National Care System Assessments
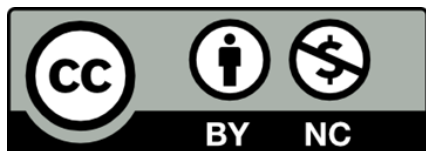
Guidance to conduct a participatory self-assessment to inform national strategic planning

National Care System Assessments

Guidance to conduct a participatory self-assessment to inform national strategic planning

CONTENTS

Acknowledgements

List of Acronyms

CTWWC	Changing The Way We Care
BCN	Better Care Network
GDA	Global Development Alliance
ICA	inter-country adoption
M&E	monitoring and evaluation
UN	United Nations
WHO	World Health Organization

Organization of this guidance document

- This guidance document is intended to support countries to assess national care systems using the Care System Assessment Framework developed and implemented by *Changing the Way We Care*[SM]. This document is part of a toolkit that includes the assessment framework[1] and corresponding training materials. Together, this guidance document, the framework and training resources are intended to support stakeholders to plan and conduct an assessment, use assessment results to develop a national strategy and, over time, monitor progress in strengthening national care systems.

To this end, this guidance document is organized according to the following sections:

- Section 1: Introduction to care, care systems and care reform
- Section 2: Care System Assessment Toolkit
- Section 3: Assessment Framework and Method
- Section 4: Tips for implementing the assessment
- Section 5: Analyzing and Using Assessment Results
- Section 6: Monitoring and Evaluating System Reform/Strengthening

This guidance document and the linked assessment framework is intended to support one or more of the following audiences:

- **National Government Ministries**, agencies and/or departments (at national or sub-national levels) with authority and oversight of the care of children within a country
- **Organizations that are working with government** Ministries, agencies and/or departments to care for children within the country
- **Funding agencies** who are providing financial resources to governments or organizations who care for children within the country
- **Researchers** who are interested in a method to assess national systems

Ideally, all these actors will work together to conduct the assessment in a participatory way to factor in a range of expertise and viewpoints.

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1. The framework is a Microsoft Excel-based document that includes assessment questions and, when appropriate, some pre-defined response options.

SECTION 1: INTRODUCTION TO CARE, CARE SYSTEMS AND CARE REFORM

Around the world, poverty, disease, natural disasters and other reasons have driven millions of children out of the care of their own families. This contributes to the millions of children[2] living in orphanages, often called 'institutions,' 'residential care facilities' or by other names depending on country.

Prevent at-risk families from separating.

Support children from residential care to reintegrate into families.

Prioritising family-based care

Strengthen alternative family-based care options.

Many times, children and families being separated is preventable, and keeping children in families is most often in the best interest of the child. Supporting families through services such as strengthening parenting skills, economic assistance, providing counseling, or other social services support families and children to stay together. It helps reduce risk factors for the reasons children are separated, like abuse or access to school; and can increase protective factors to help families become capable of better care. Children who are already separated from their families can often be safely reunified and supported to reintegrate into family care. Sometimes children may be able to go back to their family of origin, in other cases it may be in their best interest to be supported through what is called 'alternative family-based' care such as in kinship or adoption.

Alternative care for children is when a child is looked after outside of their parent/guardian(s') home but within a residential facility or, ideally, a qualified family. For example, most countries have laws that protect children from unsafe households, which may require removing the child from the household temporarily or permanently when it is not safe. Examples include if the parent is violent, or has a problem with alcohol addiction and is unable to properly care

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2. Using statistical methods, a 2020 study generated 98 different estimates of how many children are currently in living in institutions. The results present a large range of anywhere between 3.18 million and 9.42 million children, emphasizing the high yet uncertain size of the child population in need of family-based care. Desmond, C; Watt, K; et al. Prevalence and number of children living in institutional care: global, regional and country estimates.

for their child/children. In such cases, where it is in the child's best interest, a child may be placed in an alternative form of care. This may include kinship care, foster care, adoption, residential care (as a last resort and only for a temporary and short time) or supported independent living for older youth. Placement into alternative care is done when it is needed and the most suitable option for the child, as outlined in the UN Guidelines on the Alternative Care of Children.[3]

'Care systems' are legal and policy frameworks, structures, resources, procedures and practices that focus on children at risk of losing family care and providing alternative care for children who are in need of it. The term 'care system' includes both preventing separation from happening in the first place, as well as providing support so that children who have been separated from their families can be cared for within a safe, loving family, and reunified with their family of origin or integrated into permanent family care which is in their best interest. In all instances, the focus of a care system should be for children to live in safe, nurturing families – sometimes with their family of origin, sometimes with suitable alternative families, and for residential care to be used only when deemed absolutely necessary and suitable last resort.

Determining care that is in the child's best interest: the necessity and suitability principles for alternative care for children (Cantwell et all, 2012). See Annex 1 for a more detailed description.

- Asks if alternative care is genuinely needed. It includes reducing the perceived need for formal alternative care through prevention and discouraging alternative care placements from occurring when they are not needed.
- Asks if alternative care is appropriate for each child. It includes making sure alternative care options meet minimum standards of quality and that care placements are meeting the needs of each child.

Preventing children from being separated from families → Children live in safe, nurturing families ← Reintegrating children outside of families with safe, loving families

What's the difference between a care system and a child protection system?

Simply put, the goal of a care system is the same as a broader child protection system: that children thrive. Care systems aim to strengthen families (biological and alternative families such as adoptive parents and foster carers) so that children remain safe and nurtured in their care and when their own families cannot. In this way, care systems are part of a much larger system to protect children from all forms of abuse, neglect and/or exploitation and respond when violations happen, which is the aim of a child protection system.

3. United Nations General Assembly. (2009). Guidelines on the Alternative Care of Children. Accessed at: https://bettercarenetwork.org/library/social-welfare-systems/standards-of-care/guidelines-for-the-alternative-care-of-children-english

CARE AS A GLOBAL PRIORITY

Globally, a lot of work has been done to promote quality care for children. One of the first pivotal moments for children without parental care was when the United Nations (UN) adopted the Guidelines for the Alternative Care of Children[4] in 2009, after years of discussions amongst governments and civil society organizations around the world. In 2013, several international organizations and experts, including UNICEF, released *Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'*[5], to support implementation of the guidelines globally. More recently, in December 2019, the UN General Assembly called on its 193 Member States (a.k.a. countries) to implement their international commitments to protect children without parental care, including children in alternative care, through the first UN resolution on the Rights of the Child. This global call was supported by a coalition of 256 organizations, networks and agencies working within countries, regionally and internationally on children's care[6]. This marks a growing number of governments, international organizations, donors, and civil society actors, who are coming together to support reform more than ever before.

"Several countries have taken steps to strengthen national laws, and have adopted care reform strategies focused on prevention, taking children out of institutions, and reunifying separated families. But we must do more. The Report [of the Secretary General on the Rights of the Child] calls for the end of institutionalizing children, investing more in child protection and welfare, social services, and family-based care in the community, and improving data collection and reporting systems to know exactly where to target our efforts."

- Charlotte Petri Gornitzka, UNICEF Deputy Executive Director The Third Committee of the 74th Session of the General Assembly (excerpt from Better Care Network December 2019 Newsletter)

WHY SHOULD CARE BE REFORMED AND HOW?

Decades of research has repeatedly documented that most residential care causes long-term negative effects on children's physical, intellectual, and psychosocial development. Residential care facilities vary widely in terms of the quality of care provided, they are universally recognized as providing suboptimal care (H van IJzendoorn et al, 2020). Children living in residential care may be among the most susceptible to violence, abuse, and exploitation, and when they leave residential

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4. https://bettercarenetwork.org/library/social-welfare-systems/standards-of-care/guidelines-for-the-alternative-care-of-children-english

5. https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/moving-forward-implementing-the-guidelines-for-the-alternative-care-of-children

6. 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

care they are often ill-prepared for independent life, which frequently results in unemployment, exploitation, and homelessness, causing long-term costs to society. And, yet this issue remains large in scale across the world. Studies estimate an average of at least 5 million children, perhaps more than 9 million are living in residential care across the world (Desmond et al, 2020).

Care reform aims to change care systems to be better for children. 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.

The process of care reform considers the child, family and enabling environment. This means that care reform requires support for families and children, as well as for existing alternative care, including residential care providers, government actors overseeing the protection of children and both public and private funders of child protection and care. Importantly care reform includes addressing gaps in the care system to make sure that laws and policies and practices prioritize family-based care over residential, staff are trained to provide quality family-based services, services exist and are adequately resourced, programs and services are monitored for quality assurance and accountability, and more. Care reform also carefully considers how best to transform existing residential care to support family-based and community-based services, for example, by reunifying children, training existing staff in new services and repurposing infrastructure .

Care systems that make sure children are in a loving, capable and supported families instead of residential care settings are not easy to build and the transformation requires time, resources, coordination and ongoing monitoring to continuously make sure families are supported and children are safely cared for, and that the system functions over time.

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This is done through the provision of services that meet economic, educational, psychological and spiritual needs to minimize family separation. Services may include receiving employment skills and job training, off-school programs, healthcare, counseling, support groups, among other services.

A strategy to move away from overreliance on institutional care for children in need of care and protection towards family or community-based options. By preventing children from entering institutions, moving children from institutions to family-based care and changing attitudes, policies and practices.

CARE

PREVENTION & FAMILY PRESERVATION

TRANSFORMING INSTITUTIONAL CARE

ALTERNATIVE CARE

REFORM

Formal or informal arrangements whereby a child is looked after at least overnight outside the parental home, either by a judicial or administrative authority or duly accredited body, or at the child's initiative, his/her parent(s) or primary caregivers, or spontaneously by a care provider in the absence of parents. For example, kinship, adoption, kafaahlah, child-headed households, and Supported Independent Living, among others.

Here is an example. Sophia is a six-year-old girl living with her mother who is a single parent. Her mother is trying her best to provide for Sophia. She has a fulltime job, but even with a government stipend, her mother cannot afford rent, food and medical care. To meet this gap she takes on a second job, working long hours. Her mother has tried to find low-cost afterschool care, but she cannot afford it. Instead, Sophia spends many evenings at home alone, goes to bed late and does not sleep well. At school she is tired and falling asleep in class. Her grades are slipping. Sophia's teacher asks her if she is okay and speaks with the mother. A social worker is called in.

The mother may feel so inadequate, embarrassed and guilty for not being able to provide for her children that, despite her best efforts, she places the child in a residential care center nearby that has food, health care and education services. She has heard them talk to her neighbors about what they offer to children. Placing Sophia in residential care may seem like the best option at the time, after all she wants the best for her daughter. Not an easy decision, she thinks, perhaps Sophia being there will be temporary, while she finds a better job.

Yet the reasons that Sophia went into residential care are not easy to fix – her mom needs more income, but it is very difficult to find a higher paying job where they live. As a result, Sophia ends up staying in the residential care center month after month, until a few years have passed. While she sees her mother once a week, she misses her a lot and wants to be back home.

What if instead of Sophia going to live in a residential care center, her mother received an additional stipend for food, or a cash transfer to help her cover rent or a small loan to start a business? What if instead, there was someone in the community, approved by the social worker, where Sophia could go after school and get help with homework? What if there were services to support her mother so that Sophia never had to leave her mother in the first place?

SECTION 2: THE CARE SYSTEM ASSESSMENT TOOLKIT

This toolkit provides guidance and tools on **one way** to assess the status of an existing care system. This is not everything that is required to reform, change or improve a care system, however it is an important piece.

FIGURE 1: CONSIDERATIONS WHEN DEVELOPING A NATIONAL CARE STRATEGY
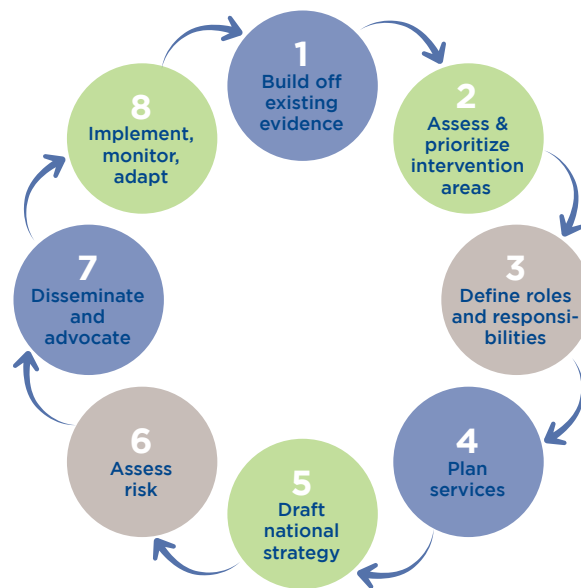
The aim of using this guidance and framework is to assess the status of a current care system and to build consensus on priority actions for improving the system to be more aligned to the UN Guidelines and more responsive to children's needs. In many countries, such priorities would be articulated within a national strategy or policy document and might be part of a wider child protection system reform. Developing or revising a national strategy requires many considerations that go beyond the care system assessment, such as determining the roles and responsibilities of government and non-government actors in care, and establishing an approach to service delivery (including services for adults aimed at preventing child-family separation, as well as if and when civil society may provide direct services). Assessing the care system should be implemented in conjunction with other such steps and provides important information for planning. The assessment process also helps to bring actors – government and nongovernment- together and to build coordination and consensus. Annex 3 provides more considerations for developing a comprehensive national care reform strategy, including more details about each of the considerations in Figure 1.

2) TOOLKIT OVERVIEW

This guidance document is intended to support the implementation of the Care System Assessment Framework that accompanies it and the analysis and use of its results. This document is part of a toolkit that includes the assessment framework and corresponding training materials (see Table 1). Together, this guidance document and training resources are intended to support government and non-government actors involved in care to plan, resource and conduct an assessment, analyze data from the assessment, use assessment results to develop a national strategy and, over time, monitor progress in strengthening the care system. The toolkit largely builds off the assessment tool and method originally developed by by the USAID-funded MEASURE Evaluation project called the Tool for Assessing, Addressing and Monitoring National Alternative Care Systems.

TABLE 1: DESCRIPTION OF CARE SYSTEM ASSESSMENT TOOLKIT

Care System Assessment Toolkit

The toolkit includes formatted assessment questions, this guidance document and corresponding training modules aim to support stakeholders to consider how to develop national care strategies and to assess national care systems. A summary of the toolkit is as follows:

NAME OF RESOURCE	DESCRIPTION
Care System Assessment Framework	Assessment questions, compiled in Microsoft Excel according to the assessment framework and with instructions and further details on some of the assessment questions (including pre-defined response options when applicable).
Care System Assessment Framework Guidance	This document, which provides context to consider before conducting a care system assessment, how to complete the assessment and considerations to use findings from the assessment to affect change.
Module 1: Developing a National Care Reform Strategy	An overview of key considerations and steps to developing a national strategy for care reform
Module 2: Care System Assessment Toolkit Overview	Brief introduction to the assessment framework, guidance document, training modules, background, and method.
Module 3: Implementing the care system assessment framework	Key principles, considerations and recommendations in applying the assessment and method details.
Module 4: Assessment Workshop	Considerations for facilitating the assessment workshop, group selection, building consensus and drafting priority recommendations during the workshop.
Module 5: Verifying, Analyzing and Using Assessment Findings	Describes multiple points for verification of results, key considerations for qualitative analysis and considerations to define audiences for using results.

AUDIENCE

There is no universal approach of how to build or reform care systems across countries and different contexts. Countries around the world have different systems, with different social and cultural norms to care for children and with different strengths and weaknesses.

As such, the assessment method presented in this guidance and the linked assessment framework may not be right for every context. It should be contextualized. It was designed to cover a variety of contexts, but focuses on countries and contexts that meet the following criteria:

- Are or strive to be guided by the United Nations Guidelines for the Alternative Care of Children[7]
- Want to assess the foundation of the care system (e.g. what is included in laws and service standards, to what degree people have been trained, if types of care are budgeted and funded by the government, etc.)
- Have residential care facilities currently operating (formally or informally) or have recently closed residential care facilities (~ within the last 5 years).
- Are interested in knowing more about what is in place within the current system to improve it.
- Are open to using the collective reflections and opinions of experts working in the field to take action to improve the system.
- Are interested in furthering coordination in care reform and have potential for a government-led coordination mechanism

In thinking about applying this assessment framework, it is important to understand that this assessment method does not collect administrative nor situational data (e.g. number of children in residential care, number of children in foster care, number of children adopted, public perceptions of care, quality of services, etc.). In many countries these numbers simply do not exist or are not accurate. When these numbers exist and are reliable, however, they provide valuable additional information and should be used to supplement the assessment results.

This guidance document and the linked assessment framework is intended to support one or more of the following audiences:

- **National Government Ministries**, agencies and/or departments (at national or sub-national levels) with authority and oversight of the care of children within a country
- **Organizations that are working with government** Ministries, agencies and/or departments to care for children within the country

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7. https://bettercarenetwork.org/international-framework/guidelines-on-alternative-care

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- **Funding agencies** who are providing financial resources to governments or organizations who care for children within the country
- **Researchers** who are interested in a method to assess national systems

Ideally, all these actors will work together to conduct the assessment in a participatory way to factor in a range of expertise and viewpoints. More information is provided about how to engage a range of actors in Section 3 and Section 4.

SECTION 3: THE CARE SYSTEM ASSESSMENT FRAMEWORK AND IMPLEMENTATION METHOD

The specific objectives of the care system assessment are to:

1. support governments to lead a reflective, self-assessment of their current care system,

2. support those working within the care system to reach consensus on priorities and actions to improve / strengthen the current system,

3. provide information for governments to develop national care reform strategies and/or action plans, or to support wider child protection strategies, and

4. set a baseline to track progress towards functional, effective, family-focused care systems.

The assessment framework builds off MEASURE Evaluation's Alternative Care Assessment Framework and assessment tool and includes assessment questions on six core system components: 1) Leadership and governance, 2) workforce, 3) service delivery mechanisms, 4) financing, 5) monitoring, evaluation and information systems, and 6) social norms and practices. The framework considers both prevention of child-family separation, as well as all forms of alternative care including residential care as depicted in Figure 2. The assessment framework is Microsoft Excel-based and includes assessment questions to look at system components of each area of care. The assessment questions are action-oriented in that they directly lead to identifying priorities that will contribute to a stronger care system.

FIGURE 2: CARE SYSTEM ASSESSMENT FRAMEWORK

System Components:

M&E · Laws and Policies · Social Norms and Practices · Service Delivery · Social Service Workforce · Financing
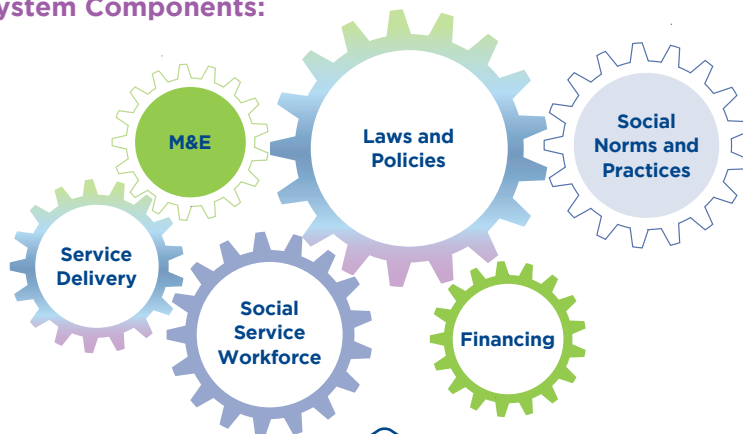
Areas of care:

- Prevention of unnecessary child-family separation
- Child-family reunification and reintegration
- Kinship care
- Foster care
- Other forms of alternative care
- Independent living
- Adoption
- Residential care
- Transitioning residential care facilities to family care

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

Source: adapted from MEASURE Evaluation. Cannon, M; Hickmann, M. Alternative Care System Assessment Framework. 2017

How the framework was developed

The framework builds from multiple existing tools, guidelines and best practices in care and care reform. Its development started with a desk review of the sources listed below, as well as stakeholder consultations with select sector leaders and practitioners informed the contents, format and methodology for this framework.

The following are the main sources used to inform this assessment framework:

1. MEASURE Evaluation Tool for Assessing and Monitoring National Alternative Care Systems (2017/18) was the basis for the assessment framework and largely builds off of its work
2. The Interagency Online Tracking Tool
3. Guidelines to Strengthen the Social Service Workforce for Child Protection (2019)
4. De-Institutionalization and Transforming Children's Services: A Good Practice Guide (2018/19)
5. 10 Elements of Deinstitutionalization Handbook. Lumos. 2018.
6. Family Care for Children with Disabilities (2018)
7. Guidance on Developing Integrated Case Management Systems for Vulnerable Children (2017)
8. Transitioning to Family Care for Children Toolkit
9. UNICEF global toolkit for child protection system mapping (2010)

Overall, most assessment questions are either directly from or adapted from the first two sources: MEASURE Evaluation Tool for Assessing and Monitoring National Alternative Care Systems, and then adapted its questions including from the Interagency Tracking Tool. The final assessment questions were then circulated to both the USAID-funded MEASURE Evaluation project (who is continuing work on care reform under the USAD-funded Data4Impact project) and Better Care Network (a coordinator and convenor for the Interagency Tracking Tool).

ASSESSMENT FRAMEWORK DEFINITIONS

The Care System Assessment Framework includes assessment questions according to six core system components described earlier in this document in Figure 2. The assessment questions also consider preventing unnecessary child-family separation, transforming residential care programs to be more family-centered, and multiple types of alternative care that are also described in Figure 2.

To ensure a common understanding, definitions for each system component and each area of care and support that are presented in Figure 2 are provided below. Additional definitions are provided in Annex 6.

Definition of each system component

Reforming care systems is likely to happen through many different initiatives, ideally coordinated, to set standards, build staff capacity, monitor and evaluate performance, and provide financial resources to implement change. This document describes these types of initiatives as 'system components'. There is no checklist of everything that must be in place for a care system to be well-functioning. This is because, over time, the contexts of caring for children across and within countries change, and therefore so must the responses of the system. The descriptions below leverage global insights and promising practices that are part of reforming care systems, but are not exhaustive. It is important that everyone involved in the assessment has a common understanding of what each system component means. The below definitions and examples are meant to assist in building this common understanding.

Laws & Policies System Component

Within the care system, laws and policies that are supported by regulation, oversight and accountability (WHO, 2010) is a key factor in being able to govern a care system. Questions related to laws and policies look at if laws and policies exist, if existing laws and policies align with the UN Guidelines on Alternative Care, and if stakeholders involved in care perceive these laws and policies to be implemented and providing quality services. This includes questions on regulation and oversight mechanisms for service quality, best-interest determinations and transition/transformation of facilities.

Social Service Workforce System Component

Broadly speaking, the social service workforce plays a critical role in preventing and responding to a wide range of child protection issues, including alleviating poverty, identifying and managing risks, and facilitating access to social services. Investing in the social service workforce will support strengthening the entire child protection system, including the care system, in a sustainable manner (UNICEF, 2019).

The Global Social Service Workforce Alliance promotes a broad definition of the social service workforce, including paid and unpaid, government and non-governmental, professionals and paraprofessionals who are working to ensure the healthy development and well-being of children

> **BOX 1**
>
> **Laws and policies for care reform includes** legal provisions, national policies, strategies and/or guidelines, orientation/training for legal and policy frameworks, and regulatory and oversight documents related to care reform and/or alternative care services.

> **BOX 2**
>
> **Social service workforce in the context of care may include:**
> - **Paraprofessionals:** para-social workers, youth-care professionals, community care workers, etc.
> - **Social workers:** government social workers, non-governmental social workers, etc.
> - **Allied workers:** healthcare specialists, therapists, child protection specialists, community development officers, etc.

and families (GSSWA). For the care system assessment framework, the workforce cadres must be defined based on the context of the country undertaking the assessment. See Box 2 for examples of types of workforce cadres.

Service Delivery System Component

Provision and access to quality services is critical to supporting vulnerable children and families. Quality service delivery is the main output of a functional care system. Care services in this context includes the support provided to children and families such as parental support, parenting training, economic assistance, respite care, counseling, referral for children to receive specialized care for disabilities, and more aimed to keep children together with families. These services are often determined and provided based on assessment, follow-up, case conferencing and in consultation with children and/or their caregivers. Care services also include those that intervene when a child is not safe and alternative care services when a child cannot remain with his/her family. This system component looks at the type of prevention and alternative care services that exist and if they are guided by national service standards (a.k.a. minimum service standards). Service providers should be held accountable to minimum standards through oversight and monitoring and failure to meet minimum standards should have consequences. To do this, service standards often describe detailed aspects of services that providers of those services can be held accountable to. In addition, a central focus of high-quality services is case management (see Figure 3), a practice which should be guided by national standards and training. National service standards define specific technical and organizational aspects of providing high-quality care that service providers can be evaluated against. For example, the National Standards for Residential Homes in Ghana provides specific service standards that can be evaluated through inspections, such as the type of staff that must exist, procedures for assessing children, filing records about each child and the physical infrastructure arrangements that any residential home must have in place to be a licensed provider.

Monitoring & Evaluation System Component

Stakeholders involved in care, need accurate and useful data to inform decision-making and for accountability. Data generated from monitoring and evaluation can inform laws, policies and interventions, as well demonstrate progress and the impact services are having on children and families (MEASURE, 2010).

Standard indicators, clear roles and responsibilities for relevant actors and M&E procedures promotes data availability, quality and use. Often, this is captured in an M&E Plan, an M&E Framework, or similar. This system component looks at fundamental M&E standards, data availability and procedures to ensure data is collected, of good quality and is available for decision making.

Financing System Component

Like all systems and programs, financial resources are required to make services work. Costs cover a wide range of inputs – from human resources, to supplies and equipment, to logistics, administration, infrastructure, and more. In many countries, financial resources come from multiple sources, some government-funded and others supported by non-governmental and donor agencies. Within the care setting, in most countries, civil society and donors play a substantial role in delivery of prevention and/or alternative care activities. This system component does not track quantitative financial figures, but rather the degree to which basic financial processes are occurring, such as cost estimation, budgeting, funding allocation and the release of funds. For a guide of how to track quantitative public finances see Public Expenditure and Children's Care: Guidance Notes (2021). Having this information can help towards the costing of national care reform strategic plans or action plans.

Social Norms & Practices System Component

Within the care context, social norms and practices often determine how children are cared for and by whom. This includes driving the placement of children into residential care and limit possibilities for children to be placed in family care. For example, residential care settings are mistakenly perceived by many people around the world as a place where children can receive good care and be kept safe from harm. As a result, communities and actors within the child protection system unknowingly place children in harmful residential settings. There are other types of social norms and practices, for example stigma and discrimination towards children

with special needs, which may lead to parents' belief that they cannot (or should not) care for their own child. Such social norms and practices are country-specific and can protect children or be part of what drives children to be placed in care and contributes to the risks associated with children being separated from parents/ guardians. Within the assessment framework, we look at if awareness raising activities are occurring and promoting best-practices around family strengthening, prevention of separation and family-based placements.

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BOX 5

Example awareness raising campaign

The National Children's Commission in Rwanda public awareness campaign on child-care reform included mass media (radio and TV), forums, conferences, partnerships with faith-based organizations, collaboration with children's and women's forums and inclusion of child-care reform discussions in community meetings. The campaign involved disseminating key messages and building awareness around the negative effects of residential care, and the benefits of family care, positive parenting and the role of the family (BCN and UNICEF, 2015).

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Description of each area of care and support

The type of family-and community-based care and support that will be most appropriate will depend on the strengths and needs of the child and family, the society's traditional care practices, and the available services and resources. The definitions below are based on international practice, however there may be contextual differences in the country in which an assessment is being conducted. It is important that everyone involved in the assessment has a common understanding of what each type of care is, and that this is taken into consideration when completing the assessment.

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BOX 6

Example prevention services:

community awareness regarding infant needs and child rights, access to child care, household economic strengthening (including cash transfers), parenting skills training, parental leave, family-friendly workplace policies, early child care and education and health services.

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Prevention of unnecessary child-family separation

The separation of children from their families can result from varied causes, including the death of one or both parents, displacement due to armed conflict, trafficking, disability of a child or parent, the inability or unwillingness of the family to provide care or most often a combination of factors. Separation is also driven by larger systemic issues such as poverty, conflict, natural disaster, or HIV/AIDS, among other reasons. The causes of separation can be diverse. Evidence suggests that preventing family separation and ensuring families can provide positive care for their children is more cost effective and produces better outcomes for families and children. This can be done through a variety of family support services – a few examples are provided in Box 6. (BCN, 2019)

Child-family reunification and reintegration

This is the process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin).[8] The reintegration process starts with reunification and is supported by case management, an example of which is depicted in Figure 3. Systems should support reunification through adequate funding, clear legislation and guidance on all of the stages of the reintegration process, a case management system (standard operating procedures, guidance and training) and a skilled workforce. However, in contexts where such a fully functioning system does not exist, efforts should still be made to support the reintegration of separated children where this is in their best interests. In all cases, it is important to work with all parts of the child protection system, including government actors, community groups, religious leaders, and children and families. It is also vital to work with other systems, such as health, education, justice, and social protection. (BCN, 2016)

FIGURE 3: THE CASE MANAGEMENT PROCESS FOR REINTEGRATION

Source: Department of Children's Services, Republic of Kenya, 2020.
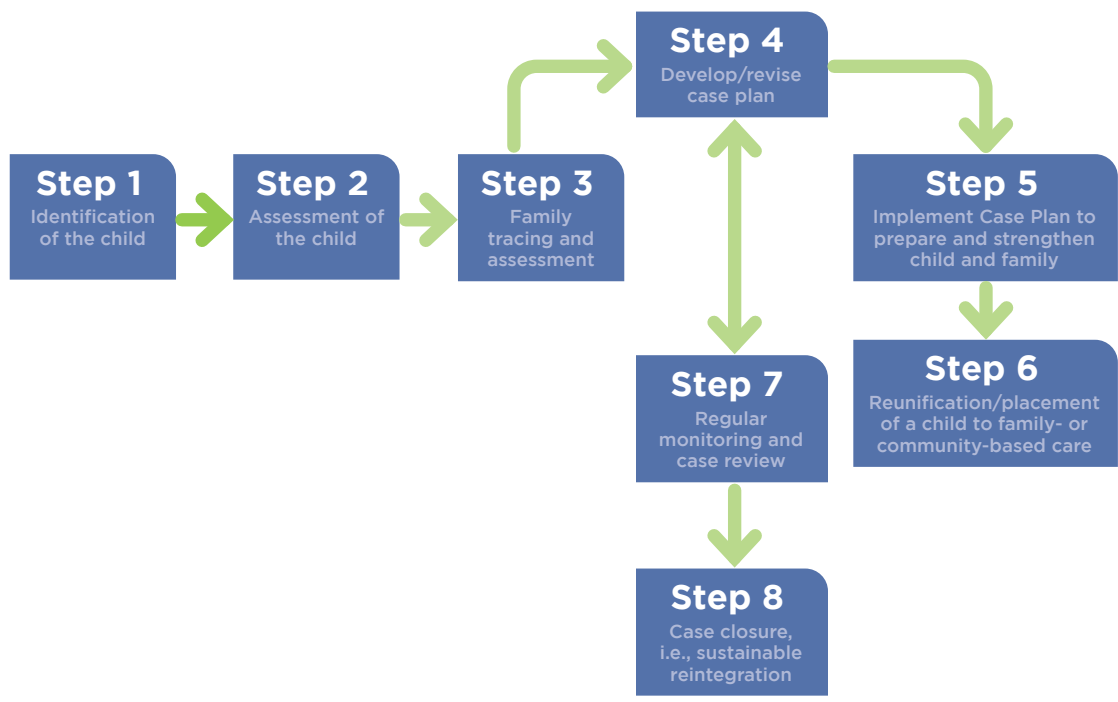
8. See BCN et al. (2013) for further discussion of this definition. It should be noted that reintegration is different from 'reunification' which refers only to the physical return of the child.

Types of alternative care include kinship care, other forms of care, foster care, independent living, adoption and residential care described below.

Kinship care

Kinship care is the full-time care of a child by a relative or another member of the extended family. This type of arrangement is the most common form of out-of-home care throughout the world. In many developing countries, it is essentially the only form of alternative family care available on a significant scale.

Kinship care can be formal, meaning it is arranged with legal proceedings, or it can be informal, arranged amongst family members without legal proceedings. Within the Care System Assessment Framework, questions on kinship care specifically related to formal kinship care. Informal kinship care is addressed within the assessment framework in what is titled "other forms of care". This is because formal kinship care, by definition, should be supported through the formal system of laws, policies, standards, etc. Informal kinship care, on the other hand, by definition, happens outside of the formal system (see 'other forms of care' description below). Formal kinship care may be an option for child protection agencies to consider when a child is without adequate family care. The decision to use formal kinship care will depend on what is in the child's best interests and should involve a careful assessment of the child's opinions, the family's ability to care for the child, and permanency planning to work towards timely family reunification. (BCN, 2019)

Other forms of care (informal care)

Informal kinship care is any private arrangement provided in a family, whereby the child is looked after by kin. More specifically in some countries this may be referred to as informal kinship care or informal foster care. These arrangements are not officially authorized nor regulated by an administrative body or judicial authority, but in some countries may still be eligible to receive certain benefits that may help the family in caring for their next of kin. The Care System Assessment questions suggest that these informal arrangements should be permitted within the legal and policy framework of a country. While supporting and monitoring informal placements is not common around the world, it is ideal to make sure children are in safe and protective families.

Kinship care – formal or informal – can sometimes offer many advantages over other forms of care for children not able to live with their parents. For example, it can allow family relationships to continue, maintain the child within her culture and community, and avoid the anxieties related to placements with unfamiliar adults.

Foster care

The term "foster care" is used in a variety of ways, and, consequently, it often causes confusion and miscommunication. In some parts of the world like North American and much of Europe, it is generally used to refer to formal, temporary placements made by the State with families that are trained, monitored and compensated at some level. In many developing countries, however, fostering is seen as both formal and informal, and may be a form of kinship care or other longer-term placement with a family (BCN, 2019). Within the Care System Assessment Framework, questions on foster care specifically related to formal foster care. Informal foster care can be addressed within the assessment framework in what is titled "other forms of care".

Independent Living

It is important to support children who may be old enough to live independently. In some cases, children within care 'age out' and transition to independent living. In other cases, an older child may be better off living on their own, with the right support. In either case, independent living should be a gradual and supervised process that involves careful preparation, support, monitoring and follow-up.

Adoption

Adoption is the formal, permanent transfer of parental rights to a family other than a child's own. In other words, adoptive parents assume all parenting duties for the child. Once the adoption has been monitored for a duration that is acceptable in the country and has been made permanent, the child is no longer seen as being in 'alternative care'.

There are different forms of adoption. In some countries it is not culturally acceptable to give the parental rights to a non-family member, and therefore alternative long-term care options must be pursued, e.g. kinship care. In some Islamic contexts, the term 'Kafaalah' of Islamic law is used to describe a situation similar to adoption, where a member of the community assumes parenting responsibilities, but not necessarily with the severing of family ties, nor with the transference of inheritance rights, or the change of the child's family name. In some contexts, intercountry adoption (ICA) may be the best permanent solution for children who cannot be cared for in a family setting in their country of origin, if ICA procedures are safe and not putting children at risk of trafficking and other abuses. ICA should be pursued in conformity with the standards and principles of the 1993 Hague Convention on Protection of Children and Co-operation in Respect of intercountry Adoptions – currently ratified by 95 countries. The Convention is designed to ensure ethical and transparent processes. (BCN, 2019)

Residential care

Residential care refers to any non-family-based group living arrangement where children are looked after by paid staff in a specially designated facility. It covers a wide variety of settings ranging from emergency shelters and small group homes, to larger-scale residential care facilities such as "orphanages" or children's homes. As a rule, residential care should only be provided as a last resort and on a temporary basis and only when necessary and appropriate, for example while efforts are made to promote family reintegration or to identify family-based care options for children.

Transforming or transitioning residential care to family / community services

Transforming or transitioning residential facilities involves changing an organization's model of care or services from institutional to non-institutional care. For example, this may be a process to shift residential care facilities to providers of support services such as day care centers, rehabilitation centers, counseling centers or perhaps a center that provides a mix of social support services or closing them if and when necessary. Transition involves change at all levels of an organization and includes, but is not limited to, the safe reintegration of children from residential care facilities to family-based care. (BCN, Kinnected. 2020)

The process to transform residential care facilities to social support providers or divest and close is a gradual process that considers the children living in residential care, the staff working there, the community context and the needs of children and families being served. This considers an organizations structure, policies, procedures, programs, and resources. This process may not be appropriate for all facilities, some may need to be closed.

For example, transforming residential care facilities includes reunifying and supporting long-term reintegration or finding new family placements for the children who are currently at the facility, as well as developing relevant alternative family-based care services for new children who may need to enter care. It also includes the creation and/or strengthening of family support services to strengthen vulnerable families to care for their children. The transformation process is described in further detail in Transitioning Models of Care Assessment Tool (2020).

ASSESSMENT METHOD

The Care System Assessment Framework is a qualitative assessment for stakeholders involved in care to self-assess the status of the care system. The method to use the Care System Assessment Framework to conduct an assessment is based on the method applied by MEASURE Evaluation's care system assessments in Armenia, Ghana, Moldova and Uganda. The assessment method promotes the following key principles:

- **The assessment should be government-led:** government agencies that lead care reform, including departments and agencies that oversee prevention, each type of alternative family-based care and residential care should be part of all phases of the assessment – from planning, to implementation, to use of findings for national strategic planning. The assessment focuses mostly on the formal, government-led care system and, as such, government leadership of the assessment and ownership of results is critical.

- **Answering assessment questions should be participatory:** the types of stakeholders that should be involved in the assessment will be different for each country. It is important to think about key actors who are currently part of the care system, or show potential to affect change in the sector. This may include other government departments and agencies (beyond those overseeing care), sub-national government staff, children and caregivers with personal experience of care, civil society, donors/development partners, academia, associations, etc. Including a range of relevant actors will support sector coordination and promote accountability.

- **Assessment questions are designed to facilitate a self-assessment:** the assessment questions are designed to be answered by actors involved in the care system, as a means of self-assessment. The value of this approach is that actors involved in the system are directly making recommendations to strengthen the system, based on their expertise and personal and professional experiences. While this does introduce some bias into the methodology, this is reduced by a) the objective nature of many of the assessment questions (e.g. does a policy exist?) and b) through stakeholder dialogue and consensus building – this is further described below.

The assessment questions are presented in a Microsoft Excel document that has additional instructions (see Figure 4), pre-defined response options when appropriate (see Figure 5) and visualizations of the assessment results that automatically adjust as questions are answered (see Figure 6). Questions focus on the six system components outlined above: 1) laws and policies, 2) the social service workforce, 3) service delivery, 4) monitoring and evaluation, 5) financing and 6) social norms and practices. Questions about each of these system components

are asked for each area of care outlined above. For example, a question about if standard indicators exist to monitor foster care is included in the Foster Care M&E section of the assessment framework. A similar question about if standard indicators exist to monitor domestic adoption placements is included in the Adoption M&E section.

The assessment questions can be adapted. For example, the framework covers the most common forms of alternative care (kinship care, foster care, independent living and adoption). Many countries, however, have additional forms of care such as Kafaalah care and what is sometimes called 'guardianship'. These additional forms of care can be added by applying relevant assessment questions to the additional form of care. Further details about reviewing and adapting questions are included in this document. Technical tips on making updates to the framework in Excel are included within the Excel document.

FIGURE 4: EXAMPLE OF ONE PART OF THE ASSESSMENT QUESTIONS RELATED TO FOSTER CARE

FIGURE 5: EXAMPLE OF SOME OF THE PRE-DEFINED RESPONSE OPTIONS

Respondents select from the list of response options.

FIGURE 6: EXAMPLE OF ONE VIZUALIZATION OF HYPOTHETICAL RESULTS

This diagram automatically adjusts as questions are answered.

Dashboard - Foster Care

Foster Care
— Note %

Leadership & Governance
100%
80%
60%
40%
20%
0%

Financing

Service Delivery

Social Norms & Practices

Monitoring and Evaluation (M&E) and Information Systems
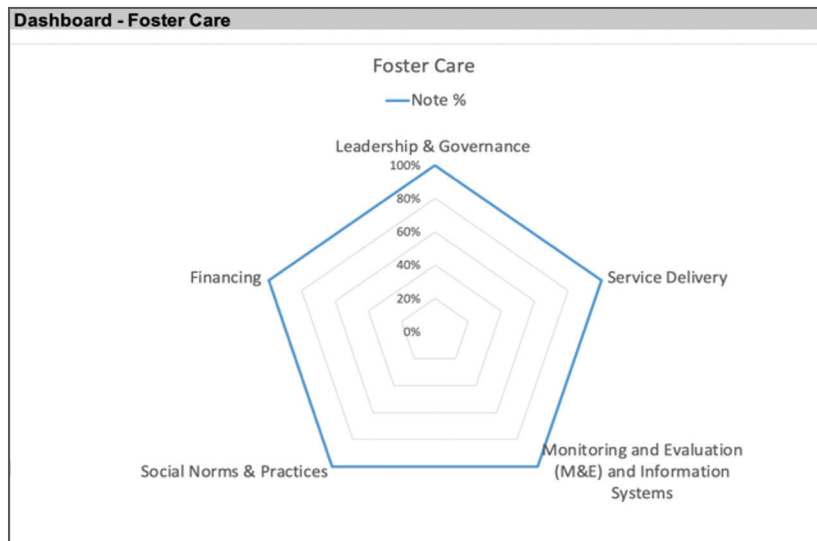
SECTION 4: TIPS FOR IMPLEMENTING THE ASSESSMENT

The first step, prior to conducting an assessment, is to consider how the assessment fits in to broader strategies and plans for care reform. The assessment does not aim to provide all information needed to reform a care system, but rather it is a snapshot of key parts of a national care system and those which may require priority attention. In addition to conducting an assessment, for example, a country may need to conduct a situational analysis of children in residential care, or conduct a study on community views of residential care, or they may need to build consensus on an approach to service delivery (including what role civil society may play) or determine how change will be coordinated. Some suggestions of additional areas to consider when reforming a care system and where conducting a care system assessment may fit are included in Annex 3.

When the timing is right to conduct a care system assessment, consider the steps laid out below and in Figure 7.

FIGURE 7: ASSESSMENT METHODOLOGY AND PROCESS

- Form a "Core Team" led by government, with non-governmental representatives
- Conduct a desk review
- Customize assessment questions
- Co-facilitate participatory workshop with government
- Validate results and build consensus
- Analyze, disseminate and use results for national strategic planning

1. Form a government-led "core team": form a group of experts in care reform who have the authority and interest to lead the assessment and use of results. This may include government and non-governmental representatives and should consider prevention as well as alternative family-based placement and residential care experts and those with experience of transiting residential care. This group may already exist in some countries or may need to be newly established for this assessment. See Box 6 for examples. Prior to planning the assessment, the core team should discuss how the assessment will inform a national care strategy (or equivalent) and the timeline to complete the assessment so that the results can be used in this way.

2. Conduct a desk review: working with the members of the core team create a bibliography of key existing documents that are relevant for the assessment. This may include domestic laws, policies and guidance documents, recent research and evaluations, as well as international guidance and best practices. Ideally, members of the core team will be familiar with these documents prior to the assessment workshop. Annex 4 includes an example template for conducting a desk review and Annex 5 includes a list of international documents to consider for the desk review. It may be helpful to assign documents to review to each member of the core team. The documentation can also be used as part of the validation process – see below.

3. Customize assessment questions: terminology used in the assessment questions should be revised to use terms that are common within the country context. Similarly, it is possible that some questions may not apply in some countries, however as a rule, the assessment questions follow the U.N. Guidelines and questions apply to most circumstances. Further, some country context may call for an additional area of care to be added (e.g. Kafaalah or guardianship).

Suggested questions when reviewing and adapting assessment questions

- **Does the Assessment Framework align with your country context?**
- **Which questions (if any) are confusing and require further clarification?** *(Note there is guidance provided to help define/clarify several questions.)*
- **Which questions (if any) do you believe are <u>not</u> relevant to your country context?**
- **Are there any topics you expected to be covered which are missing (and within the scope of a participatory workshop assessment methodology)?**
- **Are there changes to terminology or the organization of the framework that will be required for your country?**

4

Because the framework is Excel based editing is possible, but may require technical assistance. Tips for changing the questions are included in the Excel framework document, but will require expertise from someone who is comfortable with Excel formulas.

<div style="border: 1px solid #000; padding: 10px;">

BOX 7

Consider including stakeholders with a range of perspectives in the care system assessment workshop, such as:

- Other line Ministries/government agencies (Health, education, social protection, etc.)
- Sub-national government staff involved in alternative care and/or community leaders
- Children and caregivers with lived experience, including members of care-leaver associations
- Children and caregivers with disability
- Civil society organizations involved in key areas of prevention and/or alternative care, including faith-based community if they play a role
- Donors / development partners with an interest in prevention and/or alternative care
- Academics, such as a school of social work and/or those involved in related research

</div>

4. Facilitate a participatory workshop: the core team should facilitate a workshop with key national and sub-national actors, to self-assess the care system using the assessment questions. See above and Box 7 for a list of types of stakeholders to consider. During the assessment workshop, stakeholders will form small groups to answer specific questions. For example, 4-6 people working more in foster care will discuss and answer the foster care questions while at the same time, 4-6 people leading transformation of residential care discuss and answer those questions. There are many ways in which groups (see Table 2) may be defined and people may be split across groups and this should be customized by the core team. The purpose of forming groups is primarily to complete the assessment within a three-day workshop. See Annex 7 for an example workshop agenda that can be customized to meet the needs of a given country. While this approach is recommended based off experience, the workshop format can be changed if a more suitable approach exists.

5. Validate results and build consensus: during the assessment workshop, groups of stakeholders will answer questions in small groups, leveraging a range of expertise and perspectives. In many cases, the answer will be unanimously agreed upon by members of the group. In other cases, members of the group may have differing opinions. Groups should be encouraged to discuss issues where there is not consensus, and if needed, bring unresolved or uncertain questions to the larger group to reach consensus in plenary. In addition, as needed, answers should be validated by review of existing documentation either during and/or after the assessment workshop. This way of working in groups through discussion and consensus building is not always easy, and may feel time consuming, but the process is valuable in building engagement and coordination, and can highlight areas where further research and clarity if needed.

Special considerations when conducting the assessment
Considerations for workshop facilitation

Actors actively involved in leading, managing and/or implementing the care system should participate in the workshop. While each country should determine participation based on the key actors and decision-makers in the country, it is recommended to invite approximately 20-40 people in total. It may also be useful to consider:

- Assigning a leader for each small group, ideally a member of the core group who is familiar with the assessment framework and assessment process.
- Assigning a note-taker, specifically to document questions in which the answer is uncertain or where consensus was not reached.
- Requiring each group to maintain one file with all the groups' responses and submitting the group responses to a facilitator.
- Assigning a 'core team' member to facilitate report-back sessions to help the group reach consensus on uncertain questions.

Considerations for building consensus

Assessment questions will be answered in small groups of approximately 4-6 people, where groups discuss assigned questions and answer based on group consensus. However, it may not always be possible for a group to reach consensus on all answers. This may be because either no one in the group knows the answer, or group members do not agree. Where there is uncertainty about the answer to any question, for any reason, the group should indicate this in the assessment framework. As much as possible, such questions of uncertainty should be presented in plenary, to the larger group, to seek further information and try to reach consensus. When applicable, answers to some questions can also be verified in existing documentation, helping groups reach consensus. It is possible that the assessment workshop may leave a few outstanding issues that will require the "core team" to meet after the assessment workshop to discuss and resolve. It is important to leave adequate time in the workshop schedule for small group and plenary discussions as consensus building may take longer than expected.

Considerations for determining assessment groups

During the workshop, participants should be grouped based on their experience and expertise related to the section of the assessment they are considering. Each section may be discussed by just one group, or two or more groups could look at the same topic. There are trade-offs that should be considered when determining the formation and number of the groups, such as the expertise of individual respondents, and the available time, available resources, reliability of results and complexity in analysis – see Table 2.

TABLE 2: CONSIDERATIONS FOR DETERMINING ASSESSMENT GROUPS

Approach to forming groups	Description	Trade-offs		
		Less Time	Higher Reliability	Higher complexity in analysis
Only one group answers each set of questions	This is when each set of questions is assigned to only one group. Groups work simultaneously answered different questions and present a high-level summary in plenary, including presenting questions for which consensus was not reached by the group.	**X**		
Two or more groups answer the same set of questions	This is when each set of questions is answered by at least two groups. In doing so, it is likely that no two groups will have the exact same answers for all questions.*		**X**	**X**

see below for further guidance

Further considerations if two or more groups answer the same set of questions:

If you have two or more groups answer the same questions, you will need to compare the groups' responses during the assessment workshop and build consensus where they did not have the same response. To do this, compare where there is divergence between groups' responses. For example if one group responded, "not at all" and the other group responded "completely", this question needs to be discussed to reach group consensus. For time considerations, consider comparing divergence of responses that "lean positive" (i.e. completely and mostly) to responses that "lean negative" (i.e. slightly and not at all); if time is limited, it is not necessary to flag questions that both "lean" the same direction (i.e. one group answered completely, the other group answered mostly).

Summary of assessment questions and responses

Most assessment questions are answered through one of two types of pre-determined responses as described in Box 5. Some questions, however, are open-ended, requiring written responses. The type of response was selected to fit each question.

BOX 5:
RESPONSE OPTIONS

Likert response

Completely = this area is adequate or exceeds expectations and no further improvements are necessary

Mostly = this area is almost adequate, but requires minor improvements

Slightly = this area is underway, but moderate improvements are still required

Not at all = this area has not progressed and requires substantial improvements

Yes/No response

Yes = this area exists and no change is necessary

Not = this area does not exist and change is necessary

Limitations

The assessment is designed to be a participatory self-assessment, meaning that actors involved in care within a given country discuss the assessment questions and build consensus on a response. Potential bias that may exist through the self-assessment method is reduced by involving different types of actors. For example, civil society actors may share different points of view compared to donors and government. The dialogue between these actors during the assessment builds common understanding and holds actors accountable to their responses. In addition, where possible, responses should be verified with existing documents and data sources, also reducing subjectivity. For example, questions about legal provisions related to care should be verified by reviewing the legislative documents.

Further, the primary purpose of the framework is to use results to strengthen the care system. As such, the framework is not meant to provide direct comparisons across different countries. Although the framework is based on international best-practices, it is meant to be customized for the unique circumstances of the country in which it is applied. This will include a process to tweak the language to questions based on in-country norms and/or policies. As such, comparisons across different countries cannot assume complete standardization of assessment questions and should not be expected.

SECTION 5: ANALYZING AND USING ASSESSMENT RESULTS

Verifying assessment results

Consider verifying assessment responses before analysis. During the assessment workshop, take note of any unresolved issues, questions that were uncertain, topics that participants did not seem to know well, or never fully reached consensus about. For these areas, consider reviewing supporting evidence, especially new documentation that came to light during the workshop, and/or discussing with the "core team" and other experts to reach consensus on each response, prior to analysis.

Analyzing assessment results

Assessment results are mostly qualitative. To support analysis of qualitative information, as well as comparison of qualitative information over time, it will be useful to organize the key results from the assessment. To do this, assessment leads should extract key points from the Excel assessment framework in to a more digestible and easier-to-use format. At a minimum, results should be categorized in to "what exists" or "what works" to document system strengths, as well as "what are the gaps" to document system weaknesses as described in Table 3. See Annex 8 for a possible way to organize key assessment results to support analysis and comparison over time.

TABLE 3: QUESTIONS TO SUPPORT ANALYSIS OF RESULTS FOR EACH SYSTEM COMPONENT IN EACH AREA OF CARE

Response type	Summarize
"**Completely**", "**Yes**"	What exists/has been done? What are the strengths?
"**Mostly**", "**Slightly**"	What has progress been made in, but more work is needed?
"**Not at all**", "**No**"	What does not exist/is weak?

Further, the care system assessment framework includes automated graphs, as illustrated in Figure 8 and Figure 9. The purpose of these graphs is to show real-time results which highlight strengths and weaknesses and allow for easy comparisons between care types and across the system components. Two example graphs and hypothetical interpretations are provided for Figure 8 and Figure 9.

FIGURE 8: INTERPRETATION EXAMPLE

Foster Care

Legal and Policy Framework

Financing — Service Delivery

Social Norms & Practices — Monitoring and Evaluation (M&E) and Information Systems
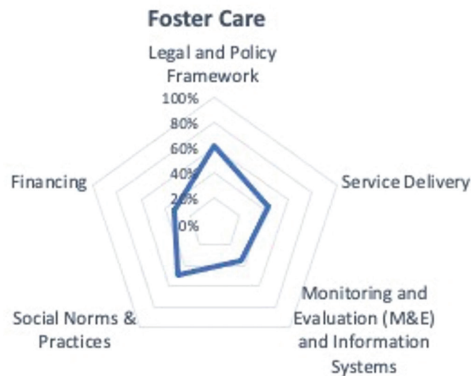
This graph about foster care shows that progress is needed in all system areas. While there are some elements of the legal and policy framework established for foster care, there is still need to continue refining it. Specific details about how it should be refined should be elaborated through reviewing the specific questions in the assessment framework. There is little to no work on financial provisions nor monitoring and evaluating for foster care.

FIGURE 9: INTERPRETATION EXAMPLE

Adoption

Legal and Policy Framework

Financing — Service Delivery

Social Norms & Practices — Monitoring and Evaluation (M&E) and Information Systems
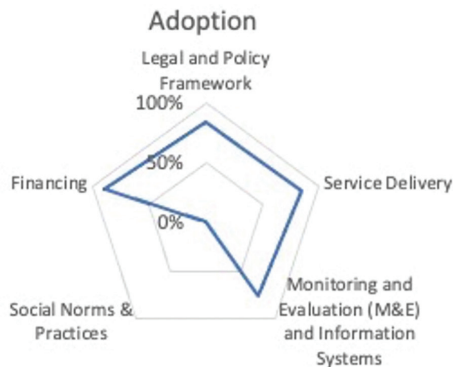
This graph about adoption shows a strong adoption system, with small areas for improvement in the legal and policy framework, service delivery, financing and M&E. There have been no efforts, however, to change social norms and practices related to adoption practices.

Making findings useful - Developing recommendations to inform national strategies

If time allows, during the assessment workshop, it is highly recommended to encourage assessment participants to list at least their top 3-5 recommendations for the areas of the assessment they complete. It is likely that after the assessment workshop, these recommendations will need to be fine-tuned and expanded upon by the core group.

While it may not be feasible to gather all participants from the assessment workshop together again to develop the recommendations further, it is recommended to gather a range of relevant experts in addition to the "core team" to do so. After analysis, present key findings to target audiences/decision-makers for their validation, discussion and buy-in.

5

Report writing

For the report, it is recommended to focus on writing a summary of the assessment findings and recommendations. It will be useful to include a short overview of the status of each system component, across all areas of care. Annex 10 provides an example outline for the reporting format that should be adapted for each country.

Using results for data informed decision making and national strategy development

The results of the assessment can be used to inform national strategies for care reform, national action plans, costing and assessing effectiveness of reform, or the equivalent. The specific use of findings should be defined during the planning of the assessment. Considerations for developing a national strategic plan are included in Annex 3. Developing a full national strategy requires other sources of information beyond the assessment results, but it is recommended to include approaches and activities to strengthen the national care system based on the assessment findings.

Consider the following questions when determining how best to integrate assessments results into a national strategic plan (or equivalent):

- How can the national strategy include a system strengthening approach that these results and recommendations could inform?
- What are the key strengths identified through the assessment that the national strategy should expand or leverage?
- What are the key weaknesses identified through the assessment that the national strategy should prioritize?
  - At the national level?
  - At the sub-national levels?
  - Within the lead government agency / Ministry?
  - Across other sector leaders?
  - What are the evidence-based approaches that address these weaknesses? How can actors learn more about these approaches?
  - What is feasible given the time and anticipated resources to implement the national strategy?

SECTION 6: REPEATING THE ASSESSMENT TO MONITOR PROGRESS IN SYSTEM REFORM

6

The goal of a care and protection system is to protect and improve the welfare of children and their families. Activities to strengthen the national care system aim to improve the performance of the system itself, which, in turn, should lead to improved access to, quality and coverage of prevention and care services. The Care System Assessment Framework supports monitoring and evaluation of system performance over time, as defined by the system components presented in this document. It does not include metrics to monitor and evaluate service access, quality and coverage, nor the impact of services on children and families. However, in considering this bigger picture, as presented in Figure 10, countries should look towards monitoring and evaluation across this change process.

FIGURE 10: MONITORING AND EVALUATING CARE SYSTEM PERFORMANCE CHANGE PROCESS

Strengthen care systems and care system performances

Measured through system assessments, financial tracking systems, HR databases, policy data, other administrative data

→

To help improve prevention and care services (access, quality, coverage)

Measured through social welfare service data, beneficiary satisfaction/ service quality assessments, population-based surveys or secondary analysis with census data

→

With the ultimate goal to protect and improve the welfare of children and their families

Measured through population-based surveys and impact evaluations

Repeating the assessment over time

The care system assessment can be repeated over time to both track progress in system strengthening and re-establish the current consensus on the status of the system and priority interventions. The assessment can be repeated as needed, for example if several government staff have recently changed over or if the political climate has changed (e.g. a new window for increased political will for care reform). Otherwise, it is recommended to consider repeating the assessment every 3-5 years, however it may also depend on the perceived pace of change of the system. If care reform has occurred fairly rapidly, the assessment could be repeated after a shorter time period.

6

As a country considers repeating the assessment, it will be important to review the previous assessment results so that comparison can be made between the first and second assessment. Prior to repeating the assessment, it is important to spend ample time orienting key stakeholders on the results from the prior assessment. Lastly, while not all stakeholders from the prior assessment may still be key actors in care reform, including the same people over time, so long as they are still actively engaged in the care sector, is recommended.

The comparison over time will be a qualitative comparison, looking at what types of gaps have been resolved over time, if strengths have been sustained and if any new weaknesses have occurred perhaps due to changes in the systems or country context. This should be completed by comparing the qualitative summaries from the repeat assessment with the qualitative summaries from the prior assessment. Change should be documented to say, for example, what specific areas of leadership and governance, service delivery, M&E, social norms and financing have improved (or worsened, if applicable) over time.

Considerations for routine monitoring of care and data-driven decision making

The results from the assessment informs national care strategies and/or national action plans. A global best-practice is for Monitoring and Evaluation Plans/ Frameworks to compliment national strategies/action plans. M&E plans establish procedures to collect standardized data against a theory of change or results framework. A focus of M&E plans is routine monitoring – in other words, the data that can be collected monthly, quarterly or more frequently to track the status of providing care or implementing a program. M&E plans also consider evaluations and other special studies to provide information that cannot be captured through routine data.

It is recommended that M&E plans go beyond including traditional indicators to monitor specific activities and service delivery and that they also include indicators to routinely monitor system reform. This means including metrics for monitoring and evaluation of service delivery, as well as indicators to measure system strengthening and indicators to measure the outcomes services are having on children and their families. Figure 11 provides illustrative indicators to consider.

FIGURE 11: ILLUSTRATIVE INDICATORS FOR ROUTINE MONITORING OF CARE AND CARE SYSTEM REFORM (MEASURE EVALUATION, 2017)

Illustrative indicator to monitor system reform

- % of provinces/regions/states with a strategy or action plan that aligns with the national care strategy
- Number of certified social workers, by cadre
- Number of registered social workers, by cadre
- Vacancy rates of government social service workforce positions, by position type
- % of government social service workers trained in case management guidelines
- Total annual government budget allocation for care (by care type)
- Total annual government budget release for care (by care type)
- Total annual government budget expenditures for care (by care type)
- % change in funding provided for residential care settings
- % of provinces/regions/states that submit timely and complete reports on care activities

Illustrative indicators to monitor services

- Number of children entering formal care nationally during a 6-month period per 100,000 child population
- Number of children living in formal care nationally per 100,000 child population
- Percentage of all children leaving residential care nationally for a family placement, including reunification
- Proportion of all children in formal care nationally who are currently accommodated in non-family-based care settings
- Number of residential care facilities nationally
- Number of registered families providing formal family-based care nationally
- Number of functional gatekeeping mechanisms

Annexes

ANNEX 1:
THE NECESSITY AND SUITABILITY PRINCIPLES

FIGURE 2: THE NECESSITY AND SUITABILITY PRINCIPLES FOR ALTERNATIVE CARE FOR CHILDREN

(Cantwell, et al, 2012)

Q1
IS CARE GENUINELY NEEDED?

Reduce the percieved need for formal alternative care

- Implement poverty alleviation programmes
- Address societal factors that can provoke family breakdown (e.g. discrimination, stigmatisation, marginalisation...)
- Improve family support and strengthening services
- Provide day-care and respite care opportunities
- Promote informal/ customary coping strategies
- Consult with the child, parents and wider family to identify options
- Tackle avoidable relinquishment in a pro-active manner
- Stop unwarranted decisions to remove a child from parental care

Discourage recourse to alternative care

- Ensure a robust gate-keeping system with decision-making authority
- Make available a range of effective advisory and practical resources to which parents in difficulty can be referred
- Prohibit the 'recruitment' of children for placement in care
- Eliminate systems for funding care settings that encourage unnecessary placements and/or retention of children in alternative care
- Regularly review whether or not each placement is still appropriate and needed

Q2
IS THE CARE APPROPRIATE FOR THE CHILD?

Ensure formal alternative care settings meet minimum standards

- Commit to compliance with human rights obligations
- Provide full access to basic services, especially healthcare and education
- Ensure adequate human resources (assessment, qualifications and motivation of carers)
- Promote and facilitate appropriate contact with parents/other family members
- Protect children from violence and exploitation
- Set in place mandatory registration and authorisation of all care providers, based on strict criteria to be fulfilled
- Prohibit care providers with primary goals of political, religious or economic nature
- Establish and independent inspection mechanism carrying out regular and unannounced visits

Ensure that the care setting meets the needs of the child

- Foresee a full range of care options
- Assign gatekeeping tasks to qualified professionals who systematically assess which care setting is likely to cater best to a child's characteristics and situation
- Make certain that residential care is used only when it will provide the most constructive response
- Require the care provider's cooperation in finding an appropriate long-term solution for each child

THE NECESSITY PRINCIPLE

THE SUITABILITY PRINCIPLE

ANNEX 2:
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ANNEX 3:
CONSIDERATIONS WHEN DEVELOPING AND IMPLEMENTING NATIONAL CARE REFORM STRATEGY
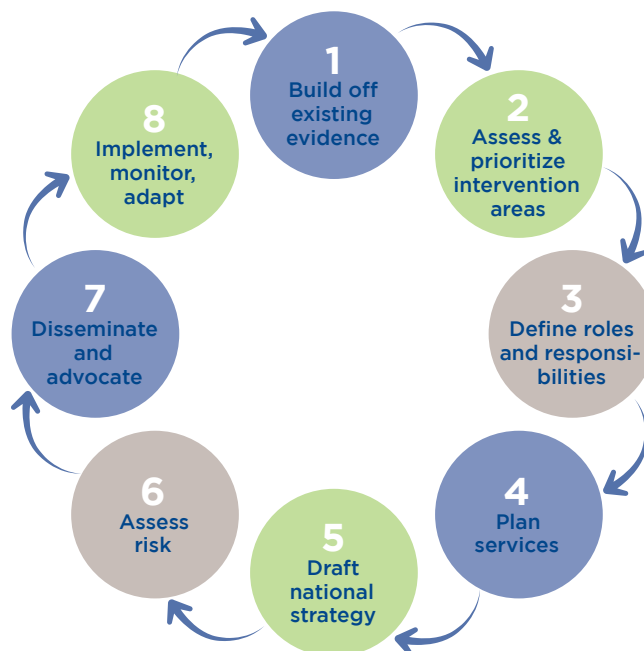
1. **Build off existing evidence:** As part of any strategy development process previous reviews or relevant reports, evaluations, that have been conducted already should be considered. This should be completed in collaboration with key care reform stakeholders who advise on which documentation to review and the structure of the review process.

2. **Assess and prioritize intervention areas:** A participatory process to reflect on the status of the care system and prioritize areas for improvement should be conducted with government and civil society/development partners. A structured assessment and prioritization process should follow a system strengthening framework. The Assessment Framework described in this guidance document outlines a framework and process to conduct this type of assessment, See Section 1-4.

3. **Define Roles and Responsibilities:** after assessing the system, there should be clear and actionable recommendations that may involve leadership and/ or coordination and collaboration among actors. Defining the roles and responsibilities of each agency/organization in the care reform process is essential.

4. Plan an approach to services: One commonly used approach to consider factors for services is the developmental-ecological approach described in Figure A which places the child within a family within the wider society. This can help conceptualize both risk and protective factors which can inform strategy development. It is important that the intersection of a range of adult-centered services, such as alcohol and other drug services (harm reduction) with the safety and wellbeing of children in families is included in this process (Parliament of Australia, 2019). This will ensure that a full picture of the services affecting children and families are incorporated into the assessment. See Figure B.

FIGURE A: ILLUSTRATION OF THE DEVELOPMENTAL-ECOLOGICAL APPROACH TO CONSIDER SERVICE NEEDS

Macro Factors (e.g. social and cultural)

Social / Environmental Factors

Family / Parental Factors

Individual / child
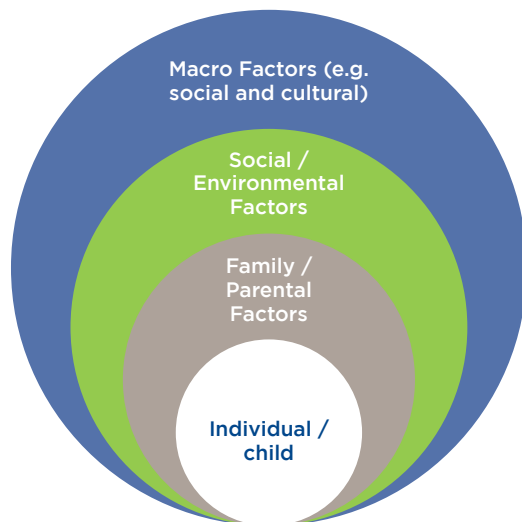
FIGURE B: TYPES OF SERVICES TO CONSIDER

Tertiary
Approaches for families to enable reunification and prevent re-separation, or prevent when separation is imminent

Secondary
Approaches that traget families with identified risk factors; aimed to reduce or address risk factors, such as drivers of separation

Primary or Universal
Approaches that tackle community/societal factors that put children/families at risk of separation and strengthen protective factors to build resiliency. Targeted to all families in the community

There are different models and approaches that Governments can take towards system reform and development. As an example, some Governments regulate civil society partners through a regulatory umbrella approach and begin to fund some of their services. Governments can decide to directly implement services, or take a blended approach using both regulation and funding and direct implementation. The roles of civil society and other service providers should be clearly understood and delineated and considered as part of defining roles and responsibilities per prioritized recommendations.

5. Developing the national strategy document: Using information collected from all the previous phases, as well as a well-articulated approach to service delivery for care of children, a national strategy document should be developed. There

are many methods to development of a strategy document, but we propose a consultative process with a team of lead writers. Drafts of each section of the national strategy should be continuously reviewed and updated based on feedback. Perspectives from a range of relevant governmental and non-governmental actors at national and subnational levels should be considered. The strategy should include approaches to improve the system and improve service delivery. It should also include an approach to monitor and evaluate implementation of the national strategy, including outline accountability mechanisms to track progress over time.

6. **Assess Risk:** Once a strategy has been developed and agreed it is important to assess risk when moving to operationalization. Conducting a comprehensive risk assessment on the strategy with content experts from different but related sectors who have a wide range of skills to review the actionable recommendations can be very helpful. It will allow the strategy to undergo a comprehensive review which may identify issues or unintended consequences that have been faced or arisen in other countries.

7. **Disseminate and advocate:** To support the operationalization of the national strategy there will need to be adequate resources from Government, development partners and/or other relevant donors or financial instruments. The case for investment in care reform can be advocated for through the development of a comprehensive advocacy brief that has key messages that can be utilized for advocating for increased resource allocation and carefully planned and monitored reform. Relevant stakeholders and partners could be convened and a commonly agreed "Call to Action" to garner further interest and catalyze change. This would need to be presented alongside a "business case for investment" or presented as one document, which could include key messages around "social return on investment", and the social and economic costs of a weak child protection and welfare system.

Lessons to draw upon from the Collective Impact Model
(www.collaborationforimpact.com)

This model has been used in reform work elsewhere. It brings cross-sector organizations together to focus on a common agenda that results in long-lasting change. Collective impact initiatives have five conditions that together produce powerful results: a common agenda, shared measurement systems, mutually reinforcing activities, continuous communication, and backbone support organizations (see illustration below). Whereas the model itself doesn't need to be used it can be helpful to inform ways of bringing together the community to coalesce the action plan.

8. **Implement, monitor and adapt:** In many country contexts, after a national strategy is completed, operational plans or action plans are developed among various actors at different levels of implementation. Further, implementation is often monitored through a national monitoring and evaluation framework that supports collection of data to track progress and evaluation effectiveness/impact. Both of these steps should be considered and in accordance with the national procedures for developing and implementing national strategies.

It can be useful to think about how implementation can be successful. Adaptive and reflective thinking can help with this. There are many stakeholders in Care Reform and ensuring that people and organizations come together in a participatory way in the coming years is important. Setting up a formal platform for engagement that is collective and meaningfully engages civil society and Government can be very powerful and effect change.

A

ANNEX 4:
DESK REVIEW TEMPLATE

Document title	Year	Author	TOPIC(S) COVERED						
			Leadership & governance	Service delivery	Workforce	Finance	M&E	Social Norms	Other

ANNEX 5:
INTERNATIONAL DOCUMENTS FOR DESK REVIEW

Enabling Reform: Why Supporting Children with Disabilities Must be at the Heart of Successful Child Care Reform

Gatekeeping – Making Decisions for the Better Care of Children: The role of gatekeeping in strengthening family-based care and reforming alternative care systems

Guidelines for Alternative Care of Children

Guidelines on Children's Reintegration

Guidelines to strengthen social service workforce for child protection

Institutionalisation and deinstitutionalisation of children (Lancet)

Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development (Lancet)

Institutionalisation and deinstitutionalisation of children 2: policy and practice recommendations for global, national, and local actors (Lancet)

Lumos' 10 Steps to Deinstitutionalization

Moving Forward: Implementing the Guidelines for the Alternative Care of Children

Transitioning to Family for Children (for Faith Based organizations)

The guidance on developing integrated case management systems for vulnerable children

The Role of Social Service Workforce Development in Care Reform

UNICEF global toolkit for mapping child protection systems

ANNEX 6:
DEFINITIONS OF KEY TERMS FOR THE CARE SYSTEM ASSESSMENT

Terms and definitions sourced from Better Care Network Toolkit Glossary and MEASURE Evaluation, Assessing Alternative Care for Children in Moldova, Appendix (Volume 2) unless otherwise noted.

A

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. Inter-cultural Adoption involves adopters from a different ethnic or cultural background from that of the child. Extra-judicial Adoption is a form of adoption that has the effect of conferring legal rights and duties, but undertaken by a process that is not legal (e.g. by the adopters accepting someone else's child and registering him/her as though he/she were their birth 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.

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.

B

Best Interests Determination (BID): A formal process with specific procedural safeguards and documentation requirements that is conducted for certain children of concern to UNHCR, whereby a decision-maker is required to weigh and balance all the relevant factors of a particular case, giving appropriate weight to the rights and obligations recognized in the CRC and other human rights instruments, so that a comprehensive decision can be made that best protects the rights of children.

Boarding schools/Internats: Facilities that take care of children through their growing years, providing education and residential care. They typically host poor, disadvantaged, or orphaned children.

C

Care Leaver A young person, typically over the age of 16 who is leaving or has left a formal alternative care placement. Depending on each country's laws and policies, he or she may be entitled to assistance with education, finances, psychosocial support, and accommodation in preparation for independent living.

Care institutions: See "institutions."

Children born in custody: Children who are born to mothers who are in custody, such as a jail or prison.

Community development officers: Staff who often support vulnerable people within their communities. In some countries, community development officers play a role in the prevention, reintegration, and reunification of children in alternative care.

Community homes: Small residential facilities provided for the temporary placement of groups of children without parental care, including children with disabilities, who often cannot be placed in foster care or adopted.

Complaint mechanism: Telephone helplines, websites, and any other systems within schools, social welfare offices, law enforcement institutions, or communities through which children in alternative care can notify someone of concerns regarding their treatment or conditions of placement and report abuse, speak to a trained counselor in confidence, and ask for support and advice. Such mechanisms should be well-publicized and easily accessible to children and should guarantee the safety of children and confidentiality of reporting.

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

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

the reintegration of children and ensure appropriate family-based alternative care options are available. (Better Care Network, 2021).

Care System: The legal and policy framework, structures and resources that determine and deliver alternative care.

Caregiver/Carer: A person with whom the child lives who provides daily care to the child, and who acts as the child's 'parent' whether they are biological parents or not. A caregiver can be the mother or father, or another family member such as a grandparent or older sibling. It includes informal arrangements in which the caregiver does not have legal responsibility.

Case Conference: A multidisciplinary meeting of professionals known to and/or working with the child to discuss risk factors, the care and protection needs of the child, required supervision and support interventions with the child, family, and alternative caregivers, and the roles of the professionals involved.

Case Management: The process of ensuring that an identified child has his or her needs for care, protection and support met. This is usually the responsibility of an allocated social worker who meets with the child, the family, any other caregivers, and professionals involved with the child in order to assess, plan, deliver or refer the child and/or family for services, and monitor and review progress.

Casework: Social work involving direct consideration of the problems, needs, and adjustments of the individual case (as a person or family).

Child and Youth Participation: Children and young people influencing issues affecting their lives, by speaking out or taking action in partnership with adults.

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

Child protection system: Child protection systems help children access vital social services and fair justice systems – starting at birth. They reach out to the most vulnerable children, including those with disabilities; girls and boys who have been placed in alternative care; children uprooted by conflict, poverty and disaster; or those who may become victims of child labour or trafficking, or recruited into armed groups. Child protection systems prioritize children's physical, mental, and psychosocial needs to safeguard their lives and futures. (UNICEF Protection Website).

Code of conduct: A code of conduct is a set of rules outlining the responsibilities of or proper practices for an individual or organization.

Counseling: A process where children or adults are helped in dealing with their personal and interpersonal conflicts by a third-party therapist. Counseling with young children typically centers on the use of play and does not rely on verbal communication. Counseling with older children may make use of art, music, and drama techniques

D

Data are regularly collected: Data that are collected from relevant stakeholders on a routine basis, such as monthly, quarterly, semi-annually, or annually. Ideally, the frequency of data collection would be set in national standards, but in the absence of its documentation, the frequency may be observed informally, in practice.

Data quality assurance activities: Activities to ensure the quality of data collection and to check, verify, or validate the degree to which data correctly describe what they are intended to describe. Activities may include data auditing or data "spot checks," which quickly check for inconsistencies in data or analysis. Other data quality assurance activities may be used as well, such as data cleaning (e.g., removing outliers, inputting missing data), to remove anomalies in the data and improve data quality for safe information use.

Transition/transformation of facilities: The process of closing residential care institutions and providing alternative family-based care within the community, sometimes called 'deinstitutionalization'.

Disabilities: The term 'children with disabilities' is preferred to 'disabled children'. Children with disabilities usually include:
- Children with a physical or sensory impairment who, without assistance, would be unlikely to achieve their full potential
- Children with a learning disability, who again would not achieve their full potential without assistance from agencies outside the family
- Children with emotional, behavioral or mental health problems.

Disability type: Goes beyond whether or not a child is disabled (yes/no) to categorize how children are disabled (e.g., deaf, mute, blind, physically impaired, autistic).

F

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

Family Group Conferencing: A way of fully involving a family in the planning, decision making and arrangements for the care, protection and supervision of the child, young person or vulnerable adult. The family is invited to meet as a group to discuss issues relating to the child and is encouraged by a facilitator to come up with their own solutions. 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.

Follow-up: The monitoring of the well-being of a child, and the identification and provision of a range of social and economic supports for children and their caregivers.

Foster Care/Fostering: The full-time care of a child or adolescent within a non-related family who agrees to meet the developmental, psychosocial, medical, educational and spiritual needs of a child who is not able to live with his/her own parents or extended family. Formal foster care describes arrangements that have been ordered or authorized by an administrative body or judicial authority; it usually involves an assessment of the family for the child and the provision of some kind of continuing support and monitoring. Informal foster care is a private arrangement made between the two families. Specialized foster family care provides for children with special needs (a child with HIV/AIDS or psychiatric disorders, for example). Crisis intervention foster family care is when there is an emergency and a child lives with a family until the crisis is over or another plan is made for the child. Spontaneous fostering, where a family takes in a child without any prior arrangement. This is a frequent occurrence during emergencies and may involve families from a different community in the case of refugee children.

G

Gate Keeping: The prevention of inappropriate placement of a child in formal care. 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.

Guardianship: This term is used in three different ways:
- It can be used as a legal device for conferring parental rights and responsibilities to adults who are not parents.
- It can refer to an informal relationship whereby one or more adults assume responsibility for the care of a child.
- It is sometimes a temporary arrangement whereby a child who is the subject of judicial proceedings is granted a guardian to look after his/her interests.

H

Home-visiting: A service provided by social or community workers or volunteers in order to provide assessment and monitoring of risk and support needs. It is also a form of support, whereby the home visitor may provide assistance directly (e.g. parenting information, advice on rights, counseling, etc).

I

Information system: A system for collecting, organizing, processing, and analyzing data in order to inform evidence-based decisions about policy or programs. The purpose of an information system is to turn raw data into useful information that can be used for monitoring and evaluation of public policies and program.

Inspection: The physical review of care facilities against a set of approved standards.

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.

Institutional Care: The short-term or long-term placement of a child into any non family-based care situation. Other similar terms include residential care, group care, and orphanage.

K

Kinship Care: The full-time care, nurturing and protection of a child by someone other than a parent who is related to the child by family ties or by a significant prior relationship. Informal kinship care is any private arrangement provided in a family, whereby the child is looked after by kin. Formal kinship care describes arrangements that have been ordered or authorized by an administrative body or judicial authority; it usually involves an assessment of the family for the child and the provision of some kind of continuing support and monitoring.

M

Monitoring mechanism (to ensure good quality services): Mechanism to observe whether services/programs are being implemented according to national quality service standards, acting as an accountability and learning mechanism to enhance the quality of care and/or support services.

N

National policy: A course of government action in response to public problems. The policy is usually put in practice through laws and regulations, strategies, national programs, and action plans.

P

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.

Permanency Planning: An array of social work and legal efforts directed toward securing safe, nurturing, life-long families for children in foster care.

Placement: A social work term for the arranged out of home accommodation provided for a child or young person on a short- or longterm basis.

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

Prospective adoptive parents: Adult(s) that have usually cared for a child for a designated period and are likely to legally adopt the child. Often courts are the agency responsible for identifying and determining if parent(s) meet criteria to later adopt a child.

Q

Quality assurance (of services): A systematic process of checking to see whether a service is meeting and maintaining a desired level of quality, as stipulated in official standards of practice or minimum quality standards.

R

Regulatory framework: Government-documented principles, rules, or laws to govern behaviors, programs, services, etc. Regulation of a given issue may be fully covered in one document or in multiple documents. A regulatory "framework" accounts for all relevant documents.

Reintegration: Child-centered reintegration is multi-layered and focuses on family reunification; mobilizing and enabling care systems in the community; medical screening and health care, including reproductive health services; schooling and/or vocational training; psychosocial support; and social, cultural and economic support.

Residential care: Care provided in any non-family-based group setting

Respite Care: Planned, short term care of a child, usually based on foster or residential care, to give the family a break from caring for a child.

Reunification: The process of bringing together the child and family or previous care-provider for the purpose of establishing or reestablishing long-term care.

Review: The process of reexamining the child's situation and needs based on ongoing assessment information gathered on the progress of the child at home or in alternative care, and any new information relating to the child, birth family or caregivers. This is typically a multi-disciplinary meeting, attended by the child or young person and the current caregivers, and/or the birth parents. Reviews should take place on a regular basis and be formally recorded.

S

Safeguarding: The values and procedures to be upheld by those working with children and young people in order to protect them from all forms of abuse, exploitation and violence.

Separated Child: A child separated from both parents or from his/her previous legal or customary primary caregiver, but not necessarily from other relatives.

Service delivery: How services are delivered to intended beneficiaries. This includes knowledge of who is providing what type of services and the knowledge that these services are being provided to intended beneficiaries. This does not account for whether the services provided are able to meet the needs of all people who require those services, but rather whether the services exist.

Social norms: Collective representations of acceptable group conduct as well as individual perceptions of particular group conduct that govern the behavior of members of a society or community.

Social service workforce: Describes a variety of workers—paid and unpaid, governmental and nongovernmental—who staff the social service system and contribute to the care of vulnerable populations.

Social welfare officers: Staff, often employed by the government, who manage and monitor services intended to support the social, education, health, and other needs of vulnerable children and families. Responsibilities of these officers vary across countries, but they may include child protection case management, provision of counseling and referral to access basic social services, among other responsibilities.

Social Welfare: Public provision for the economic security and welfare of all individuals and their families, especially in the case of income losses due to unemployment, work injury, maternity sickness, old age, and death.

Social Work: Organized work intended to advance the social condition of communities and disadvantaged individuals. Social work comprises professional activities connected with social problems, their causes, their solutions and their human impacts. Social workers work primarily with individuals, families, groups, and communities, as members of a profession which is committed to social justice and human rights.

Special Needs: The special or unique, out-of-the-ordinary concerns created by a person's medical, physical, mental, or developmental condition or disability. Additional services are usually needed to help a person in one or more of the following areas, among others, thinking, communication, movement, getting along with others, and taking care of self.

Specialized support (related to disability): Specific health, education, care services, etc., adapted to the needs of children with disabilities.

Standards in Care: A written document outlining the provisions that must be in place in a care setting, in order to ensure that a child receives an adequate level of care.

Standard indicators to monitor: Metrics to regularly measure progress that have been written down and defined to ensure common understanding and use.

Standards of practice to promote quality: Documented benchmarks that describe details of how services/programs should be delivered to provide quality care and/or support.

Standardized process: The tools and documented procedures for assessing children, with the explicit purpose of making a determination on whether the child is ready to transition out of his/her current care situation.

Strategy: A government-documented plan or course of action to achieve a medium- or long-term goal. It generally involves setting goals, determining actions to achieve the goals, and mobilizing resources to execute the actions. Strategies often support the practical implementation of a national policy.

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/key 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, and parenting.

T

Tracing: The process of searching for family members or primary legal or customary caregivers. The term also refers to the search for children whose parents are looking for them. The objective of tracing is reunification with parents or other close relatives.

U

Unaccompanied Child: A child who has been separated from both parents and other relatives and is not being cared for by any adult who, by law or custom, is responsible for doing so.

ANNEX 7:
SAMPLE ASSESSMENT WORKSHOP AGENDA

Draft assessment workshop agenda to be adapted for the context of the country the assessment will be applied in.

National Care System Assessment
COUNTRTY NAME
DATE

Time	Session Title	Facilitator
Day 1		
8:00 – 8:30am	Introductions and purpose of workshop	Government representative
8:30 – 9:30am	Overview of Alternative Care & Care Reform - U.N. Guidelines on Alternative Care - What is a care system? And what is care reform? - Care Reform best practices - Overview of types of care and their importance - Q&A	Government representative + CTWWC Team + other stakeholders (e.g. UNICEF, etc.)
9:30 – 10:00am	Country progress to-date: what is known about the status of the care system?	Government representative
10:00 – 10:30am	Break	
10:30am – 11:00pm	Care System Assessment Framework and Methodology - Reasons to do an assessment and expected outcomes - Overarching framework - Assessment methods - Building consensus - Framework functionality and other details - Group Assignments (group lead, note taker, report back, etc.)	CTWWC Team
11:00 – 12:30 pm	Group work: (*split Cross-cutting tab between groups to start and familiarize everyone with the assessment framework*) - Group 1: Cross-cutting tab, Leadership & Governance - Group 2: Cross-cutting tab, Service Delivery and M&E - Group 3: Cross-cutting tab, Workforce	Group leads + CTWWC team
12:30 – 1:30pm	Lunch	
1:30pm – 2:30pm	Finalize group work on cross-cutting tab	Group leads + CTWWC team
2:30 – 4:30pm	Report back on key take-aways & discussion on issues that need clarification	CTWWC team
4:30pm	Close	

Time	Session Title	Facilitator
Day 2		
8:00 – 10:30am	Recap from Day 1	
	Group work - Group 1: Prevention - Group 2: Family Reunification - Group 3: Kinship Care	Group leads + CTWWC team
10:30 – 11:00 am	Break	
11:00 – 1:00pm	Group work - Group 1: Foster Care - Group 2: Other Forms of Care - Group 3: Independent Living	Group leads + CTWWC team
1:00 – 2:00pm	Lunch	
2:00 – 4:30pm	Report back on key take-aways & discussion on issues that need clarification	CTWWC team
4:30pm	Close	

Time	Session Title	Facilitator
Day 3		
8:00 – 10:30am	Recap from Day 2	
	Group work - Group 1: Adoption - Group 2: Residential Care - Group 3: System DI	Group leads + CTWWC team
10:30 – 11:00 am	Break	
11:00am – 1:00pm	Report back on key take-aways & discussion on issues that need clarification	CTWWC team
1:00 – 2:00 pm	Lunch	
2:00 – 4:00pm	Final discussions, AOB Using the assessment information for strategy development – where do we go next?	CTWWC team
4:00 – 4:30pm	Next steps and plan of action with timeline	Government representative
4:30pm	Close	Government representative

ANNEX 8:
TEMPLATES TO DOCUMENT AND COMPARE QUALITATIVE INFORMATION

Leadership & Governance

	Laws and policies		Regulatory mechanism		Other
	Description of what exists	Description of gaps	Description of what exists	Description of gaps	
Prevention					
Family reunification and reintegration					
Kinship care					
Foster care					
Other forms of care					
Independent living					
Adoption					
Residential care					
Transition/ transformation of facilities					

Workforce

	Description of what exists	Description of gaps
Normative/ regulatory framework		
Data on the social service workforce		
Strategic plan for the workforce		
Standard caseload thresholds		
Workforce training mechanisms/ programs		

A) Service Delivery

	Types of services provided		National service standards		Monitoring service quality		Case Management	
	Description of what exists	Description of gaps	Description of what exists	Description of gaps	Description of what exists	Description of gaps	Description of what exists	Description of gaps
Prevention								
Family reunification and reintegration								
Kinship care								
Foster care								
Other forms of care								
Independent living								
Adoption								
Residential care								
Transition/ transformation of facilities								

Monitoring and Evaluation

	Standard indicators		Data availability		Data quality	
	Description of what exists	Description of gaps	Description of what exists	Description of gaps	Description of what exists	Description of gaps
Prevention						
Family reunification and reintegration						
Kinship care						
Foster care						
Other forms of care						
Independent living						
Adoption						
Residential care						
Transition/ transformation of facilities						

A) Financing

	Cost estimation		Fund allocation		Release of funding	
	Description of what exists	Description of gaps	Description of what exists	Description of gaps	Description of what exists	Description of gaps
Prevention						
Family reunification and reintegration						
Kinship care						
Foster care						
Other forms of care						
Independent living						
Adoption						
Residential care						
Transition/ transformation of facilities						

Social Norms and Practices

	Awareness activities		Advocacy and communication strategy	
	Description of what exists	Description of gaps	Description of what exists	Description of gaps
Prevention				
Family reunification and reintegration				
Kinship care				
Foster care				
Other forms of care				
Independent living				
Adoption				
Residential care				
Transition/ transformation of facilities				

ANNEX 9:
CARE SYSTEM ASSESSMENT SAMPLE REPORT OUTLINE

1. Cover page (1 page)
2. **Table of contents** (1 page)
3. **List of acronyms** (1 page)
4. **Acknowledgements** (<1 page)
5. **Executive Summary** (3-4 pages)
6. **Background of care for children in country** (2 pages)
7. **Introduction to the care system assessment** (<1 page)
8. **Assessment methodology** (1 page)
   8.1. Assessment preparation through adaptation of questions
   8.2. Desk review
   8.3. Assessment workshop
   8.4. Building consensus
9. **Assessment findings**
   9.1. Prevention (1/2 page – 2 pages)
   9.2. Family Reunification and Reintegration (1/2 page – 2 pages)
   9.3. Kinship Care (1/2 page – 2 pages)
   9.4. Foster Care (1/2 page – 2 pages)
   9.5. Other Forms of Care (1/2 page – 2 pages)
   9.6. Independent Living (1/2 page – 2 pages)
   9.7. Adoption (1/2 page – 2 pages)
   9.8. Residential Care (1/2 page – 2 pages)
   9.9. Transition/transformation of facilities (1/2 page – 2 pages)
   9.10. Summary of findings by system component (3-4 pages)
      9.10.1. Leadership & Governance
      9.10.2. Service Delivery
      9.10.3. M&E
      9.10.4. Social Norms and Practices
      9.10.5. Financing
10. **Key recommendations** (2-3 pages)
    10.1. Prevention
    10.2. Family Reunification and Reintegration
    10.3. Kinship Care
    10.4. Foster Care
    10.5. Other Forms of Care
    10.6. Adoption
    10.7. Residential Care
    10.8. Transition/transformation of facilities

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