

Care System Assessments Learning Brief

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Improving children’s care through strengthening national systems: does assessing a system lead to change?

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Children thrive in safe, nurturing families. However, children are sometimes separated from their families, which may profoundly affect their development and expose them to exploitation and violence¹. The separation of children from their families can result from many causes such as violence or neglect, parental death, and emergencies resulting from natural disasters, civil unrest or armed conflict².

Research suggests that how children are cared for impacts how they engage in the world into adulthood. Therefore, ensuring appropriate care and support for children without or at risk of losing parental care is critical. For example, families that are struggling will look for ways to cope through the support of extended family or their community. But some families need additional support. This is where other services – provided through governments and/or community organizations – play a vital role in helping families in need. These may include services intended to help families stay together, reintegrate children who have been separated from families, or provide alternative family-based care services (e.g., foster care, kinship care, guardianship) and adoption. These are delivered through what is called the ‘care system.’

The care system can be strengthened by improving laws, policies, standards, structures and resources (human and financial) that determine and deliver services. For example, standards can help make sure services are appropriate and effective, and policies can lead to more government resources to deliver such services.

Care systems differ by country, in terms of maturity and the breadth and quality of services provided for children without or at risk of losing parental care. Assessing the status of a system can help to identify areas for improvement. Conducting this type of assessment is called a ‘care system assessment.’

1 UNICEF. Changing the Way We Care. An Introduction to Care Reform. 2022. Retrieved from: https://bettercarenetwork.org/sites/default/files/2022-10/introduction_to_care_reform.pdf

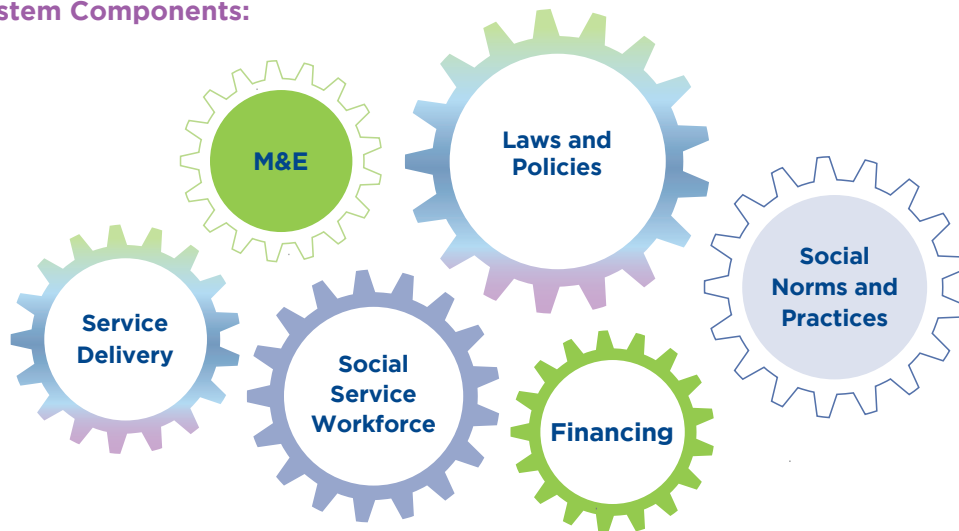
2 Better Care Network website. Strengthening Family Care. Retrieved from:

<https://bettercarenetwork.org/library/strengthening-family-care/strengthening-family-care>

Care System Assessment

In 2017 a global health and social service project called MEASURE Evaluation developed a care system assessment tool, and through a participatory process, conducted care system assessments in Armenia, Ghana, Moldova and Uganda. The assessment was designed to assess laws and policies, the social service workforce, service standards, monitoring and evaluation, social norms and financing.

System Components:



In 2019 a global initiative working on care called Changing the Way We Care (CTWWC) adapted the same tool and conducted assessments in Guatemala and Kenya. In 2022, Data for Impact (D4I), a continuation of MEASURE Evaluation, and Changing the Way We Care joined together to learn about how well these assessments were conducted, how the assessments contributed to change, and what could be improved for other countries to assess their care systems in the future³. This brief was developed from key informant interviews in the countries that participated in the care system assessment: Armenia, Guatemala, Kenya, and Uganda⁴. The aim is to share learning with others interested in assessing a country's care system, to think about if a care system assessment is right for them, and if so, how to do it.

Under MEASURE Evaluation the assessment process in each of the four countries was led by a "Country Core Team" of multi-sectoral experts in each country. In each country, the Country Core Team was led by the Ministry in charge of children's affairs and authorized

³ 14 people (4 from Armenia, 4 from Guatemala, 4 from Kenya and 2 from Uganda) were interviewed using a semi-structured questionnaire. 13 of the 14 participated in the system assessment in their country. One (in Guatemala) joined his position when the assessment was being finalized. 10 of the 14 respondents are government staff, 2 are from civil society and 2 are from other non-governmental organizations (i.e., UNICEF and an Association of Social Workers).

⁴ Interviews were not conducted in Moldova nor Ghana due to limited resources and/or available staff time to conduct interviews.

by the government through a Terms of Reference and/or authorization letter. Representatives from each Country's Core Team gathered in a multi-country workshop to discuss their care systems, lessons learned and how best to adapt the assessment tool to their country's context. Country representatives reviewed the tool in detail. In Armenia and Moldova, they pilot-tested the tool. The assessment tool was then fully adapted for each unique country context and translated into Armenian and Romanian. MEASURE Evaluation then facilitated assessment workshops in each country, wrote assessment reports, and provided ongoing technical support to each Country Core Team to use the assessment results.

CTWWC followed several of these same steps. In Kenya, CTWWC supported the government to establish a 'Core Team,' which was mandated from the government to draft a National Care Reform Strategy (NCRS). As part of the roadmap to develop the strategy, the team agreed to conduct a care system assessment. They adapted the tool for the Kenya context and facilitated a workshop to conduct the assessment. CTWWC wrote the assessment report on behalf of the government, which was given to consultants developing the NCRS. In Guatemala, the assessment occurred differently. No Core Team was established due to difficulty forming a team with existing government structures. The assessment tool was reviewed by CTWWC and a few additional actors, it was not reviewed and discussed in as much detail as other countries, including with government actors. There was a series of meetings with each government agency reviewing only the parts of the assessment that was directly under their mandate. After collecting responses, a workshop was held to present the results back for discussion. CTWWC wrote the Guatemala assessment report and shared it with people who participated in the assessment.

MEASURE Evaluation and CTWWC published a series of assessment reports for all countries except Guatemala, whose report was not approved to share publicly. Links to all published reports are at the end of this document, along with links to the assessment tools.

What we've learned

CTWWC and D4I interviewed 14 people in 2022 who participated in the assessments and/or used the results: four people from Armenia, Kenya and Guatemala; two from Uganda. Based on these interviews, we present learnings to help conduct future assessments and use findings to improve care systems.

Participating in the assessment improves knowledge and capacity, and increases collaboration among critical actors

Most of the respondents who participated in the assessment shared positive experiences. Actors gained knowledge about the care system – both the current system and best practices to improve it. The description of the system (e.g., laws and policies, workforce,

financing, service delivery, monitoring and evaluation, and social norms) was a new, and beneficial way to frame care reform. Technical areas related to care reform – like transitioning residential service models – were new and important learning. Many of these areas had not been previously discussed across so many relevant actors. There was value in simply bringing everyone together to learn, discuss and build consensus on ways to improve children’s care through system reform.

“Helped understand the roles of each and every stakeholder is doing, what is expected on them and the partners to collaborate.”
(KENYA, GOVERNMENT ACTOR)

“For the first time during the assessment we start talking about the system holistically from A to Z.”
(ARMENIA, GOVERNMENT ACTOR)

Assessing the system has led to improvements in care systems

Care systems have improved based on the use of assessment results. Most commonly, national laws, policies and strategies have been developed or revised. Service referrals (Armenia) and the development of foster care guidelines (Uganda) are examples of additional system changes. The care system assessments directly contributed to these foundational national documents, which help guide the way the care systems are designed to care for children and families.

Other changes have also happened, which are likely an indirect result of the assessment. For example, during the assessment, people gain a deeper understanding of care systems and take this back to their daily work. This is likely leading to other, gradual changes that are difficult to link back directly to the assessment results but important to promote change.

Examples of changes to laws, policies and strategies from the assessment:

- Development of the Comprehensive Action Plan to Promote the Right of a Child to Live in Family (Armenia)
- Law on Medical Support changed age of consent (Armenia)
- Development of the National Care Reform Strategy (Kenya)
- Children Act 2022 (Kenya) formalizing of kinship care and kafalaah
- Increased stipend for foster families of children with disabilities (Guatemala)
- Development of Foster Care Guidelines and Standards (Uganda)
- Revision of the National Framework for Alternative Care (Uganda) developed

“The assessment of the system made it clear that there are no prevention services...now the prevention services are given higher priority...it is an impact, it was the biggest result.”
(ARMENIA, GOVERNMENT ACTOR)

“At the country level, it helps take stock of where you are at. This then informs where you need to go.”
(UGANDA, NON-GOVERNMENTAL ACTOR)

Involving different actors, many of whom have different perspectives and knowledge of caring for children, is beneficial

Caring for children is everyone's responsibility: families, communities, government agencies, and civil society. Caring for children links across sectors, to the health, education, safety and welfare support provided by governments. In most countries, this responsibility spreads across different government agencies. In many countries, the responsibility to reform the way children are cared for is with government agencies in charge of child protection and welfare. It is not seen as a responsibility across other government agencies, creating a disconnect between responsibilities and resources, and improving the way children are cared for holistically. The assessment created connections and relationships that are important for working together towards this common goal. Before the assessment, some actors did not necessarily see themselves as part of the care system, nor understood their role in the system. The assessment helped them realize their roles and how they fit into the care system. This required time for discussion and building a common understanding of relevant laws, policies and practices.

"First, I would like to say that this process helped me, as a healthcare professional, better understand child protection system, go deeper into those issues."

(ARMENIA, GOVERNMENT ACTOR)

"On one hand it was good, because they [other sector actors] were interested in learning. But it also took a little bit of work to get them on board... to get them to understand what care reform is about and ensure they contribute meaningfully to the assessment process."

(UGANDA, NON-GOVERNMENTAL ACTOR)

Improving the way the system works takes a lot of time and resources

Many of the assessment results are still applicable, even though some reforms have already taken place since the assessments were undertaken. The assessed care systems are nascent and need substantial improvements. Reforming these systems is a complex, long-term goal that will take years, if not decades. The assessment is meant to be comprehensive, covering an extensive list of what should exist over time. The changes that have occurred are important and demonstrate progress yet are small parts relative to what is needed to fully reform a system. While incremental progress is good, seeing comprehensive and large-scale change is going to take a lot more time and resources, which will need to focus on priority system improvements.

We were surprised when we realized that there are so many things, we were not paying attention to, we were not thinking of

(ARMENIA, GOVERNMENT ACTOR)

Funding for care reform is a major issue. The [Ministry] does not have adequate resources to implement some of the prioritized action.

(UGANDA, GOVERNMENT ACTOR)

Active participation in and political commitment to change is important

A factor in the assessment results leading to change is participation and political will. Countries that formed multi-sectoral teams to oversee, guide and participate in the assessment had political support for the assessment. These teams invested resources to thoroughly prepare for the assessment, including customizing the assessment for their country context and participating in the assessment process. This engagement increased their awareness of the results and promoted political support for the findings. The one sampled country that did not form a multi-sectoral team (Guatemala), did not invest as many resources in conducting the assessment and showed less engagement with the use of findings. Participation in the assessment builds momentum to make change happen. Those not involved in the assessment are less likely to be aware of the results nor use them.

“The first factor for success was the MGLSD team fully buying into the idea and the vision behind the assessment.”
(UGANDA, NON-GOVERNMENTAL ACTOR)

“People are aware of the gaps but only confined to those involved in the process.”
(KENYA, NON-GOVERNMENTAL ACTOR)

Staff turnover puts the momentum and priorities identified during the assessment at risk

In all sampled countries, government personnel changed after the assessment. The government change in Kenya happened too recently to know the impact it will have on carrying forward results and priorities from the assessment. In the three other countries, the change of government seems to have affected system progression and priorities. New government staff seem to be less aware of the assessment, and the detailed findings, despite the availability of assessment reports. This puts driving changes based on the assessment at risk. Additionally, the original intention was for governments to have the capacity to track system changes by repeating the system assessment after 3-5 years. Staff turnover in many countries makes this aim unlikely. While Armenia reported orienting new staff, this was focused on the systems approach to care reform. Orienting new government staff in the full assessment and findings has not been common practice.

People are aware of the gaps but only confined to those involved in the process.
(KENYA, NON-GOVERNMENTAL ACTOR)

If you look at who is available... all the people are new. So, if you ask them to do an assessment now, they can't... because all people who were part of the [assessment] are no longer there
(UGANDA, NON-GOVERNMENTAL ACTOR)

Conclusions

This brief outlines lessons learned from conducting care system assessments in six countries between 2017-2020 and sheds light on what has gone well, and how to improve in the future. So, what are the ingredients to success?

We believe that forming country-core teams to coordinate and oversee the assessment is critical to success. To be effective, the team should be drawn from different government agencies responsible for caring for children. Including non-governmental actors and people who have experience in the care system (e.g. care leavers⁵) on this team is also a good practice and is highly recommended.

The importance of government giving this team the official mandate and authority to make sure the assessment is completed with a high degree of quality is vital. There are times when conducting the assessment may not make sense.

For example, if key government personnel are about to change, or if a country is prioritizing urgent/extreme circumstances like responding to conflict or war. If the government can commit to prioritizing, leading and authorizing the assessment, it is more likely to be worth the investment.

Gathering relevant actors to conduct the assessment together creates value that will last after the assessment is done. This approach is unconventional in some cultures and contexts. Yet our experience with these assessments in Latin America, Africa and Europe suggests wide participation in assessing care systems is a key factor for success. It also leads to better coordination and collaboration – one of the most valuable outcomes of the assessment.

When preparing for the assessment, it is important to consider who should be involved, and their experience in and knowledge of the care system. Do not assume that all actors have the same understanding of and vision for the care system. The assessment will be more successful if space is made for actors to learn about the care system during the assessment process. This may be through a pre-assessment orientation or creating space during the assessment for questions and discussions to build a common understanding.

Because the assessment is likely to identify more areas for improvement than a country can resolve in the near term, it is important to determine precisely how to prioritize recommendations. Before conducting the assessment, define how the results will be used – for a national strategy, an annual work plan, a national policy, or something else. How the results will be used can guide the timing of the assessment as well as which recommendations are prioritized. Also prioritizing recommendations based on their estimated costs and available resources makes priorities more feasible.

⁵ Careleavers are people who have had experience in the care system, often describing people who lived in institutions or were placed in alternative care as children, as well as the caregivers of these children.

Experience has shown that during the path to achieving a long-term goal like care reform, staff turnover is inevitable, and governments will change. Plan for this. Consider this in both determining the timing of the assessment and consider developing assessment dissemination and communications plans that will emphasize the priority recommendations across government and non-government actors. As staff and governments change, those that remain can advocate for continuity if they are aware of the priorities and commitments that were made.

The intent of institutionalizing the assessment within the government for them to repeat without external support has not yet been successful. This is assumed to relate largely to the complexity of care reform and staff turnover. As a result, an external facilitator remains key to designing and facilitating the assessment. And, while repeating the assessment has not yet happened in any of the countries, the practices of repeating it every five years is advised, to track progress and improve accountability. Repeating the assessment when there is a change in government can also help orient new staff on pre-existing priorities and help build consensus on priorities for their government term.

Links and resources

- [MEASURE Evaluation Care System Assessment Tool](#)
- [CTWWC Care System Assessment Toolkit \(framework, guidance and training resources\)](#)
- [Assessing Alternative Care for Children in Uganda \(2018\)](#)
- [Assessing Alternative Care for Children in Armenia \(2018\)](#)
- [Assessing Alternative Care for Children in Moldova Volume 1 \(2018\)](#)
- [Assessing Alternative Care for Children in Moldova Volume 2 \(2018\)](#)
- [Assessing Alternative Care for Children in Ghana \(2018\)](#)
- [Kenya National Care System Assessment \(2020\)](#)

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