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Public Expenditure and Children's Care

Guidance Note

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Changing
THE WAY WE
care

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LIST OF ACRONYMS

CP	Child Protection
CTWWC	Changing the Way We Care
GFMIS	Government Financial Management Information System
IMF	International Monetary Fund
PEPFAR	President's Emergency Program for AIDS Relief
PFM	Public Financial Management
PF4C	Public Finance for Children
MIS	Management Information System
MBTF	Medium Term Budgetary Framework
MTEF	Medium Term Expenditure Framework
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

SECTION 1. OBJECTIVE OF THIS GUIDANCE

This guidance is designed to strengthen the capacity of government agencies in low resource settings to **prepare a sound budgetary framework** for policies, programs and services that aim to keep children in safe and nurturing family environments. It further outlines a methodology for **making the investment case for a family-focused continuum of care** to the broader government, development partners and external donors.

The primary audience for this guidance is public officials and those that support their work, especially those responsible for policy and budgeting in the social and justice sectors with the mandate to improve the care and protection of children in their countries. It is also designed to be accessible to those organizations working with governments to develop and implement policies to improve children’s care arrangements. **This is not a training in the field of public expenditure, and the reader is assumed to have some knowledge of how public expenditure systems work.**

This guidance focuses exclusively on public expenditure. It should be noted that in many low resource countries, private donors also provide funding for children’s care across an array of programs and services.

The rights of children to live in a family environment are elaborated in a December 2019 U.N. General Assembly Resolution on the Rights of the Child,¹ and are further specified in the U.N. Convention on the Rights of the Child, the Convention on the Rights of Persons With Disabilities, the U.N. Guidelines on the Alternative Care of Children, and other global and regional conventions and instruments.² UNICEF and 265 non-governmental organizations have endorsed a package of ‘Key Recommendations’ on how to implement the provisions of the December 2019 Resolution on the Rights of the Child.³

Budgeting for care reform has never been more critical than during the COVID-19 pandemic. Guidance has been produced by the International Monetary Fund on how to best budget under the challenging and volatile circumstances presented by the pandemic. This will have an important bearing on how those budgeting for care reform will need to approach the budget cycle in the future (see Box 1).

For additional resources on the topics above, click on the buttons below (also listed in the bibliography starting on page 39):

Click [here](#) to see the 2019 UN Resolution and its provisions on children’s care

Click [here](#) to see the Key Recommendations endorsed by 265 organizations in 12/19

Click [here](#) to see resources and tools on children’s care and COVID-19

¹ UN General Assembly, Resolution on the Rights of the Child, A/RES/74/133 (18 December 2019) New York, United Nations available at <https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/2019-unga-resolution-on-the-rights-of-the-child>

² UN General Assembly, Human Rights Council, Guidelines for the Alternative Care of Children, A/Res/64/142 (24 February 2010) New York, United Nations, available at <https://bettercarenetwork.org/library/social-welfare-systems/standards-of-care/guidelines-for-the-alternative-care-of-children-english>

³ Coalition on Children without Parental Care (2019) Key Recommendations for the 2019 UNGA Resolution on the Rights of the Child with a focus on children without parental care, available at <https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/key-recommendations-for-the-2019-unga-resolution-on-the-rights-of-the-child-with-a-focus-on-children>

Box 1: Budgeting during the COVID-19 pandemic

As of this writing, the COVID-19 pandemic has created unprecedented uncertainties for those engaged in the budget process. Many governments have rapidly deviated from their approved budgets to fund a wide range of measures related to the COVID-19 response. This has put exceptional pressure on those involved in budget preparation, who have had to respond to unanticipated emergency decrees and orders to reallocated and redirect spending.

The pandemic has also increased uncertainty around macroeconomic assumptions that are needed to inform future budgets. Most countries have experienced a significant reduction in economic activity and government revenues and have increased deficit spending. Global demand has dropped, and many higher income countries are in economic distress. It is challenging to predict the future of foreign assistance funding and how it will be directed.

The International Monetary Fund has prepared a comprehensive [guidance](#) for governments on how to approach future budget cycles in light of the pandemic. The measures specific to ministry staff engaged in budgeting include, *inter alia*:

- Revisions to the fiscal framework for the next Medium-Term Expenditure Framework (MTEF) and multiple fiscal scenarios
- Ideally, set clear political guidance on budget goals
- Likely changes in the budget calendar should be anticipated
- Inclusion of COVID-19 and other priorities in budgetary circulars
- Intense ministry engagement on budget baselines
- Budget designs that are more flexible and able to adapt to changing circumstances
- Enhanced monitoring and control during budget execution

Typically, budgetary baselines have been set in accordance with prior year spending. This is no longer the case with COVID-19. Budgetary authorities – including those budgeting for children’s care – should be identifying and highlighting program and service expenditures that are directly related to COVID-19.

As governments consider policy priorities, it will be important to indicate the critical role of children’s care in the COVID-19 response. Children’s care will be affected by COVID-19 mortality of caregivers, higher levels of economic insecurity and poverty, closure of institutions, and many other factors. A number of NGOs have prepared a comprehensive [guidance](#) on alternative care provision during COVID-19.

As the current situation is complex and changing rapidly, the IMF is noting the need for bringing clarity to the budget picture. Care reform proponents should aim to be as direct as possible when advocating for their budget requests and how they relate to new national priorities given the pandemic.

The IMF is encouraging governments to maintain a medium-term outlook to budgeting, with scenarios developed that will anticipate a gradual winding down of the COVID-19 crisis. Future budgets will need to balance fiscal sustainability goals with the need to protect economic growth.

Sources: International Monetary Fund (2020). *Budgeting in a crisis: guidance for preparing the 2021 budget*.

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKewjN_ezG79nrAhWSK80KHd2sC4MQFjABeqQIBB&url=https%3A%2F%2Fwww.imf.org%2Fexternal%2Fpubs%2Fft%2Fexpend%2Fguide3.htm&usq=AOvVaw2nG_qKunHyZ75MsxQpqEq3 (accessed September 8, 2020). Better Care Network, Save the Children, the Alliance for Child Protection and Humanitarian Action (2020). *Guidance for alternative care provision during COVID-19*. <https://bettercarenetwork.org/library/particular-threats-to-childrens-care-and-protection/covid-19/alternative-care-and-covid-19/guidance-for-alternative-care-provision-during-covid-19> (accessed September 8, 2020).

SECTION 2. APPROACH OF THIS GUIDANCE

This Guidance aims to **show how a government budget can best be used to promote the better care of children within, wherever possible, a family environment**. It focuses on the processes that governments use to formulate and approve a budget and how those interested in care reform (as defined in Section 3) might participate in those. The initial sections of this guidance focus on budgeting and are followed by recommendations on what **specific policies, programs and/or services might be considered for inclusion in a budget that seeks to improve children's care**.

It is assumed that the government and its partners will have agreed on the necessity of a care reform strategy of some form (see Section 3) that would serve as the basis for informing the costing exercise. Ideally, a strategy document or its equivalent will have been drafted so that those preparing the budget will have some direction on what resources might be required.

This Guidance does not cover important sectors of social policy that indirectly, but importantly, benefit children and communities, such as social protection, health, and education programming. While all of social policy matters for children's well-being and protection, **this Guidance addresses the significant underfunding and gaps that are specific to children's care arrangements**.

As has already been seen, sections of this guidance have **dynamic resource buttons** that will lead the reader to useful resources, primarily on budgeting. Those readers without internet access can consult the resource section at the end, where these sources are listed. The intention was to keep this guidance as focused on care reform as possible, while allowing those interested in more detail to learn from authoritative references separately from this document.

SECTION 2. CARE REFORM – BRIEF OVERVIEW

Care reform refers to the “changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care and promote reintegration of children and ensure appropriate family-based alternative care options are available.”⁴ In many countries, residential care is referred to as ‘orphanage care,’ ‘charitable children’s institution,’ ‘remand home,’ ‘small group home,’ ‘children’s village,’ ‘boarding home’ or similar terms.

Why is a focus on children and families important to governments? Increasing evidence shows that **children’s physical, cognitive, emotional, and social development are positively influenced by a healthy and supportive family environment**. Stronger families thus contribute to poverty reduction, social cohesion, and economic growth, core components of any country’s national development agenda.

Care reform strategies aim to **address the drivers of child-family separation**. These may include poverty, humanitarian disasters and emergencies, HIV/AIDS or other terminal illness, death or incapacity of one or both parents, abandonment, trafficking, abuse, neglect, disability, or lack of access to basic services such as health or education. They highlight how all aspects of social policy can broadly address those drivers, but **focus specifically on policies, programs and services related to care for children (see Section 6)**.

Country care reform strategies can be built on a solid foundation of analytical work, including, *inter alia*:

- Literature review of global evidence on children’s care and on effective policies, services and programs for children.
- Country situational analysis and a care system assessment that assess information and data on children’s care arrangements, policies, programs, and services.
- Assessments of the social service workforce and how it engages in children’s care.
- Information from child protection management information systems.
- Evaluations and other learnings from past or current demonstration projects.
- Stakeholder consultations, especially with children, community representatives and caregivers.
- Assessment of the costs and benefits of different care alternatives (see Section 8.1); and
- Dialogue with Government agencies, development partners, non-governmental and community-based organizations, local experts, faith and community leaders, and other stakeholders as appropriate in country.

Many public budgets include resources for care for children in residential settings. Private donors also support institutions around the world. Scientific studies show that **these settings can be harmful to the well-being and welfare of the child and are also significantly more expensive** than care in a family and in the community.⁵ The issue of if care in small group residential settings is appropriate, as of this writing, under discussion by the U.N. Committee on the Rights of the Child and U.N. Committee on the Rights of Persons with Disabilities.⁶

⁴ Better Care Network and Global Social Service Workforce Alliance (2014). The role of social service workforce development in care reform. Working paper. https://bettercarenetwork.org/sites/default/files/The%20Role%20of%20Social%20Service%20Workforce%20Development%20in%20Care%20Reform_0.pdf (accessed November 9, 2020).

⁵ Van Ijzendoorn, MH, Bakermans-Kranenburg, MJ, Duchinsky, R. et. al. (2020). Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development. *Lancet Psychiatry* 7:8. Link available by clicking [here](#).

⁶ Grigoras, S. (2019). The role of small group homes for children in the transition from institutional to community-based care and in the continuum of care <http://www.disofia2019.com/files/files/Stela%20Grigoras.pdf> (accessed August 24, 2020).

Budgeting for reforming children’s care needs to include the resources required to **transition away from residential care facilities (i.e., institutions) and towards family- and community-based care**. These costs can be significant and range from repurposing the physical facilities to staff retraining and redeployment. The Faith to Action Initiative has produced a helpful [guidance manual](#) highlighting the steps needed to make the transition, and Kinnected has compiled a set of useful [resources and videos](#) on transition. Governments can and should work with private donors to invest in the resources needed to make these transitions successful.⁷

As Figure 1 shows, public investments in care reform should be systemic in nature, and include:

- Leadership and governance
- Service delivery
- The social service workforce
- Monitoring and evaluation
- Social norms and practices
- Financing

Figure 1: Care system assessment framework

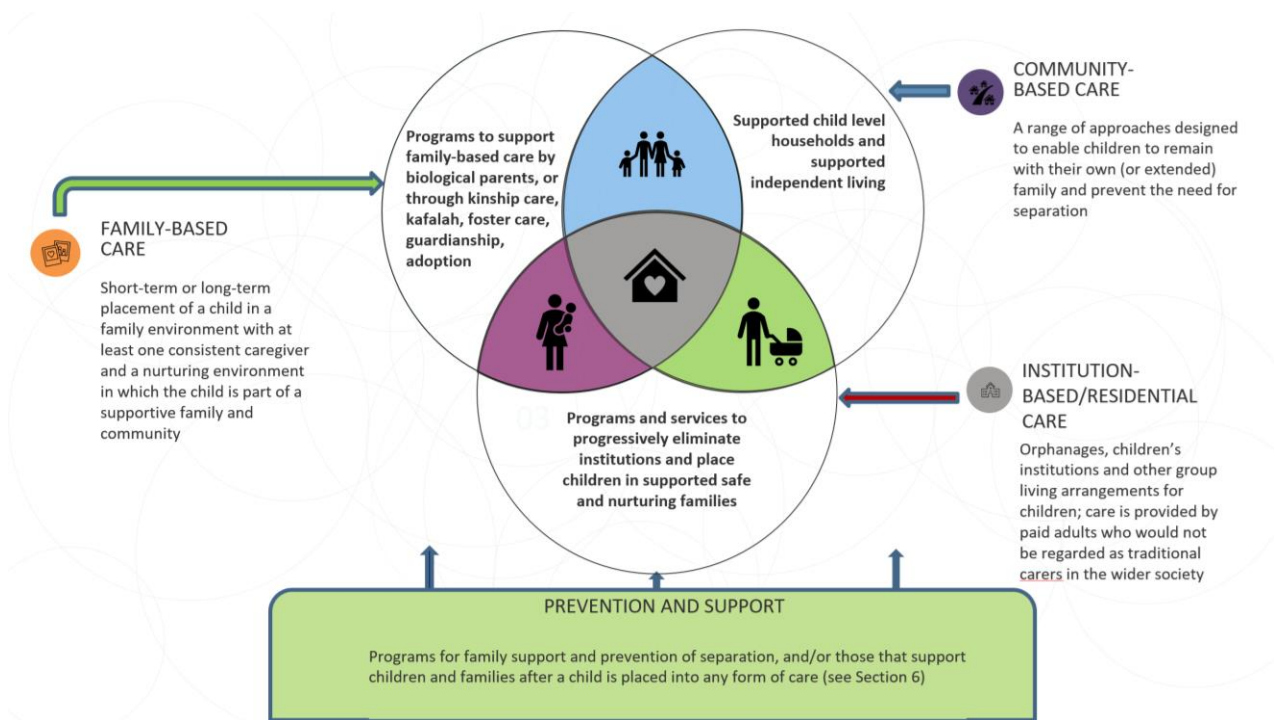


Country-specific context + broader child protection system + the U.N. Guidelines on Alternative Care

The continuum of family-based care options for children at risk of or experiencing life outside of a family environment includes care by biological parents, by relatives (“kinship care”), guardianship, foster care, the Islamic practice of Kafaalah, or adoption (see Figure 2). For some older children and young people, supported independent living with guidance from a mentor or social worker and within a supportive community may be in their best interest as they transition into adult life. In accordance with the December 2019 U.N. Resolution on the Rights of the Child, institutions should be progressively replaced with family-based care. All programs, regardless of the child’s caregiving arrangement, should aim for safe and nurturing long term family-based care for the child.

⁷ Faith to Action Initiative (2020). Transitioning to family care for children: a guidance manual. <https://www.faithtoaction.org/wp-content/uploads/2016/12/Transitioning-Care-Guidance-Manual.pdf> (accessed September 24, 2020); Kinnected (2020). Resources and videos. <https://www.kinnected.org.au/resources> (accessed September 24, 2020).

Figure 2: The continuum of care for children



Children with disabilities are at particular risk of losing family-based care and are disproportionately represented in institutions. Comprehensive measures need to be undertaken to ensure their full inclusion and participation in family and community life, in accordance with the provisions of the Convention on the Rights of Persons with Disabilities. USAID and its partners have prepared a helpful [guidance](#) on how best to provide family care for children with disabilities.

For additional resources on the topics above, click on the buttons below (also listed in the bibliography starting on page 39):

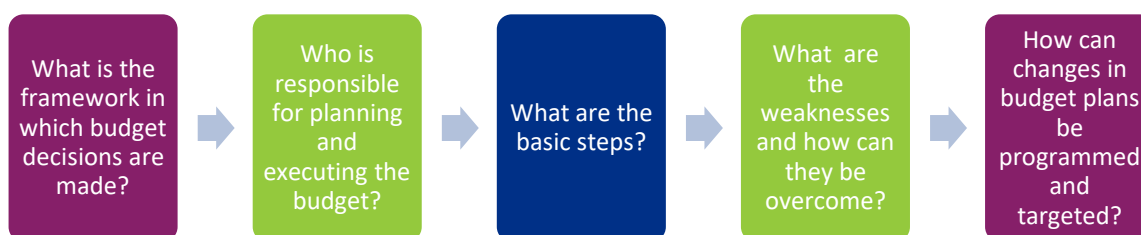
Click [here](#) to see a toolkit for developing a care reform strategy

Click [here](#) to see resources on the continuum of care for children

Click [here](#) to see resources on how to strengthen family care

SECTION 4. PRINCIPLES OF EFFECTIVE BUDGETING FOR CARE REFORM

The International Monetary Fund (“IMF”) has outlined five areas that budget planners need to understand for effective budget preparation and execution:⁸



A strong budget process will usually demonstrate the following:

- The budget shows agreed **fiscal targets**.
- Resources are allocated in accordance with **priority needs**.
- Programs and services are **cost-effective and efficient**.
- Budget allocations are **linked to outcomes**.
- Budgets have a **3–5-year time horizon**.
- Government agencies can execute **the budget** effectively; and
- Budgets can be **periodically reallocated** to adjust to changing realities and needs.

For care reform to receive greater resource allocations, the following issues must be addressed, and each are laid out in greater detail in the following sections of this Guidance:

- **Is care reform a national priority** across the whole of Government, or just within one or more ministries/agencies?
- **Is it clear which ministries and agencies are responsible for care**, and what needs to be funded?
- **Can each implementing ministries’ budget ceilings be increased** to fund care reform?
- **Will ministries allocate more funding for care** within their budget ceilings?
- **How effectively will ministries collaborate** during the budget process?

For additional resources on the topics above, click on the buttons below (also listed in the bibliography starting on page 39):

Click [here](#) for the IMF Guidelines on Public Expenditure Management

Click [here](#) for the World Bank Public Expenditure Management Handbook

⁸ International Monetary Fund (2020). Guidelines for public expenditure management. Section 3: budget preparation. Accessed August 25, 2020: <https://www.imf.org/external/pubs/ft/expend/guide3.htm>

SECTION 5. THE BUDGET FRAMEWORK FOR CARE REFORM

While each country has its own budget process, there tend to be commonalities that have emerged across countries. What follows is a generic outline of the budgetary framework that will be familiar in most settings, but **it is always important to understand the policies, regulations, and procedures in the specific country where one is working**. A given country's budgetary framework is typically subject to the provisions in its Constitution, legislation on public finance, and legislation on the budget procedures for sub-national entities (provinces, counties, districts, cities, etc.). The Constitution is particularly important with respect to how it frames decision making authority and national and subnational fiscal roles and responsibilities. Legislation frames the preparation, approval, execution, and control of the budget, and allocates who is authorized to issue detailed regulations on the budget process.

Each government's main priorities are established in accordance with its own political structure, policies, legislation, regulations, rules, procedures, national and sub-national roles, and internal dynamics. The roles of the executive branch, cabinet, council of ministers, civil society, and external development partners are also influenced by changes in leadership and government personnel appointments. Francophone and Commonwealth countries and different global regions vary in the ways that they develop, approve and execute budgets -- these are outside of the scope of this Guidance, but are discussed in detail in the [IMF Guidelines for Public Expenditure Management](#).

It is important for those advocating for care reform to understand the current informal dynamics of the budget approval process in their country – who has the most important voice on budget priorities, and how might they be reached? Ministry personnel will typically have good insight on this, as will staff of major multilateral agencies engaged in development finance (World Bank, I.M.F.) and U.N. organizations.

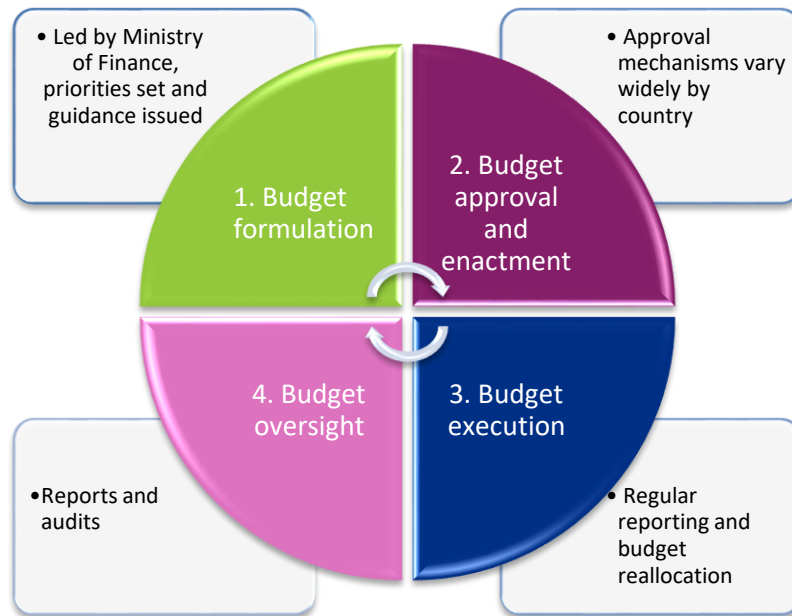
The following sections outline:

- A typical budget cycle
- The medium-term expenditure framework and its importance for care reform
- Agencies involved in public expenditure for care reform
- Decentralization of public expenditures

5.1 A TYPICAL BUDGET CYCLE

The budget cycle usually consists of four fundamental stages, as illustrated in Figure 3.⁹

Figure 3: The Budget Cycle



It is critical to engage on setting priorities and costing as early in the budget cycle as possible, ideally before budget ceilings are set. Perhaps nothing is more important for those engaged in care reform. Priorities are often set early in the process, and it can be very difficult to advocate for additional resources once they are articulated.

This means **obtaining the Government’s budget calendar highlighting key deadlines and deliverables at the very beginning of the budget formulation process (see example in Box 2)**. That budget calendar, usually issued through materials from the Ministry of Finance or equivalent, may (depending on context) set deadlines for:

- When budget formulation guidelines will be sent to ministries/agencies
- Review of prior year budget execution
- Macroeconomic targets
- Setting of budgetary priorities within government
- Review and approval of Medium-Term Expenditure Framework (3-5 years)
- Launch of annual budget preparation process
- Establishment of ministry/department/agency budgets and ceilings
- Key intergovernmental meetings
- Public hearings (if any)
- Timing for submission of draft budgets
- Timing for submission of final budgets for approval



⁹ Figure adapted from Colburn, J. (2017): Making the most of the budget cycle: the budget formulation stage. International Budget Partnership. <https://www.internationalbudget.org/2017/02/making-budget-cycle-budget-formulation-stage/> (accessed August 25, 2020).

- Timing for expected final budget approval

Once the budget planning calendar is understood, it becomes much easier to develop and implement a strategy for advocating for inclusion of care reform within the budget.

For additional resources on the topics above, click on the buttons below (also listed in the bibliography starting on page 39):





Click [here](#) for an IMF paper on budget institutions in low resource countries

Click [here](#) for a World Bank overview of the budget preparation process.
If blocked, see an alternative resource [here](#).

Box 2: The Budget Calendar in Kenya

Budget preparation in a given country begins early in the fiscal year! In Kenya, the fiscal year begins on July 1 – the budget process for the following year launches on August 30.

Here is an example of just some of the dates of activities that those working to prepare budgets need to be aware of, with key dates of interest to those interested in advocating for care reform highlighted in **red** (these dates often are changed during the process):

<p>First Quarter: Launch</p> 	<p><u>August 30</u>: National Treasury issues circulars on the budget process and public participation</p> <p><u>September 1</u>: Counties table Annual Development Plans, sector hearings commence with public participation through Feb. 15</p> <p><u>September 30</u>: Treasury Budget Review and Outlook produced</p>
<p>Second Quarter: Review</p> 	<p><u>October 21</u>: Budget and Outlook submitted to Parliament</p> <p><u>October 31</u>: Controller of the Budget releases Q1 implementation reports, made public</p> <p><u>November 15</u>: National Government publishes Q1 implementation report, tabled before National Assembly and made public</p>
<p>Third Quarter: Preparation</p> 	<p><u>By February 15</u>: National Treasury submits National Budget Policy Statement and County Allocation of Revenue Bill to Parliament</p> <p><u>By March 1</u>: Budget Policy Statement published, budget preparation</p> <p><u>By March 15</u>: Parliament considers and approves County Allocation of Revenue Bill and Division of Revenue Bill</p>
<p>Fourth Quarter: Finalization and Approval</p> 	<p><u>April 30</u>: National Treasury submits national budget proposal or estimates before Parliament</p> <p><u>By June 30</u>: Public hearings before Budget Committees, National Assembly reviews and approves budget estimates, approved budget estimates published</p> <p><u>By June 30</u>: Appropriations and Finance Bills passed</p>

Source: Githinji, G (2020). The stages in the budget process in Kenya. Accessed August 25, 2020:

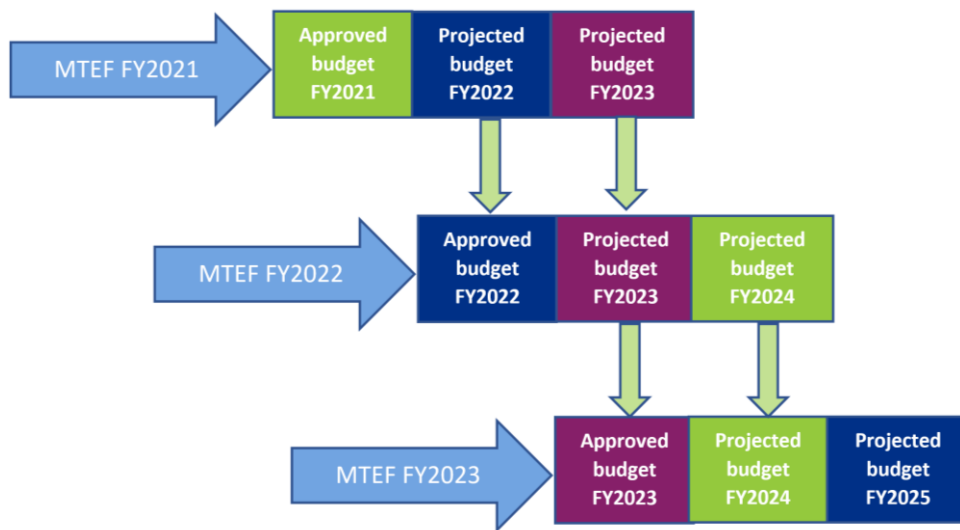
<https://www.afrocave.com/budget-process-in-kenya/>

5.2 THE MEDIUM-TERM EXPENDITURE FRAMEWORK AND CARE REFORM

Governments typically prepare a Medium-Term Budget Framework (“MTBF”) early in the budgeting process, which outlines a government’s projections of revenues and expenditures over 3-5 years. The Medium-Term Expenditure Framework (“MTEF”) breaks those projections down into a detailed public expenditure program. The first year of the MTEF is in the form of a final and approved budget. The following years in the MTEF represent government budget expenditure estimates that are updated every year (see Figure 4).

Like many elements of policymaking, the formulation of the MTEF is both a top-down and bottom-up process. **While government agencies only formally receive a budget on an annual basis, the MTEF informs policy and program planning over a multi-year basis.**

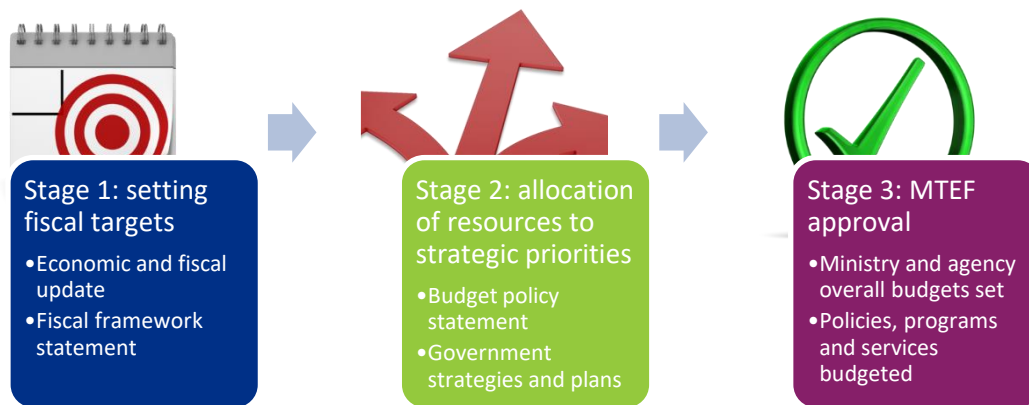
Figure 4: The Medium-Term Expenditure Framework Sequence (3 years)



The MTEF/MTBF process typically takes place in three stages (see Figure 5). The first stage sets the fiscal targets for total national planned revenues and forecasted expenditures. These are often laid out in economic and financial updates and fiscal framework statements (or equivalents). The second stage allocates resources to strategic priorities within these targets. The third and final stage leads to the final approval of government priorities, agreement on the MTEF, and passage of the next fiscal year budget.

Those working on care reform will largely want to initiate engagement on the budget dialogue during the second phase of the MTEF process and continue that engagement through final budget approval. Care reform is a lengthy process requiring a long-term time horizon, and while the MTEF is for only 3-5 years, it is the best tool available for providing some direction on whether and how resources are being allocated among competing policy priorities.

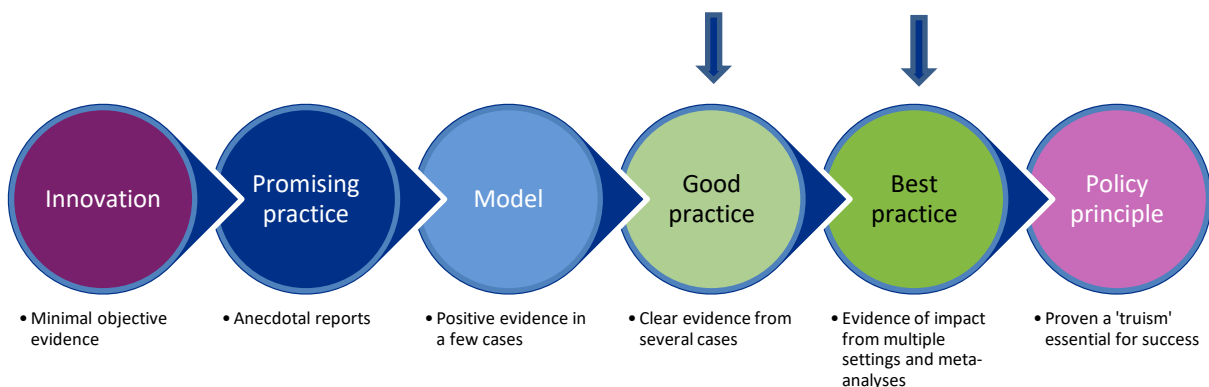
Figure 5: Generic Stages of a Medium-Term Expenditure Framework



While priority setting is largely a negotiating process, **the credibility of policies, programs and services plays a role in resource allocation.** Policymakers will be more interested in care reform proposals if they are evidence-based, show social and economic benefits, and appear likely to garner social support.

Evidence can be presented in a variety of ways: one-to-one meetings with key decisionmakers, targeted workshops with government and external stakeholders, conferences, and the media as locally appropriate. Larry Cooley and Johannes Linn have prepared a useful ‘evidence continuum’ to facilitate an assessment of which types of evidence are most robust for supporting changes in policies, programs, and services (see Figure 65).¹⁰ Typically, those supporting care reform will want to highlight ‘good’ or ‘best’ practices.

Figure 6: The Evidence Continuum (Cooley and Linn)



¹⁰ Cooley, L. & Linn, J. (2014). Taking innovations to scale: methods, applications, and lessons. Results for Development Institute. https://www.usaid.gov/sites/default/files/documents/1865/v5web_R4D_MSI-BrookingsSynthPaper0914-3.pdf (accessed September 21, 2020).

What types of evidence that are specific to children’s care might be most compelling? Some potential examples include:

- Evidence of harm of current policies on children’s care: Governments should be interesting in using their expenditures for the public good. A recent robust [meta-analysis](#) of over 300 studies across the globe shows convincingly that institutionalizing children is harmful to their well-being. Government expenditures should accordingly be redirected to programs that help children and families.
- Evidence of the benefits of family-based care for children: Governments should be interested in seeking positive outcomes through their expenditures. There is strong [evidence](#) that a safe, stable and nurturing family-based environment for children promotes improved development outcomes and overall public health.
- Evidence that expenditures should be cost-effective: Cost-effective [analyses](#) have demonstrated that family and community based care can be provided at a fraction of the cost of institutions, and those resources can be redirected to serve many more children.

It is critical to follow the process outlined in the budget guidelines/circular. The credibility of the budget submission will suffer if procedures are not followed and/or deadlines are missed. If a ministry or agency is proposing significant new expenditures, it is likely to be challenged by budgetary authorities such as the Ministry of Finance (or equivalent) to justify those expenditures. **Care reform is poorly understood in many governments and there will be a need for clear and convincing advocacy to avoid a quick rejection of the request.**

For additional resources on the topics above, click on the buttons below (also listed in the bibliography starting on page 39):

Click [here](#) for a useful IMF blog with articles on MTEF preparation

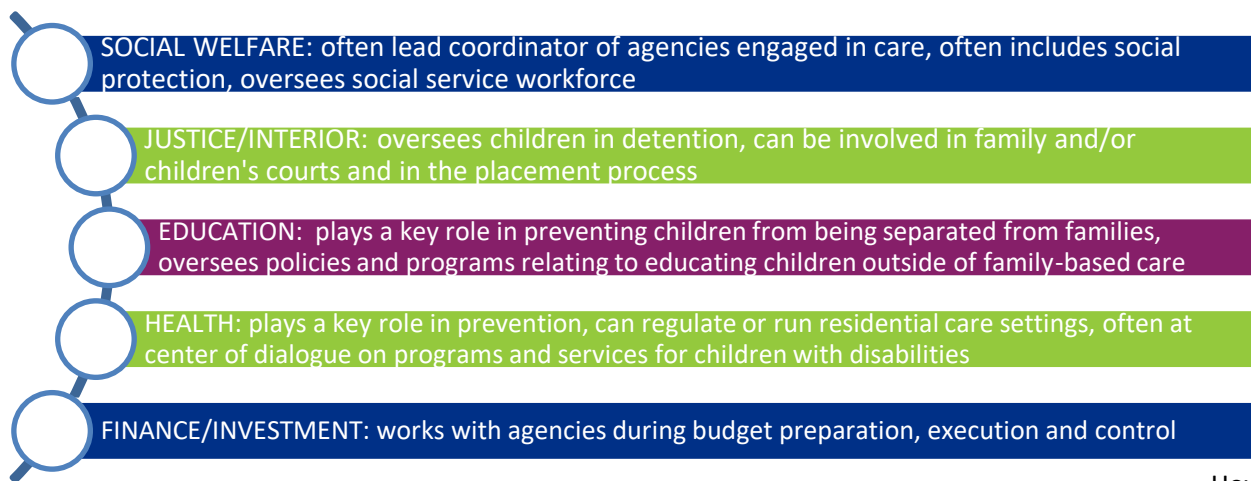
Click [here](#) for an Overseas Development Institute guidance on MTEF budgeting

5.3 CARE REFORM: WHICH AGENCIES ARE INVOLVED IN PUBLIC EXPENDITURE?

Issues related to children’s care arrangements are typically the primary responsibility of a ministry of social welfare or its equivalent. **These ministries are typically given limited resources** from the national budget to develop social services to address a wide array of risks and adversities, from trafficking to gender-based violence. That allocation is (in most countries) a small fraction of one percent of total government expenditure, which is then split among a significant number of programs. The result is quite often a fragmented mixture of under resourced programs and services, many facing complex issues that are faced by a significant proportion of the population.

Further, care reform strategies require the engagement of multiple sectors, requiring coordination of the budget preparation process across ministries and agencies (see Figure 7). **Collaboration and cooperation across these sectors are important if comprehensive care reform is to be achieved over time.**

Figure 7: Sectors that are often engaged in the care reform budget process



How is such collaboration to be achieved? This is discussed in Section 6.4 below, but it is worth highlighting that each sector needs to see care reform as supportive of its agenda and as **a core component of broader social policy.**

- A Ministry of Education should be interested in how safe and nurturing families can help to improve education participation rates, and how schools can be made safe spaces for children.
- A Ministry of Health should understand the long-term effects of toxic stress on children’s physical and mental development and work to support public health measures focused on positive parenting and family supports.
- Ministries of Justice and/or Interior should be interested in how stronger families can reduce the prevalence of social problems and children encountering the law.
- Ministries of Finance and Investment should be interested in how family and community-based services are cost effective, able to serve 6-10 children for each child in residential care and with more positive results.

For additional resources on the topics above, click on the buttons below (also listed in the bibliography starting on page 39):

Click [here](#) to see a Lancet Commission’s recommendations on care reform strategies

Click here for different country examples of coordinating on gatekeeping

Click [here](#) to see how case management can be handled across ministries

5.4 CARE REFORM: DECENTRALIZATION OF PUBLIC EXPENDITURE

Government's vary widely in how they assign responsibilities for public expenditures to sub-national authorities. Some countries operate under a 'deconcentrated' model of public expenditure, where the central government maintains strong authority over the management of finances. The 'delegated' model of public expenditure is more commonly used, where resources are transferred to subnational authorities that are given autonomy in how they are used, but while still remaining accountable for ensuring they are managed and administered in accordance with central government requirements. 'Devolved' systems allow sub-national authorities to raise their own revenues and manage and administer their own budgets.

Often, countries will choose to delegate expenditures for some functions, and devolve expenditures for others. Decentralization is often a good way of ensuring that resources best meet local needs, but in some cases more centralized funding can sometimes be preferred (for example, for risk-pooling a national health insurance scheme). Regardless, social welfare may be funded from both central and local sources and costing and budgeting will need to be handled accordingly.

It is important to review the budget circular and other resources to understand the role that sub-national authorities play during the formulation, management, and execution of the budget. For example, those working on care reform budgets would want to focus on the state (rather than central) level in countries like India and Nigeria, where much budgetary authority has been delegated.

Regardless of the system used, **it is critical to strengthen the knowledge and capacity of local authorities** to use resources for care reform effectively. For example, a local authority that has been given a grant to support transitioning of institutions will in many cases not have the ability to do so in a way that protects the children affected. Technical assistance and training, along with guidelines and tools, can facilitate local decision-making.

Securing local commitments to the policy objectives of care reform is key to success in changing how the public thinks about care and how agencies, organizations and individuals can best collaborate to support children and families. Note that often, **national grants to subnational authorities can come with few specifications on how they are to be used** – in these cases, the local authorities will only use those resources for care reform if they see it as a priority.

Subnational authorities can be helpful advocates for increased budgets for care reform before central government agencies. A situation analysis on the state of children and families can serve as the basis for an investment case for social services for children (see Box 3).

For additional resources on the topics above, click on the buttons below (also listed in the bibliography starting on page 39):

Click [here](#) for a brief World Bank overview of decentralization

Click [here](#) for an ODI guide on fiscal decentralization

Click [here](#) for a paper on decentralization and efficiency of service delivery

Box 3: Making the Case for Children's Services in Mombasa, Kenya

In 2018, an investment case was prepared for Mombasa County, Kenya showing the outcomes that would result from increasing resources for social services for children and families. While not specifically addressing care reform, it is a good example of how care might be promoted locally.

The investment case was prepared with the support of USAID and 4Children, and was intended to:

- Provide evidence on the need for investment.
- Prioritize and align necessary actions to close the gap between resources and needs.
- Mobilize stakeholders to increase awareness and investment.
- Create a case for public sector financing; and
- Demonstrate the positive outcomes from investment and the costs of inaction.

The investment case used a mixed methods approach drawing on both qualitative and quantitative information, including government statistics on risks and vulnerabilities, public budget data, literature reviews, legislation and regulations, past evaluations and assessments, and local stakeholder consultations.

One important issue for Mombasa was that significant funding had been provided by PEPFAR and other donors for vulnerable children's programming, but these resources were ending, thereby requiring mobilization of national public and private resources to sustain those programs.

Six priority service areas were identified:

- Implementation and enforcement of laws
- Safe environments (preventing and responding to violence and abuse)
- Parent and caregiver support
- Income and economic strengthening
- Response and support services against violence and abuse
- Coordination and data collection

A comprehensive costing of county needs as launched. It was determined that full funding of those areas would require only 2.1 percent of the county's annual budget.

The investment case highlighted the costs of failing to invest in these programs and services. For example, those who experience stunting in childhood earn 22 percent less than their peers in adulthood, and preventive programs reduce reliance on expensive health care services.

Conversely, investing in social services yields positive results (there is a 17.2 percent rate of return for completion of secondary education in Kenya). Children who are protected have better health status and are more likely to participate and perform better in school. HIV is prevalent in Kenya, and these social services reduce the risk of being HIV-affected, which is associated with significant costs as well.

SECTION 6. CARE REFORM: WHAT SHOULD BE BUDGETED FOR?

Ideally, preparation of a budget request for care reform will be based on an articulated and clear strategy that includes, at a minimum: (i) the policy objective; (ii) the strategy; (iii) programs and services to be supported; (iv) implementation plan; (v) responsibilities and accountabilities; (vi) clear timelines; and (vii) an articulation of expected outcomes, along with a monitoring and evaluation (“M&E”) plan.

The strategy should focus on how a comprehensive system of care can be strengthened, along with the supportive programs and services required to reach children and families. This is analogous to the health sector, which may invest in systems strengthening (e.g., improved data collection, public financing, hospital and clinic administration, etc.) and health programs (HIV, TB/malaria, paediatrics/maternity, cardiology, research, facility hygiene, etc.). It will budget for these at the national and each sub-national level of government.

Note that all costs need to be considered not only at the national level, but at the sub-national level (e.g., provinces, counties, districts, municipalities, and similar territorial-administrative levels). To the extent possible, it is desirable to have a sense of the scale of private funding (donors, corporations) that is going to children’s services, as well as other sources of income for care (fees, local fundraising activities).

It is also important to distinguish between the following differences between recurrent and capital (or investment/development) costs:

- **Recurrent costs:** The expenditure required for operations such as payroll, support services, utilities, travel, and other general and administrative expenses. For convenience, technical assistance and training are presented as short-term recurring costs, but in some cases they are better classified as investments.
- **Capital costs:** Expenditures for physical or financial assets, such as construction, renovation, technology, equipment, and furnishings.

The following sections presents selected examples of public sector investments in care reform in four inter-related areas:

1. Strengthening policy development, monitoring and evaluation
2. Strengthening the social service workforce for care
3. Improving the access to and quality of programs and services
4. Changing norms, attitudes, and practices

6.1 STRENGTHENING POLICY DEVELOPMENT, MANAGEMENT AND ADMINISTRATION

Most governments need to invest to strengthen their ability to develop, administer, and oversee care reform policy. Children’s care programs in many low resource settings are often largely dependent on external donors. **Governments can only take full ownership of children’s care if they invest in making care reform a part of the policy, budgeting and expenditure process.** Part of that agenda involves building national capacity to develop and oversee policy within and outside of government, while progressively reducing reliance on external partners and advisors. Civil society organizations can play a key role in partnership with government, and if the mechanisms are in place, they may also be contracted to undertake programs and services.

There are three areas that strategies might identify for capacity development, including:

- Leadership and governance
- Monitoring, evaluation, and learning
- Financing and budgeting

Some examples of potential areas to be identified and costing in these areas are presented in Table 1.

Table 1: Selected examples of investments for policy development, management, and administration

DESCRIPTION	RECURRENT COSTS	INVESTMENT COSTS	OUTCOME
LEADERSHIP AND GOVERNANCE			
Review and strengthening of policies, legislation, and regulations	Technical assistance and training targeting key ministry and agency staff, relevant academia and non-public sector partners on care reform policy	N/A	Policy framework for care reform has clear objectives, is aligned with legislation and the rights regime, is embedded in broader social policy, is relevant, and is effective at specifying national and sub-national roles and responsibilities.
Ministry/agency strategic, staffing, and organizational plan	Technical assistance to assist ministries and agencies at national and sub-national levels to assess their capacity and strengthen their organization, human resources, and strategies for managing, administering and overseeing care reform; Clear job descriptions and accountabilities	N/A	Public agencies are better positioned and internally resourced to develop, manage, administer, and oversee care reform policy effectively.
Human resources (ministries and agencies engaged in care reform)	Payroll and recurrent costs for personnel working on care, training and capacity building of personnel, includes indirect costs for running public sector operations (utilities, travel, etc.)	Facilities, office space, technology and equipment needed for personnel	Human resources across all agencies are increasingly adequate to develop, manage, administer, and oversee care reform policy.
Protocols, standard operating procedures, guidance, tools, manuals, and related technical materials	Technical assistance and training on thematic materials to inform and guide the work of public sector officials and others on care reform	N/A	Ministry and agency staff are better able to perform their work in line with legislative and regulatory requirements
Coordination and mobilization of private donors and care providers	Technical assistance and training, workshops aimed at strengthening their contributions to family-based care	N/A	Better alignment of public and private programs and services for care

DESCRIPTION	RECURRENT COSTS	INVESTMENT COSTS	OUTCOME
Management information system (linked to monitoring and evaluation below)	Technical assistance and training on a strengthened, technology-based MIS for care covering national and subnational levels, including a comprehensive MIS plan, MIS standards, system development, routine costs for maintenance and trouble-shooting, MIS staff, power supply, internet, mechanisms to use and provide feedback on data	Office space, technology, software, data storage, servers and equipment needed for MIS	Ministry and agency officials can collect, manage, assess, and disseminate more reliable and relevant information on care reform efficiently and effectively
MONITORING, EVALUATION AND LEARNING			
Development or strengthening of a monitoring, evaluation and learning plan for care reform	Technical assistance to develop a plan for strengthening data collection, management, analysis, dissemination, and learning (see following rows).	N/A	Clear framework and strategy for monitoring evaluating and learning on care reform.
Strengthening of data collection on the care of children	Technical assistance and training to strengthen current monitoring through indicator review, data collection mechanisms, standard operating procedures, training of staff, and improved technology	See 'Management Information System' above, noting that an MIS includes information beyond indicators for programs and services	Information and data collected are relevant, reliable, and timely and routinely used for decision-making.
Review and strengthen data and information management	Technical assistance and training to strengthen systems for managing and presenting data for analysis and evaluation	See 'Management Information System' above	Information and data are cleaned, collated, stored and analyzed in a way that facilitates effective use for decision-making.
Monitoring and oversight of private donors and service providers	Technical assistance to develop mechanisms to assess and track private donors and service providers engagement in children's care, including residential care	Monitoring systems as part of overall Management Information System	Information collected facilitates alignment of public and private programs and services; stronger government oversight of private provision of services

DESCRIPTION	RECURRENT COSTS	INVESTMENT COSTS	OUTCOME
Review and strengthen data and information analysis	Technical assistance and training for public sector staff, development partners, academia/experts, and others to analyze data and information on care.	Public universities and agencies may need sufficient technology/software and resources to analyze the data effectively.	Data and information is available to be used to inform the improvement of policies, programs and services that support children's care.
Dissemination, dialogue, and learning	Technical assistance, training and convenings (meetings, conferences, workshops, seminars, etc.) to discuss and learn from available data and to provide feedback to both policymakers and service providers; reports and publications to disseminate information.	Equipment and materials needed for publications (printed and/or published online).	Policy framework for care reform has clear objectives, is evidence-based, is aligned with the rights regime, is embedded in broader social policy, is relevant, and is effective at specifying national and sub-national roles and responsibilities.
Organizational and human resources for monitoring, evaluation, and learning	Technical assistance and training to support a plan for organizing and implementing monitoring, evaluation and learning at the national and sub-national levels; note that payroll and related costs should be covered under 'Human Resources' above)	Facilities, office space, technology and equipment as reflected in 'Human Resources' and "MIS" above	Ministries and public agencies have the organizational and human resources to manage and oversee the monitoring, evaluation, and learning system.
FINANCE AND BUDGETING			
Organizational and human resources for finance and budgeting for care reform	Payroll and related costs (see 'Human Resources' above), technical assistance and training to ensure that staff have the knowledge and capacity to budget for, and advocate for, care	Facilities, office space, technology and equipment as reflected in 'Human Resources' above	Ministries and agencies engage early in the budget cycle and are able to cost and advocate for care reform effectively.
Care reform costing tools and resources developed or strengthened	Technical assistance and training to develop tools adapted to national and subnational context (see next section on costing)	N/A	Ministry and agency staff can efficiently prepare budget scenarios, and advocate for same, covering all aspects of care reform.

For additional resources on the topics above, click on the buttons below (also listed in the bibliography starting on page 39):

Click [here](#) for the World Bank’s resources on effective governance

Click [here](#) to see how Rwanda articulated its care reform strategy

Click [here](#) for an IMF guidance on government compensation and employment

6.2 STRENGTHENING THE SOCIAL SERVICE WORKFORCE FOR CARE

Care reform can best be achieved by developing a strong social service workforce consisting of trained public and non-public professionals and paraprofessionals who work with children, families, and communities. Their titles differ depending on the country and context, but include social workers, counsellors, community workers, volunteers, child and youth care workers, and related professions. More information on this topic can be found at the [Global Social Service Workforce Alliance](#).

In many respects, investments in a trained and resourced social service workforce are among the most important a country can make (see Table 2). By developing and utilizing effective case management systems, the workforce can assess the specific needs of children and families and develop a plan that will help them to access resources that are available in their community. They play a critical role in ensuring that a child’s best interests are taken into account during placement decisions, and can leverage the work of other social sector staff (social protection, education, health, justice, etc.) to provide a holistic response to the varied needs of children and families.

Table 2: Selected examples of investments in the social service workforce

DESCRIPTION	RECURRENT COSTS	INVESTMENT COSTS	OUTCOME
SOCIAL SERVICE WORKFORCE			
Social service workforce assessment and plan of action	Technical assistance on assessing the state of the workforce (national and sub-national) and developing a plan to strengthen the workforce, standards of practice, functional skills, etc.	N/A	Clear understanding of the current strengths and weakness of the workforce relative to anticipated social needs, and framework for building the workforce’s capacity to meet those needs
Social service workforce regulations	Technical assistance to draft and implement regulations covering the recruitment, deployment, training, management, standards, and related areas concerning the workforce	N/A	Statutory authority provided to the workforce which also clearly defines how the workforce will operate
Social service workforce training and accreditation	Technical assistance to develop a national standardized, competency-based pre-services and in-service training plan for the workforce; technical	Facilities (can involve investments in civil works for training facilities), classrooms, technology, equipment, furnishings	Social service workforce better able to perform its duties, with accreditation showing that an individual meets or exceeds minimum training standards.

DESCRIPTION	RECURRENT COSTS	INVESTMENT COSTS	OUTCOME
	assistance to develop an accreditation system; plan and support for delivering the actual training through licensed universities, colleges, and specialized training agencies.		
Recruitment and deployment of the social service workforce	Payroll and recurrent costs for personnel working on care, includes indirect costs for running public sector operations (utilities, travel, etc.). [Do not duplicate above human resources costs]	Facilities, office space, technology and equipment needed for personnel	Human resources across all agencies are increasingly adequate to develop, manage, administer, and oversee care reform policy.
Case management system	Technical assistance to develop or strengthen case management systems, ensuring they meet the needs of those working on children’s care [do not duplicate above MIS costs], training on case management systems [do not duplicate training sections above]. Design and publication of case management materials, standard operating procedures, forms, etc. Mapping of local programs and services to identify available resources for children and families.	Equipment, technology, software, networking, and other physical investments identified in the plan; printing of publications and forms	Children and families receive individualized attention and planning works to ensure that they are matched to the best available resources to meet their needs.

For additional resources on the topics above, click on the buttons below (also listed in the bibliography starting on page 39):

Click [here](#) to learn about the role of the social service workforce in care reform

Click [here](#) to access guidelines on strengthening the social service workforce

Click [here](#) to learn about paraprofessionals in the social service workforce

6.3 IMPROVING THE ACCESS TO AND QUALITY OF PROGRAMS AND SERVICES

The care reform strategy should be informed by the drivers that lead children to be separated from families, and these will be unique to each context, sometimes even to each community. The programs and services to promote better care for children and stronger families should, as has been noted, be nested in the government's broader social policy. For example, **care reform strategies should be informed by a good understanding of the poverty, risks and vulnerabilities children and households face**, and by extension how social protection programs are currently working to address those issues, what services and programs already exist, where, and how they are accessed (or barriers to their access). Programs and services can be resource-intensive, so those engaged in costing a strategy need to consider carefully:

- Where does this program/service fit in a continuum of care from prevention to response?
- How does the program or service complement community-based protection mechanisms and social protection schema?
- Which programs and services are priorities? To what extent are they effective at reaching and/or accessible to those with needs, and at what level of quality?
- How is service quality assessed and against what standards?
- How is service quality assessed and against what standards?
- Which services seem more cost-efficient or cost-effective (see Glossary above) than others?
- How might new programs and services be developed and deployed? What investments are required to develop them? Who will provide those programs and services?
- What types of programs and services are currently offered by non-governmental providers, and how are they funded?
- Are there opportunities for public-private collaboration, including financing of those programs and services offered by private actors?
- Will some existing programs, such as residential care, transition to different models that are focused on family and community-based supports? How will these align to needs?
- How will those programs and services be monitored and held accountable to standards of quality, accessibility, etc.?
- Should we be thinking in terms of a minimum package of services?

There are hundreds of different types of services that can be provided as a part of child protection and care. Figure 1 has already specified what should specifically be included, at minimum, in a care reform costing: (i) prevention of unnecessary child-family separation and family strengthening; (ii) child-family reunification and reintegration; (iii) kinship care; (iv) foster care; (iv) other forms of alternative care (family-based and residential); (v) adoption; and (vi) independent living and care leaving.

Table 3 is organized a bit differently than the others, in that it clusters an indicative selection of programs and services in four different categories, many covering all aspects of the six care reform areas outlined in the paragraph above:

- Assessment through case management
- Prevention, family strengthening, early intervention, gatekeeping, and family and community-based services
- Alternative care (while residential care should be progressively eliminated as part of the system, it is important to capture its current costs as well as the costs of transitioning or closing facilities)
- Monitoring and support of children and families after child placement

Table 3: Selected examples of investments in program and service quality and access

DESCRIPTION	RECURRENT COSTS	INVESTMENT COSTS	OUTCOME
ASSESSMENT THROUGH CASE MANAGEMENT			
Office-based (in person or remote) case worker assessment and referral to supports and services (including social protection, nutrition, health, early childhood development, education, and the programs below)	Payroll and recurrent costs for case workers, includes indirect costs for running public sector operations (utilities, rent, communications, etc.). [Do not duplicate above human resources costs]	Facilities, office space, technology and equipment needed for personnel	Development and execution of a case plan that provides children and families with the resources they need to mitigate their risks and adversities, and capitalize/strengthen their protective factors, including the risk of family separation
Home-based case worker assessments	Payroll and recurrent costs for case workers, includes indirect costs for running public sector operations and in this case travel (utilities, rent, etc.). [Do not duplicate above human resources costs]	Vehicles, facilities, office space, technology and equipment needed for personnel	Development and execution of a case plan that provides children and families with the resources they need to mitigate their risks and adversities, and capitalize/strengthen their protective factors including the risk of family separation
PREVENTION, EARLY INTERVENTION, GATEKEEPING AND FAMILY/COMMUNITY BASED SERVICES			
Development and approval of prevention and gatekeeping plans and mechanisms	Payroll and recurrent costs, technical assistance and training, indirect costs required for operations. Cash grants as applicable. Can include government grants to non-governmental service providers (NGOs, community-based organizations). Technical assistance and training to strengthen programs (depending on country, may be budgeted as an investment expense).	Facilities, office space, technology, vehicles, and equipment needed for personnel. Costs of in-kind supports and supplies provided to those in need (depending on country, may be budgeted as a recurrent expense).	Children and families provided with the strengthening they need to prevent family separation, while reducing overall risk and vulnerability and strengthening human capital.
Referral mechanisms			
Gatekeeping mechanisms that work to keep children in families and return children to families in their best interest			
Regular 'case worker' home-based visits to vulnerable children and families			
Family tracing and reunification programs			
Group conferences with families and caregivers			
Day care programs for working caregivers including ones targeting children facing significant risks and vulnerabilities			
Supports and services for children with disabilities			

Home visits and crisis stabilization	For referrals, costs of accompaniment, referral follow-up, multi-disciplinary case conference groups, referral networks and mechanisms		
Family strengthening services (including economic, family support centers)			
Positive parenting programs, parent education, parent empowerment, including fathers and male caregivers			
Child hotlines trained to intervene in issues related to children's care			
Legal aid			
Mental health counseling and psychosocial support			
Training in life skills			
Emergency response and mobile crisis teams			
Child justice diversion programs that keep children out of detention			
Programs for children associated with the street			
Mentoring for parents, caregivers, children			
Child violence, physical and sexual abuse and neglect prevention and intervention programs			
School-based protection programs and inclusive education services / programs			
Parental respite care (short-term breaks or relief to families in stress)			
ALTERNATIVE CARE			
Government strategy to transition institutions and to focus programs and services on family-based care ("care reform strategy")	Payroll and recurrent costs, technical assistance and training, indirect costs required for operations [do not duplicate 'Human Resources' above].	Facilities, office space, technology, vehicles, and equipment needed for personnel.	Children are provided with alternative care that meets or exceeds minimum standards, with the system goal being a permanent placement of a child in a safe and nurturing family.

Case management services (planning, monitoring, etc.) for alternative care of children	Salaries and retraining of staff during transition.	Costs of in-kind supports and supplies provided to those in need (depending on country, may be costed as a recurrent expense).	
Justice and legal programs for formal alternative care	Cash grants as applicable (e.g., grants to alternative care providers).	Investments to assess current systems, plan reform, transition away from residential care to family and community-based care (e.g., renovating a children's institution so it can serve as a day care center).	
Kinship care services	Can include government grants to non-governmental service providers (NGOs, community-based organizations).	Investments to identify, assess and train alternative care providers	
Foster care services (including specialized foster care, foster to reintegration programs, foster to adoption programs, and respite care for foster parents)	Technical assistance and investments to transition away from residential care to family and community-based care.		
Adoption programs			
Other forms of family-based alternative care programs such as Kafalah			
Temporary shelters			
Remand homes	Technical assistance and training to strengthen programs (depending on country, may be budgeted as an investment expense)..		
Small group care settings (up to 8 children, often specialized)			
Larger institutions (8 or more children)			

MONITORING AND SUPPORT OF CHILDREN AND FAMILIES

Case plan to monitor and support children and families after placement decisions are made (e.g., from an institution to a family)	Payroll and recurrent costs, technical assistance and training, indirect costs required for operations [do not duplicate 'Human Resources' above].	Facilities, office space, technology, vehicles, and equipment needed for personnel.	Children and families receive the support they need to ensure placement decisions are successful and that children are safe and nurtured.
Office-based visits with caseworkers		Costs of in-kind supports and supplies provided to those in need (depending on country, may be budgeted as a recurrent expense).	
Home-based visits by caseworkers	Cash grants as applicable (e.g., grants to alternative care providers).		
Programs for those who have experienced alternative care			
Independent living, care leaving and life skills programs	Costs of care leaving support services, including cash grants, housing stipends, etc. to care leavers as applicable		
Mentoring and coaching programs			

	<p>Can include government grants to non-governmental service providers (NGOs, community-based organizations).</p> <p>Technical assistance and training to strengthen programs (depending on country, may be budgeted as an investment expense).</p>		
<p>NOTE: MANY OF THE PROGRAMS IN THE ABOVE 'PREVENTION' SECTION ARE ALSO SUPPORTIVE FOR THOSE IN POST-PLACEMENT</p>			

For additional resources on the topics above, click on the buttons below (also listed in the bibliography starting on page 39):

Click [here](#) for Better Care Network resources on the continuum of care

Click [here](#) to access gatekeeping guidance

Click [here](#) for guidance on remote case management under COVID-19

6.4 CHANGING NORMS, ATTITUDES AND PRACTICES

Norms, attitudes and practices are perhaps the most important factor in determining why children stay in families, how they are treated while in a household, and why they may end up outside of a family and in residential care, detention or associated with the street. For example, a social attitude that institutions are a 'social good,' and not harmful to children (despite the evidence), can lead some families to place their children in those facilities.

Changing social norms, attitudes and practices requires a long-term perspective. Strategies have to be carefully designed to ensure the change is embraced by society, does not lead to strong opposition, and does not lead to unintended consequences. Success is more likely when a change in norms is being promoted from within a society, rather than by outsiders. Strategies to change norms must respect ethnic, cultural, linguistic and religious diversity. There is a complex array of different actors that can be involved in changing norms, attitudes, and practices – government, civil society, community and faith leaders, private funders, academia and experts, and the media.

Some general areas to be considered when programming for changes in social norms, attitudes and practices include:

- What is the source of the norm? Is it a cultural or faith-based norm, or perhaps part of a written or unwritten code of behavior?
- How is the norm embraced by different groups?
- What are the race and gender aspects of the norm, and how are those important?
- Is the norm in any way linked to individual or collective identity, and how will changing it affect that identity?
- What is the benefit of changing the norm, and how might individuals and communities come to understand that? Who decides on how the norm should be changed and why?
- How can active participation of affected groups be utilized to inform the changes in norms, attitudes and practices?
- Is there credible evidence that can be used to legitimize the proposed change?
- Does the change in norm need to be accompanied by revisions in policies, legislation, regulations, programs, and services?

Some indicative public sector investments in strategies to change social norms, attitudes and practices are presented in Table 4. It is important to ensure that these are highly contextualized to each country's context, and it is highly likely that these would best be pursued in partnership with other non-public actors active in the country to promote a common approach.

Table 4: Selected examples of investments to change norms, attitudes and practices

DESCRIPTION	RECURRENT COSTS	INVESTMENT COSTS	OUTCOME
CHANGING NORMS, ATTITUDES AND PRACTICES			
Research to inform, development and approval of a strategy for changing norms, attitudes, and practices to promote the need for a safe and nurturing family for children	Technical assistance, training, convenings and workshops (participatory)	N/A	Clear understanding of and roadmap for addressing norms, attitudes and practices that will lead to the desired change (and with less likelihood of opposition or unintended consequences)
Community-level dialogue in accordance with the strategy	Highly participatory peer to peer discourse seeking a community-wide consensus on the changes sought – costs for these convenings, travel costs, capturing and incorporating lessons learned	N/A	Open dialogue leads to a contextually and culturally appropriate approach to the sought-after changes in norms, attitudes and practices
National level engagement (government, parliament, faith leaders, traditional leaders, academics and experts, community-based organizations, parent groups, children’s, and youth groups, etc.)	National engagement is also highly participatory and seeks to take the norms change to scale (some sort of public declaration often helps). Costs include convenings and workshops, travel costs, and public information through publications and/or social media	N/A	Support for the change at the national level helps to scale that change across the country.
Media and public information campaign	Costs for engaging the press, social media engagement, short videos, billboards, advertisements	N/A	The key messages supporting the change are heard by a large proportion of the population

For additional resources on the topics above, click on the buttons below (also listed in the bibliography starting on page 39):

Click [here](#) for resources the NGO CARE has assembled for social norms change

Click [here](#) for a UNICEF-UNFPA piece on how to transform a social norm

Click [here](#) for a scholarly article on what NOT to do when addressing social norms

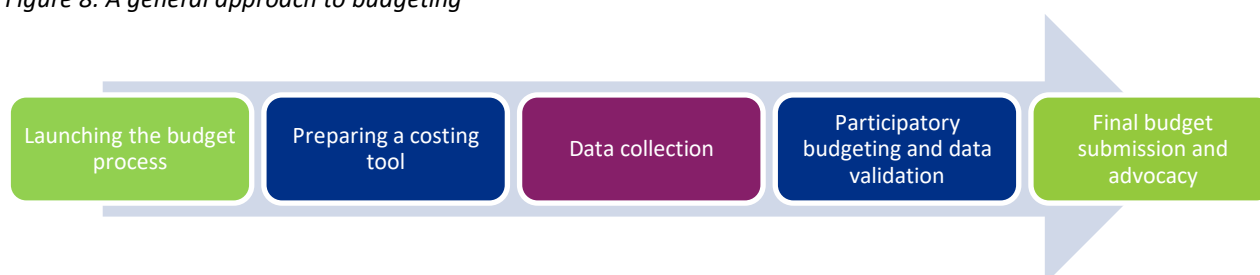
SECTION 7. PULLING IT ALL TOGETHER : COSTING FOR CARE

Once the Government has agreed to a care reform strategy (of some type) and has clearly articulated what programs and services should be supported under that strategy, it becomes necessary to prepare the budget. This section assumes the costing team has undertaken the following measures from the previous sections of this Guidance:

- **Reviewed the budget cycle deadlines** and organized its work to engage as early as possible
- **Reviewed the budget circulars** or their equivalents to understand what the budget process requires
- Reached an understanding of **what budget ceilings are in place** and how much can be included in different budget scenarios (baseline, medium and high cases, for example)
- Identified **who needs to be consulted** during the budgeting process
- Identified **non-governmental sources of resources (domestic and foreign)** for supporting care that can be leveraged by public expenditure; and
- Identified **which ministries and agencies and their respective units** should be included in a care reform budget, and determined a mechanism for coordinating across those ministries and agencies

Figure 8 represents a general approach to budgeting for care reform – it should be modified to account for local circumstances and the requirements of the budget process. Each step is explained in the following sections.

Figure 8: A general approach to budgeting



7.1 LAUNCHING THE BUDGET PROCESS

There are many ways to organize the budget process for care. In general, a broadly participatory approach built around regular and frequent communications is most likely to garner support, while benefitting from different expertise and perspectives on how resources for care reform should be structured and allocated. One recommended way to accomplish this that has shown to be successful is through:

- **Establishment of a care reform budget task force:** A task force (or equivalent) should be assembled to manage the costing. At a minimum, it should include representatives from the line ministries and agencies to be included in the budget. These can include quasi-public entities and/or private organizations receiving public budget. Some countries may choose to invite experts, civil society organizations, development partners, and/or donors to provide perspective on the budgeting for care. The task force should agree on its scope of work, timelines, responsible parties, and an individual to serve as the responsible focal point for its work. It should report regularly to high level policymakers in the participating agencies and participate in scheduled budget meetings.
- **Review of relevant budget materials:** The task force should review all materials related to the MTEF and budget process for that fiscal year (budget outlook papers, budget circulars, budget calendars, ministry or agency strategies, care reform strategies, and similar materials) and establish what will ultimately be required by the Ministry of Finance and broader government.

- Determination of activities to be costed: The task force can maximize effectiveness if it has clear direction on which specific care reform activities are to be costed, as outlined in the prior section of this guidance. Otherwise, it is likely to use the prior year's budget as its starting point and to adjust that incrementally, which would not substantially increase investment in care. Ideally, the activities will be prioritized in a way that will facilitate the task force's ability to stay within budget.

7.2 PREPARING A PUBLIC EXPENDITURE COSTING TOOL

Some public agencies may have tools in place (often based on Microsoft Excel) to facilitate the costing process, but many are lacking those resources. A costing tool can be extremely helpful in specifying specifically how care reform will be reflected in the overall budget and can increase the efficiency of the initial costing and subsequent revisions. One [example](#) of a public expenditure management tool prepared by the Global Partnership to End Violence against Children can easily be adapted for a care reform costing.

Those preparing the care reform budget have two options:

- Prepare a costing tool from scratch: This is relatively easily done in Microsoft Excel. If this option is chosen, **it is critical that the tool mimic the structure of the budget and its categories so that its data can feed directly into the ministry's or agency's overall budget submission.** A budgeting tool that does not conform to the structure of accounts or their categories will be challenging to use when budgets need to be submitted for review. This will present challenges for the costing team, as ministry and agency budgets are often much less detailed than budgets for programs and services.
- Modify an existing tool: It is possible that a government already has a child protection costing tool in place, or similar tools from other sectors. In this case, the tool can be modified for the purposes of care reform, often with little work – but should also be structured to match the ministry, agency and national budget to facilitate its use.

It is important to have one or more members of the costing team who have the capacity to modify and use the tool. Those individuals should also have a good understanding of the costing process.

Typically, the tool will have the following elements depending on the budget requirements:

Macroeconomic and Demographic Assumptions

- Total government budget and projected GDP: Facilitates calculations of the share of expenditure for care reform as a part of total public expenditure and GDP, should be provided by Ministry of Finance
- Budgets for ministries and agencies: Budget envelope provided by Ministry of Finance
- Inflation and other variables: Especially important for the MTEF process, as high inflation can erode the value of currency being allocated in future years (e.g., if inflation is 3% annually, and the budget is only increasing 2%, the sector will experience a net loss of resources)
- Population estimates: Knowing the total and child population of different sub-national territorial-administrative levels (provinces, counties, districts, municipalities and the like) can facilitate decisions on the allocation of resources, social service workforce ratios per 1,000 people, and related areas.

National Government Assumptions

- Number of ministry and agency staff: Personnel are typically the largest expenditure by far in the budget. These should be broken down by organizational unit as appropriate (Department, Division, Center, etc.). They should also be disaggregated by:
 - **Staff level**: Senior administration, managers, regular staff

- **Staff designation:** Full-time or part time
- **Staff compensation:** Assumptions on the current and projected compensation costs for staff working in care reform, using current salary ranges, are important for accurate budgeting. Typically, each public sector position will have an associated 'grade' that will make it relatively easy to determine compensation.
- **Training and accreditation of the social service workforce:** If the public sector is providing training, accreditation, and/or licensing, assumptions will need to be developed on those costs. For example, what are the costs of running a publicly financed institute that is providing a degree or certificate in social work?
- **Projected indirect operational costs:** The budget circular may include estimates on the non-personnel related costs of running ministries and agencies, and those should be factored into the tool.
- **Current and projected investment costs:** If capital costs such as renovations of facilities at the national level are envisioned, those may or may not be included depending on how they are treated in the ministry or agency budget.

Subnational level assumptions

The tool will need to incorporate projected expenditures at the subnational level. There is a wide variety between how countries allocate budgets to subnational authorities and how expenditure authority is granted. This can also occur at multiple levels – grants to a county, say, which are then distributed in whole or part to villages and towns.

- **Staff compensation:** Assumptions on the current and projected compensation costs for staff working in care reform in public sector agencies. This includes the publicly-funded social service workforce engaged in care.
- **Projected indirect operational costs:** What are the costs of operating local government offices that have some responsibility for care for children? What is the assumed share of those costs for supporting care reform activities? These typically include, where applicable, rent, technology fees, supplies, local travel, communications fees, utilities, and similar expenses.
- **Current and projected investment costs:** If capital costs such as construction or renovations are planned, those should be included in the tool. These should also include the costs of vehicles, furnishings, physical equipment, communications equipment, and related items.
- **Costs of publicly supported residential services for children:** If the government is funding residential programs of any type (so-called 'orphanages,' children's homes, institutions, remand homes, shelters, small group care settings, etc.), the costs for those should be reflected in the tool. The tool should also lay out the costs of transitioning or closing the institutions.

Non-residential programs and services assumptions (publicly funded)

It is generally not advised to develop uniform assumptions across all programs and services, as they vary so widely. Each may have its own compensation structure, operating costs, and investment needs. For example, a home visiting program may require resources for extensive travel, while staff working on a child helpline might be more office or home-based. Instead, to the extent the government budget is supporting such services, the team should work to incorporate the cost structure for each of those programs and services.

Costing outputs

Most costing tools will generate the following types of outputs, depending on the requirements of the country's budget circular:

- Current year's approved budget
- Baseline scenario for MTEF
- Medium and high-end cases for MTEF and what additional programs/services they will provide
- Costs per capita and/or per child
- Breakdown of recurrent and investment costs (or their equivalents)
- Breakdown of national and subnational costs to see how expenditure is distributed, and for what
- Outcomes for each program and service (if outcomes-based budgeting is in place)
- Where personnel are allocated and their functions
- Which programs and services are more adequately funded, and which are not well-funded?
- Key ratios (e.g., numbers of social workers per child in each district)
- Expenditures as a % of GDP and total government expenditure

For additional resources on the topics above, click on the buttons below (also listed in the bibliography starting on page 39):

Click [here](#) to see a toolkit on child-responsive budgeting

Click [here](#) for UNICEF resources on public finance for children

Click [here](#) for a child protection costing tool manual (Kenya)

7.3 DATA COLLECTION

As has been noted, many of the macroeconomic and demographic assumptions used in models of this type are provided by the Ministry of Finance early in the process. Ministry and public agency staff will also be quite familiar with how to incorporate salary, operational, and some investment costs.

However, two areas will require more intensive engagement when it comes to care reform. The first is publicly funded programs and services. Field data need to be collected on those costs, as well as on any proposed forward-looking changes in those costs. The model will then need to incorporate those findings.

Second, the costs of closing or transitioning institutions to new purposes will also require field data. How are those institutions transitioning, over what time frame, and to what end? Transition plans should yield useful information on those cost estimates.

As it may be impractical to survey all local authorities, the budgeting team may choose to select a representative sample. It is important to ensure that any data and information collection is conducted ethically and ensures that the protection and best interests of children and families are maintained.

For additional resources on the topics above, click on the buttons below (also listed in the bibliography starting on page 39):

Click [here](#) to see guidance on transitioning to family-based care for children

Click [here](#) to see ethical principles of collecting data on children and violence

Click [here](#) for guidance on involving children in local governance

7.4 PARTICIPATORY BUDGETING AND DATA VALIDATION

It is important from the outset to design the costing process to include the participation of key stakeholders. While the importance of including a variety of different civil society actors has been noted, key stakeholders should ideally include children, youth, parents, and other caregivers. Participatory budgeting increases the amount and quality of information used to inform budget preparation, provides a space to assess the benefits and risks of different spending scenarios, facilitates open communication between actors that may be competing for budget, and is more likely to garner key stakeholder support once the draft budget is completed.

Participatory budgeting for care might draw on representatives from the key sectoral ministries (social welfare, social protection, health, education, justice and interior or their equivalents), children's and youth organizations, organizations of those who have experienced different forms of care, the social service workforce, program and service providers

Once a costing tool has been constructed, it is relatively straightforward to change the assumptions to see the effect of different resource allocation decisions. A participatory workshop can allow those attending to see changes in funding allocation decisions in real time. Some indicative examples:

- If we increase the number of case managers nationally at 10 percent, will that come at the expense of our ability to ramp up our foster care program?
- Are our proposed investments in physical infrastructure and equipment coming at the expense of our ability to resource comprehensive training programs for the workforce?
- What happens to our budget if we redirect resources from geographic areas that are relatively better off to those that are more in need?

Participatory inputs can also be collected through surveys and questionnaires. These may be able to reach a much larger audience than a workshop, with the data collected being used to support the content in the ultimate budgetary submission.

Ultimately, the decision on the budget submission will be made by the most senior staff at the ministry or agency. It is critical to keep those staff apprised of the costing process at each stage, and to factor in their inputs. Lack of communication could lead to a situation whereby the results of the costing process are not accepted by those key decisionmakers.

For additional resources on the topics above, click on the buttons below (also listed in the bibliography starting on page 39):

Click [here](#) to see how one organization in Canada promotes participatory budgeting

Click [here](#) for a training guide on participatory budgeting in Africa

Click [here](#) for guidance on involving children in local governance

7.5 FINAL BUDGET APPROVAL AND ADVOCACY

It is important to ensure that the budget is submitted with a clear justification that shows the social and economic benefits of increased expenditure on care reform. Following the participatory process outlined above, along with ensuring strong buy-in by senior ministry staff engaged in the government budget negotiations, will greatly improve the prospects for success.

While mechanisms for conducting effective advocacy is far beyond the scope of this Guidance, those who have prepared and endorsed the budget for presentation to the Ministry of Finance might ask themselves a few questions:

- Were our outcomes clear and compelling, and linked to each proposed expenditure?
- Will other sectors clearly see the contribution of the proposed care reform to their work, especially social protection, health, education, and justice?
- Have we identified and convincingly addressed political, social and implementation risks of the program?
- Have we been able to mobilize influential voices in society to support care reform?
- Have we been able to show increased efficiency and effectiveness of expenditure?
- Did we adequately include activities to change norms, attitudes, and practices to increase public acceptance of the need for care reform?
- Have we partnered with institutions to help them to transition, so they can be advocates?
- Are key staff of large development partners like the World Bank, who engage in the budget process, aware of the request and in a position to advocate for it?

For additional resources on the topics above, click on the buttons below (also listed in the bibliography starting on page 39):

Click [here](#) for a note on how to bridge budget research and advocacy

Click [here](#) for a guide on strategies for successful social advocacy

Click [here](#) for a link to the UNICEF advocacy toolkit

SECTION 8. TAKING IT TO THE NEXT LEVEL: THE ECONOMICS OF CARE

Those interested in the financing of children’s care can explore more advanced approaches to the sector’s economics than straightforward budgeting. While beyond the scope of this paper, two tools are briefly described below, and links are provided to resources for those who wish to learn more.

8.1 COST-BENEFIT AND COST-EFFECTIVENESS ANALYSES

Cost-benefit and cost-effectiveness analyses can be powerful tools for informing policymakers on the best use of their limited resources. **Cost-benefit analysis examines the costs and benefits of different approaches to achieving a given policy objective.** For example, some cost-benefit analyses have shown that we can serve many more children in a family and community than we can in an institution, where we spend much more funding per child for an approach that can do them harm.

Cost-effectiveness analysis compares programs that have the same or similar outcomes, and then shows which ones are producing those at a lower cost. For example, one foster care program may be much more efficient at securing effective placements than another in a separate geographical region. Assuming the outcomes are similar, policymakers will want to know why that first program can achieve the results at a lower cost (say, per child).

8.2 ‘MONEY FOLLOWS THE CLIENT’

Centralized public funding of institutions can be a major obstacle to care reform. Institutions that receive an annual budget have strong incentives to take in children, especially when budgets are allocated on the number of children they house. They also tend to resist the fundamental changes those seeking care reform seek.

One potential financing model that can work in some contexts is called ‘money follows the client’ or ‘money follows the person.’ In brief, this approach does not provide direct funding to residential care or other services. Rather, grants are provided to local authorities, who can then choose how to allocate them for social care services. The underlying assumption is that informed local authorities will choose to fund family and community-based services that serve more children at a lower cost, and with greater effectiveness.

This model still requires strategies for transitioning or closing institutions. It also requires a great deal of work with local authorities to ensure they are aware of the costs and benefits of their decisions (lest, in some cases, they use the grants to build even more institutions). Instituting a ‘money follows the client’ model while institutions are still receiving direct funding can lead to double funding of institutions.

However, this is an excellent model for addressing a range of perverse incentives involving child institutionalization, especially in contexts where the public sector plays a major financing role. It also gives communities local ownership of their social policies and provides them with information that can facilitate changes in local norms, attitudes, and practices.

For additional resources on the topics above, click on the buttons below (also listed in the bibliography starting on page 39):

Click [here](#) for a concept paper on redirecting resources to community-based services

Click [here](#) for a detailed WHO description of cost-effectiveness analysis

Click [here](#) for a link to cost benefit analysis in World Bank projects

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GLOSSARY OF PUBLIC EXPENDITURE TERMS¹¹

Budget: Document(s) that include the plan of the future financial activities of the government or a governmental organization. The budget is generally prepared annually, and comprises a statement of the government's proposed expenditures, revenues, borrowing and other financial transactions in the following year and, in many countries, for two or three further years. The budget is prepared on a cash basis in most countries. It is submitted to parliament, which authorizes expenditure by approving either a budget act or an appropriation act that is consistent with the budget proposals.

Budget formulation: The steps and processes for preparing a government's budget, from preliminary analyses and forecasts, through submission of budget requests by ministries and other government bodies and the review and decision of the executive, to its official presentation to the legislature.

Budget year: The steps and processes for preparing a government's budget, from preliminary analyses and forecasts, through submission of budget requests by ministries and other government bodies and the review and decision of the executive, to its official presentation to the legislature.

Capital (development or investment) costs: Expenditures for physical or financial assets, such as construction, renovation, technology, equipment, and furnishing.

Chart of accounts: The classification of transactions and events (payments, revenues, depreciation, losses, etc.) according to their economic, legal, or accounting nature. It defines the organization of the ledgers kept by government accountants.

Cost-benefit analysis: A type of analysis that includes measures in pecuniary units of costs and/or benefits (such as leisure time or environmental impacts) which do necessarily not have a market value. Cost-benefit analysis involves the application of three logical steps: (i) defining objectives and alternatives for accomplishing those objectives; (ii) analyzing incremental changes with each alternative intervention versus without the respective alternative; and (iii) comparing costs and benefits of the various alternatives.

Cost-effectiveness analysis: A type of analysis that compares projects or programmed having broadly common outcomes or outputs. Used to compare alternatives for which major outputs can be identified but not valued. Cost effectiveness indicators include the cost per unit of output, or units of output per unit of costs, and is aimed at identifying the least costly method of achieving a particular good or objective

Estimates submission: Refers to the set of documents that a spending unit sends to the ministry of finance to define and support its requests for additional funding through the budget.

Fiscal year: The regular annual budget and accounting period for which provision of revenue and expenditure is made, and for which accounts are presented, excluding any complementary period during which the books may be kept open after the beginning of the following fiscal year.

Forward commitments (multi-year commitments): Commitments that cover a period of more than one year (e.g. contracts for an infrastructure project). Effective monitoring of forward commitments is essential, for good budgeting and expenditure control. A number of countries include authorizations for forward commitments in the budget.

General ledger system: Core system(s) for budget execution, accounting and financial reporting. This system(s) maintain data on approved appropriations and supplementary appropriations; virements; fund release (apportionment/allotment, warrants, cash plans, etc.); commitments, accrued expenditures and payments against budgeted allocations and fund release. The general ledger system maintain the ledgers,

¹¹ Definitions (with the exceptions of recurrent and capital costs) drawn from OECD (2001). Managing public expenditures: a reference book for transition countries. Accessed August 31, 2020: https://www.oecd-ilibrary.org/governance/managing-public-expenditure_9789264192607-en#:~:text=A%20Reference%20Book%20for%20Transition%20Countries.%20Managing%20Public,seek%20to%20become%20members%20of%20the%20European%20Union.

and registers also data on revenues, debt and other liabilities, financial assets (and physical assets under full accrual accounting), and other financial transactions (such as transactions between government agencies).

Grants: a grant is a voluntary current or capital transfer between government units, or between a multinational organization and a national government. In addition, a voluntary transfer to a private organization or person is also often called a grant.

Internal rate of return (IRR): The discount rate which would give a zero net present value (NPV) for the investment.

Macroeconomic framework: A medium-term macroeconomic framework typically includes projections of the balance of payments, the real sector (or production sector), the fiscal accounts and the monetary sector. It is a tool to check the consistency of assumptions or projections concerning economic growth, the fiscal surplus or deficit, the balance of payments, the exchange rate, inflation, credit growth and its share between the private sector and the public sector, policies on external borrowing, etc.

Medium-term budget framework: A framework that includes projections of government expenditures and revenues over the medium term (generally 3-5 years). Different degrees of detail for expenditure projections are conceivable, depending on the country context. Some countries have established a disciplined multi-year budgeting process. In these countries, the multi-year estimates focus on existing policies and become the basis of budget negotiations in the years following the budget. In other countries, they only provide background information to budgeting. Generally, the multi-year estimates are rolled forward by one year, so that another year is added at the end of the period.

Medium-term expenditure framework: The public expenditure component of a medium-term budget framework.

Organic budget law: A law specifying the time schedule and procedures by which the budget should be prepared, approved, executed, accounted for, and final accounts submitted for approval. In some countries, the OBL takes precedence over other financial laws, e.g. on accounting, treasury, debt management, internal control, local government finance, etc. The law provides for both authorities and responsibilities for the preparation, management, and execution of the annual budget. It may also be referred to as the “budget system law”

Public expenditure management: The term can be broken down into its parts. Public expenditure is generally understood to mean expenditure by general government, central government through the national budget and other budgetary instruments, and local government. Public expenditure in this book does not include the activities of public enterprises, which are essentially commercial enterprises, and financial institutions owned by the state. The management of public expenditure covers: the preparation, management, and execution of the budget. Budget execution includes ex ante control, ex post control, internal and external audit, and evaluation, with various types of reporting at each stage.

Public sector: General government, plus all public corporations and quasi-corporations.

Recurrent costs: The expenditure required for operations such as payroll, support services, utilities, travel, and other general and administrative expenses.

Spending unit: Any government entity that is responsible for its own budgetary operations. In many countries, these units are denominated in terms of several hierarchical levels (first level spending unit, second level spending unit, etc.) with the first level corresponding to a ministry or other organization headed by a person of ministerial rank. In addition to ministries, such units may include subordinated and autonomous agencies, extra-budgetary funds, or administrative units within entities that (exceptionally) deal directly with the ministry of finance on budget matters.

Transfer: A transaction in which one individual or institutional unit provides a good, service or asset to another individual or unit without receiving from the latter any good, service or asset in return as a counterpart. Transfers may be made in cash or in kind.

GLOSSARY OF TERMS CONCERNING THE CARE OF CHILDREN¹²

Adoption: The legal transfer of parental rights and responsibilities for a child which is permanent. **Domestic (national) adoption** involves adopters who live in the same country as the child. **International or intercountry adoption** involves adopters who live in a different country as the child.

Alternative care: A formal or informal arrangement whereby a child is looked after at least overnight outside the parental home, either by decision of a judicial or administrative authority or duly accredited body, or at the initiative of the child, his/her parent(s) or primary caregivers, or spontaneously by a care provider in the absence of parents. Alternative care includes kinship care, foster care, adoption, *kafala*, supervised independent living, and residential care.

Assessment: The process of building an understanding of the problems, needs, and rights of a child and his/her family in the wider context of the community. It should cover the physical, intellectual, emotional and social needs and development of the child. There are various types of assessment e.g. rapid, initial, risk, comprehensive, etc.

Best interests of the child: In relation to children's care specifically, the Guidelines for the Alternative Care of Children articulate several factors that need to be taken into consideration in determining best interests, including: ~ the importance of understanding and meeting universal child rights (as articulated by the UNCRC) and the specific needs of individual children; balancing children's immediate safety and well-being with their medium and longer term care and development needs; recognizing the problems associated with frequent placement changes, and the importance of achieving permanency in care relationships; a consideration of children's attachments to family and communities, including the importance of keeping siblings together; ~ the problems associated with care in large-scale institutions. In assessing best interests, it is important to consider the strengths, as well as the weaknesses, of families, to ensure that maximum efforts are made to build upon strengths. This includes an assessment of relationships and not just a consideration of material needs.

Care leaver: A young person, typically over the age of 16 (18 in many countries), who is leaving or has left a formal alternative care placement. This typically refers to children who are leaving orphanages through reintegration, placement in an alternative family environment or independent living.

Care planning: The process of planning a program of alternative care for a child that has clear short-term and long-term goals. A care plan is a written document that outlines how, when and who will meet the child's developmental needs.

¹² These definitions are drawn or adapted from: Better Care Network. (n.d.) Better Care Network Toolkit Glossary. Retrieved from <http://bettercarenetwork.org/sites/default/files/attachments/glossary.pdf> (September 21, 2020); UN General Assembly (2010). *Guidelines for the Alternative Care of Children: resolution / adopted by the General Assembly*, 24 February 2010, A/RES/64/142, Retrieved from: <http://www.refworld.org/docid/4c3acd162.html> (September 21, 2020); Bunkers, K., Cox, A., Gesiriech, S., & Olson, K. (2014). Children, orphanages, and families: A summary of research to help guide faith-based action. Faith to Action. Retrieved from: <https://www.faithtoaction.org/children-orphanages-and-families/> (September 21, 2020); Faith to Action Initiative. (2016). *Transitioning to Family Care for Children: A Guidance Manual*. Retrieved from <https://bettercarenetwork.org/sites/default/files/Transitioning-Care-Guidance-Manual.pdf> (September 21, 2020); Global Social Service Workforce Alliance (on website). www.socialserviceworkforce.org; United States Agency for International Development (USAID) and the Health Communication Capacity Collaborative. (n.d.) *Social and Behavior Communication Saves Lives*. Retrieved from: http://ccp.jhu.edu/wpcontent/uploads/JHU_Social_and_Behaviour_FULL_OUTLINES_V2.pdf (September 21, 2020); Wedge, J., Krumholz, A., & Jones, L. (2013). *Global learning on family reintegration in low and lower-middle income countries*. The Interagency Group on Reintegration. Retrieved from: <http://bettercarenetwork.org/sites/default/files/attachments/Reaching%20for%20Home%20-%20Globally%20Learning%20on%20Family%20Reintegration.pdf> (September 21, 2020).

Care reform: refers to the changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care and promote reintegration of children and ensure appropriate family-based alternative care options are available.¹³

Case management: The process of identifying, registering, assessing (in reintegration cases this includes tracing activities), developing a case plan, implementing the case plan (delivering or referring to services, facilitating and overseeing the placement of the child into the family environment), and ongoing monitoring and documentation.

Child protection: Measures and structures intended to prevent and respond to abuse, neglect, exploitation and violence affecting children.

Child protection system: A comprehensive system of laws, policies, procedures and practices designed to ensure the protection of children and to facilitate an effective response to allegations of child abuse, neglect, exploitation and violence.

Community based support: A range of measures to ensure the support of children and families in the community.

Deinstitutionalization: The process of closing residential care institutions and providing alternative family-based care and prevention services within the community.

Family based care: The short-term or long-term placement of a child in a nurturing family environment with at least one consistent parental caregiver, where children are part of supportive kin and community.

Family support services: A range of measures to ensure the support of children and families. Similar to community-based support but may be provided by external agents such as social workers and providing services such as counseling, parent education, day-care facilities, material support, etc.

Formal Care: All care situations where the child's placement was made by order of a Competent Authority, as well as residential care, irrespective of the route by which the child entered.

Foster care: Placement of a child with a person who is not the child's parent, relative or guardian and who is willing to undertake the care and maintenance of that child

Gatekeeping: A recognized and systematic procedure to ensure that alternative care for children is used only when necessary. The gatekeeping process helps to determine if a child should be separated from his or her family and, if so, what placement will best match his or her individual needs and interests. Placement should be preceded by some form of assessment of the child's physical, emotional, intellectual and social needs, matched to whether the placement can meet these needs based on its functions and objectives.

Inclusion: Inclusion is the process of taking necessary steps to ensure that every young person is given an equal opportunity to develop socially, to learn and to enjoy community life. It is often associated with particular groups of young people: those with disabilities, from ethnic minority communities, people living with HIV, etc. It is also associated with certain regions, cities, and neighborhoods.

¹³ See Better Care Network and Global Social Service Workforce Alliance (2014). The role of social service workforce development in care reform. Working paper.
https://bettercarenetwork.org/sites/default/files/The%20Role%20of%20Social%20Service%20Workforce%20Development%20in%20Care%20Reform_0.pdf (accessed November 9, 2020).

Institution: A large institution is characterized by having 25 or more children living together in one building. A small institution or children's home refers to a building, housing 11 to 24 children.

Kafalah: A form of family-based care used in Islamic societies that does not involve a change in kinship status, but does allow an unrelated child, or a child of unknown parentage, to receive care, legal protection and inheritance.

Kinship care: There are two definitions of kinship care, informal and formal.

1. Informal kinship care: A private arrangement within an extended family whereby a child is looked after on a temporary or long-term basis by his/her maternal or paternal extended family, without it being ordered by an administrative or judicial authority. Family members include grandparents, aunts, uncles and older siblings.

2. Formal kinship care: An arrangement, ordered by an external administrative or judicial authority, whereby a child is looked after on a temporary or long-term basis by his/her maternal or paternal extended family. Family members include: grandparents, aunts, uncles and older siblings.

Orphanage: A term commonly used to describe an institution that houses children long-term who have been separated from their parents due to parental death, child abuse and neglect at home, but more often due to a combination of socio-economic reasons. The terms 'orphanage' and 'institution' are often used interchangeably because orphanages tend to be characterized by a prevailing institutional culture where children are often isolated from the broader community and they or their parents do not have independent control over the children's lives and over decisions which affect them.

Parenting/Parent management training: Individual or group training on positive parenting practices, led by a trained social or community worker. It typically includes information developing positive relationships with your children, managing expectations, non-violent discipline, managing parental stress, and communication skills.

Positive parenting: Positive parenting training is typically led by a trained social or community worker and includes information on developing positive relationships with one's children, managing expectations, non-violent discipline, managing parental stress, and communication skills.

Permanency: Establishing family connections and placement options for a child in order to provide a lifetime of commitment, continuity of care, a sense of belonging and a legal and social status that goes beyond the child's temporary foster care placement.

Prevention: A variety of approaches that support family life, strengthen caregivers, and help to diminish the need for a child to be separated from her or his immediate or extended family or other caregiver and be placed in residential or alternative care.

Referral: The formal process of requesting a service for a child, young person, or adult, e.g. for psychosocial services, for a placement, for education, etc. The request is usually made in writing using agreed formal referral form.

Reintegration: The process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and the community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.

Reunification: The physical reuniting of a separated child and his or her family or previous caregiver.

Residential care: Any living arrangement/facility where salaried staff or volunteers ensure care for children living there. This includes large institutions and all other short- and long-term institutions including group homes, places of safety, transit centers, and orphanages.

Social service workforce: A variety of workers – paid and unpaid, governmental and non-governmental – who staff the social service system and contribute to the care of vulnerable populations. The social service system is defined as the system of interventions, programs and benefits that are provided by governmental, civil society and community actors to ensure the welfare and protection of socially or economically disadvantaged individuals and families.

Social services: Services provided by public or private organizations aimed at addressing the needs and problems of the most vulnerable populations, including those stemming from violence, family breakdown, homelessness, substance abuse, immigration, disability and old age

Supported independent living: Where a young person is supported in her/his own home, a group home, hostel, or other form of accommodation, to become independent. Support/social workers are available as needed and at planned intervals to offer assistance and support but not to provide supervision. Assistance may include timekeeping, budgeting, cooking, job seeking, counselling, vocational training and parenting

Vulnerable children: Children whose rights to care and protection are being violated or who are at risk of those rights being violated. This includes children who are poor, abused, neglected, lack access to basic services, are ill or living with disabilities, as well as children whose parents face similar circumstances or are living in institutions.

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