforms.<sup>102</sup>

In all evaluation countries, public attitudes and awareness emerged as a critical factor influencing the effectiveness of child care and DI reforms. Stakeholders across countries identified shifts in social attitudes as a significant achievement, particularly in relation to stigma around children with disabilities. The following excerpt, from an interview with a representative of an NGO in Bulgaria, is particularly illustrative: *"the most effective change is the fact that we started to speak publicly about disabilities. Because NGOs, media and to some extent politicians have already joined [the discussion]. Before it was something very secret. The biggest change is that families have overcome this shame of having a child with a disability"*.<sup>103</sup> Public attitudes were found to have important implications for a number of areas of reform, particularly foster care and inclusive education (see effectiveness of reforms to services at section 5.5 and 5.7, below).

While all evaluations recognised that progress in shifting negative public attitudes has been mixed, it is clear that some contexts have achieved greater attitudinal change than others, providing an opportunity to learn from the successes and challenges of different approaches. For instance, in Montenegro, two public awareness campaigns conducted by UNICEF were found to be effective in addressing discriminatory attitudes towards persons with disability and as well as changing public attitudes around fostering.<sup>104</sup> Yet the effects of both campaigns were found to fade over time, indicating a need for ongoing awareness raising work to support sustainable change in social attitudes. In Moldova, where ongoing advocacy by key focal points in central government, civil society and UNICEF was successful in mobilising support for reform, attitudinal change was also found to occur through incorporating community engagement into the broader reform process. For instance, the evaluation found that social service workers played a key role in influencing the attitudes and decisions of parents and carers through raising their confidence about their ability to care for their child and emphasising the importance of raising a child in a family. Finally, in Tajikistan, persistent attitudes among decision makers, and particularly institution staff, that residential institutions are the best solution when parents are unwilling or unable to care for their children, reinforces the need for awareness-raising work to engage with frontline child protection staff as well as higher level government and the general public.

### **5.3. Effective strategies and approaches for reform: lessons and challenges**

As is set out in the reconstructed Regional Theory of Change for child care reform (section 2.4), DI involves three fundamental components: the prevention of unnecessary separation of children from their families

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<sup>101</sup> KII with NGO service provider (details withheld to protect anonymity), Montenegro, 28 October 2022.

<sup>102</sup> Online interview with NGO service provider (details withheld to protect anonymity), Moldova, June 2023.

<sup>103</sup> KII with NGO service provider (details withheld to protect anonymity), Bulgaria, 01 August 2023.

<sup>104</sup> Hamilton C., "Montenegro Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023.

through family support services and other (targeted or specialised) community-based services; the placement of children who cannot be cared for by their families into alternative family-based care or small scale residential care; and the reintegration of children from institutions into their biological families. Ensuring that all three components are fulfilled in a particular country context requires a range of complex reforms across the child protection, health, education and social welfare systems.

In contexts where child care services have historically been concentrated in institutions, effective deinstitutionalisation requires: the establishment of a strong and effective social service workforce that can provide support to children and families within the framework of a broader child protection system; and the development of a continuum of services available at community level. Findings from all evaluation countries confirm that both areas of work are essential for effective deinstitutionalisation. Yet they also demonstrate that both require considerable time and resources, raising a number of challenges, particularly in relation to how reforms are to be paced and sequenced.

### *Barriers to (safe and effective) deinstitutionalisation*

One of the most challenging issues across the evaluation countries was how to pursue DI while services were in the process of being developed. In many countries findings clearly indicate that the failure to establish sufficient community based services, including family support services and other prevention services; family-based care services; and specialised services for children with disabilities, has served as a significant barrier to DI, particularly in the case of children with disabilities. This is illustrated in Serbia, where the numbers of children leaving residential care have remained relatively low throughout the evaluation period, for all children and particularly for children with disabilities.<sup>105</sup> In the words of one respondent, *“once children are placed in residential care, they don’t leave.”*<sup>106</sup> While some steps have been taken to improve prospects for reintegration, for instance by promoting the maintenance of contact between children in institutions and their parents, this has yet to translate into effective reintegration. Notably, social workers from Centres of Social Work, who are responsible for taking decisions on reintegration, are overburdened and lack the capacity to support the reintegration process adequately. The reluctance amongst social workers to deinstitutionalise children, and especially children with disabilities, also stems from a lack of confidence in family-based alternative care services and specialised services in the community. The Serbia evaluation concluded that, the common belief that children with disabilities will never be deinstitutionalised because families (biological, kinship or foster families) do not have the skills required to provide the same level of specialist care as an institution, is also likely to form a barrier to the DI efforts of the centre for social work workforce.<sup>107</sup>

Evaluation findings also indicate that there are problems with *how* DI of children has occurred. In all the evaluation countries, respondents expressed concern about a lack of adequate care planning, oversight and support for reintegration or alternative care placements, often due to the limited capacity and skills of social welfare services (see section 5.8) and by a lack of procedures and standards to guide the process. In several countries, large numbers of children were returned to their biological families in the context of institutional closures, with children viewed as having been moved out of institutions without proper planning and before adequate monitoring systems or support services had been established. As an NGO representative in Georgia reflected, *“although on the one hand [the closure of institutions] is very important, I still believe that sometimes haste can hurt this process... I saw children reintegrated in families in which they had not lived for a long time, and after the reintegration they were completely alienated from each other – even now I’m witnessing similar cases because we had to close the orphanage quickly!”*<sup>108</sup> The low level of monitoring of the placement post-reintegration with the resultant failure to intervene and offer services when the placement is at risk of breakdown has the potential to place the child at risk of re-institutionalisation at best and abuse, neglect or exploitation at worst. Due to the lack

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<sup>105</sup> The Republic Institute for Social Protection in Serbia, Report on the Work of Institutions for the accommodation of children and youth, p.15.

<sup>106</sup> FGD with representatives of Republic Institute for Social Protection, Serbia, 7 June 2023

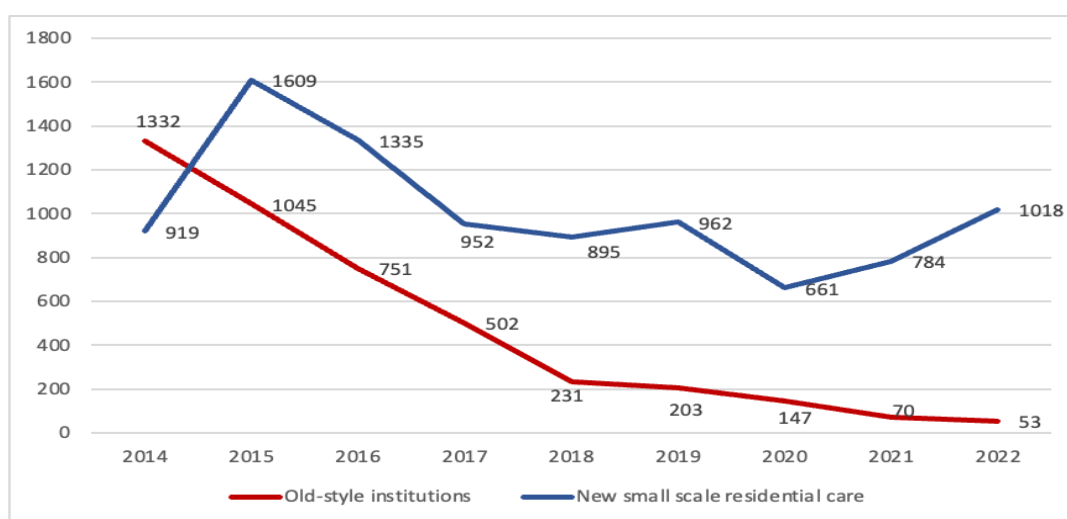
<sup>107</sup> KII with Centre for Social Work 2, Serbia, 6 July 2023

<sup>108</sup> KII with Head of State Care Agency, Georgia, 13 July 2023

of monitoring data on the outcomes of reintegration across the countries, the impact of these challenges is difficult to assess.<sup>109</sup>

### *The use of smaller ('temporary') residential institutions (small group homes)*

In light of these limitations, a number of countries adopted a deliberate strategy of moving children out of large scale residential institutions into smaller care facilities, so-called “family-type placement centres” (FTPCs) in Bulgaria, or small group homes in Georgia and North Macedonia. The case of Bulgaria is particularly illustrative. Over the period covered by the evaluation, a significant number of smaller residential care facilities were opened, including 266 new, smaller scale residential “family-type placement centres” for children with and without disabilities,<sup>110</sup> 16 transitional houses, and 19 crisis centres. In total, in 2022, 2,992 children and young people (out of which 1,902 children and 1,090 young people) were resident in 303 residential care facilities.<sup>111</sup> As set out in the chart below, the numbers of children placed in old-style, large scale residential institutions steadily reduced each year, but placements in new, smaller services have remained persistently high.



**Source:** Data provided by the Agency of Social Assistance (ASA) in September 2023 for the evaluation.

As the Bulgaria evaluation explains, FTPCs were intended to be temporary, providing an alternative to large scale residential care for “a short transitional stage, until developing a mature system.”<sup>112</sup> At the time of writing, however, there is no evidence that they are being phased out. On the contrary, as demonstrated in the chart above, there has been an increase in new placements in the last few years, from 661 in 2020 to 1,018 in 2022, surpassing the number of placements in other forms of alternative care. In addition to raising concerns about their permanence, the Bulgaria evaluation identified concerns about the quality of care provided in some FTPCs, with respondents describing conditions similar to the old-style institutions they sought to replace, such as rigid routines, lack of personalised care, limited opportunities for choice and agency and, in more isolated cases, mistreatment of children with

<sup>109</sup> Evaluations or research studies which considered the reintegration process and outcomes of reintegration were also extremely limited. A study on the ‘Quality of Life of Deinstitutionalised Children as an Outcome Measure of the Child Care System Reform in Georgia’, concluded that “the attempts to generate evidence about the outcomes of the reform and its impact on the engaged individuals are very limited”. The study drew on survey data to assess the quality of life of children reintegrated from residential institutions into their families between 2011 and 2012, but does not consider the degree to which monitoring of / follow up on reintegration placements occurred or the extent to which reintegration placements broke down. This was the only example of evidence focussing on the outcomes of reintegration identified by the Georgia evaluation report.

<sup>110</sup> The number of FTPCs was reduced from 283 to 266 in 2017. The Ordinance on Quality Standards for Social Services, adopted in 2022, provides that a FTPC should accommodate a maximum of 12 children down from the previous maximum of 15).

<sup>111</sup> Information provided by UNICEF Bulgaria on July 2024.

<sup>112</sup> UNICEF, Analysis of child protection system in Bulgaria, 2019, p. 72.

disabilities.<sup>113</sup> Bulgaria's strategy of relying on FTPCs rather than family-based alternative care has been controversial. While it has been defended as promoting a much higher quality of care for children than the large-scale institutions the FTPCs replaced, it has also been criticised for perpetuating the use of residential care and failing to deliver the 'family-type' care the FTPCs were originally intended to provide.

It is worth noting that even in countries that did not adopt a deliberate strategy of utilising small-scale forms of residential care to facilitate transition, this appears to have occurred as an unintended consequence of closing institutions without sufficient family-based alternative care options in place. For instance, in both Serbia and Tajikistan the evaluations identified trends whereby 'emergency' and 'short-term' accommodation became overcrowded with children who were moved out of residential care but could not be successfully reintegrated with their families or placed in alternative, family-based care. In some cases these children remained in such facilities for extended periods, despite the fact that such facilities are not intended to deliver long-term care. North Macedonia is notable as having taken a different approach. Rather than building or buying small group homes, a decision was made to rent apartments and use them as small group homes, when such accommodation was needed. This has provided flexibility, with evidence of closure of small group homes being closed and the lease surrendered, when no longer needed.

### *Effectiveness of gatekeeping*

In addition to DI, all countries have sought to reduce the flow of children into residential care institutions (i.e. gatekeeping). Yet, as is demonstrated by the chart below, which sets out the number of children entering residential care each year over the evaluation period, efforts to establish effective gatekeeping have had limited results. Data on children with disabilities entering residential care were more limited, but as with the general population of children, available figures don't reveal clear trends.

Findings suggest that establishing successful gatekeeping is a considerable challenge. This appears to be partially due to a lack of effective case management where there is a risk of family separation and partially due to insufficient family support services and community-based services to meet children's needs outside of an institutional setting. These gaps are particularly significant in Tajikistan where, despite progress in strengthening the legal and policy framework for deinstitutionalisation, including in relation to gatekeeping, challenges remain. Gatekeeping is managed by the guardian and trusteeship authorities and by the local child rights commissions who exercise the guardian and trusteeship functions in most but not all areas.<sup>114</sup> However, children also continue to be placed in residential care by the Ministry of Health, without first being referred to or subject to the regulations of the gate-keeping bodies. This challenge is exacerbated by the lack of social service workforce at the community level, the non-existence of foster care, and inadequate training and poor staff retention among gate-keeping authorities, which has undermined the quality of decision making and availability of prevention services. Meanwhile, as the evaluation noted, *"even where the Child Rights Commissions are aware of the importance of DI, the unavailability of family-based alternative care means that despite the best efforts of gate-keeping bodies, children whose parents or families are unwilling or unable to look after them continue to be placed in residential institutions."*<sup>115</sup>

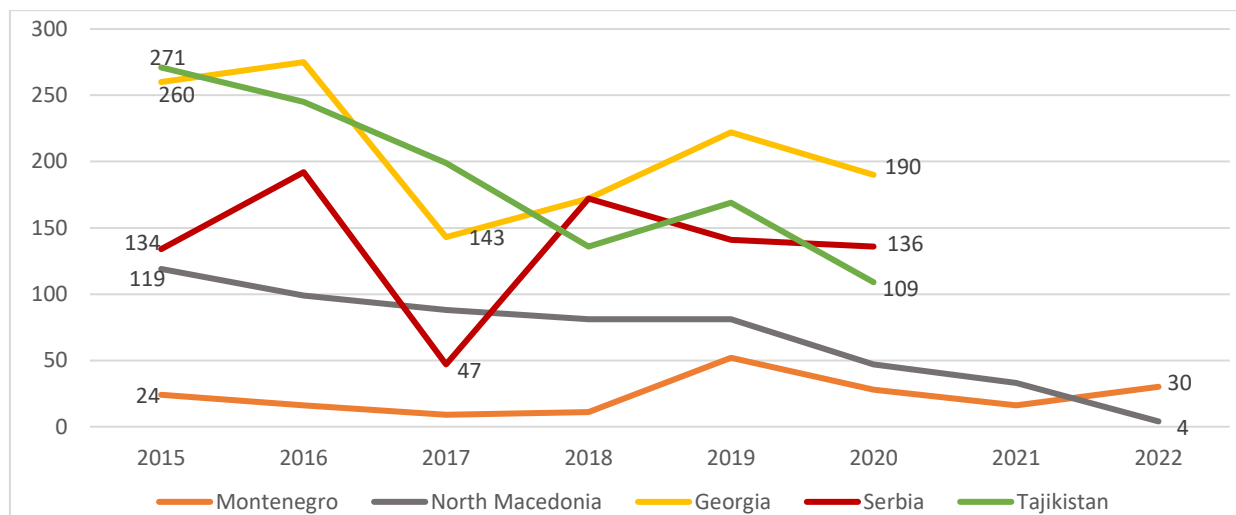
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<sup>113</sup> Hamilton C., et al., "Bulgaria Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023

<sup>114</sup> CRC Committee, Concluding Observations: Tajikistan, 29 September 2017, para. 7; UNICEF, Functional Assessment: Commissions on Child Rights and Child Rights Units at the district and province levels, April 2018, p. 19.

<sup>115</sup> Raouf, A., Hamilton, C., and Cunliffe, A., "Tajikistan Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023

Figure 6: Number of children entering residential care each year, by country<sup>116</sup>



On the other hand, the case of Moldova emerged as a good practice example, which demonstrates how reforms to strengthen the child protection system, including the development of procedures for child protection referrals and case management, gate-keeping mechanisms and social service workforce strengthening, contributed to more effective gatekeeping. According to the evaluation, “participants emphasised the value of working with parents and carers to support them in raising and caring for children, helping them to overcome their difficult life situations and thereby removing the “need” to place children in a residential institution”.<sup>117</sup> Moldova’s achievements were also recognised by the CRC Committee, which commended Moldova for its progress in implementing DI reforms, and particularly for the establishment of gatekeeping commissions and improvements in the quality of social services provided to families with children at risk, which have been key to effective DI.<sup>118</sup>

Several of the evaluations raised concerns that an unintended consequence of the reforms, with its emphasis on reducing numbers of children in institutions, may have resulted in a reluctance among practitioners to remove a child their home environment, even where this was harmful or abusive. For instance in Serbia, findings suggest that the emphasis on preventing family separation may have resulted in the use of “too high a standard” of harm being reached before removing a child. A group of stakeholders expressed concern that; “very often, children remain in such terrible conditions and... it is difficult to make a decision to separate a child from the family”.<sup>119</sup> Similarly, the Bulgaria evaluation noted concerns among social workers that child protection departments have become more hesitant about removing a child from the home environment even where it poses a serious risk, and observed that there was an overall reduction in the number of cases opened by child protection departments, which may reflect this trend.

#### 5.4. Effectiveness of DI reforms in strengthening and establishing services

*“One of the most significant bottlenecks to deinstitutionalisation and child care reform is the inconsistent availability and quality of community-based services to prevent family separation, support family reintegration and family-based alternative care.”<sup>120</sup>*

<sup>116</sup> The data is constrained by variations in how residential care is defined across different contexts as well as the time period for which data is available. Furthermore, different data sources have been used across countries. Data for Bulgaria was not available while data for Moldova was not comparable and thus not included in the chart.

<sup>117</sup> Raouf A., et al., “Moldova Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022”, 2023

<sup>118</sup> UN CRC Committee, Moldova Concluding Observations 2017, para. 26

<sup>119</sup> FGD with NGOs/CSOs (details withheld to protect anonymity), Serbia, on 30 May 2023.

<sup>120</sup> Raouf A., et al., “Moldova Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022”, 2023.

The previous sections have demonstrated the importance of establishing a strong continuum of services to support deinstitutionalisation, including: family support and other services to prevent unnecessary family separation; family-based alternative care services; and inclusive education and other specialised services for children with disabilities. Efforts to strengthen services across these three areas comprised a significant part of the child care reform process in each of the seven countries, as set out in their reconstructed theories of change. Yet the effectiveness of these reforms and the quality of the services was found to vary significantly, both across and within countries. Establishing high quality and accessible services appears to be a challenging process, which requires considerable time and investment to achieve successfully.

### 5.5. Effectiveness of reforms in establishing prevention services

Prevention of unnecessary family separation is a critical element of a successful DI strategy and a fundamental component of an effective child protection system. Reform efforts across the evaluation countries included the establishment of a range of services to provide support to families at-risk of separation,<sup>121</sup> including: social work case management to address underlying risk factors through family support work; community services / centres that provide child care and other support services in a non-residential setting; parenting classes and support programmes; and financial support (through social security allowances) to address underlying vulnerabilities and needs.

While a comprehensive assessment of support services was beyond the scope of the evaluation, several of the country reports did identify 'good practice' examples of prevention work. In Serbia, for example, the Family Outreach Service, which provided capacity building support to parents, and worked closely with families to overcome difficulties through concrete and tangible solutions, was found to be a highly effective prevention service model.<sup>122</sup> According to an evaluation of the service, it succeeded not only in preventing family separation and improving oversight of vulnerable families, but also in strengthening the capacity of the social welfare workforce.<sup>123</sup> In the words of one social service professional, *"the Family Outreach Service was the best thing that happened in these reforms...Everyone, all stakeholders, were happy with the Family Outreach Service."*<sup>124</sup>

In Tajikistan, the Ministry of Health and Social Welfare of the Population has funded a number of CSO-run day care centres, offering social and housing services; psycho-social services; socio-medical services; socio-pedagogical services and socio-legal services. In addition, participants working with Comprehensive Family and Child Support Units indicated that they are having a meaningful impact on preventing family separation. A respondent involved in respondent working within one Comprehensive Family and Child Support Unit explained their model to researchers through reference to a specific case:

*"The contribution of employees in preventing the placement of children with disabilities in permanent residence institutions is very large. For example, we worked with a family where a husband and wife divorced ..... The mother was not able to raise the children, she was depressed and heartbroken, she did not pay attention to the children, she intended to send her children to a boarding school. We started working with this woman and her children. The first assessment showed that the children had different abilities, but did not go anywhere other than school. We directed them to [a children's recreational centre]. The children began to participate in the meetings. A psychologist worked with the mother. The social worker also guided the mother. The mother got a job. The children stayed in the family. By involving children in society, we have prevented [family separation]."*<sup>125</sup>

The above examples illustrate how multidisciplinary, community-based centres or hubs which provide multiple family support services may be a particularly effective model for delivering prevention support.

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<sup>121</sup> This section addresses prevention services for the general population of children. Services focussed in particular on addressing the needs of CWDs are discussed separately below.

<sup>122</sup> Irima, R., and Isakov, A. B., Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with Focus on Child Care Reform in Serbia (2013-2017), 15 January 2018.

<sup>123</sup> Ibid.

<sup>124</sup> Group interview with Deputy, Head of Research, Head of Professional Training at Republic Institute of Social Protection, Serbia, 7 June 2023.

<sup>125</sup> KII with staff member, Comprehensive Family and Child Support Unit, Tajikistan.

This is consistent with existing evidence on best practice in prevention support models. For instance, a recent review of 136 family service interventions found that the most effective of these tended to have multiple components.<sup>126</sup> The review concludes that because multi-component interventions are able to address the multiple, complex and interconnected factors that make a child vulnerable to separation, they are better suited to deliver a holistic response that can respond to these.<sup>127</sup>

Yet despite the emergence of good practice examples of prevention work, evaluation findings indicate that effective prevention services were the exception rather than the rule. Across the evaluation countries, prevention services tended to be ad-hoc, with limited coverage and of inconsistent quality. Within countries, significant variations were found between different localities, reflecting differences in financial resources, technical knowledge and abilities; the strength of civil society and external support from development partners, with rural areas particularly underserved. This was the case even in countries where progress has been made in institutionalising services in law and policy. For instance in Serbia, despite the fact that prevention support is enshrined in the Law on Social Protection, and social workers actively recognise supporting parents and strengthening families as being within their mandate, respondents emphasised that; *“the biological family does not have enough support”*.<sup>128</sup> Similarly, in North Macedonia the Law on Social Protection 2019 places a duty on municipalities to provide social protection services, including: services for information and referral, professional assistance and support, counselling services, home-based assistance, community services, and out-of-family care services. Despite the legislation only a few of the services have been implemented.<sup>129</sup>

The lack of sufficient quality services is partly explained by insufficient and short term resourcing across the evaluation countries. Prevention services were found to be underfunded and/or reliant on short term support. As a result, services were unable to plan for the long-term or invest in developing human resources. Where strong models for prevention work were developed, they often lacked the resources to expand or were even forced to discontinue when funding ceased. This was the case with the Family Outreach Services in Serbia, which had stopped operating at the time of the evaluation due to the expiration of its funding source.<sup>130</sup> Given the challenges around prevention work, the failure to fund and expand an effective model is a missed opportunity and reflects a need for stronger strategic planning to address the underlying causes of family separation and, in particular, the delivery of prevention services.

Finally, and as will be explored further in the following section on reforms to the social service workforce, limitations in social work capacity and other systemic barriers were found to significantly undermine the ability of social work services to deliver effective prevention work, including case management and family support services. Findings suggest that, in the majority of countries, social work services are stuck in a ‘reactive mode’, responding to cases once they reach crisis point, and unable to deliver the proactive, ongoing work with families that is key to effective prevention. As discussed in the section on gatekeeping above, Moldova was an exception to this, where reforms to strengthen child protection case management were found to translate into effective social work to prevent family separation.<sup>131</sup> Yet, even in Moldova, services beyond a case management response appear to be underdeveloped. The evaluation concluded that despite a focus on “prevention services” at the policy level, there is limited understanding of what these services entail among practitioners, who tend to simply associate prevention services with cash support.<sup>132</sup>

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<sup>126</sup> Parenting Research Centre, University of Melbourne, *Review of evidence of intensive family service models* (2015).

<sup>127</sup> Parenting Research Centre, University of Melbourne, *Review of evidence of intensive family service models* (2015), p. 20.

<sup>128</sup> Focus-Group Discussion with S.O.S Children's Village Foundation of Serbia, Network of Organizations for Children of Serbia (MODS), Centre, Association of parents of children with developmental disabilities, Initiative for the Rights of Persons with Mental Disabilities (MDRI), Serbia, 30 May 2023.

<sup>129</sup> Instrument for Pre-accession Assistance (IPA), Mid-term evaluation report of the implementation of the National Deinstitutionalization Strategy.

<sup>130</sup> Hamilton C., et al., “Serbia Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022”, 2023.

<sup>131</sup> CRC Committee, Moldova Concluding Observations 2017, para. 26.

<sup>132</sup> Raouf A., et al., “Moldova Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022”, 2023.

## 5.6. Effectiveness of reforms in strengthening family-based alternative care services

Even with effective prevention services in place, there will always be some children who cannot live with their biological families, and require alternative care arrangements. Child care reform processes have included efforts to strengthen and establish family-based alternative care options. This has included piloting foster care services, increasing government budget allocations for foster care services, legislative amendments to enable and establish regulation for foster care, and training foster carers. Yet despite these efforts, as is demonstrated by table 4 below, trends in the number of children in foster care have been mixed.

Table 9: Percentage change in children placed in foster care during the evaluation period

Bulgaria	Georgia	Moldova	Montenegro	North Macedonia	Serbia	Tajikistan
28% decrease (2015 to 2021).	15 % increase (2015 to 2022)	79% increase (2014 to 2022).	688% increase (2010 to 2022).	10% increase (2009 to 2022).	6% increase (2010 to 2022).	No data available

Several of the evaluation countries, such as Bulgaria and Serbia, experienced an initial upsurge in foster care placements while foster care programmes were being developed and established, with annual placements later tapering off. It is possible that fewer annual placements reflect a reduced need for foster care due to more effective prevention work. However, in the countries where this trend was observed, evaluation findings indicate that it reflects challenges with the supply of foster care services rather than reduced demand. Indeed, challenges in recruiting, training and retaining foster carers emerged across all of the evaluation countries, creating significant barriers to the provision of effective foster care.

Evaluation findings point to several explanations for recruitment challenges. Stakeholders in Bulgaria, Montenegro and Moldova cited the lack of sufficient support for foster carers, including inadequate compensation and benefits: *“payments are viewed as too low and insufficient to cover the costs of the child and give them a decent quality of life, leaving the foster carer to bear the costs. Further, the levels of payment do not take into account the particular needs of children.”*<sup>133</sup> Other evaluations identified that negative perceptions of foster care have contributed to difficulties recruiting and retaining foster carers. In Bulgaria, the evaluation concluded that; *“foster carers are viewed as greedy or money-hungry individuals who are in the job only to exploit children for money.”*<sup>134</sup>

Interestingly, in Moldova, all of the foster carers who participated in the evaluation had either grown up in a residential care institution or had a family member (spouse or parent) who had done so.<sup>135</sup> These respondents described their personal motivation to support DI and provide vulnerable children with a family. Whilst this group of foster carers is not a representative sample, their perspectives indicate the need to develop strategies to motivate foster carers, and build a broader societal recognition of the value and importance of foster care.

Finally, a number of the evaluations raised questions about the effectiveness of foster care services themselves. In some countries, the breakdown of foster placements was reported to be a concerningly common occurrence. As a stakeholder in Serbia explained, *“some children in the preadolescent and adolescent period are removed from foster families and are re-institutionalised - they go back to the institution. These are children who are traumatised. Foster families aren’t capacitated to deal with trauma and complex problems. We have had several terminations of foster care. This is increasing compared to*

<sup>133</sup> Hamilton, C. “Montenegro Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022”, 2023, p. 44.

<sup>134</sup> Hamilton C., et al., “Bulgaria Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022”, 2023, p.40.

<sup>135</sup> Raouf A., et al., “Moldova Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022”, 2023, p.49.

*the number 5-10 years ago.*<sup>136</sup> The incidence of breakdowns is likely to indicate inadequate preparatory training and supervision support for foster carers and a lack of social work support for children in foster care and their foster families. The issue of breakdowns has received recent media attention in Montenegro, where, similarly, breakdowns have been attributed to a lack of adequate training and support.<sup>137</sup>

While delivering effective foster care services has proven difficult, developing specialised foster care for children with disabilities who require additional support has been an even greater challenge. Data on the numbers of children with disabilities in foster care across the evaluation countries is extremely limited, though in most countries the numbers remain very low (based on available data, Serbia and Georgia appear to have the highest numbers of children with disabilities in foster care). None of the evaluation countries were found to have a well-developed foster care system for children with disabilities, and attempts to establish this appear to have either been too limited or unsuccessful. For instance, in Montenegro, where foster carers of children with disabilities receive an enhanced payment but nothing more, data indicates that only two children with disabilities have been placed in foster care: one in 2021 and one in 2022<sup>138</sup>. In Serbia, UNICEF, MOLEVSA (the social welfare ministry) and the NGO Children's Heart collaborated to develop a specialised foster care model, resulting in the placement of a number of children with disabilities in foster care. Yet a significant number of these placements ultimately broke down, with children placed back in institutional care.<sup>139</sup>

In addition to addressing negative perceptions of foster care and improving financial and social work support for foster carers, evaluation findings indicate a need for: improved strategic planning on the development and expansion of foster care services;<sup>140</sup> secondary legislation to support the delivery of foster care and establish quality standards; and expanded social work support for all foster care, and particularly for foster care for children with disabilities (across all evaluation countries).

Unfortunately, an assessment of adoption services was not within the scope of this evaluation. However, evaluation findings indicate a need to strengthen domestic adoption. Several countries were found to have long and burdensome adoption processes, while in others, legal provisions that prohibit the adoption of children with parents or guardians have created barriers to adoption.<sup>141</sup> Finally, and perhaps unsurprisingly given the findings on foster care discussed above, encouraging domestic adoption of children with disabilities was found to be a significant challenge.<sup>142</sup>

## **5.7. Effectiveness of reforms in establishing services for children with disabilities**

Historically, across Eastern Europe and Central Asia, governments have relied on delivering social welfare, health, education and other specialised services for children with disabilities in an institutional context.<sup>143</sup> Indeed, at the beginning of the period covered by the evaluation, community-based services for children with disabilities were extremely limited across the evaluation countries. In order to fill this gap, child care reforms have focussed on strengthening and establishing specialised community-based services for this

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<sup>136</sup> Hamilton C., et al., "Serbia Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023, 209.

<sup>137</sup> Hamilton, C., "Montenegro Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023, p. 45.

<sup>138</sup> Data from the MoLSW provided by UNICEF Montenegro.

<sup>139</sup> Hamilton C., et al., "Serbia Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023.

<sup>140</sup> See for example, Bulgaria and Georgia Country Reports.

<sup>141</sup> See for example, Tajikistan, Serbia and North Macedonia Country Reports.

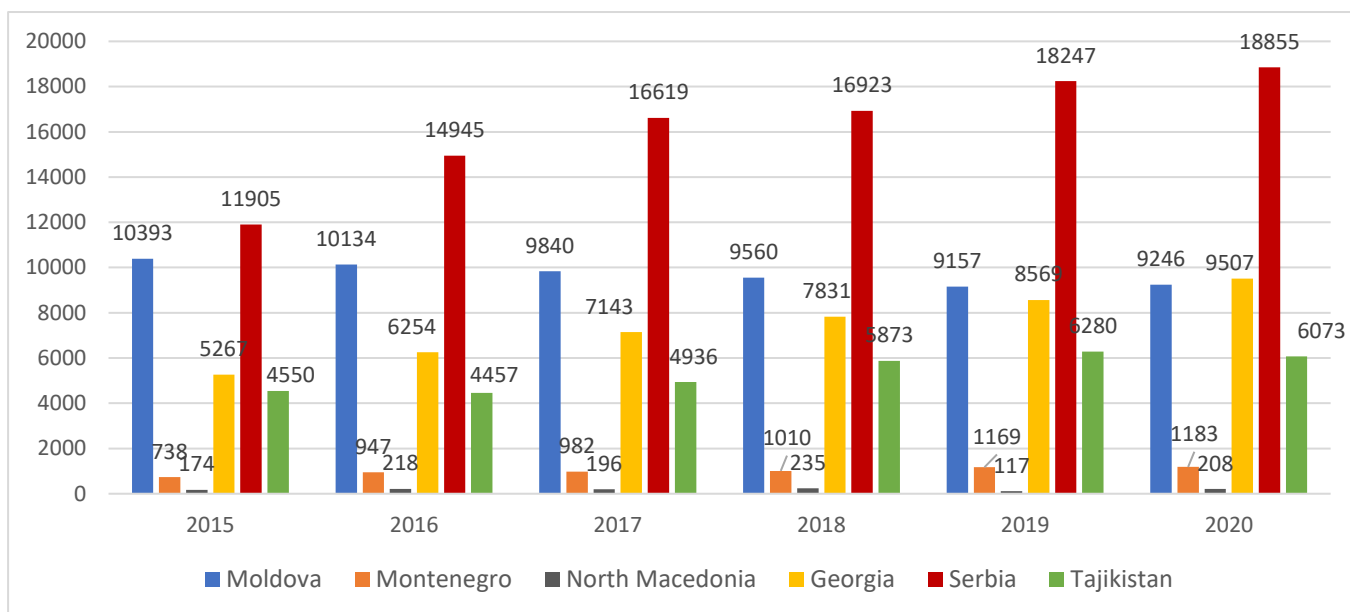
<sup>142</sup> As indicated by rates of domestic adoption across all six countries.

<sup>143</sup> Jones H., *Deinstitutionalization for Children with Disabilities: Technical Guidance for UNICEF's Engagement In National Reform Efforts*, 2019, accessed at: <https://www.unicef.org/eca/media/13271/file>.

group of children. A significant component of this work has involved transforming schools to provide 'inclusive education' to children with special educational needs.<sup>144</sup>

All seven evaluation countries have succeeded in expanding inclusive education over the course of the evaluation period, as demonstrated by the figures below. However, the data needs to be treated with some caution. It is not possible to determine how many of the children with special educational needs (SEN) now attending mainstream school are children with disabilities, as compared to children with learning disabilities (e.g. dyslexia) which do not otherwise impact on their ability to function. In Georgia, for instance, the 2014 census recorded that just over 4,500 children with SEN attended mainstream school. By 2022, the number of children had increased to 11,351,<sup>145</sup> but the data are not disaggregated by forms of disability. Further, meaningful comparisons cannot be drawn between countries as due to limitations in available data the changes reported below cover different time periods.

Figure 7: The inclusion of children with special educational needs and/or children with disabilities in mainstream education



These changes represent a significant departure from past practice, though the extent to which they have been effective in preventing institutionalisation and supporting DI is not generally available. The exceptions are Montenegro, where access to community based schooling was reported as resulting in a 64 per cent decrease in the number of children in residential institutions between 2010 and 2022,<sup>146</sup> and Moldova. Qualitative data from Moldova indicates that inclusion in mainstream education was a major reason why the numbers of children in residential institutions reduced so dramatically. This was enabled by legislation which placed a duty on the Ministry of Education requiring funds from closed residential institutions (mainly boarding schools) to be used for improving community-based services and inclusive education.

Prior to the availability of inclusive education, children with disabilities across all seven countries were unable to access education outside of an institutional context. As the Serbia evaluation concluded, "inclusive education (IE) for children with disabilities is a major factor in preventing institutionalisation, as without it, education is generally only available for this group of children in residential schools or

<sup>144</sup> It should be noted, that children with special educational needs will not necessarily fall within the definition of children with disabilities. For instance, children with mild to moderate dyslexia may be classified as having special educational needs but are able to function normally apart from being slow to read.

<sup>145</sup> UNICEF, TransMonEE Georgia 2023.

<sup>146</sup> Data obtained from UNICEF Montenegro, 2023.

*institutions.*<sup>147</sup> Qualitative data from the evaluations reinforces the significance of these achievements, with respondents celebrating the transformation:

*“If you look at it from the scope of 15-20 years ago, it's night and day - parents that have children with disabilities today, they can send their child to school. It's somewhat normalised... [T]he fact that kids are going to school, and that they can go, and they're accepted there and there are resources, and those resources are increasing, is a significant success. And I don't think you can ever diminish that, because it's incredibly meaningful and a parent that had a child at the age of five in 2004 would be shocked at what's available now in 2023”.*<sup>148</sup>

Yet the evaluations also identified a number of limitations in the quality of inclusive education, suggesting that significant work remains to be done across the evaluation countries. These include: insufficient specialised staff, or staff with inadequate skills and training; a lack of educational materials and physical infrastructure to ensure that schools are accessible to all children with a range of disabilities and special needs; and absent or inadequate systems of monitoring and oversight.<sup>149</sup> Transportation is also an issue.<sup>150</sup> Despite the efforts to increase inclusive education, only 65 per cent of schools in Georgia reported having students with SEN in their classes.<sup>151</sup> In Bulgaria, notwithstanding the efforts to increase inclusive education, only about half of children with disabilities are integrated into mainstream education and estimates place the number of children with disabilities out of school at 14,000.<sup>152</sup>

A further issue is the ‘invisibility’ of children with disabilities. While countries can provide data on the number of children with special needs enrolled and attending school, few are able to say how many children with disabilities or Roma children are out of school. In Moldova, the aim of the Education Code was to ensure the right to inclusive education for every child, irrespective of disability, in both public and private educational institutions at all levels. However, as highlighted by the Special Rapporteur on the rights of persons with disabilities, despite efforts to integrate children with disabilities into mainstream education, there are provisions within the Education Code regarding home schooling, which could potentially be misused to exclude children with disabilities from mainstream schools.<sup>153</sup> The increase in the number of children with disabilities attending mainstream school has been accompanied by a decrease in the number of children attending special schools, particularly residential special schools. In Bulgaria for instance, the number of special schools for children with intellectual disabilities reduced from 220 to 42, with the remaining schools transformed into centres for special educational support.<sup>154</sup> In Serbia, the number of children in primary special schools and special classes decreased as a result of reforms (from 5,348 in 2013 to 4,760 in 2017).<sup>155</sup> Although some residential, ‘boarding’ places remain, the majority of the special schools for children with disabilities have transformed into resource centres for mainstream schools or offer day time classes for children with severe disabilities who cannot attend mainstream school. Inclusive education is also supported in some countries by resource support centres based in the schools themselves or by specialist bodies. According to Moldovan government figures, there were more than 900 resource centres in mainstream schools in 2019 and more than 900 teachers were employed to support children with SEN.<sup>156</sup> In Georgia, three resource centres were established to

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<sup>147</sup> Hamilton C., Smith A., Bina S., “Serbia Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022”, 2023.

<sup>148</sup> FGD with the McLain Association for Children, Georgia, 26 July 2023.

<sup>149</sup> See for example: FGD with the McLain Association for Children, Georgia, 26 July 2023; Individual Interview with NGO service provider (details withheld to protect anonymity), Moldova, 22 June 2023; KII with NGO service provider (details withheld to protect anonymity), Tajikistan, 6 April 2023.

<sup>150</sup> FGD, the McLain Association for Children, Georgia, 26 July 2023.

<sup>151</sup> Coalition for Children and Youth, List of Issues Prior to Reporting, 2021.

<sup>152</sup> UNICEF, Inclusive Education. Available at: <https://www.unicef.org/bulgaria/en/inclusive-education-and-early-learning>.

<sup>153</sup> Devandas-Aguilar C., UN Human Rights Council, Report of the Special Rapporteur on the Rights of Children with Disabilities on her Mission to the Republic of Moldova, 2 February 2016

<sup>154</sup> UNICEF, National report on Inclusive Education in the Republic of Serbia, 2019-2021, <https://www.unicef.org/serbia/publikacije/nacionalni-izvestaj-o-inkluzivnom-obrazovanju-u-republici-srbiji-2019-2021>.

<sup>155</sup> Quality Inclusive Education in Serbia, SDG 4: [https://unece.org/fileadmin/DAM/RCM\\_Website/SDG\\_4-1\\_Serbia.pdf](https://unece.org/fileadmin/DAM/RCM_Website/SDG_4-1_Serbia.pdf). But the number of students in special secondary schools increased from 1,993 in 2019 to 2,320 in 2021.

<sup>156</sup> Committee on the Rights of Persons with Disabilities, Combined second and third periodic reports submitted by the Republic of Moldova under article 35 of the Convention pursuant to the optional reporting procedure, due in 2020, para. 151.

support children with disabilities in inclusive education. Further, resource centre satellite units have been established in seven mainstream schools. In North Macedonia, special schools were converted into resource centres, though due to the limited number of resource centres, children living in rural areas continue to face challenges accessing them.<sup>157</sup> Additionally, existing special classes in mainstream schools have been transformed into Centres for Learning Support for students with disabilities.<sup>158</sup> As well as resource centres, a number of countries have established and implemented programmes to promote inclusive education by supporting teachers and children over the evaluation period,<sup>159</sup> with training manuals produced<sup>160</sup> and training provided to teachers.<sup>161</sup> Other support has included the development of inclusive education resources and the appointment of assistance to teachers (Bulgaria, Moldova, Montenegro, North Macedonia, and Georgia).

In addition to inclusive education, specialised services for children with disabilities envisaged by reform plans have included: disability allowances and other social protection support; specialised day care centres for children with disabilities; physiotherapy and other rehabilitation services; specialised health services; social welfare and psychosocial support; and home-care or personal assistant services. These are all essential forms of support for families of children with disabilities. However, as with community-based services for the general population of children, availability of these services was found to be inconsistent at best across the evaluation countries. Services for children with severe or complex disabilities were found to be particularly limited. Evidence from the evaluation countries demonstrated that the unavailability of specialised services for children with multiple or more complex disabilities continues to pose significant barriers to DI, with institutions catering to this population of children often among the last institutions to remain open.

The funding of community services is a particular challenge. Decentralisation in some countries has resulted in a lack of clarity on responsibility for funding services (i.e. national or local government), or differential funding (and provision) depending upon the decisions of the particular local government authority.<sup>162</sup> In other countries failure to fully fund services, often provided by NGOs, creates financial uncertainty, with resulting high staff turnover and the employment of cheaper, unqualified staff, which in turn impacts on the quality of service that can be offered.<sup>163</sup>

While all countries mentioned the provision of counselling services, there would appear to be little provision of specialised counselling for children with emotional and behavioural difficulties, and no data on the provision of such services. The lack of such services contributed to children staying longer in small group homes than might be necessary or placed in other unsuitable facilities.

### **5.8. Effectiveness of DI reforms in strengthening the social service workforce**

In recognition of the importance of strong social work capacity to DI, child care reforms across the countries have included significant efforts to strengthen the social service workforce. Reform efforts have included trainings for frontline workers on topics related to DI, such as case management, early-identification of risk, family support, reintegration, and foster care, which have incorporated messages on the importance of promoting a family environment for children, and tackling stigma faced by children with disabilities. Reforms have also involved systems level changes, including the development of in-service and pre-service training programmes, the introduction of qualification requirements, the development of guidelines for service delivery, and structural changes to the governance and administration of social work.

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<sup>157</sup> KII with staff from Ministry of Education, Skopje, 22 March 2024.

<sup>158</sup> Article 18 and Concept for Inclusive Education.

<sup>159</sup> E.g., Regional support for Inclusive Education and the Democratic School Culture.

<sup>160</sup> E.g., Working with Children with Autism, Guide for Working with Students with Intellectual Disabilities.

<sup>161</sup> Montenegro, Inclusive Education Strategy 2019 -2025.

<sup>162</sup> Hamilton, C. "Montenegro Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023, p. 44.

<sup>163</sup> The McLain Association for Children, Supporting the Development of Quality Day-care Centres for Children with Disabilities in Georgia, 2017.

While significant progress has been made across the seven evaluation countries, particularly through the introduction of quality control measures such as training requirements, licensing procedures, good practice guidelines and improved working methods, the impacts of reforms were found to have been undermined by capacity challenges. This was the case across all countries, with several evaluations noting that despite the successful delivery of activities, the effectiveness of reforms in strengthening workforce capacity has been limited. Even in Montenegro, where the number of professional social workers employed in centres for social work increased by 53 per cent between 2011 and 2018<sup>164</sup>, the evaluation concluded that demand for services has continued to exceed social workers' capacity to provide support. As one respondent summarised:

*There is a mismatch: a limited staff and an immense caseload – the duties surpass the capacity and skills available so staff are limited in what they can do ... we have seen an increase in a number of obligations assigned to the centres' social workers. They need to be relieved of the administrative tasks so they can deal with everyday problems and provide their professional knowledge and skills.*<sup>165</sup>

Indeed, evaluation findings noted the many responsibilities with which social workers are burdened, including administrative tasks; distribution of social security payment; and responsibility for responding to diverse vulnerabilities and needs, including those of the elderly and persons with disabilities, as well as children. In several countries, these challenges were heightened by an uneven geographic distribution of social welfare capacity, with rural areas particularly underserved.

In North Macedonia the issue of case-management in centres for social work is exacerbated by the allocation of cases to lawyers, pedagogues and psychologists who have not received social work training and who do not possess social work skills,<sup>166</sup> raising serious concerns about risk identification, prevention, and effective care planning.<sup>167</sup>

Challenging and unsustainable working conditions have led to high turnover; as a respondent in Bulgaria observed, *“the overload is huge and the responsibilities are huge as well. And this results in quite a significant turnover in the child protection departments. In the child protection departments that I constantly communicate with and work with, they have vacancies all the time.”*<sup>168</sup> High turnover in social workers was also found to result from low pay and a lack of professional support, which has contributed to a broad perception across countries that social work is not a desirable profession. Indeed all evaluations emphasised challenges in recruiting and retaining social workers.

The challenges discussed above are not unique to the region; social services are chronically overburdened and underfunded across the globe.<sup>169</sup> Yet they have had significant implications for the child care reforms in the evaluation countries. Government investments in training, qualification programmes and certification processes are undermined when staff cannot be recruited or retained. Furthermore, as noted in Montenegro, *“the overload of case work on social workers diminishes the time they can spend on complex cases where children and families are at risk of separation or the child is in need of protection.”*<sup>170</sup> Similarly, the Tajikistan evaluation found that insufficient social work capacity has undermined the quality of child protection services, such as gatekeeping, and had obstructed the implementation of new tools and frameworks. Georgia's theory of change for child care and DI reform explicitly identifies *‘the quality of social work’* as a barrier to the achievement of outputs, outcomes and ultimately impact. And the Serbia evaluation concluded that the lack of sufficient capacity in centres of

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<sup>164</sup> UNICEF, “Analysis of the work of the centres for social work in Montenegro”, 2018, accessed at: <https://www.unicef.org/montenegro/media/9551/file/MNE-media-MNEpublication506.pdf>

<sup>165</sup> KII with Protector of Human Rights and Freedoms of Montenegro (Ombudsman), 28 October 2022.

<sup>166</sup> The Law on Social Protection 2019 Article 4 and the Rulebook on Case Management Article 2, includes the same definition.

<sup>167</sup> FGD with social workers 27 March 2024, Skopje, North Macedonia.

<sup>168</sup> KII with sub-national stakeholder, Bulgaria, 2023.

<sup>169</sup> See for example: Global Social Service Workforce Alliance, “State of the Social Service Workforce Report: A decade of progress, a future of promise,” 2023, accessed at: [https://bettercarenetwork.org/sites/default/files/2024-01/2023\\_state\\_ssw\\_report-compressed\\_0\\_1.pdf](https://bettercarenetwork.org/sites/default/files/2024-01/2023_state_ssw_report-compressed_0_1.pdf).

<sup>170</sup> Hamilton C., “Montenegro Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022”, 2023.

social work “remains one of the most important barriers to accelerating deinstitutionalisation in Serbia”.<sup>171</sup>

### 5.9. Effectiveness of systems for monitoring and reporting on DI reforms

The attention given to reporting on the results of DI reforms was found to vary significantly across the evaluation countries. In Bulgaria, on the one hand, monitoring bodies were established at national, regional and municipal levels to oversee the deinstitutionalisation process and report on the implementation of the Action Plan for the implementation of the “Vision for the Deinstitutionalisation of Children in Bulgaria”. On the other hand, in Moldova, a Mid-Term Evaluation of UNICEF’s programming concluded that there was no mechanism or coordination body in place to track the implementation of its Child Protection Strategy or Action Plan, and that the lack of a comprehensive M&E framework limited the possibility of rigorously assessing the DI process.<sup>172</sup> In several other countries, such as Montenegro, monitoring was found to be occurring in an unsystematic and uncoordinated way, with different ministries and other bodies monitoring particular aspects of the reform process.

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. None of the countries were found to have reliable, comprehensive and coordinated administrative data systems in place. Common challenges include inconsistencies and inaccuracies in available data, incomplete data and data gaps, poor coordination and data sharing among relevant services providers, a lack of data on community based and specialised services and, concerningly, a lack of disaggregated data. In many countries, these limitations reflect limited capacity among government authorities and service providers to implement data systems, particularly in rural provinces, or at district or local levels. 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.

These limitations have restricted possibilities for ensuring that DI reforms are evidence based, with implications for the effectiveness of programming. Across the evaluation countries, there was little indication that evidence was being used in a systematic way to inform changes or adjustments to DI. This gap was recognised by key stakeholders, as demonstrated by the following excerpts from Montenegro and Georgia:

*Whenever we establish a service, it is marked as a success, but it is not coupled with a qualitative assessment of the quality of the service, so we have discrepancy between what is proclaimed as having been achieved and the actual quality of the services.*<sup>173</sup>

*There were flaws: there was no systematic research and evaluation of this reform... There was not a good, in-depth study on how the reform is going, follow-up and monitoring of the reform - what worked and what didn't work out at every stage. It wasn't well researched, you know. It was a kind of euphoria, we were in shock, look at what we are doing! We are closing big orphanages, we have reintegration, we have foster care... and then we stopped there. We thought that this will develop with its own momentum. Programmes with such heavy and complete topics are not developed so easily. We lost our vision, there was no follow-up. The State did not keep its finger on the pulse.*<sup>174</sup>

It is promising to note that in the majority of countries improvements in data systems have been made over the evaluation period. Furthermore, as suggested by the above quotes, the evaluations found a growing recognition of the importance of results monitoring and increasing demand for high quality data among government authorities and their partners. Indeed, a number of countries, particularly Serbia, Moldova, and North Macedonia are prioritising strengthening data systems in future reform efforts:

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<sup>171</sup> Hamilton C., Smith A., Bina S., “Serbia Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022”, 2023.

<sup>172</sup> UNICEF Mid-Term Evaluation, 2021, pp. 76 and 90; Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, p. 45 and 47.

<sup>173</sup> KII with Protector of Human Rights and Freedoms of Montenegro (Ombudsman), 28 October 2022

<sup>174</sup> KII with Head of State Care Agency, Georgia, 13 July 2023

through the development of a digital case management system for Centres for Social Work in Serbia; a USAID project to strengthen national data monitoring mechanisms in Moldova;<sup>175</sup> and in North Macedonia, support from UNICEF to centralise data on children with disabilities and promote intersectoral collaboration.<sup>176</sup>

## 6. Efficiency

*\*\*Unfortunately, an analysis of the cost-effectiveness of deinstitutionalisation was not possible due to limited access to budget information on child care reforms and services across the evaluation countries.*

### 6.1. Resourcing of deinstitutionalisation reforms

Existing evidence suggests that DI can be an efficient policy in the long-term. The provision of community-based child care services has been shown to be more cost-effective than models where resources are concentrated in institutions.<sup>177</sup> However the shift to a community-based approach inevitably involves transition costs related to the establishment of new services and strengthening of the social service workforce.

Bulgaria, Georgia, and Moldova adopted an explicit strategy of reallocating resources from institutions in order to fund reforms.<sup>178</sup> For instance, the Moldovan Government passed regulations to redirect financial resources from residential institutions to a minimum package of social services and inclusive education services, including services established during the evaluation period to support DI.<sup>179</sup> Human resources were also reallocated in Moldova, with staff from institutions retrained and transferred to new services developed as part of the reform process.<sup>180</sup> Yet evaluation findings reveal that the reallocation of resources did not occur consistently throughout Moldova, a challenge which has been recognised by the Moldovan government<sup>181</sup>, and which has resulted in considerable discrepancies in the distribution and quality of services.<sup>182</sup> Similarly, in North Macedonia, the 2018-2027 DI Strategy envisions decentralised funding for new services, with funds previously allocated to institutional care gradually shifted to community-based care. One of the main principles of this transformation is that "money follows the user". However, to date there has been little progress in decentralised funding for community-based services and the "money follows the user" principle is currently lacking in the existing service system.<sup>183</sup>

Information on the redistribution of funding was limited across the evaluation countries, making it difficult to analyse how resources were used. Furthermore, evidence from the evaluations suggests that most countries relied on external funding to 'kick-start' the DI process while budget transition was occurring. For instance, the Bulgaria evaluation found that, "*cross financing from different EU structural funding pots has been vital to enable rapid closure of the institutions, which in turn has freed up resources to be funnelled into family and community-based services.*"<sup>184</sup> The reliance on external funding support may, unexpectedly, have undermined planning for financing reforms, discussed further below. As a stakeholder in Montenegro summarised, "*the strategies and legislation are in a good place, but from the*

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<sup>175</sup> Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, Moldova, November 2020, p. 11.

<sup>176</sup> UNICEF North Macedonia, Census for children – Data on children in alternative care, Expert meeting on statistics on children, Geneva, Switzerland, 4–6 March 2024.

<sup>177</sup> See for example: UNICEF ECARO, "White Paper: Development of foster care in the Europe and Central Asia Region".

<sup>178</sup> See for example Bulgaria, Georgia and Moldova Country Reports.

<sup>179</sup> See Moldova Government decision Government Decision No. 351/2012, Regulations for the redirection of financial resources from the reform of RIs towards a minimum package of social services and inclusive education services, para. 7.

<sup>180</sup> Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, p. 12.

<sup>181</sup> UNICEF Moldova Mid-Term Evaluation, 2021, p. 73; KII, NGO, Moldova, 23 June 2023; Individual Interview, TSSA, Moldova, 13 June 2023; Individual Interview, NGO, Moldova, 22 June 2023.

<sup>182</sup> UNICEF Moldova, Situational Analysis of Children and Adolescents in Moldova, March 2022, p. 12; Individual Interview, international organisation, Moldova, 4 July 2023.

<sup>183</sup> Instrument for Pre-accession Assistance (IPA), Mid-term evaluation report of the implementation of the National Deinstitutionalization Strategy, page 46.

<sup>184</sup> Hamilton C., Lord R. and Baldzhieva M., "Bulgaria Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023, p. 51.

*start the big challenges were implementation, in that the plans were not costed. Usually, funds would be provided from the donor funds which means the expected strategies were not directly linked with the government or implementation body*".<sup>185</sup> This also reflects findings from other countries, where reliance on external support for reforms appears to have contributed to governments' failure to take responsibility for financing these in the longer term.

Finally, it is important to acknowledge that DI reforms were found to be under resourced across all of the evaluation countries with implications for the effectiveness of DI. As discussed in the effectiveness section, the lack of sufficient human resources (particularly social workers), financial resources and infrastructure to support DI, particularly in rural areas,<sup>186</sup> emerged as a significant challenge across all seven evaluation countries. As the Montenegro report aptly summarised: *"despite the increase in the number of social workers appointed to the social work centres, the human resources available are not sufficient to accomplish all the duties contained in the Law on Social and Child Protection and accompanying secondary legislation."*<sup>187</sup>

Concerningly, evaluation findings reveal several cases where governments have continued to invest in large scale institutions.<sup>188</sup> While these investments may improve conditions for children in institutions, they are ultimately undermining the goals of deinstitutionalisation by absorbing resources that could be invested in the development of alternative services. This suggests that insufficient resourcing for DI may reflect an inefficient use of resources rather than simply a lack of government funding.

In several of the evaluation countries, resource gaps were found to be linked to a lack of effective planning for how DI would be resourced. For instance, the Serbia evaluation concluded that *"a start-stop-start approach to the reforms, and particularly to allocation of funding, has resulted in inefficiencies,"*<sup>189</sup> described by one stakeholder as *"the collapse of everything that was done."*<sup>190</sup> Similarly, the Tajikistan evaluation observed that policies, strategies and action plans for DI lacked information on the redistribution of funds, indicating poor financial planning. It noted that in 2010 the CRC Committee recommended that Tajikistan strengthen *"the capacity of public officers in budgeting, planning, monitoring and evaluating the impact of the investments at the central and local levels"*.<sup>191</sup> The CRC Committee echoed recommendations to strengthen child rights-based budgeting in 2017. The evaluation found little evidence of progress in this area. Poor planning around the distribution of resources has also been acknowledged as a challenge in Bulgaria, and improved needs-based planning is envisaged as part of upcoming social service reforms.<sup>192</sup> It is clear that across the evaluation countries improved planning regarding resource allocation should be prioritised in order to promote efficient and effective reforms.

## **6.2. Administrative structure for child care services**

Evaluation findings also highlight how inefficiencies in the administrative structure for child care services can have implications for the effectiveness of reforms. For instance, in Serbia, where responsibility for child care services is split between the Ministry of Labour, Employment, Veterans and Social Affairs, and the newly established Ministry of Family and Demography, the requirement to report to two ministries was found to create a particular burden for service providers, who struggled to navigate confusion around

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<sup>185</sup> KII with Ombudsman, Podgorica, Montenegro.

<sup>186</sup> See for example, Serbia, Georgia and Tajikistan Country Reports.

<sup>187</sup> Hamilton, C., "Montenegro Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023, p. 47.

<sup>188</sup> Hamilton C., et al., "Serbia Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023, 48.; Interview, staff, special vocational school, Tajikistan.

<sup>189</sup> Hamilton C., et al., "Serbia Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023, 48.

<sup>190</sup> FGD with Republic Institute of Social Protection, Belgrade, Serbia, on 7 June 2023.

<sup>191</sup> CRC Committee, Concluding Observations: Tajikistan, 2010, para. 15.

<sup>192</sup> Hamilton C., et al., "Bulgaria Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023, p. 52.

reporting requirements and division of responsibility.<sup>193</sup> The Serbia evaluation also found structural inefficiencies in the delivery of family-based alternative care services. While Centres for Foster Care have responsibility for recruitment and the provision of training, monitoring and support to foster and kinship families, payments to carers are administered by Centres for Social Work, resulting in coordination challenges, including delays in the administration of payments to foster carers. Additionally, in several countries, burdensome administrative requirements were found to lead to inefficiencies in service provision. The complex licensing system in place in Montenegro was found to create a significant burden for service providers, leading municipalities to opt for simply providing vulnerable families with one-off support rather than funding ongoing services.<sup>194</sup>

Evaluation findings highlight a number of challenges with decentralised models of service delivery. Decentralised approaches to budgeting and planning have certain advantages, such as making funding more flexible and allowing authorities to focus resources on local priorities. However in several countries decentralisation was found to contribute to disparities in the quality of service provision between different localities.<sup>195</sup> In Moldova, the failure of some local authorities to prioritise child care services led the government to recentralise responsibility for funding social services, with the hope of achieving adequate resourcing across the country.<sup>196</sup> In other contexts, budget allocations provided by central government were found to be insufficient to cover the cost of services, requiring local governments to rely on additional funding sources.<sup>197</sup>

#### **Case Study: Georgia's voucher system**

The Government of Georgia has employed an innovative model for outsourcing the provision of services such as day care centres and small group homes to private providers.<sup>198</sup> Rather than funding providers directly, families with eligible children are issued with vouchers which they then use to pay the service of their choice. While the voucher model was intended to promote the quality and efficiency of service provision by creating a competitive market and supporting families to choose the service most suitable to their needs, it was found to be an ineffective model for funding child care services in practice. NGOs participating in the scheme emphasised that their services are significantly underfunded, and that they require supplementary funding to cover costs.<sup>199</sup> The model has failed to create conditions for high quality services, as NGOs struggle to deliver on a limited budget, with little certainty about the availability of future funds.

## **7. Coherence**

### **7.1. Coordination mechanisms and their effectiveness**

Implementing a comprehensive child care and DI reform requires strong collaboration and coordination across government ministries, bodies and agencies, including social welfare, health and education, as well as effective collaborative working arrangements between government and non-government actors. Without effective coordination there is a risk that the reforms will be fragmented and incomplete.

While all the countries have established some form of national level coordination mechanism for the child care reforms during the evaluation period, maintaining these bodies over the long-term has proved challenging. Many of the bodies have been short-lived, have duplicated the roles of other already established bodies, have been unable to maintain their dynamism and fallen into disuse. In the case of others, their remit has been wider than the child care and DI reforms and has covered children's rights

<sup>193</sup> Hamilton C., et al., "Serbia Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023, 48-49.

<sup>194</sup> Hamilton, C., "Montenegro Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023, p. 48.

<sup>195</sup> See for example: Georgia and Moldova Country Reports.

<sup>196</sup> Raoof, A., Hamilton, C., Bina, S., Cheianu- Andrei, D., "Moldova Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023, p. 57.

<sup>197</sup> See for example: Bulgaria Country Report.

<sup>198</sup> KII, State Care Agency, Tbilisi, Georgia.

<sup>199</sup> Interviews with NGO service providers, Georgia.

or child welfare generally. A further challenge has been the turnover in personnel over time, an inevitability given the long-term nature of the reforms. This too, has had an impact on continuity of the reforms. Last, but by no means least, political change has at times affected the nature and status of the bodies, with changes in ministerial responsibility or de-prioritisation of the reforms.

Moldova provides an interesting example of effective coordination, despite facing some challenges. Between 2007-2015 several national-level coordination mechanisms were established with UNICEF's support to lead the DI reforms. The main mechanism was the Coordination Council for the Reform of the Residential Child care System, which was led by the Ministry of Education and Research (MoER) and UNICEF and involved the Ministry of Labour and Social Protection, the Ministry of Finance and key child care NGOs. UNICEF also financed a reform unit in the MoER which transferred resources from its residential institutions to develop inclusive education.<sup>200</sup>

A further body, the National Council for the Protection of Children's Rights, already existed at the time the Coordination Council was formed, having been established in 1998. However, this body has undergone periods of inactivity. It was reactivated in 2010 and again in 2023.<sup>201</sup> The original regulations required local public administration authorities to establish local councils for child protection to coordinate activities concerning children and families, implement special assistance measures for children with special needs and supervise services for raising and educating children delivered by the authority.<sup>202</sup> The Council's 2023 regulations affirm its mandate to coordinate and monitor the implementation of national policies and international treaties relating to child protection.<sup>203</sup>

Key line Ministries involved in the reforms have been and continue to be members of the National Council for the Protection of Children's Rights, including those who were members of the Coordination Council.<sup>204</sup> The National Council has had several working groups, including a short-lived working group on the implementation of the development programme for inclusive education and activities for the DI of children, established in 2014,<sup>205</sup> but no longer functioning.

In terms of the effectiveness the inter-sectoral coordination, particularly through the Coordination Council for the Reform of the Residential Child care System, have been essential for DI.<sup>206</sup> The effectiveness of the Coordination Council has been particularly notable given the overlap and duplication in the coordination of responsibilities and activities, which were seen by the CRC Committee as a barrier to child care reform at the outset of the evaluation period.<sup>207</sup> The Coordination Council was singled out by evaluation participants as being particularly effective, due to the inclusion of a coordinator located in the Presidential office on the Council, which helped secure buy-in for the reforms at the highest political level, as well as the inclusion of the Ministry of Finance.<sup>208</sup>

In other countries the coordination mechanisms have been far weaker. Evaluations of the reforms in Georgia in 2012 and in 2020 noted the insufficient coordination and lack of synergy between services, creating key bottlenecks in the reforms. In Serbia, while the centres for social work and the centres for foster care coordinated with CSOs at local level to provide support to children in the social protection

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<sup>200</sup> Moldova, Stakeholder consultation and written comments, January 2024.

<sup>201</sup> Website of the National Council for Child Rights Protection, About the Council, accessed on 16 November 2023 from <https://cnpdc.gov.md/en/content/about-council>; Regulations of the National Council for the Protection of Children's Rights, adopted in 1998, paras. 5 and 6.

<sup>202</sup> Moldova, Regulations of the National Council for the Protection of Children's Rights, adopted in 1998, para. 16.

<sup>203</sup> Moldova, Regulations for the National Council for the Protection of Children's Rights 2023, approved by Government Decision 338/2023, para. 2.

<sup>204</sup> Website of the National Council for Child Rights Protection, About the Council, accessed on 16 November 2023 from <https://cnpdc.gov.md/en/content/about-council>; Government Decision 338/2023, Annex 1.

<sup>205</sup> Website of the National Council for Child Rights Protection, Coordination of the implementation of the development programme of inclusive education and the activities of deinstitutionalisation of children, accessed on 16 November 2023 from <https://cnpdc.gov.md/en/grupul-de-lucru/coordonarea-implementarii-programului-de-dezvoltare-educatiei-incluzive-si>.

<sup>206</sup> Hope and Homes for Children, Lumos and CCF Moldova, EU Support for Care Reform for Children in Moldova in the 2021-2027 Period, November 2020, p. 3.

<sup>207</sup> CRC Committee, Concluding Observations 2009, "Coordination".

<sup>208</sup> Individual Interview, international organisation, 4 July 2023.

system,<sup>209</sup> poor coordination between government and NGOs has been highlighted as an obstacle to reforms.<sup>210</sup> The evaluation of Tajikistan's reforms also found weak coordination. Although a national Child Rights Commission was established in the evaluation period with membership from relevant national ministries and representatives of civil society, its impact has been constrained by limited human, financial and material resources. In Bulgaria, although an Interdepartmental Management and Coordination Working Group was established between key ministries as part of the 2010 Action Plan, coordination has faced challenges. The 2016 Action Plan acknowledged the need for a much clearer definition of the specific responsibilities, commitments, and activities of each institution at the national, regional, and municipal levels.<sup>211</sup>

Overall, while a coherent governance structure was widely recognised as a crucial institutional prerequisite for the success of the reforms in all countries, and while all of the countries have made attempts to coordinate child care reforms, effective, consistent and long-term coordination mechanisms remain a persistent challenge. In all the countries, with the exception of Moldova, the absence of a high-level unified body within national government, tasked with providing leadership, coordination, and oversight of child care reform efforts was evident.

## **7.2. Alignment between the aims and strategies of different actors**

The alignment in the aims and strategies of the different actors in the evaluation countries has varied. In some countries there has been consistent alignment of aims and strategies, such as in Georgia. In other countries ensuring and retaining alignment across the period of the evaluation has been more difficult. For instance, in Montenegro, the Analysis of the Cross Sector System Support for Children with Disabilities noted that *“There are a high number of strategic documents and they are too fragmented between various target groups. This makes the follow-up process and the coordination of monitoring processes very difficult...Some of the major problems include cross-sectoral cooperation...”* The EU has also commented on the need for sector strategies in Montenegro to be more coherent, with less emphasis on a project approach and greater emphasis on sectoral or thematic approaches.<sup>212</sup>

Bulgaria has also struggled to ensure alignment. The Action Plan 2016 (issued under the National Strategy, Vision for Deinstitutionalisation of Children in the Republic of Bulgaria) reviewed the outcomes of the Action Plan 2010 and found a number of ‘negative phenomena,’ including a lack of understanding by all the actors involved that DI was a consistent policy rather than a process of project implementation; that services were sometimes duplicated while in other instances, were absent (e.g., foster care services for children with disabilities) and that the role of services for prevention (of abandonment), reintegration and support in the family were not set out well enough when planning the process of DI. Overall, the Action Plan 2016 concluded that the establishment of infrastructure for reform had been achieved, but this was not enough on its own, and there was insufficient integration of services to meet the needs of children with disabilities and there was a need for a *“much clearer definition of the precise responsibilities, commitments and activities of each institution on a national, regional and municipal level.”*<sup>213</sup> In order to address the insufficiency, the Action Plan 2016 set out a second ‘stage’ of reforms, with measures guaranteeing social and integrated services, and especially for children with disabilities.<sup>214</sup> A ‘third’ stage of reforms was reached with the adoption of the Social Services Act in 2019, which provides for reform of the social services provided and improving the access to quality and inclusive services for every child.

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<sup>209</sup> KII with representative from Centre for Social Work 2, Serbia, on 06 July 2023.

<sup>210</sup> Zegarac, Nevenka ‘Child Welfare and Serbia on the Path towards European Integration’, Ch. 14 in *The Routledge handbook of global child welfare.*, edited by Pat Dolan, Nick Frost, 2017.

<sup>211</sup> Updated Action Plan for the Implementation of the National Strategy “Vision for Deinstitutionalisation of Children in the Republic of Bulgaria, 2016. p.10

<sup>212</sup> In Annex 1 to the Commission Implementing Decision on the financing of the annual action plan in favour of Montenegro for 2012.

<sup>213</sup> Ibid. p.10

<sup>214</sup> Updated Action Plan for the Implementation of the National Strategy “Vision for Deinstitutionalisation of Children in the Republic of Bulgaria, 2016, p.13 et seq.

Changing political will and reforms to institutional frameworks also have an influence the degree of alignment. In most countries, ministries responsible for child protection have assumed the primary role in implementing child care reforms, which has allowed for a more unified approach to the reforms, albeit not without challenges. In Serbia, however, the responsibility for child protection is divided between two ministries: the Ministry of Labour, Employment, Veterans and Social Affairs and the newly formed Ministry of Family and Demography. Although there is some collaboration between these ministries, ambiguity remains in relation to the allocation of specific responsibilities.<sup>215</sup>

The high number of strategies produced by a country, especially when produced by different ministries, can also result in fragmentation and duplication of efforts. For example, in Bulgaria the Education Act and the Social Services Act has been noted by participants to be a duplication of two systems, with the ministries responsible for these Acts seen to be competing rather than cooperating.<sup>216</sup>

When there is strong alignment among stakeholders, the results have been positive. In Tajikistan, for example, the transformation of the baby homes was made possible by the clear alignment between the Ministry, public organisations, baby homes, maternity centres, local government, UNICEF and international NGO partners. Similarly, stakeholders in Serbia perceived the increased quality of care provided to children in institutions, particularly for children with disabilities, to be attributable to the aims and strategies being agreed by all the actors, including the workforce within institutions, centres for social work, the Ministry of Education and the Ministry of Health.<sup>217</sup>

## 8. Sustainability

### 8.1. Extent to which deinstitutionalisation reforms are sustainable

Over the course of the period covered by the evaluation, significant reforms have been undertaken in all the evaluation countries. This has included new legislation, the closure/transformation of residential care institutions and gradually increased government financing for community-based services, including family strengthening and alternative care services. Although the dynamics of the reform have differed in each country, all have taken a holistic approach to the reforms. The approach, influenced by UNICEF, has been and remains consistent with a systems strengthening approach to child protection reform, and is highly conducive to achieve sustainable outcomes.

In terms of reforms to legal frameworks and the closure of the large residential institutions, these are likely to prove sustainable, though the introduction of new laws setting aside or pausing the reforms will always remain a possibility, albeit not a likely one, as is the reintroduction of institutional care, especially for hard to place children. It is important that UNICEF continues its awareness-raising and advocacy to ensure the reforms become permanent and continue to foster the change in social norms towards the child care reforms and DI.

The evaluations indicate that unlike the legal reforms and the closure of the residential institutions, however, the sustainability of community-based services that support families and prevent separation of the child from the family, as well as the provision and support of alternative family care is more tenuous. The evaluation reports indicate that political instability and changes to the government, particularly in relation to ministries with primary responsibility for the reforms, can have a significant impact on the sustainability and speed of the reforms. In Serbia, for instance, the frequent changes in decision-makers and operational staff in the relevant ministries has slowed down the process of legal reform and have been a major reason for recent setbacks and the discontinuity of reform efforts.<sup>218</sup>

Community-based services for children with disabilities and children, which are often donor dependent, are also at risk.<sup>219</sup> Many innovative community-based services were introduced on the basis (or hope)

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<sup>215</sup> Hamilton C., Smith A. and Bina S., "Serbia Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023.

<sup>216</sup> KII with national stakeholder in Bulgaria.

<sup>217</sup> KII with representative from Institution 4, Serbia, on 05 June 2023.

<sup>218</sup> KII with representative from EU Delegation to the Republic of Serbia, 31 May 2023; FGD with Republic Institute of Social Protection, 07 June 2023.

<sup>219</sup> See for example the Country Report of Moldova, Georgia, and Serbia.

that the national or local government would take services forward and continue to fund them when the project ended, to ensure sustainability. This assumption has not held across all countries. Even where services demonstrated significant positive impacts on children during the time they were operational, not all were continued upon project completion. The family outreach service in Serbia, which ceased to operate when funding expired, is a notable example.<sup>220</sup> At present, the evaluation findings suggest that there remains an over-reliance on NGOs for the funding and delivery of services and insufficient investment by government in community-based services.<sup>221</sup> The insufficiency of government funded community-based services, especially for children with disabilities and hard to place children is a potential risk to the sustainability of child care and DI reform systems and ultimately may undermine the sustainability of deinstitutionalisation.

As noted in the Effectiveness section of this report, there are significant human resource gaps in the child protection system, and the social services sector more broadly, which affects the sustainability of reforms and especially the sustainability of quality within the reforms, throughout all the evaluation countries. There is a pressing need for further investment in strengthening the capacity of social workers to carry out their statutory duties, including a greater level of training on child protection case management and the provision of professional supervision, to ensure efficient child protection services. Beyond the social work profession, there are a lack of other professionals, such as specialists equipped to support children with physical and mental disabilities, and children with emotional and behavioural difficulties.

The evaluations have demonstrated the significant gaps in the availability of disaggregated data on children referred to, applying for or receiving child care services under the reform programmes, which significantly limits measuring, reporting and monitoring the results of the reforms for different groups of children. This gap is apparent across the region, with nearly all the countries in the region receiving recommendations from the CRC Committee in their concluding observations to State periodic reports to enhance data disaggregation or incorporate child-specific indicators into their national data collection frameworks.<sup>222</sup> Without accurate and disaggregated data, it is difficult to assess the long-term impact of the DI reforms, and identify areas requiring further input to ensure sustainability.

## **8.2. Factors that have influenced the sustainability of reforms**

The sustainability of reforms has been significantly influenced by several key factors, including adoption and modifications to the legal framework in alignment with international norms, strong EU influence, and shifts in attitudes and behaviours of key stakeholders.

As explained in the relevance section, the EU political focus and support for deinstitutionalisation has been a key trigger of the reforms in all of the countries except Tajikistan, and is likely to remain a key factor in ensuring sustainability in the long-term. Membership of the EU, for Bulgaria, imposes additional obligations. For instance, Bulgaria is under a duty to implement the National Action Plan for the EU Child Guarantee to tackle child poverty and promote social inclusion, an important factor for the sustainability of child care reforms.<sup>223</sup>

Amendments to the legislative framework together with community-based programmes and preventive measures are key factors in ensuring sustainability, with insufficient support services posing a considerable barrier to deinstitutionalisation. This issue is especially significant for children with disabilities. However, wherever these services have been established, despite inconsistencies, they have been critical for achieving sustainability. For example, Moldova's legal requirement to redirect financial resources from closed or transformed residential institutions towards social and educational services is a key measure in the reforms. Although the full implementation of this directive is yet to be realised across all regions of Moldova, it serves as an important indication of a shift in the right direction. This

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<sup>220</sup> Hamilton, C., Smith, A. and Bina, S, "Serbia Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023.

<sup>221</sup> See Tajikistan Country Report, Serbia Country Report, Montenegro Country Report.

<sup>222</sup> UNICEF Regional Office for Europe and Central Asia, TransMonEE analytical series: Pathways to Better Protection - Taking stock of the situation of children in alternative care in Europe and Central Asia, UNICEF, Geneva, 2024, p.16.

<sup>223</sup> UNICEF Bulgaria, Country Programme Document, 2023-2027.

change is crucial not only for the progress of DI but also for ensuring the long-term sustainability of the services required to support the process.

Other factors enabling sustainability include changes in attitudes and behaviours of key stakeholders. Stakeholders across countries identified shifts in social attitudes as a significant achievement, particularly in relation to stigma around children with disabilities and their inclusion in education. This shift in perceptions and attitudes is pivotal to the sustainability of child care and DI reforms.

### **8.3. UNICEF's impact in supporting sustainability**

Over the past two decades, UNICEF ECARO has played a pivotal role in supporting governments across the region in implementing fundamental structural and legal reforms within the child care system. UNICEF country offices in each of the evaluated countries have helped to create the solid foundations on which the reforms are based and has, through its close alliance with governments, INGOs and NGOs, helped to ensure the sustainability of reforms in the long-term. Overall, as mentioned throughout the report, UNICEF has provided advocacy, vision, leadership, technical expertise, and long-term support to governments, including awareness raising campaigns, capacity building, and funding. In addition, it has fostered horizontal and vertical cooperation including building of public-private partnerships and civil sector strengthening.

UNICEF has also contributed to sustainability by undertaking research and evaluations which have analysed the implemented reforms and addressed the challenges to change. This has assisted the governments and other actors, built evidence-based policy and developed and refined services so they remain effective and sustainable in the long-term. For example, the white paper *“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”* was found to be effective in influencing the national governments in pushing DI reforms.

UNICEF has prioritised efforts to enhance the coverage, quality, disaggregation, and accessibility of data concerning children's rights and well-being across all countries. The TransMonEE initiative has served as a platform for guiding discussions between national statistical offices and policymakers, as well as ensuring that vulnerable children, including those in alternative care, are not overlooked in official statistics.

In addition to its focus on child care system reforms, UNICEF has utilised its global reputation to lead broader child protection system reforms through fostering dialogue among stakeholders at both national and local levels, and has acted as a steady source of support navigating through political shifts and transitions towards family-based care from residential care.

## **9. CONCLUSIONS AND LESSONS LEARNED**

### **9.1. Conclusions**

The ‘impact’ sought in the regional ToC is that *‘All children are growing up in a safe, caring family environment and access services to meet their needs.’* There are essentially three elements to the impact: safety, a family environment and access to services to meet the child’s needs. Growing up in a *‘family environment’* has been very much 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.<sup>224</sup> Other successes, in line with the outputs and outcomes of the ToC, includes 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

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<sup>224</sup> 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.

to children with disabilities who cannot attend school. The successful implementation of the outputs has a clear causal link to 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, with the exception of Tajikistan. 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.

It is timely, therefore, to consider and plan for the next phase of reforms and to focus on the other two elements: a *'safe family environment'* and *'access to services to meet needs'*. While completing the process of deinstitutionalisation, and continuing to provide support to children and families to prevent separation, particularly in the case of children with disabilities and families living in poverty, countries now need to move towards building a fully functioning child protection system that can effectively safeguard children at risk of abuse, neglect and exploitation. For all of the countries in the evaluation, moving onto this next step will require, at the very least, prioritising the full implementation of recent legislation; further capacity building of the SSWF especially in relation to assessing risk and identifying the strengths of families; improving management, support and supervision of the SSWF and support to kinship carers as well as boosting foster care recruitment and retention. In order to ensure access to services to meet needs, an increase in, and more effective and efficient use of resources is essential, together with more and different high quality services. In particular, countries will need to establish or further develop counselling services, drug and alcohol treatment services, mental health services, domestic violence services, parenting programmes and more specialised services for children with disabilities and emotional and behavioural difficulties. Further reforms to budgeting at national and local level and long-term security of funding of the services will also be necessary.

Moving towards a mature child protection system will also require a greater level of investment in evidence-based planning to ensure effective and efficient use of resources. Data needs to be obtained not only from centres of social work or their equivalent, but also from education, health and the justice system within an integrated information management system.

### *Relevance*

The child care and deinstitutionalisation reforms in all of the countries taking part in this evaluation have been relevant and largely aligned with their individual ToC outputs and outcomes. They have also been relevant to the regional ToC outputs, outcomes and impact. Their relevance was enhanced by the holistic and inter-sectoral nature of the reforms. While closure of the large residential institutions and the deinstitutionalisation of the children resident within them was a major goal, the reforms have been wider. The holistic nature of the reforms has been crucial both to the process of DI and the prevention of further institutionalisation. The extent to which the services under the different elements of reform have been established, funded and staffed, as well as the quantity and quality of service offered, has differed both internally within each country and across the different countries. Where the services contained in the programme design have not been established or are not provided in adequate numbers to meet the needs of children, this has undermined the relevance of reforms. For instance, the prevention of institutionalisation and DI of children with disabilities has been contingent on social protection, inclusive education, the availability of community-based services, the provision of foster care and support from the SSWF. In all of the countries there has been some inconsistency in the rate at which the different services contained in the reform programme have been established and made available. The failure to progress some elements of the reform, particularly in relation to safety and access to services, has a number of causes, including understanding of the purpose and nature of the reforms, political commitment of the relevant central or local government body, the availability of funding and a sufficiently educated and qualified SSWF. When the different elements of the reform programme have not progressed hand in hand, the relevance of the reforms has diminished.

Relevance has also been impacted by the ability of the body accountable for the reforms to recognise that for success, the reforms need to be dynamic in nature, able to change direction when needed, to support new services, to ensure gaps in provision are addressed and to meet new issues and address unforeseen results as they arise. A number of the country evaluations indicated that there had been periods of stagnation in the reforms, with no reviews of challenges faced nor recalibration of reforms in the light of inactivity.<sup>225</sup>

In order to retain relevance, and in the light of the closure of many of the large residential institutions across the evaluation countries (all, in the case of Georgia and North Macedonia) reform programmes need to refocus on enhancing prevention measures, particularly the provision of more and, most importantly, better quality community services, while at the same time recognising that there will always be a number of children for whom intervention is required to ensure that they are protected from abuse, neglect and exploitation. This requires not just community services or good quality social work but also the development of alternative forms of care, and in particular, emergency foster care and short-term placements for children who cannot remain with parents or immediate family. Further thought also needs to be given, particularly in Bulgaria, on how to manage and reduce the number of children placed in small group homes.

### *Effectiveness*

As noted above, and in line with the output of the ToC, 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 change in the numbers in institutional care, and indeed in all forms of residential care, decreased in each of the evaluation countries. So too, did the numbers of children with disabilities in institutional care though nowhere near to the same extent, except in the case of Moldova.

Factors influencing the effectiveness of the reforms include political will from national governments. The evaluation period covers 13 years, during which time all the countries in the evaluation have had elections, with resulting changes in ministerial personnel and political commitment to reforms, as well as the Covid-19 pandemic and the Ukrainian conflict, both of which have had serious economic consequences for all of the countries. These changes, and the consequent stagnation in some of the reform activities, demonstrate the need for UNICEF to continue its advocacy with government on the need to press forward with the remaining reforms and not to leave them at what has already been achieved, or slide back into the old ways of addressing child protection issues.

There are a number of significant challenges to effectiveness, including how to complete the effective DI of all children from all forms of residential care, and particularly, children placed in small group homes; how to grow a skilled, supported and experienced workforce able to identify and manage complex child protection cases and how to ensure that community-based services offered are high quality and meet the needs of children.

In a number of countries, small group homes were established as a temporary measure to speed up the DI process. Children, especially children with disabilities and with emotional and behavioural difficulties, were moved from large-scale residential institutions where the physical environment, conditions and the level of support and care offered was below standard, to newly established small group homes. These small group homes were intended to be 'family-like' with small numbers of children. However, in most cases the children placed in small group homes are cared for by staff from the large residential homes on a rotating shift basis.

The use of small group homes, and their proliferation, especially in Bulgaria, where in 2022 there were 303 residential care services housing 2,992 children and young people, has raised concerns that children remain institutionalised, though in a smaller setting. The UNICEF regional office has addressed the issue

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<sup>225</sup> See for instance, Bulgaria Country Report.

of small-scale residential care in a White Paper published in 2020.<sup>226</sup> UNICEF recommends that where small group homes are used, they are strictly temporary, properly regulated at the national level, and should only be used *“when they represent the least detrimental alternative, offering high-quality, short-term care until support services are in place for birth, alternative or adoptive families to meet the needs of the child”*.<sup>227</sup> The *“most crucial”* of these *“is the short-term nature of the ... placement, aiming to ensure that the plan for ALL children is to be reintegrated into families, or, for older children, to facilitate their transition to independent living.”*<sup>228</sup> The White Paper recommends that governments direct resources away from constructing small scale residential facilities, towards training a workforce to deliver family-based care (including foster care) and transforming existing homes to *“hubs of innovative services to meet emerging family and community needs for support.”*<sup>229</sup>

The question of whether the use of small-scale residential care is an appropriate strategy is not straightforward. It has been argued that the use of small group homes provides a preferable alternative to large scale residential care while services are being developed and social work capacity strengthened, and that they reduce the risk of unsafe reintegration or unsafe placement in alternative family-based care. Yet evaluation findings also suggest that relying on small group homes may slow the DI process, as efforts to develop alternative services are focussed on small-scale care facilities, rather than the establishment of family-based alternatives. Further, small group homes may deprive children of their right to develop a relationship of trust with an adult who acts as a constant support system in their lives,<sup>230</sup> and prevent children developing socially and emotionally and from realising their right to family life and life in the community.<sup>231</sup> Evidence from the country evaluations indicates that none of the countries, at present, has a viable alternative to small group homes for children with severe or profound disabilities who cannot be reintegrated. Specialist foster parents who could cope with the level of disability are in short supply and services to support them, including adequate allowances, inclusive education with attendant support, high quality day care and respite services, are not generally available. It is currently unlikely, in any of the countries included in the evaluation, that foster parents could be found to take sibling groups where one or more of the children has severe disabilities. A redirection of the reforms is needed going forward with an emphasis on identifying and providing quality support and community-based services for children with disabilities at an early stage of their lives, including respite care, to prevent separation, together with the development of a specialist foster care service.

In terms of services, there is little data available on the provision of services by area or by the type of service being offered, particularly by NGOs. This can lead to duplication of government and NGO services in an area or the opposite, a complete lack of service. One of the first steps towards ensuring there is adequate provision of services is for local governments to undertake both a mapping of available services and the needs of children in their local area. With this information, local governments are better able to determine what services are needed to meet the needs of children in their area and the budget required to provide the services.

The difficulties in ensuring a skilled, experienced and stable workforce have been set out in this evaluation. The challenges are to be found in all of the evaluation countries, and include difficulty in recruitment, retention, capacity, knowledge, work practices and management. The conclusions of all the country evaluations include the need to professionalise the SSWF, improve their working conditions and increase their capacity. At the same time, an overhaul of the working practices is essential to enable social

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<sup>226</sup> UNICEF (2020), ‘White Paper 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’, UNICEF Europe and Central Asia Regional Office.

<sup>227</sup> Ibid.

<sup>228</sup> Ibid.

<sup>229</sup> Ibid.

<sup>230</sup> Terziev, V. (2019) The System of Social Services In Bulgaria And The Process of Deinstitutionalisation Of Children, IJASOS-International E-Journal of Advances in Social Sciences, Vol. V, Issue 13.

<sup>231</sup> Fathallah S., and Sullivan S., Away from Home, Youth Experiences of Institutional Placements in Foster Care, 2021, [https://assets.website-files.com/60a6942819ce8053cefd0947/60f6b1eba474362514093f96\\_Away%20From%20Home%20-%20Report.pdf](https://assets.website-files.com/60a6942819ce8053cefd0947/60f6b1eba474362514093f96_Away%20From%20Home%20-%20Report.pdf).

workers, in particular, to undertake their work effectively, with a manageable case load, resources to enable home visits and time to manage complex cases.

### *Efficiency*

Cross-financing from different donor funding streams, and particularly from EU structural funding pots enabled the reforms to take place. While these funds have enabled reforms they 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.<sup>232</sup>

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. Indeed, as noted above, Bulgaria, Georgia and Moldova adopted an explicit strategy of reallocating resources from institutions in order to fund reforms. There are, however, a number of challenges to financial efficiency. New legal instruments, strategies and action plans setting out the reforms to be introduced have not always been fully costed, resulting in a failure to ensure the efficient allocation of financial resources for implementation.<sup>233</sup> Overall, there is a lack of available data on budget allocation and, in some instances, insufficient capacity to absorb and spend funds appropriately.<sup>234</sup> Decentralisation of budgets, often unregulated and unmonitored, together with a lack of clarity as to which bodies have responsibility for funding particular services, are also challenges to determining financial efficiency. It is important to note however, that Moldova has sought to address this inefficiency in its National Programme for Child Protection 2022-2026, which is costed per objective and specific objective and year.

Efficiency is also impacted by insufficient financial and human resources and a lack of consistent political commitment. In Montenegro and Serbia, for instance, there have been periods when the reforms have stagnated followed by periods of activity. This start-stop-start approach to the reforms, and particularly to the allocation of funding, inevitably causes inefficiencies.<sup>235</sup> New services are developed in accordance with the reform strategy and then terminated due to lack of planning and the political support necessary to secure the allocation of financial resources. They are then restarted some months or years later, by which time the institutional knowledge and experience of how to deliver the service effectively has dissipated.

Along with a lack of financial resources, the lack of human resources, and particularly of an efficient SSWF is evident in all of the countries. Poor working practices, poor support of staff and generally weak management together with low salaries result in high levels of turnover amongst SSWF making it challenging to develop an effective, skilled and experienced cadre of staff able to manage complex child protection cases. In the NGO sector uncertainty of funding and periods without funding also impact on the retention of staff.

### *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,

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<sup>232</sup> Hamilton, C., Lord, R. and Baldzhieva, M., "Bulgaria Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023, p.52.

<sup>233</sup> Raoof, A., Hamilton, C., Bina, S., Cheianu- Andrei, D., "Moldova Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023.

<sup>234</sup> Hamilton, C., "Montenegro Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023, p. 48.

<sup>235</sup> Hamilton, C., Smith, A., Bina, S., "Serbia Country Report: Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in seven countries in Europe and Central Asia 2009 – 2022", 2023, 48.

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.

The problems with coordination should not come as a surprise, as cross-sectoral coordination both at national and local level is generally hard to achieve. It is noticeable that there has recently been a renewed focus on coordination in several countries, with the establishment of Interagency Co-ordination Mechanism for the Law on the Rights of Persons with Disability in 2022 in Georgia; a revival of the National Council for the Protection of Children's Rights in Moldova; the re-establishment of the Council for Children's Rights in Montenegro; and the establishment of the Working Group for the Deinstitutionalisation Strategy 2022-2026 in Serbia.

### *Sustainability*

In all of the evaluation countries reforms have led to sustainable changes, including new laws and policies on child care which broadly align with international standards on alternative care and DI. As shown by Figure 6 above 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, 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, changes in public attitudes, and the need to adhere to EU accession criteria and the obligations of membership, will hopefully prevent such a move. 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. In order to be sustainable, governments need to plan and fund these services on a long-term basis to enable them to grow, develop and become experienced at meeting the needs of the child. Indeed, as this report has demonstrated, child care and DI reforms rely on a wide range of prevention and response services being in place.

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. In order to achieve and sustain the SSWF there is a need to recruit and retain staff in all of the countries. This requires investment in recruitment, training, management and supervision. It also requires recognition that social work is a profession and that the SSWF need to be adequately rewarded. Beyond the social work profession, there is also a lack of other relevant professionals to support DI, such as specialists equipped to support children with physical, intellectual and mental disabilities, and children with emotional and behavioural difficulties.

## **9.2. UNICEF's role in promoting sustainability of reforms**

Across countries, UNICEF is widely regarded as a trusted partner to the government and key player in supporting child care reform, through an integrated approach combining policy advice, technical assistance, advocacy and capacity building, as well as funding. UNICEF has worked with governments to design the reforms, and has taken a leading role in the development of national legislation and policy, helping to create a coherent and clearly defined legal framework against which actors can be held accountable in both the short and long-term. UNICEF's role as a trusted government partner holds significant importance in maintaining momentum and supporting continuity in the reform process, ensuring effective collaboration among stakeholders, maximising resources, and ultimately promoting sustainable outcomes.

In order to ensure the sustainability of the reforms and to progress them, UNICEF needs to maintain its advocacy efforts with governments, especially as most countries enter the next phase of reforms, which needs to focus on the establishment of sustainable, quality community-based services and further child

protection system strengthening. UNICEF needs to support counterparts to prioritise investments in prevention and family support, early identification, and intervention for at-risk children. In addition, UNICEF has an important role to play in supporting governments to focus on developing strategies to support children with disabilities and children with emotional and behavioural issues. It is essential to recognise that the reform process is ongoing and that it requires continued commitment and adaptation to meet the changing needs of children in care.

In addition, given its international experience in developing the capacities of social service workforces, UNICEF has an important role to play in supporting this process, through developing training programmes to build capacity, particularly in terms of increasing skills; improving standards of social work; and assisting the government to develop an effective and supportive supervision system.

UNICEF should continue enhancing data quality and comparability across all countries, as this is crucial for sustainability. By utilising TransMonEE, UNICEF can refine and consistently apply definitions, as well as validate data through national statistical offices in collaboration with UNICEF country offices and the Regional Office. This ensures that data remains reliable and comparable over time, facilitating informed decision-making and sustainable development efforts.

### **9.3. Lessons Learned**

1. The evaluations have demonstrated the importance of a holistic and cross-sectoral approach to child care reform. In order for effective and durable deinstitutionalisation, children and their families need to have access to family support and community based services, inclusive education, especially for children with disabilities as well as a foster care service for children who cannot be reintegrated with their parents, together with a SSWF who are able to assess the child's needs and monitor and support the placement.
2. Recruiting, skilling up and retaining an effective SSWF has proved to be a challenge in all of the evaluation countries. In order to build up a stable SSWF able to take on child protection cases, working practices in all of the evaluation countries need to be addressed. Social workers need to be relieved of routine tasks, should be allowed to specialise in working with children and families rather than generic social work, and should be supported and supervised by well-trained, experienced, social work trained managers.
3. Although CRPD General Comment No. 5 equates small group homes for children with disabilities with institutional care and as no substitute for family-based care, providing alternative family-based care for children with severe and /or complex difficulties is proving a challenge for the countries in this 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 his or her 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.

## **10. 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.

## **Appendices**

**Annex A: Terms of References**

**Annex B: Data Collection Tools**

**Annex C: List of Participants**

**Annex D: Ethical Protocol**

**Annex E: Coram International Ethical Guidelines for Field Research**

**Annex F: Ethical Approval**

**Annex G: Participant Information Sheets and Consent Forms**

**Annex H: List of Consulted Documents**