

Technical Guidance for Oblast-level Better Care Start-up

Definitions, principles, guidance and tools for
contextualisation and implementation of Better Care



Acknowledgements

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LIST OF ABBREVIATIONS

CC	Coordination Centre for Family Upbringing and Child Care Development
CBO	Community-based organization
CSS	Centre for Social Services
EU	European Union
FBO	Faith-based organization
ISSB	Integrated social services and benefits
LSGC	Local Self-government Councils
MOES	Ministry of Education and Science
MOH	Ministry of Health
MOSP	Ministry of Social Policy
MOYS	Ministry of Youth and Sport
NGO	Non-governmental organization
OChAS	Oblast Child Affairs Service
OSA	Oblast State Administration
OSSC	Oblast Social Service Centre
PLWE	People with lived experience (of alternative care)
RF	Results framework
TOC	Theory of change

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1. INTRODUCTION AND BACKGROUND

Presently, the war in Ukraine has adversely impacted the lives of its 7.5 million children. Many of them have endured injuries, evacuation, displacement, loss of family members, and disruption to their education. Economic hardships resulting from the conflict have led to increased poverty, including child poverty, and heightened food insecurity among families. Consequently, children and families are grappling with trauma, grief, and a pervasive sense of insecurity.

Furthermore, in the EU Opinion on Ukraine's application for European Union (EU) membership, the European Commission expressed serious concern over the country's elevated rates of child institutionalization, standing at approximately 1.5% of the child population. Addressing this pressing issue has been recognized as an urgent priority. The Government of Ukraine, led by the President, has taken proactive steps to develop a comprehensive care reform model. This reform seeks to reduce reliance on institutional care and prioritizes supporting secure and nurturing families within inclusive and protective communities.

In collaboration with UNICEF and other essential partners, the Government of Ukraine launched "Better Care", supported by the National Strategy for the Right of Every Child to Grow up in a Family Environment (henceforth called the "National Strategy"), and associated National Action Plan 2024 – 2028. The initiative addresses the challenges faced by Ukrainian children and places particular emphasis on ensuring safe and nurturing family care for all children. Better Care envisions a system where each child at risk of or experiencing loss of parental care undergoes a meticulous, personalized assessment and planning process, led by qualified social workers. Through this approach, tailored, integrated services and supports are provided to meet each child's specific needs.

The reform of the child protection system and enhanced care for each child has been identified as a critical priority in Ukraine's humanitarian efforts, recovery agenda, and EU accession pathway. The Better Care agenda will be implemented at local, regional, and national levels, commencing in several demonstration oblasts. The Coordination Centre for Family Upbringing and Child Care Development is heading up care reform efforts across the country. At national, regional, and local government levels efforts will be coordinated among various stakeholders from government and civil society to maximize effectiveness and impact.

Strategic Objectives of the National Strategy for Ensuring the Right of Every Child to Grow up in a Family Environment

- 1: Strengthen the capacity of families with children to care for and educate children, provide them with a safe and developmentally appropriate environment.
2. Orphans and children deprived of parental care are brought up in a family.
3. Temporarily displaced (evacuated), forcibly displaced, and deported children who return to Ukraine grow up in a family and are integrated into community life.
4. Children's rights and interests are respected during the transformation of institutions, resources of transformed institutions are preserved and used to support children and families with children in local communities.
5. Children and people with experience of alternative care and upbringing are socialised and integrated into communities.

At the national level, in addition to the various Ministries with responsibility for aspects of Better Care, the Coordination Centre for Family Upbringing and Child Care Development plays a critical role in coordinating the development and implementation of the national strategy across actors and sectors. The Coordination Centre also supports legal and policy reform and development of standards and guidance for delivery of social services, provision of family-based alternative care and transformation of institutions. The Coordination Centre is overseeing care reform in ten pilot Oblasts, including through regional coordinators responsible to coordinate and ensure implementation and regional and local levels.

2. PURPOSE AND AUDIENCE

The purpose of the Technical Guidance for Oblast-level Better Care Start-up (henceforth referred to as the Manual) is to support oblast-level implementation of care reform, describing its essential elements, crucial steps for successful implementation, and pointing users of the Manual to resources and tools. Intended to serve as a fundamental reference document, this Manual provides comprehensive guidance to all stakeholders involved in the reform process.

By presenting the vision, approach, and core components required for system reform, the Manual seeks to facilitate Better Care at the oblast level, cultivate a shared

understanding of the National Strategy for Ensuring the Right of Every Child to Grow up in a Family Environment (2024-2028) and its action plan, and the goals of UNICEF's flagship national program, Better Care. The Manual envisions a collaborative environment in which stakeholders can all contribute to successful outcomes.

Recognizing continuous evolution of best practices and the dynamic nature of care reform, this Manual is designed to be regularly updated to reflect the latest developments, insights, and advancements. It can be considered a baseline template that can be contextualized, adjusted and borrowed from to make it most useful for the user. To aid Hromada and local implementation of care reform, oblast actors can adjust this Manual, particularly Section 6, to suit their context and needs.

The Manual may be used by:

- Oblast and municipal level government actors engaged in care reform. This includes but is not limited to: Oblast State Administrations (OSA), including departments of Health, Education and Science, and Social Protection; Oblast Child Affairs Services (OChAS); Oblast Social Service Centres (OSSC); and Local Self-Government Councils.
- UNICEF Ukraine child protection team members engaged in care reform, especially at the field office levels.
- Civil society actors, including but not limited to non-governmental organizations (NGOs), community-based organizations (CSOs), community groups or networks with a specific focus on those representing the rights of persons with lived experience, persons with disabilities, academic institutions, professional associations, and faith-based organizations (FBOs) engaged in child protection or family care services or other community-based support.
- Oblast Better Care Coordination Councils.

How to use the Manual:

1. Read through the entire Manual to learn about care reform and the context of care system strengthening in Ukraine.
2. Use the steps outlined in Section 6 to develop the Oblast Better Care Action Plan.
3. Use the evidence-based content to develop and offer training and awareness messages for oblast and local community actors.
4. Develop brief, contextualized, practical guidance for local Oblast Better Care Councils based on the evidence-based practices and how-to presented in this Manual.

3. CARE REFORM VISION AND APPROACH

The vision of the national Better Care Program is that all of Ukraine's children live in safe and nurturing families.

i. The three pillars

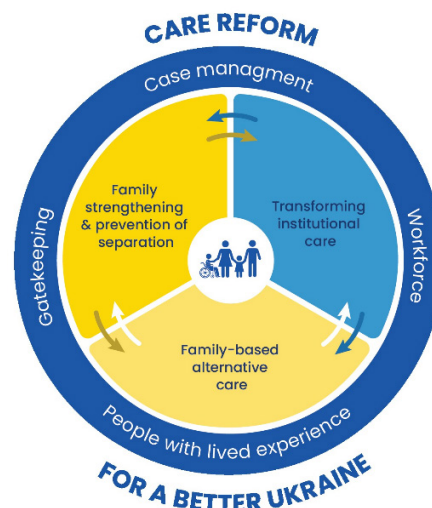
To reach this vision, the Government of Ukraine and its partners aim to strengthen and transform three fundamental and interlinked components related to the way Ukraine cares for children:

- **Pillar 1:** Strengthen families and keep them together, preventing children being separated from families, by investing in social services.
- **Pillar 2:** Expand and improve family-based alternative care (e.g., foster care, guardianship) and domestic adoption for children without adequate parental care.
- **Pillar 3:** Safely reintegrate children from institutions into family care while transforming those institutions into community-based services that support family and community needs.

ii. Wrap-around components

This three-pronged approach to care reform is anchored in four wrap-around components: 1) case management, 2) gatekeeping or best interest decision making, 3) the social service workforce, and 4) active participation of people with lived experience of care. These four components are essential to the success of reforms and must be planned, costed, and scaled alongside the three pillars.

How to develop an Oblast Better Care Program around each pillar and component is detailed in Section 6 of this Manual. The following provides a summary of each of the four wrap-around components:



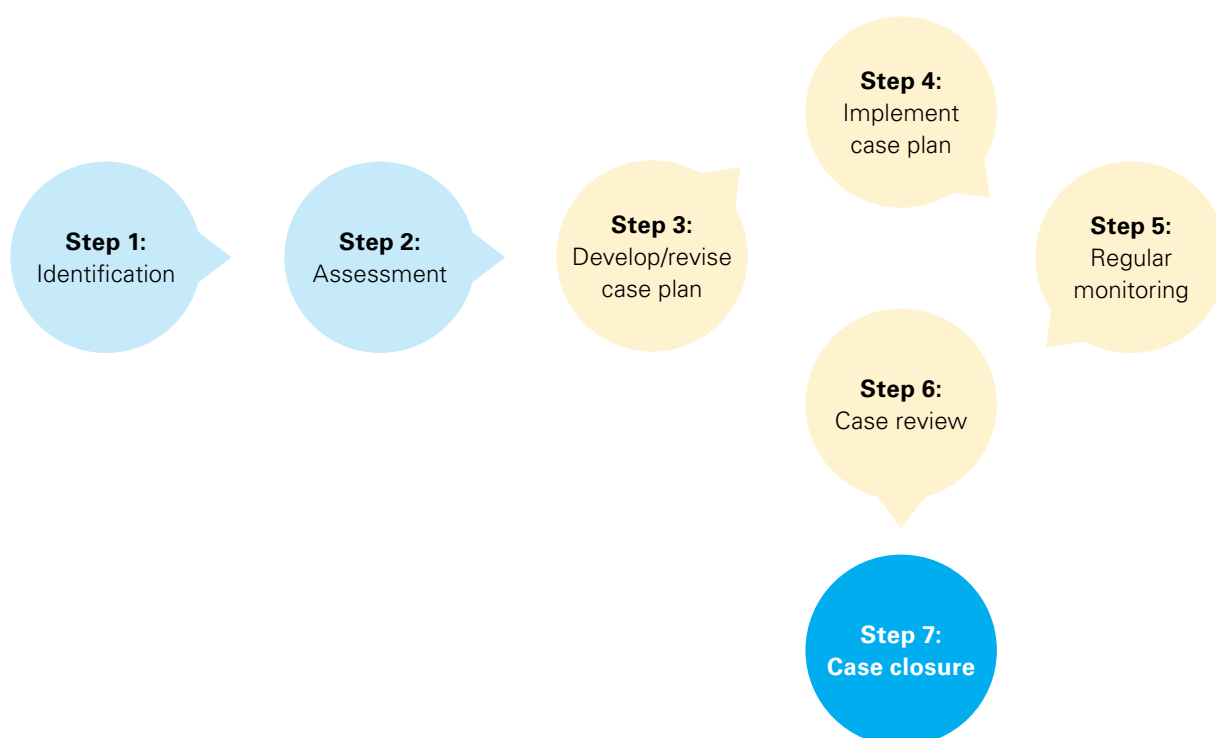
Case management

A case management process ensures each child has their individual needs for care, protection, and support met according to their best interests, via quality, coordinated services. Globally, case management is not a service, but rather an important approach to increase access to integrated and comprehensive services and protection of children. In Ukraine, case management is sometimes thought of as a service itself, but Better Care supports rethinking of case management as an approach used to both support and deliver social services and ensure family care and protection of children. Case management is especially important in municipalities/localities in Ukraine where normal service delivery has been disrupted, families lack information or face other barriers to accessing services, and where children have been separated from their families or are returning to Ukraine from being evacuated or displaced.

In Ukraine, the Law on Social Services regulates the provision of services through case management. However, Better Care builds on the Law on Social Services, and includes strengthening case management for: i) all children in difficult life circumstances where case management can support delivery of social services to prevent separation; ii) children leaving institutions and other forms of alternative care to prepare and be reintegrated with their families; iii) children being placed or living in all forms of alternative care (institutional care, foster care, patronage, guardianship, family-like homes, etc.) and iv) children returning to Ukraine from being evacuated or displaced. Overall, no matter the setting, quality case management requires significant investments to assess, plan and prepare the child and family, as well as monitor the case – ensuring the child is safely and sustainably remaining in family care.

Quality case management requires a set of standards and procedures, implementing guidance, trained and skilled social service workforce, and systems for optimizing their work. In Ukraine, the law defines the following steps for case management for social services: 1) analysis of applications/reports of the family/individual, 2) assessment of the person/family, 3) decision on provision of social services, 4) development of an individual plan, 5) agreement between the family/individual and social service provider, 6) implementation of the individual plan and 7) monitoring provision and quality of social services.

Globally, although not legislated in Ukraine, the following visual shows the best practice steps in case management, as defined by UNICEF and global best practices for family strengthening and social service provision and reintegration of children from institutions to family-care:



Gatekeeping or best interest decision making

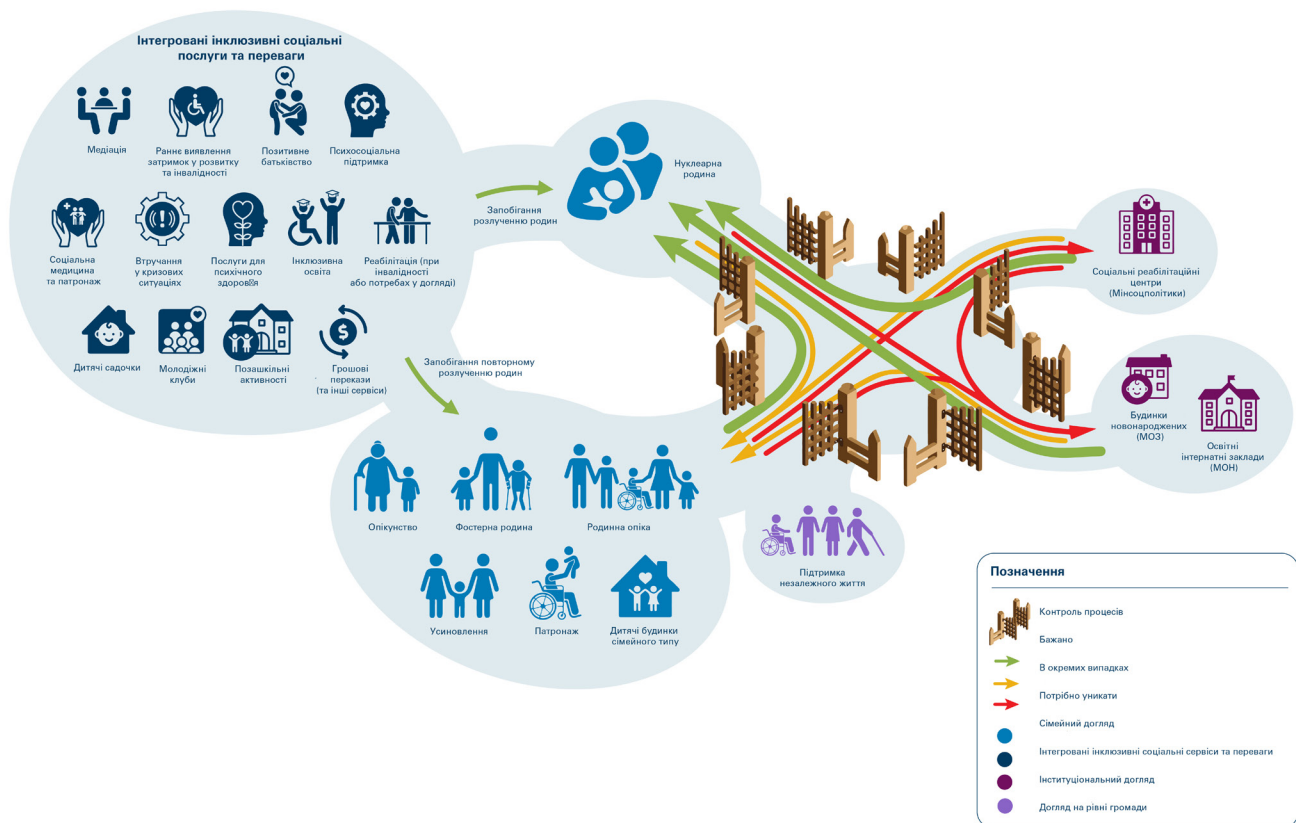
Gatekeeping, or best interest decision making, is about how to make the best choices for each individual child at risk of losing, or already denied, adequate parental care. Effective gatekeeping is often realized by having policies, systematic procedures, services, and decision-making protocols. These help to determine whether an intervention, such as placement in alternative care or return to family, is necessary for the healthy and full development of the child, and what kind of intervention would be needed or most appropriate to meet the child's needs. This includes intervening to remove children from unsafe environments and place them with alternative caregivers. Best interest of the child is embedded in Ukraine's legal framework, namely the Law of Ukraine on Child Protection (article 1).

Ideally, gatekeeping is done by a qualified multidisciplinary team of authorized professionals who evaluate individual assessments, on a case-by-case basis, to determine the 'necessity' and 'suitability' of a care placement for each child. Gatekeeping/best interest decisions thus aim to:

1. Prevent unnecessary separation or re-separation of children from caregivers whenever possible (i.e., removal of the child from their family is only when absolutely necessary).
2. Ensure that when it is not in a child's best interest to remain with their parents and alternative care is required, the option selected best meets the unique needs of the individual child (i.e., placements are suitable) and prioritizes family-based placement options over institutions; and
3. Support timely reintegration of children who are currently in alternative care back to families and/or support suitable movement into other alternative care.

In a system with overreliance on institutional care, strengthening gatekeeping can help to redirect resources away from institutional care (which is expensive and has negative consequences for children) toward family support services and/or family-based care options (which are more cost effective, and have a positive impact for the family and community at large). Ideally, global best practices suggest that best interest decision-making relies on comprehensive case management in which decision-makers examine each child's situation via their case file to have a robust understanding of the child's needs and determine which form of alternative care is most suitable to meet those needs.

Illustration of gatekeeping within the care system of Ukraine:



Social sector workforce strengthening

The social sector workforce spearheads the interventions needed across all three pillars of Better Care. This workforce includes specialists of Child Affairs Services with child protection responsibility, personnel of social service centres (social work specialists, social managers, psychologists) providing social services, and specialists of departments or divisions of social protection, who register and assess children and families applying for social support and refer them to the services they need. Besides the social sector workforce, other allied workers also provide assistance and support to children, such as in the education, health and justice sectors. For example, the teachers and personnel who provide assistance and support to children with disabilities to attend inclusive education and receive rehabilitation services. Together, these social sector and allied workers must safeguard children from harm, manage cases of at-risk, prevention and alternative care, make good decisions in their best interest, promote their developmental needs and wellbeing, and support families under stress. They are required to facilitate positive changes in the lives of vulnerable children, ensuring their best interests are upheld, and to enable effective implementation of the National Strategy for the Right of Every Child to Grow up in a Family Environment.

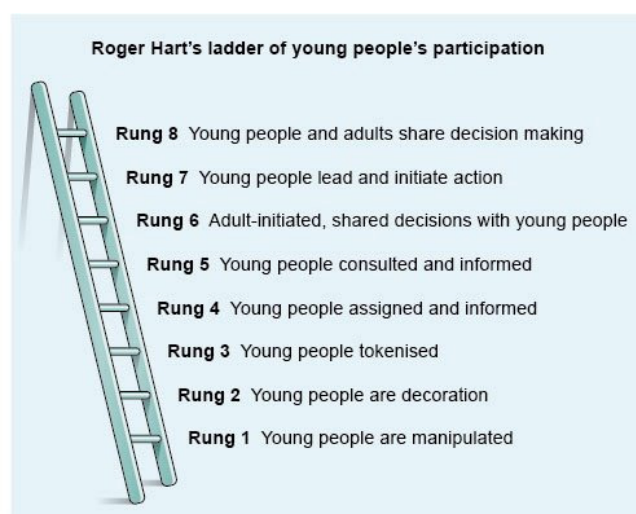
Qualified and well-supported social workers are essential to optimise the efficiency of the care system as it reforms, and to ensure efforts are multisectoral, across social protection, health, education, and justice. Lack of employed, capacitated and supported social sector workers undermines the ability of the care system to reform in an effective and sustainable manner.

Specifically, within Better Care, given the critical role social workers play in children's care and related case management, it is important that an adequate number of social workers are hired and that they are supported, supervised, and strengthened. This includes requiring appropriate professional qualifications and providing professional recognition/incentives, competitive salaries, regular pre- and in-service training opportunities, quality case management systems, supportive supervision, manageable workloads (only possible with sufficient workforce numbers), mentorship, and peer-to-peer support.

Participation of people with lived experience of care

People with Lived Experience (PWLE) of care include children and young people currently living in some form of alternative care, young people who have left alternative care (often referred to as care leavers), and parents or caregivers of a child or young person who has interacted with the care system. Parents and caregivers can include biological parents, extended family (kin), foster families, guardians, patronage caregivers, and adoptive families. PWLE should meaningfully participate at all stages and in all dimensions of a care reform process. Roger Hart's ladder of participation (see figure) shows the progression up the ladder to define 'meaningful participation' to be that young people and adults share in decision-making.

Participation is an ongoing process, which includes information-sharing and dialogue with and empowerment of children and adults to ensure their views shape the outcome of the process. Intentional effort must be made to ensure especially vulnerable PWLE (including those with living with a disability, or from minority ethnic groups) are included and in a safe and dignified manner. The aim should be to have PWLE participate in any activity where their experience and their voice will contribute to and enhance the process, such as in the Oblast Better Care Councils. This participation is outlined in Strategic Objective 5 of the National Strategy and should aim to move beyond consultation to shared decision making and PWLE led actions.



iii. Guiding principles of care reform

Core principles, rooted in social work and child protection, guide decisions and actions, fostering shared vision, coordination, communication, and collaboration. The following principles are essential for oblast care reform, while others can be added if deemed useful by the specific oblast-level actors.

Care Reform Guiding Principles	
Rights-based	Human rights principles include equity and equality, respect for human dignity, and non-discrimination (based on age, gender identity, sexual orientation, socioeconomic status, ethnicity, religion, physical or mental disability, migration status, or other diversities). A rights-based approach recognises that all families, and particularly the most marginalised families and family members (including children, women, and persons with disabilities), should understand, and be able to claim, their rights. It understands that many situations that cause stress and adversity for families, including the war, are not their own failings, but part of a wider system of human rights violations. The need for actively addressing discrimination and stigma is recognised, including via a disability-inclusive approach, considering the diversity of abilities amongst both children and caregivers.
Prioritize the best interests of the child	Decisions and related actions involving the child’s wellbeing will be guided by what is in the best interests of each individual child.
Do no further harm	Those working within care reform should consider how their actions may affect the children and households being served so as not to cause further harm.
Necessity	A core tenet of the United Nations (UN) Guidelines for the Alternative Care of Children. The principle asks the question whether an intervention is necessary for the healthy and full development of the child. If a child is placed in alternative care, necessity is continually assessed overtime, to ensure the child is returned to their family as soon as it is safe.
Suitability	A core tenet of the UN Guidelines for the Alternative Care of Children. The principle is used to encourage care options that regard each child’s specific and individual needs on a case-by-case basis, to ensure any placement in alternative family-based care is suitable for the individual child.
Use a strengths-based perspective	Instead of focusing on needs and deficits, actors engaged in care reform will look at the strengths of each child and family and leverage these to increase resilience and potential for growth.
Facilitate meaningful participation of those with lived experience	People with lived experience of care includes children and young people in alternative care, young people who have left care, caregivers, and parents of children in care, child, young people, and adults with disability. Actors engaged in care reform must commit to being intentional about identifying and facilitating meaningful participation of these individuals, including in decision-making, policy shaping, and all activities related to care reform. Ensuring their insights and perspectives are central to the reform and will enable better outcomes.
Do not discriminate	All individuals regardless of race, sex, religion, sexual orientation, ability or health status should be treated with respect, recognizing the dignity and worth inherent in all humans. All actors involved in a care reform process including children, young people, parents, caregivers, alternative caregivers, staff and directors of participating institutions, organizations, networks must treat others and expect to be treated in a non-discriminatory manner.
Adhere to ethical standards	Professional ethical standards and practices should be shared, understood, and adhered to by all individuals and agencies working with children; these may be professional codes of conduct and child protection policies, etc.
Respect confidentiality	Confidentiality is linked to sharing information on a need-to-know basis. The term “need-to-know” describes the limiting of information that is considered sensitive and sharing it only with those individuals who require the information to protect the child.
Coordinate and collaborate with others	Child protection and care is, by nature, cross-sectoral. Oblast care reform should bring together and coordinate across protection, health, education, disability and community development sectors at all levels. Case workers and any frontline workers supporting children should not work in isolation. Proactive collaboration among service providers, community volunteers, and case managers, as well as members of other professions and organizations is integral to successfully supporting each child and family, and building a system that can recognize vulnerability and respond in a coordinated fashion.

iv. Integrated social services and benefits (ISSB)

The cornerstone of Better Care is the Integrated Social Service and Benefits Package (ISSB). The ISSB package was designed with the current humanitarian context in Ukraine in mind. It is multisectoral – coming under the auspices of social policy, health and education and aiming to align with EU principles as part of Ukraine’s recovery and accession goals. The minimum package of services includes services that prevent and respond to child protection risks and prevent family separation. The minimum package will help keep families together and support children to be cared for in safe and nurturing family (including biological, foster, and adoptive), and thus decrease reliance on institutional care.

The ISSB includes services that address all three pillars of Better Care. In addition to strengthening families and preventing separation, services also support children in family-based alternative care (preventing re-separation). ISSB benefits children in institutions who are being reintegrated, placed into family-based alternative care, or transitioned to independent living as part of the third pillar of Better Care. Strategies to improve the integration of these services are outlined in Section 6.vi.

Minimum package

MoSP services

1. Counselling for resilience strengthening which includes:
 - Psychosocial support: support to children and families, including families with a child with a disability, to access support networks and overcome adversities and trauma impacting mental health and psychosocial well-being, experienced during the war.
 - Non-violent conflict facilitation/resolution: provided by social workers and psychologists who act as intermediaries to negotiate and settle disputes, supporting families to manage increased stress caused from the multidimensional effects of the war.
 - Positive parenting: a range of interventions provided by public or private service providers that promote family resiliency by building caregiver-child/adolescent relationships, overcoming family strain and extra stress effecting families during and after the war. This includes parents of boys and girls with disabilities.
2. Social support for families in difficult life circumstances (family mentoring): the service is targeted for families with children at risk of parental neglect. It focuses on developing social and parental competencies to enhance parents’ ability to meet their child’s needs. This service is also known as “cash and care” because it systematically links recipients of social protection transfers with other social services to enhance child and family outcomes through individual needs assessment and referrals. Social protection transfers have increased during the war, contributing to resiliency, protection, equity, and supporting livelihoods in the face of job loss.
3. Social support for alternative families: ensures services and supports for foster care, kinship and adoptive families to enhance child and family resilience and ensure the specific needs of boys and girls including children with disabilities are met. This service contributes to the safety and quality of alternative care placements, and the retention of alternative caregivers.
4. Day care for children and adolescents with complex disabilities (up to age 18 years): daytime usually from 8am to 7 pm) care of a child and adolescents with complex disabilities outside their home via participant-centred, developmentally and age-appropriate caregiving activities.
5. Early intervention: identification of development issues and delays in children from birth to four years of age to prevent long-term developmental delays and disabilities, including those associated with the lack of safety, care and protection that may have resulted from the humanitarian crisis.
6. Crisis intervention: in-home support to households experiencing disputes, violence, abuse, or neglect, including emergency removal of a child when necessary and as per best interest of the child. Increased violence, abuse and neglect are an effect of humanitarian crises, warranting the need for enhanced crisis intervention support.
7. Assistance to a child during inclusive education: Provision of everyday presence and assistance of a trained para-professional to a child with disability to support integration and learning process in a mainstream school.
8. Social integration support for care leavers. Comprises a set of measures designed to support children and adolescents as they exit residential institutions and alternative family care placements. These measures aim to develop social competence, promote the realization of personal potential during reintegration to the community, and minimize the risks of encountering difficult life circumstances.
9. Independent living for care leavers with disabilities: Assists care leavers with disabilities in re/gaining control of their lives and to be included in their community. Comprises a set of measures which are tailored to support based on individual strengths and needs, promoting skills development, personal empowerment, and independence. SIL aims to enhance quality of life by supporting daily activities, social integration, and access to community resources, while ensuring safety and personal choice in living arrangements. This service adapts to the changing needs of each service recipient, helping them achieve greater self-sufficiency and community participation.

Optimal package

MoH services

1. Social and medical patronage: in-home integrated health and social services for early childhood development to promote well-baby care, growth monitoring, routine immunizations and other support services based on family need.
2. Mental health services: mental health services for psychological needs, mental health, psychiatric disorders including depression, anxiety, and post-traumatic stress disorder – helping families and children overcome the effects of the war.
3. Rehabilitation services: providing outpatient and community-based services for children and adolescents; caregivers (women and men) with disabilities and complex health needs to have access to needed services, including in support for children living in baby homes to live in safe and nurturing family care.

MoES services

1. After school care: after-school care for children enrolled in school who need a few hours of care before returning home, often because parents/caregivers are still working. This service will provide support to families to return to employment and manage stress resulting from the humanitarian context.
2. Inclusive education services: Inclusive education provides access to education for all children, including children with disabilities and special needs, by providing a learning environment that meets the needs of all students.

MoYS services

1. Youth clubs: also known as ‘youth centres’ or ‘youth spaces’ aim to promote socialization, intellectual development, health, entrepreneurship/employment, mobility, and civic engagement amongst youth, including to popularize the standards of the European youth policy.¹

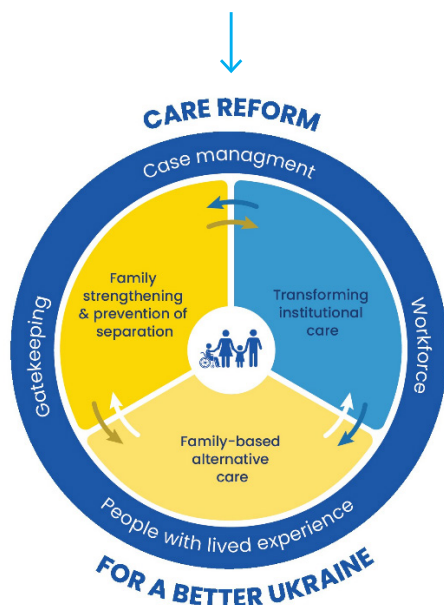
¹ Cabinet of Ministers of Ukraine Resolution dated December 20, 2017. “On the approval of standard regulations on the youth center and on the expert council at the youth center.”

v. Better Care theory of change

Better Care is underpinned by a comprehensive Theory of Change that aligns with the National Strategy.

ALL UKRAINIAN CHILDREN WILL GROW UP IN SAFE, NURTURING FAMILY CARE

Ensuring the right of a child to family care requires coordinated multi-sector government and non-governmental response.



- Ministry of Social Policy
- The Coordination Centre
- Ministry of Health Ministry of Finance
- National Health Service Ministry of Foreign Affairs
- Ministry of Justice Ministry of Education and Science
- National Social Service
- State Service for Children
- Ministry of Internal Affairs Ministry of Culture and Information Policy
- Ministry of Infrastructure Ministry of Economy
- National Police
- Ombudsman
- Oblast, Kyiv city state and military administrations and local self-government bodies
- International organizations and projects, and civil society

→ **If biological, alternative and adoptive families are well supported and strengthened, children (including those evacuated and displaced) will live in safe, nurturing families, ending the need for institutional care and if institutions close or transform to address community needs, then more resources are available for cost-effective community and family services.**

This can be achieved by improving care of children, families and communities through.

Strengthening families to provide care and raise children through financial assistance and other high-quality social, medical and educational

Supporting the integration of children who have been displaced, evacuated or deported to integrated into family and/or community life

Supporting family-based care and adoption, including for children with disabilities, children in contact with the law, and children who require special care

Transforming institutional care in a manner that respects the rights and interests of children and redirects resources from institutions to support children and families in communities

Support children and individuals with experience of alternative care to integrate into community life

Which will be scaled and sustained through strengthening the organizational and legal conditions that includes.

Coordination of the Verkhovna Rada of Ukraine, the Cabinet of Ministers of Ukraine, central and local executive authorities, local self-government bodies, civil society, international organizations and projects, and businesses

Organizing work with International Advisory Council and international field experts

Amending legislation for managing the system of ensuring children's rights and improving mechanisms for ensuring the best interests of children in civil proceedings

Digitizing processes to ensure children's rights and provision of social services for children and families

Align human resources and ensure a high-level of professional competence of staff of Children's Service, those that provide social work and social services

Ensure financing of the national strategy and strengthen financial capacity of local executive authorities and self-government bodies

Communication mechanisms and awareness raising

Monitoring the effectiveness of the national strategy, and monitoring children's rights during transformation of institutions for children

vi. Better Care results framework

Supporting the Theory of Change (TOC) is the Results Framework (RF) of the National Strategy.



4. ACTOR'S ROLES AND RESPONSIBILITIES FOR CARE REFORM

Actor	Responsibility
National government	
MoSP	<ul style="list-style-type: none"> The Ministry of Social Protection (MoSP) holds primary responsibility for Ukraine's care system, including adoption, alternative care, prevention or family strengthening services, and shelters. This includes social services and state allowances. MoSP is a key actor in achieving all Strategic Goals of the National Strategy. This includes providing and ensuring quality of universal social services, providing social benefits to families with children, supporting children with disabilities and special needs, implementing mechanisms to prevent the placement of children in institutions and for best interests decision-making, developing family-based alternative care options, recruiting and training alternative families and adoptive families, supporting adoption procedures, supporting the safe return of children evacuated or displaced to family care in Ukraine, transforming institutions, supporting independent living of older youth, and supporting participation of people with lived experience to live independently and with the support of their communities.
Coordination Centre for Family Upbringing and Child Care Development	<ul style="list-style-type: none"> Coordinate implementation of the National Strategy for Ensuring the Right of Every Child to Grow up in a Family Environment (2024-2028) and its action plan. Ensure the coordination of actions of central and local bodies of executive power for the implementation of the National Strategy. Formulate policy regarding family care and alternative care. Develop programs and best practices around family care and alternative care and support their scaling. Coordinate international technical assistance on the implementation of the National Strategy. Foster public dialogue on the implementation of the National Strategy and its programs. Support implementation of key areas of the national action plan, including parenting programmes, identification of and provision of assistance to vulnerable children and families, organising the provision of a package of social services, implementing mechanisms for informing and recruiting people to be alternative family carers, and preparing for transformation of institutions.
MOH	<ul style="list-style-type: none"> Ensure children and families, including those internally displaced because of the war, have access to universal community-based services. Develop and implement tools and mechanisms for early detection of health disorders. Support catamnesis offices in maternity hospitals and perinatal centres. Support rehabilitation services for children with special education needs. Strengthen the capacity of actors working with children and families to detect signs of vulnerability and provide necessary services and to ensure best interest decision-making Support the development of mechanisms to prevent placement of children in institutional care including in cases where parents want to or do abandon their child within a health setting (e.g. maternity hospital) Oversee and provide services to young children in "baby homes", including ensuring personalised records and monitoring of all children in baby homes Outline strategic transformation of "baby homes",² develop the associated regulations for assessing needs of all children in those homes, seeing to their placement in family care and plan for redirection of financial and human resources from institutional care to services that support children and families. Complete the "baby home" transformation by December 2024.³

² The Ministry of Health, under its health sector reform has recommended local governments transform baby homes into palliative and rehabilitative care facilities per Cabinet of Ministers of Ukraine Resolution dated July 10, 2019, No. 675 "On the approval of the Regulation on the center of medical and rehabilitation and palliative care for children."

³ Cabinet of Ministers of Ukraine Resolution No 78, rules for subvention to support select medical facilities.

Actor	Responsibility
National government	
National Health Service	<ul style="list-style-type: none"> • Support social workers in health care facilities under the Childbirth Care package within the program of state medical care guarantees. • Provide social and medical patronage services (part of the ISSB). • Support catamnesis offices in maternity hospitals and perinatal centres.
MoES	<ul style="list-style-type: none"> • Strengthen the capacity of actors working with children and families to detect signs of vulnerability and provide necessary services, and to ensure best interest decision-making. • Support the development of mechanisms to prevent placement of children in institutional care. • Ensure quality support services are delivered by trained staff with appropriate skills including inclusive education, and inclusive career guidance and soft skills development programmes. • Oversee boarding schools and take necessary measures to assess and prepare children for return to their family or alternative family-based care in a manner that ensures the best interests of children, including ensuring personalised records and monitoring of all children in residential boarding schools. • Develop and implement mechanisms to assess, plan and implement transformation of residential institutions. • Promote further education and economic capacity of children in alternative care. • Provide after-school care services (part of the ISSB). • Ensure inclusive education services (part of the ISSB).
MoJ	<ul style="list-style-type: none"> • Support the modernization and regulation for family-based care and decision-making about children's placement. • Support amendments to legislation related to adoption, provision of free legal aid, guardianship and custody. • Support the return to Ukraine of evacuated or displaced children who wish to return unaccompanied by their legal representative. • Lead the Inter-Agency Coordination Council on Justice for Children (ICCJC). • Ensure the system and mechanisms for ensuring the rights and best interests of children in civil proceedings. • Ensure mandatory violence against children reporting (including in institutional and alternative care).
MoF	<ul style="list-style-type: none"> • Ensure effective financing of the national strategy, including social services and material and social protection. • Support efforts to strengthen the economic capacity of families with children. • Support efforts to implement mechanisms to prevent the placement of children in institutions.
National Social Service	<ul style="list-style-type: none"> • Support monitoring and evaluation of service provision in protecting children's rights and ensuring their best interests. • Promote and advocate for the Better Care programme.
State Service for Children	<ul style="list-style-type: none"> • Support social and psychological rehabilitation services. • Support the modernization and regulation for family-based care and decision-making about children's placement. • Increase the capacity and responsibility of local self-governments in supporting family-based care options. • Introduce mechanisms to inform and recruit family-based care options.

Actor	Responsibility
National government	
	<ul style="list-style-type: none"> • Ensure quality selection and training of family-based care providers and adoptive parents. • Support the oversight and care of family-based care options. • Support optimization of adoption procedures and support for adoptive families. • Support international cooperation with foreign states for the return and reintegration of evacuated and displaced children and foster families, family-type homes and guardians. • Assess and prepare children in institutions for return to their family, adoption or reintegration into a family-based care setting. • Support children in alternative care to help them prepare for independent life.
Ombudsman	<ul style="list-style-type: none"> • Strengthen the effectiveness of monitoring in the context of protecting children's rights and ensuring their best interests. • Support monitoring visits to institutional and alternative family care. • Monitor state actors to ensure children's rights are protected.
Ministry of Foreign Affairs	<ul style="list-style-type: none"> • Support international cooperation with foreign states for the return and reintegration of evacuated and displaced children and foster families, family-type homes and guardians.
Ministry of Internal Affairs	<ul style="list-style-type: none"> • Strengthen the capacity of actors working with children and families to detect signs of vulnerability and provide necessary services. • Support proper realization of children's rights to have their opinions taken into account in decisions that affect them.
Ministry of Culture and Information Policy	<ul style="list-style-type: none"> • Support communication mechanisms, information campaigns and awareness raising.
Ministry of Infrastructure	<ul style="list-style-type: none"> • Support the functioning of a network of inclusive resource centres. • Support housing accommodation and adequate living conditions for foster families, and family-type children's homes including those who have moved from temporarily occupied territories.
Ministry of Economy	<ul style="list-style-type: none"> • Support efforts to strengthen the economic capacity of families with children. • Support the training of specialists to work with children with special educational needs. • Support efforts to ensure professional competence of children's service staff and staff who provide social work and social services.
National Police	<ul style="list-style-type: none"> • Strengthen the capacity of actors working with children and families to detect signs of vulnerability and provide necessary services.
Oblast government	
Oblast administrations and local self-government councils (LSGC) (across sectors and at Oblast vs Municipal level)	<ul style="list-style-type: none"> • Mobilise Better Care Coordination Council (municipality Deputy Head; social services; child affairs; finance; health; education; juvenile police; social protection; PWLE). • Map social services to identify strengths, gaps, and needs within existing services and level of service integration at community level. • Assess needs in alternative care arrangements at community level. • Coordinate efforts to strengthen actors relevant to children's care decision-making to make best interests decisions • Identify capacity strengthening needs of social service and /child protection. workforce based via workforce mapping and assessment. • Mobilise members of the Better Care Coordination Council. • Train current and newly recruited workforce cadres in minimum required competencies for Better Care (e.g. case-management; child participation and involvement of PWLE; ethics and norms in social work; integrated social service services; and gatekeeping) based on findings of workforce assessment.

Actor	Responsibility
Oblast government	
	<ul style="list-style-type: none"> • Endorse the strengthened case-management system, including integrated referral protocols and digital tools. • Endorse new/revised social programme with new/strengthened social services planned and resourced.
Services for Children's Affairs	<ul style="list-style-type: none"> • Implement services for prevention of family separation. • Identify child protection cases. • Support and supervise children in alternative care. • Make best interests decisions on necessary removal of children from the family and their placement into alternative care including into shelters or Centres of Social and Psychological Rehabilitation. • Oversee family -based alternative care.
Department of Health of LSGC	<ul style="list-style-type: none"> • Participate in development of an intersectoral cooperation protocol with specific focus on early identification of children at risk and referral to Child Affairs/Social service units with proper follow-up. • Endorse of the intersectoral cooperation protocol across the health structures. • Train health staff on early identification of child protection risk and referral according to the protocol. • Endorse the universal-progressive home visiting model. • Train frontline health workers on a universal-progressive home-visiting model.
Department of Education of LSGC	<ul style="list-style-type: none"> • Participate in development of an intersectoral cooperation protocol with specific focus on early identification of children at risk and referral to Child Affairs/Social service units with proper follow-up. • Endorse the intersectoral cooperation protocol across the education structures. • Train education staff on early identification of child protection risk and referral according to the protocol. • Train frontline education staff on strengthening inclusive education at a community level. • Establish new or strengthen existing inclusive education in schools, preschools and vocational training programs. • Strengthen available inclusive education at municipality level.
Juvenile Police, courts and other justice sector actors	<ul style="list-style-type: none"> • Participate in development of an intersectoral cooperation protocol with specific focus on early identification of children at risk and referral to Child Affairs/Social service units with proper follow up. • Promote and endorse of the intersectoral cooperation protocol within justice actors, legal structures with best interests decision making responsibility, and first responder actors including police. • Train juvenile police and other frontline policy staff on early identification of child protection risk and referral according to the protocol.
Centres of Social and Psychological Rehabilitation	<ul style="list-style-type: none"> • Provide temporary shelter and care to at-risk children deemed necessary to remove from parental care. • Endorse of the intersectoral cooperation protocol. • Participate in the intersectoral cooperation protocol.
Centres of Social Services for Family, Children and Youth (CSSFCY)	<ul style="list-style-type: none"> • Recruit, employ, and provide supportive supervision to child and family social workers. • Support development of a strengthened case management system. • Endorse and promote the strengthened case management system, including referral protocols and digital tools. • Deliver prevention and alternative care case-management training for social service workforce, including referral protocols and new digital protocols. • Provide direct case management n for prevention and protection cases (including alternative care cases). • Establish new social services based on revised programme (endorsed protocols; service standards; equipping of spaces service provision; integration in local social programs).

Actor	Responsibility
National government	
Oblast Better Care Council (subject to the legal endorsement of CMU 596)	<ul style="list-style-type: none"> • Ensure coordination of central and local executive authorities in reforming the system of institutional care and upbringing of children • Prepare recommendations and proposal for the formation and implementation of the national strategy • Determine ways of solving controversial issues that arise in the process of reforming the system • Monitor implementation of action plans for the implementation of the national strategy • Analyse the state of affairs and causes of problems in the process of implementing action plans for implementation of the national strategy • Examine results of activities to make effective decisions and provide relevant recommendations • Develop and work on normative legal acts on implementation of the state policy of reforming the system • Submit proposals to the Cabinet of Ministers and executive authorities on reforming the system
Community-Level Better Care Taskforce	<p>Community-based coordination function, which includes:</p> <ul style="list-style-type: none"> • Revision of need assessments and gap analysis • Draft recommendations and proposals for municipality management of Better Care and strengthened child protection system, which may include local programs, intersectoral protocols, local orders and decrees. • Monitor Better Care implementation at municipality level. • Develop proposals to contextualize the Better Care programme at municipality level. • Advocate to promote Better Care at municipality level. • Sustain results to support families at risk of separation and support of family-based alternative care.
Inclusive and Resource Centres	<ul style="list-style-type: none"> • Develop and implement tools and mechanisms for early detection of health disorders and special educational needs of children and refer for further diagnosis and support when necessary. • Ensure in-service training of specialists employed within Inclusive Resource Centres on diagnosis of children's educational needs.
Development partners and civil society	
Development partners (UNICEF, EU, others)	<ul style="list-style-type: none"> • Provide technical support to develop overarching care reform strategy and package of supporting tools, to ensure alignment with global best practices, and EU standards. • Provide financial support.
International organizations and projects and civil society	<ul style="list-style-type: none"> • Implement projects, interventions, activities which contribute to Better Care Programme. • Promote and advocate for Better Care programme in the region, together with development partners. • Provides regular updates, data, and reports to community and oblast taskforces to inform and support coordinated programme decisions.

5. ESTABLISHING A COLLABORATIVE APPROACH TO BETTER CARE

This section of the Manual provides an overview of the steps to implement Better Care, and information on who is involved and how to implement each step, and tools and resources to support implementation.

Children's care is a complex sector, comprised of many actors from different sectors and different levels. When strengthening and reforming the care system, it is essential to adopt a collaborative approach that brings different actors from different sectors with a stake in the outcome, including government, civil society, communities, and the children and families themselves. The Oblast-level Better Care Council serves as the coordinating body for care reform at the oblast level.

The Council facilitates collaboration among all care actors within the oblast to achieve:

- **A common vision and agenda**, supported by a costed action plan and informed by the National Strategy. The common agenda should focus on both short-term and long-term goals and must be adaptable to the evolving context particular to the oblast.
- **A common measurement and monitoring system**, i.e., a set of common indicators to measure the progress of Better Care and the impact of the collective and coordinated actions. This ensures that different actors can track progress, learn from one another, and adjust strategies as needed. Data can also play a key role in building trust among actors.
- **Mutually reinforcing activities** i.e., care actors should identify their unique missions, strengths and resources to contribute to the Better Care efforts. Each actor, whether government or non-government, should undertake actions that leverage their unique strengths, and complement those of the others, thus creating synergy and maximizing the overall impact.
- **Prioritisation of equity**, i.e., power imbalances that affect relationships among care actors must be addressed to create an internal culture where contributions from all actors are valued equally. People with lived experience, especially care leavers, children with disabilities, and alternative caregivers should be engaged and their voices at the centre of care reform efforts.

The steps and tips for establishing the Oblast Better Care Council are outlined in Section 6.

Beyond the coordination and collaboration role of the Council, other ways that Better Care takes a collaborative approach include:

- Community-Level Better Care Taskforces represent Better Care at the municipal and community levels, bringing together the different sectors with responsibility for children, supporting situation analysis and planning, monitoring reforms, and developing and providing services to community members.
- Inter-sectoral cooperation protocols bring the involvement of all sectors with child protection responsibility, such as health, education, social protection and justice together around early identification of children at risk and making referrals to Child Affairs/Social Service Units and other service providers, as well as ensuring coordinated follow-up and monitoring to ensure that families who need services can access them.
- Multi-disciplinary gatekeeping or best interest decision making, as described in the gatekeeping overview, is best done with multi-disciplinary groups of professionals who know different aspects of the child and family's life and can make necessary judgements about well-being of the child and their best placement option.

Look for these easy read sign posts in the margins to quickly locate the content when you need it:



WHO'S INVOLVED



TOOLS



PRACTICAL TIPS



RESOURCES & INFORMATION

6. KEY STEPS TO ESTABLISH AND IMPLEMENT BETTER CARE

The experience of care reform in different countries shows there are several foundational steps to the care reform process that must be implemented to ensure that a holistic and sustainable approach which addresses all of the core and wrap-around components of care reform. These key steps are highlighted in the graphic. They are presented in order, however, care reform is not linear, and some steps might be implemented simultaneously. For example, designing and delivering the package of integrated social service and benefits often happens at the same time with strengthening of gatekeeping mechanisms. Each of these steps is described in more detail below.

1 i. Establish oblast-level Better Care Council and community-level taskforces

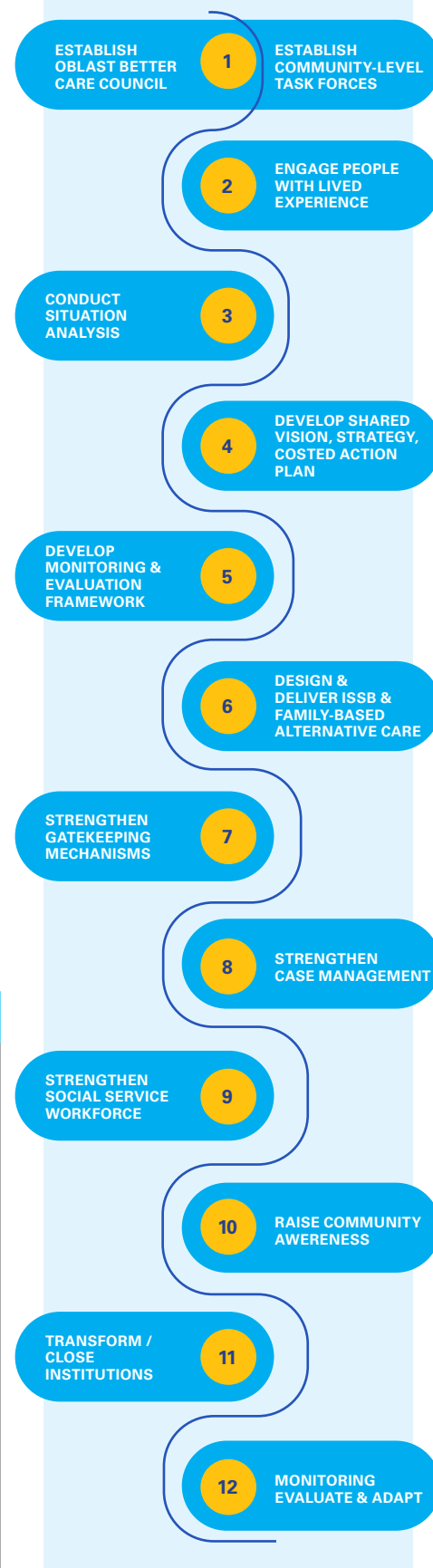
Why: Care system reform is only possible when all care actors (including government, civil society, and communities) are coordinated and work together. The Oblast Better Care Coordination Councils (hereafter “the council”) serve as the coordinating bodies for care reform at the oblast level. The community-level Better Care taskforces serve as the coordinating bodies for care reform at the municipality or community level, working in tandem with the council. You can find a description of their roles in Section 4, above.



Who: Given the multisectoral nature of care reform, it is important that the Oblast Better Care Council reflects this with strong and consistent multisectoral representation, as described below. As per CMU Resolution No 596, 26/6/2019, the below actors must be included in the council, to be chaired by the Deputy Head of the Oblast State Administration. The exact membership of the council and task forces can be determined depending on the unique needs of each Oblast and/or community.

Government members	Non-government members
<ul style="list-style-type: none"> Department of Social Protection of the Population Unit of Social Services for Family, Children, and Youth of the City Council Office of Child Affairs Unit of Health care Unit of Education and Science Department of Culture, Youth, and Sports Department of Finance Office for the Development of Local Self-Government and Territorial Organization of Power 	<ul style="list-style-type: none"> Child protection organisations and experts (especially those with experience in prevention of unnecessary child-family separation, provision of alternative family-based care, case management, and transformation of institutions) Disability organisations and associations of persons with disabilities People with lived experience of care (e.g., care leavers, parents/caregivers of care leavers, foster carers, etc.) Youth organisations and associations
*Pending endorsement of the National Action Plan	

Oblast level KEY STEPS TO BETTER CARE



How: The Oblast-level Better Care Councils are established via CMU Resolution No 596, 26/6/2019. The community Better Care Task Forces will have their own protocols which reflect their role within Better Care, contextualized for their community and linking closely to the oblast-level terms of reference outlined in resolution.



Practical tips for forming and supporting councils and taskforces

1. Review the terms of reference and contextualize them for your context.
2. Write key messages to describe the role of the group and its importance.
3. Identify and engage the group leader.
4. Establish any contextualized criteria for group membership. Remember to consider PWLE (see step 2).
5. Work with the leader to identify the right people for group membership, at the same time make a list of people who would not be appropriate for the group.
6. Recruit the members by meeting with them, sharing terms of reference and key messages.
7. Hold a first meeting of the group focused on defining the group's vision, immediate tasks, working principles, and meeting schedule.
8. Set and implement a meeting schedule and activity plan.
9. Provide support to hold regular meetings and monitor implementation of the activity plan.



Informational resource: CMU Resolution No. 596, June 26, 2019, example Council founding document and rules from Volyn (in Annex).

2

ii. Engage people with lived experience of care (PWLE)

Why: To ensure that all care reform activities best serve the people most affected by the care system (i.e., PWLE), it is critical that PWLE are authentically engaged in care reform activities. A core principle, agreed by all members of the councils and taskforces should be a commitment to ensuring meaningful participation of PWLE and establishing reflection points in the process of developing and rolling out Better Care to check and see if the engagement is meaningful and adjusting if it is not.



Who: Children and young people currently living in some form of alternative care, young people who have left alternative care (often referred to as care leavers), and parents or caregivers of a child or young person who has interacted with the care system, including biological parents, extended family (kinship), foster families, guardians, patronage caregivers, and adoptive families. Note to be meaningful, participation must be voluntary and supported to overcome any barriers to participation.

How: As a first step, PWLE should be recruited as a representative on the Better Care Coordination Council. PWLE should be supported to lead or co-lead a process to identify and mobilise further PWLE; they may know best which platforms or approaches are most useful in reaching PWLE, including which methods are best for outreach. If not, there are national efforts underway through the Head of the National Office of Children and Youth (DiiMO) that the UNICEF country office can connect you with to best identify PWLE and ways of engaging them in care reform efforts.

PWLE should have agency to determine how they want to be engaged. This should be a facilitated process but with room for creativity, innovation and most importantly, activities that speak to the needs, wants and strengths of PWLE. There might be different groups of PWLE that come together, and each might have their own ideas for how to engage. Such groups could include but not be limited to care leavers, foster carers, adoptive parents, and biological parents.

In some oblasts, PWLE may wish to establish formal networks or organizations, in others they may wish to remain more informal. There is no right answer; the focus should be on intentional outreach informed and designed by those with lived experience of the care system, and safe discussion forums or platforms for identifying ways in which PWLE would like to be involved.



Practical tips for engaging PWLE

1. Develop key messages and attractive promotional materials which describe the opportunities for participation.
2. Share information on the opportunities for participation with residential institutions, other alternative care providers, organizations and agencies that work with families and young people (e.g. DiiMO), and any existing networks of PWLE.
3. Prepare other council / taskforce members for the participation of PWLE by explaining the benefits and setting clear expectations for support, safeguarding, and ethical behaviours to ensure PWLE are received by a barrier-free environment.
4. Recruit 2-4 PWLE to participate on the council and/or taskforces. Be clear in explaining the role and expectations, including the support that can be offered to ensure meaningful participation.
5. Provide support for their participation, such as reimbursement for travel, data for virtual meetings, scheduling during off-work hours, and arranging snacks during in-person meetings.
6. Do not expect or ask PWLE to share their personal stories!

ENSURING MEANINGFUL, SAFE AND RESPECTFUL PARTICIPATION

- The engagement of PWLE should be transparent and informative. This means that PWLE are provided with information that is age appropriate and inclusive about their right to participate (or not) and the purpose and potential impact of their participation. This often means developing specific information or taking time to appropriately brief them so that the information is clearly understood prior to their engagement.
- The engagement of PWLE should be voluntary. It should be made clear that their participation is not obligatory and will not have any negative impact on them or others if they choose not to participate.
- The engagement of PWLE should be supported and inclusive. It is understood that PWLE are often not associated with a professional organization and therefore considerations need to be made regarding meeting times and potential costs such as transport, money for cell phone data, or a stipend. Their participation should not place undue burden or cost to them. Considerations should also be made to allow for the inclusion of persons with disabilities. Accommodations should be made to facilitate their participation.
- Most importantly, creating opportunities for the meaningful participation of PWLE must always include a risk assessment. Prior to the engagement, the situation should be assessed to determine whether the participation of the PWLE will cause undue stress, trauma or inflict harm.



Informational resource: Job Aid on Engaging People with Lived Experience (in Annex).

3

iii. Conduct a situational analysis

Why: It is critical that the current context of children's protection and care within the oblast is well-understood to inform the council and their partners in establishing a shared action plan for care reform.

What: A situational analysis that collects and analyses quantitative and qualitative data to understand the local context, identify strengths and areas for improvement to ensure family care for all children and assess the needs and capacity of the region and local governments to implement the reform. Such data will be related to the number and profile of children without adequate parental care, children in difficult life circumstances, displaced/evacuated children and families, and in all types of alternative care including institutions and family-based forms of care and upbringing, will be one of the first activities of the council with the help of the community taskforces. A situation analysis will also consider the organizational capacity of territorial communities to provide social services and staffing of Child Affairs Service. Information about the types of available social services targeting children and families, service providers and gaps in social services should also be included in the situation analysis. Finally, identification of specific risks to children and families, including those related to separation, are important to inform prevention services. This gives a view of the reasons children go into alternative care and, especially why children are institutionalized.

In addition to giving a current picture of the situation, the data collected through a situation analysis can be used later to understand the progress and troubleshoot any areas experiencing challenges. Prior to developing a regional or local plan to implement Better Care, a situation analysis should be completed to inform the specific actions and priorities.



Who: Regional and local government, supported by implementing partners when needed, guided by the Oblast Better Care Council.

How: Ideally, the collection and analysis of information for the situational analysis should be done in a collaborative manner. All participants should additionally be involved in the validation of findings from the situational analysis.



Practical tips for conducting a situation analysis

1. Contextualize the Better Care Situational Analysis Framework for your oblast and communities – e.g. add or take out service that are not relevant, add other categories of children or families the council wants to understand, add disaggregates for community-type, care type, etc. as appropriate for the oblast.
2. Review the Situation Analysis tools developed by the Coordination Centre.
3. Inform all services providers in the oblast about data collection and prepare them for what to expect and what will be expected of them.
4. Prepare the enumerators and/or data collection/reporting processes. If enumerators are used, ensure that they have

the resources, such as transportation, smart devices, etc. for their work.

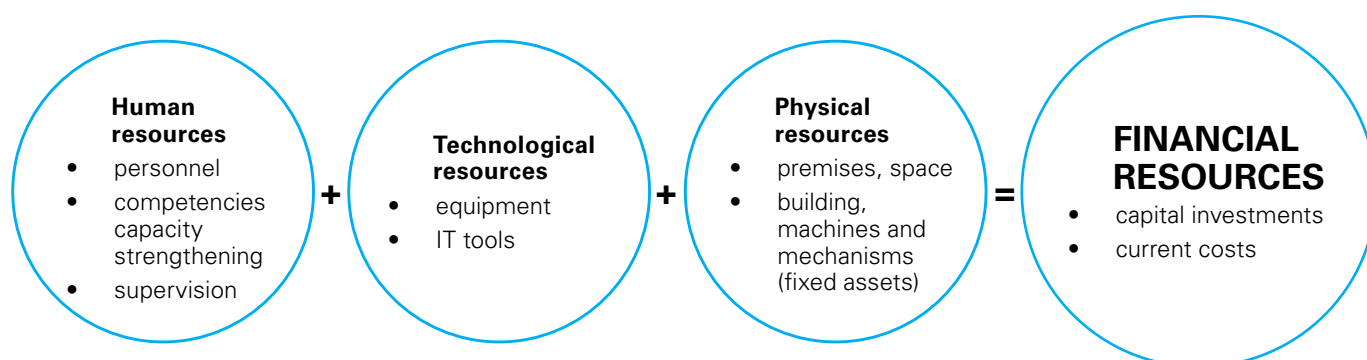
5. Collect, compile and analyse data.
6. Organize a debrief with the council to go over preliminary data.
7. Write up a briefing on the findings that can be share with council and taskforce members and others.



Tool: Better Care Situational Analysis Framework (in Annex) and aligned Situation Analysis Tools available from the Coordination Centre

4 iv. Develop a costed implementation plan

Why: A critical step in designing and implementing care reform at the oblast level is to ensure that all key actors share the same definitions and understanding of care reform, the core components of the care reform framework, and an overall vision of the future or the end goal of their efforts. It is critical that there is strong buy-in for the vision of care reform within the oblast (i.e., what the end goal looks like) as a foundation for all actors to begin working in mutually reinforcing ways and to avoid resistance or other challenges. To support this, oblasts are meant to develop costed implementation plans that align with the National Strategy to articulate specific activities, roles and responsibilities to achieve its plan. A costing involves labour costs (man-hours) and consumption norms of other material resources at the expense of public funds. Structuring the budget, in turn, requires determining the aggregate of all resources needed to create or commissioning the service or activity. This approach is supported through a Regional Better Care Costing tool, developed by UNICEF and the Coordination Centre. Such a tool can be used with regional government authorities, to estimate the costs of the regional implementation plan.



Who: All care actors in the oblast should be involved in developing the costed implementation plan. See Section 4 on roles and responsibilities. The involvement of all actors is critical to ensure that everyone is working collaboratively toward the same goal and understands their role and responsibilities. This should include government actors across sectors, as well as non-governmental actors working on related areas within the oblast.

How: Using the National Strategy for guidance, and under the leadership of the Coordination Centre, UNICEF can support the Oblast Better Care Council to initiate a series of consultative meetings with care actors in their oblast to develop the implementation plan that can be costed. Such processes should be guided and implemented with the Coordination Centre.



Practical tips for developing the vision, strategy and action plan

1. Review the National Strategy, theory of change and results framework.
2. Review the costing tool.
3. Organize a workshop with relevant actors.
4. Prepare meeting agenda, speakers, materials for sharing at the workshop, etc. Be sure to consider the role of PWLE.
5. Assign a workshop rapporteur to capture all the critical information.
6. Complete the implementation plan and circulate it for review by the council. Make any adjustments.
7. Use the Better Care region costing tool to cost the plan and estimate the funding gap.
8. Share with the costed plan with relevant resource partners. Consider both public and private funding sources.
9. Promote the vision, strategy and plan by developing key messages and promotional materials and circulating them. See also section on community awareness.



Informational resources: National Strategy for Ensuring the Right of Every Child to Grow up in a Family Environment and its Action Plan (2024-2028), Better Care Theory of Change (see section 2.v.), oblast costing tool (contact UNICEF country office).

5

v. Develop monitoring and evaluation framework

Why: Having a clear monitoring and evaluation framework with a set of agreed-upon indicators can be used to demonstrate progress and corrective actions needed to successfully implement the oblast plan. Regular monitoring and reporting on progress are important ways of holding all actors engaged in care reform accountable.



Who: The Better Care Oblast Coordination Council should lead a consultative process to present, discuss, select, and validate the M&E framework, with specific attention to the indicators that different actors will report on and feed into. The Council will also agree on how data will be presented and used, and with what frequency. Quarterly meetings in which data is reviewed together, as the Council, is recommended.

How: Consider the indicators included in the National Strategy, other indicators requested by the Coordination Centre, and if oblast-specific indicators are needed track progress in implementing the oblast plan. Develop a reporting schedule, tools, and process for sharing data should be established by the Council, with regular reporting and discussion from all actors engaged in the care reform process.

Indicators from the National Strategy are presented in an Annex.

Additional data may be required for the other areas of care reform.



Practical tips for developing the monitoring and evaluation framework

1. Review the oblast Better Care implementation plan and the national strategy and its indicators
2. Determine if the oblast requires additional indicators beyond what is in the national strategy to track its progress. If so, try to select indicators that are feasible given existing resources and data systems
3. Ensure relevant actors know their roles and responsibilities for tracking and reporting on progress
4. Support the council to submit reports to the Cabinet of Ministers and central authorities, as required in the national strategy

6

vi. Design and deliver integrated social services and benefits and alternative family- and community-based care options

INTEGRATED SOCIAL SERVICES AND BENEFITS (ISSB)

What: Integrating social, health, education, and youth services is crucial for providing holistic support children and families. The ISSB is a comprehensive package of multisectoral services delivered by:

- Local and municipality service providers who provide mediation, gender-transformative positive parenting, social services for families / persons in difficult life circumstances who receive social protection transfers, support and supervision for foster care, patronage and kinship care, day care for children, psychosocial support, early intervention, and crisis intervention.
- Health professionals provide universal and progressive home visiting, and referrals to child affairs and to community social service providers.
- Schools provide inclusive education that ensures all children can access education including children with special learning needs and children with disabilities and after school care
- Youth Centres and Community Centres provide youth clubs and other types of youth engagement activities, while mentoring and psychological support can also be provided to more vulnerable youth such as care leavers.

Why: Social services are a critical part of any care system. The ISSB is designed to integrate services and benefits that specifically target issues that make children and families vulnerable to separation, aim to strengthen the resilience of children and families, address trauma, and provide necessary support that enable families to provide safe and nurturing care, including to children with disabilities. Effective integration enables efficiencies which maximise scarce resources, reduces duplication, and ensures a smooth service experience for children and families.



Who: Centres for Social Services, health professionals, schools, Youth Centres and Community Centres, accredited civil society organizations (registered in national Registry of Social Service Providers and Recipients and/or the National Health Registry and the National Education Registry) might also provide social services and should be encouraged to do so and included within the Better Care effort.

How: The ISSB is suggested as a minimum package of integrated services which can be contextualized and added to depending on the needs of the context.

When launching Better Care in an oblast, it is critical that a service mapping is conducted, to establish which services exist and where there are gaps. The results should then be compared against the situational analysis findings related to community needs. If findings from the situational analysis determine that specific services are needed to address a target population, or specific risk factor, UNICEF and its partners should consider plans to expand/develop such services.

National standards, and the service specifications, methodological recommendations, and training packages based on them for ISSB services exist at national-level. These should be used to expand, develop and ensure quality of service delivery. While some contextualisation may be needed, the core content should remain unchanged to ensure service quality standardisation nationally.

It is important to develop strategies to make sure services are integrated. Service integration is not achieved only by providing services in one location, but also by harmonizing and streamlining eligibility and enrolment processes, integrating workforce responsibilities (e.g., coordination and referral networks, protocols), data systems (e.g., enrolment forms and indicators), budgets and activities (joint costing of integrated social services; joint local planning and budgeting for family support and child-centred services), and providing integrated case management standards (e.g., assessment forms, individual case plans, multi-sector case conferencing, etc.).

To enhance integration of the services within the ISSB, it will be important to first identify existing cross-sectoral service integration practices which can be learned from and leveraged. Integration strategies which can be considered include:

- One-stop service centres
- Interdisciplinary mobile teams
- Multisectoral coordination and referral framework, including data sharing protocols
- Alignment of service eligibility criteria and processes⁴
- Integrated case management
- Aligned job descriptions and/or establishment of interdisciplinary teams
- Joint trainings of social service, child affairs, health, and education staff
- Multisectoral planning, M&E, and budgeting
- Joint social plans and programs at local level for integrated service strengthening
- Joint taskforce groups at community level with representatives of social; education; health; juvenile police; child affairs entities working together to assess community needs and jointly plan the response strategies;
- Joint national multisectoral groups for strategic and operational planning of national policies. Examples, national taskforce and action plan on MHPSS program under the First Lady Initiative; national taskforce and action plan for national barrier free society strategy under the First Lady Initiative; national action plan for Better Care Reform implementation. The national integrated programme gives the background to mirror the same approach at community level.

An example of a strategy for service integration is Resilience Centres. Resilience Centres are 'one-stop-shops' for social services that aim to fortify individual, family, and community resilience. In addition to the social services directly provided, the centres function as a first point of contact for service users to access an array of multisectoral and specialised services, e.g. specialised psychological, medical and rehabilitation services, legal aid, education support, employment support, specialized child protection services, etc.

The above strategies should be adapted to the specific needs and context of the community. Some strategies will be more/less appropriate depending on the level of impact the oblast has experienced during war.

Common challenges faced during service integration, which should be expected and planned for, include differing regulatory frameworks, resource disparities, and resistance to change. It is critical that a collaborative and consultative cross-sectoral approach is used when planning for service integration to mitigate these challenges.

⁴ Including aligning with The National Council for Reconstruction of Ukraine from the Consequences of War's Draft Recovery Plan for Ukraine, Materials of the working group "Social Protection" (2022) goal to provide clear and transparent eligibility criteria that supports integration of social services and social benefits.



Practical tips for designing and delivering integrated social services:

1. Review the service mapping and situation analysis data to understand what services exist and what services might be needed.
2. Present these findings to the Better Care Council and local taskforces for discussion on how gaps can be filled and by whom. Review enrolment and referral processes with these groups and determine ways to streamline and improve.
3. Contextualize service methodological recommendations and training by incorporating local examples, local language and other nuances.
4. Guided by the Better Care Council, engage local actors and organizations in the development of new services and in training.



Tools available from UNICEF country office: service mapping tools, national service standards, ISSB service specifications, ISSB training package, service methodological recommendations.

EXPAND AND STRENGTHEN ALTERNATIVE FAMILY- AND COMMUNITY-BASED CARE OPTIONS

What: Kinship care, guardianship, patronage, foster care (including disability specialised and short breaks) and supported independent living.

Why: A continuum of alternative family- and community-based care options (see visual) is necessary for children who are not able to remain in biological families but have a right to be cared for in a family. To uphold the principle of suitability, it is critical that a continuum of family- and community-based care options are available for children and young people; care options must be as diverse as the children in need of care. Additionally, alternative family- and community-based care are important services to prevent children from entering institutional care and to support children who are exiting institutional care but for whom reintegration to their biological family is not possible.



Who: Children's Affairs Services are responsible for establishing, monitoring, supporting, and maintaining general oversight of alternative family- and community-based care. The Guardianship and Custody Authority and courts make placement decisions.

The legal framework outlines specific criteria guiding which Ukrainian citizens may be suitable to become each type of alternative caregiver.

How: Broadly, alternative family care options can be expanded following the below sequence:

- Identification and recruitment: Children's Affairs Services and registered independent service providers should promote all forms of alternative family-based care. Possible avenues for recruitment campaigns include mass media, faith-based institutions such as churches, and community groups. An example of a national platform is

www.dity.gov.ua and the Coordination Centre's [social media](#). Other resources may be available from UNICEF's SBC and Communications sections. Prospective caregivers submit a statement of intent, supporting documentation (e.g. ID, marriage certificate, proof of home ownership, etc.), and details of their proposed assistant (another adult who will support the caregiver, who meets the criteria, and agrees to participate in training).

- Initial selection and referral for training: Children's Affairs Services conduct an initial screening of prospective alternative caregivers' documentation and living conditions. Children's Affairs Service should share with the prospective caregiver information about the differences between types of alternative family care, the expected responsibilities, and the types of supports that alternative families will receive (e.g., training, and ongoing support from a social worker).
- Pre-service training and home visit: The Oblast Centre of Social Services provides pre-service training to caregivers which includes theoretical components, practical components, and self-study. The last stage of the training is conducted at the prospective caregivers' home, where the trainer will assess the existing conditions for safety and comfort for the child, and role play situations which may occur.
- Approval: Once a prospective alternative caregiver has completed the pre-service training, they will need to go through formal approval before a child can be placed in their care. They sign an agreement with Children's Affairs Service and their details are entered into the Unified Data Bank on Orphans, Children Deprived of Parental Care, and Families of Potential Adopters, Guardians, and Foster Parents.
- Placement: The Guardianship Authority will approve the placement of children in the caregivers' care.
- Support: Once an alternative caregiver is approved, ongoing support should be provided to help retain them. Types of support should include peer-to-peer support groups, in-service training (at least annually, these can be provided in-person or online), regular check-ins with their assigned social worker and additional monitoring when a child is placed in their care. Alternative caregivers are entitled to different forms of financial support, including reimbursements for clothes, food and other direct needs of children.



Informational resources: <https://www.dity.gov.ua/>, 'About the approval of the program for the training of foster carers', 19.08.2017 No. 1349

7 vii. Strengthen gatekeeping mechanisms

What: The UN Guidelines for the Alternative Care of Children notes that decision-making should "be carried out on a case-by-case basis, by suitably qualified professionals, in a multidisciplinary team". The 'gatekeeping mechanism' is this multidisciplinary team. The mechanism reviews individual cases and makes care decisions that are in the best interest of the child.

Why: Having a formal team of multisectoral professionals who use standardized decision-making protocols ensures that decisions are systematically made based upon the principles of necessity and suitability and are in the best interest of the child with safeguarding in mind.



Who: The gatekeeping responsibility should be held by a multidisciplinary team of professionals, such as the Commissions on Child Protection or the Guardianship and Custody Body.⁵ Gatekeeping bodies should be independent of service providers who may have a low threshold for admitting children into their care (e.g., institution staff). Gatekeeping mechanisms can also be strengthened by including people with lived experience of care.

How:

- Assess the membership, functions, and capacity of existing statutory gatekeeping actors. Members should be professionals from all sectors, should include people with lived experience, and should exclude alternative care service providers who have a vested interest in having high numbers of children in their care (e.g., institution staff).
- Collate and review existing operating procedures and tools used by the structure and assess against global standards.
- Orient and train/refresh members on Best Interest Determination Standard Operating Procedures (a formal process with specific procedural safeguards and documentation requirements, whereby a decision-maker weighs and balance all relevant factors of a particular case, giving appropriate weight to children's rights)⁶ and strategies to meaningfully involve children in.
- Support local gatekeeping mechanisms to regularly meet and review cases in a structured way.
- A child protection (and ideally alternative care) specialist should provide coaching and mentorship during gatekeeping mechanism meetings for at least first five meetings to ensure adherence to the SOPs and troubleshoot any challenges faced by members in real time.

⁵ At the municipal level, the Guardianship and Care Commissions overseen by the Head of the Municipality and Child Affairs acts as Secretariat. See here for the regulatory framework.

⁶ Better Care Network (2019). Toolkit Glossary of Key Terms (webpage).

- Collected and analyse basic demographics from all cases reviewed by the mechanism as well as decisions made by the mechanism. Use findings to provide ongoing support for the gatekeeping mechanism to make decisions that are in each child's best interest.
- Support gatekeeping mechanism members should periodically analyse their monitoring data to confirm that family-based care options are being prioritized above institutional care.



Informational resources: Gatekeeping Job Aid (in Annex)

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viii. Strengthen case management processes and procedures

What: Sometimes case management is thought of as a service itself, but it is more an approach used to support and deliver services to people in difficult life circumstances. In other words, case management is a process of organizing and working with children and families to address their individual needs in a systematic and timely manner.⁷ In Ukraine, case management is defined in Ukraine's Law on Social Services to regulate the provision of services, including ISSB, and includes seven steps: 1) analysis of applications and/or reports about the person/family in difficult life circumstances, 2) assessment of the needs of the person/family, 3) decisions on the provision of social services based on need, 4) development of an individual plan for the provision of social services, 5) conclusion of agreement (between the recipient of services and the social service provider) on the provisions of social services, 6) implementation of the individual plan, and 7) monitoring the provision of social services and their quality. Case management is the common approach underlying all social services;⁸ a case management process is what is used to identify the need for the service and make the plan to receive services.

Within the National Strategy to Ensure the Right of all Children to a Family Environment, case management is also seen as an approach for reintegration of children into family settings. Although case management for reintegration of children is not specifically provided for within Ukraine's legal framework, there are global resources that Better Care Ukraine can use to practice case management for reintegration. This includes specific steps of case management for reintegration, guidelines and handbooks which are all available online [here](#). This also includes specific case management [guidance for reintegration of children with disabilities](#).

Why: Currently, case management in Ukraine ensures children and their families receive social services based on their need. Ideally, case management would also be applied when a child has already lost the care of their family to support their reintegration to a family setting.⁹



Who: Case management is regulated as a tool for provision of social services at the hromada level. Further, ideally a case management approach would also be used by all residential institutions and all actors supporting the reintegration of children into family settings.

How: Case management for delivery of social services should follow the legal framework of Ukraine and the state provided tools and guidelines. Case management for reintegration of children into family settings can be practiced by UNICEF implementing partners (IPs), using guidelines and tools developed by IPs. All staff involved in directly supporting children and families to receive social services, as well as reintegrate from institutional care to family care, should be trained in case management practices, guidelines and tools.



Practical tips to support case management

1. Check that service providers are using case management forms provided for within Ukraine's Law on Social Services and relevant bylaws.
2. Review the quality of information recorded on such forms and provide training or mentoring when needed.
3. Collect and review case management guidance and tools of institutions and organizations supporting reintegration of children from institutional care to family settings; ensure case management approaches align with national models.
4. Provide resources and training to staff of institutions and organizations supporting reintegration in case management best practices. Helpful resources are available [here](#). UNICEF Country Office can assist with developing necessary training materials.
5. Review files of reintegration cases to ensure case management steps are being followed; provide training or mentoring when needed.

⁷ Global Child Protection Working Group (2014). [Interagency Guidelines for Case Management and Child Protection](#).

⁸ Except for social informing and emergency support

⁹ Reintegration is the process of a separated child making what is anticipated to be a permanent transition back to his/her immediate or extended family and the community (usually of origin) to receive protection and care and to find a sense of belonging and purpose in all spheres of life. Interagency Group on Children's Reintegration (2016). [Guidelines on Children's Reintegration](#).



Informational resource: Case Management Job Aid (in Annex) and the SOS Children’s Village at UNICEF support on child reintegration to the family https://www.unicef.org/ukraine/media/8796/file/backhome_guidelines.pdf

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ix. Strengthen the social sector workforce and allied sectors

Why: Care reform relies on a trained, supported, and well-resourced workforce, including enough social workers and other professionals/cadres to support family strengthening and prevention of separation, alternative family care, and transformation of institutions.



Who: Given the multisectoral nature of care, all actors working with children, across all sectors, must be capacitated to implement their required role in the reform. This specifically includes those who play important roles in identification and referral of children at risk of separation and providing services to at-risk and reintegrating families (including alternative families and adoptive families). As they play a central role in the identification and case management of children at risk of separation from their families and children reintegrating with their families, the social sector workforce will largely lead Better Care efforts, including specialists of children’s services, employees of social service centres (social work specialists, social managers, psychologists) and specialists of departments/divisions of social protection. Given the role of the education sector in providing care, assistance and support to children with disability attending inclusive education as well as children in boarding schools; and personnel of the health sector ensuring the care of children in baby homes, these workers will also be involved in care reform efforts.

How: Understanding the numbers, capacity, needs, strengths, and weaknesses of the social service workforce should be illustrated in the rapid situational analysis (see Step 3). Understanding the needs and numbers of children and families requiring social services, child protection services and support will also help to inform the number and types of social sector workforce members required in each oblast.

Once this information is available, an oblast-specific strategy can be developed to strengthen the capacity of all actors working with children and families to enable effective implementation of the National 2024-2028 Strategy for ensuring the right of every child in Ukraine to grow up in a family environment. This should include in-service training programmes that can be delivered on a regular basis aimed at strengthening the skills, knowledge, and practice of the social sector personnel in critical areas of communication, empathy, case management, coordination and collaboration, and documentation, and contextualised for both the oblast’s context as well as the specific workforce cadre. Ideally, personnel of different sectors should be trained together to help them gain a better understanding of each other’s’ roles and responsibilities and develop strategies for enhanced collaboration and coordination.

Practical tips to support workforce strengthening:

1. Regularly bring together actors:
 - a. Identifying children and families at risk and in need of support;
 - b. Assessing children and families at risk;
 - c. Registering children and families for social service, social protection and child affairs support;
 - d. Providing child affairs support;
 - e. Providing social services, including support to foster care and guardianship placements;
 - f. Providing social protection/ benefits support;
 - g. Providing inclusive education access and assistance;
 - o Providing residential care (in boarding schools and baby homes);
 - o Providing methodological guidance and monitoring of social sector services;

To review cases of children at risk of separation and children reintegrating with their families, identify any challenges they are facing in terms of ensuring the rights of the child to grow up in a safe and nurturing family environment, and identify solutions to overcome such challenges.
2. Building on the findings of the social sector workforce assessment (currently in preparation), develop in-service training and mentoring programs to address any gaps in knowledge, skills and practices of current actors working with children and families.
3. Collaborate with University schools of social work to establish field practice opportunities for social work students, thus enabling student social workers to gain practical experience in case management of children and families at risk and offering feedback to university social work programs to help them align their curricula with the practical needs of real-world social work practice.
4. Advocate with decision makers in charge of personnel and related budget allocations to ensure adequate allocations are made to ensure the 2024-2028 Strategy can effectively be implemented in the oblast with sufficient numbers of social sector workers.

x. Raise community awareness

Why: All relevant actors must understand the importance of family care for children's wellbeing and development (including children with disabilities), the harms of institutional care, and the objectives, activities and processes of Better Care. Where relevant actors (including children, families, communities, institution staff) are not included and supported to understand Better Care, resistance is likely to emerge, and the initiative will not be as successful. Thus, it is critical that a strategy to promote Better Care and raise awareness on the importance of family-based care is developed early. Awareness raising might include promotion of family care on social networks, posters and videos. Below are examples from Kharkiv awareness raising, which reached 1.5+ million views through 98 billboards, 720 posters and 9 publications on regional TV channels. Such messages can include targeted strategies for raising awareness among different demographics (e.g., children, families, community members, service providers, institution staff, etc.).

Telegram
Харків ⚡ Незламний
Прийми в родину дітей, які залишились без батьків. Подаруй дітям повноцінне життя поза інтернатом 🙌
Держава надає фінансову підтримку 🙌
Дізнайся більше за номером 0800300823

UNICEF Ukraine
Реклама · 10
Чужих дітей не буває, а усиновлення – важливий, але не єдиний спосіб подарувати родинне тепло дитині, яка залишилась без батьків 🙌
Дізнайся, як прийняти дитину в родину, за номером 0800300823

Поділись із дитиною турботою
Дізнайся, як прийняти дитину в родину 0800300823

Поділись із дитиною теплом
Дізнайся, як прийняти дитину в родину 0800300823

Поділись із дитиною любов'ю
Дізнайся, як прийняти дитину в родину 0800300823

Чужих дітей не буває, а усиновлення – важливий, але не єдиний спосіб подарувати родинне тепло дитині, яка залишилась без батьків 🙌
Дізнайся, як прийняти дитину в родину, за номером 0800300823

Держава надає фінансову підтримку 🙌



Who: The Better Care Coordination Councils, cross-sectoral service providers (both government and non-government), people with lived experience (e.g., care leavers, alternative families, adoptive families), media, the Coordination Centre, UNICEF.

How: Local social norms, attitudes, and practices related to children's care should be identified during the situational analysis (see 6.iii) and social behaviour change strategies developed to leverage strengths and address gaps in current norms/attitudes/practices. These may include:

- Promoting family-based care as the environment most conducive for all children, including children with disabilities and children who have experienced trauma.
- Promoting family as the primary mechanism to continue/pass on Ukrainian culture, protecting children's right to know their culture.
- Reversing widespread misconceptions about the value of institutions.
- Promoting success stories of reintegration and alternative care.
- Reversing widespread misconceptions about disability by:
 - promoting the social model of disability¹⁰ and that communities should be barrier-free environments,
 - sharing positive stories of children with disabilities living with families and participating in family and community life,
 - promoting stories of Ukrainians who are living with disability (both pre-existing, and war-incurred disability) and contributing to Ukraine's recovery efforts,
 - Giving parents and alternative caregivers of children with disabilities a platform to speak about their children's abilities and contribution to family and community life.

¹⁰ The social model of disability says that people are disabled by barriers in society, not by their impairment or difference. Mike Oliver's 1990 paper "The Individual and Social Models of Disability" (accessed [here](#)) is thought to be one of the original papers on the social model of disability; Mike Oliver was the first Professor of Disability Studies in the world, and a key disability rights advocate. [This short video](#) from the National Disability Arts Collection and Archive simply explains the social model of disability.

- Promoting positive examples of the strength of communities, including how communities have organically found alternative care solutions for children in need of protection during the war, to demonstrate the importance of all Ukrainian citizens in caring for the next generation, as part of recovery efforts. All citizens have a role to play; the provision of alternative care is an act of patriotism.
- Promoting positive, nurturing, non-violent parenting practices.
- Enhancing the status of, and reducing stigma associated with, social service workers, by promoting their distinct role, their importance in building resilient families and communities, and their critical contributions to recovery efforts.



Practical tips for raising community awareness:

1. Tailor messages for target groups (e.g., children in care who will be targeted for reintegration, biological parents, service providers, community members, etc.). Not all messages will be the same.
2. Messages should be disseminated by the Coordination Centre, Better Care Coordination Councils, UNICEF, service providers and media, via both universal and targeted campaigns.
3. Use the platforms most appropriate within the oblast's context and to each specific target group.



Tools: key messages around Better Care, including targeted messages addressing re/integration of children from residential care and children with disabilities, and promotion of kinship care, foster care, guardianship and adoption. See resources shared at <https://www.dity.gov.ua/> and the Coordination Centre's [social media](#), as well as resources available from UNICEF's SBC and Communications sections, including: <https://www.unicef.org/ukraine/family-for-every-child>; <https://www.youtube.com/playlist?list=PLJ2-31j4oXT6hwNwGb3nNOPoByyJOANc9>

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xi. Transform or close institutions

Why: Transformation of institutional care is a critical component of care reform. For as long as institutions exist, there will be demand for these services; as children leave through the front door of the institution, new children will be admitted through the back door. It is critical that the infrastructure, and financial, material, and human resources that are locked in institutions are unlocked and redirected towards education, health and social services that meet the real needs of children and families in the communities.



Who: Institutions under MoSP, MoH, MoES and private institutions in which children reside.

How: It is critical that each institution in the oblast has an individualized transformation plan, developed by oblast administration, under the guidance of the Coordination Centre. Ideally institutions can be transformed into non-residential social service facilities, based on the unique needs of the community surrounding the institution, and the oblast at large. In some cases, it may be appropriate to close institutions altogether, for example when the building is not in a convenient location for the nearby community to access services. In such cases, efforts should be made to redirect resources from that institution to provide community services through other providers.



Informational resource: Job Aid on Transformation (in Annex).

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xii. Monitor, evaluate and adapt

Why: Monitoring and evaluating the progress of care reform in the oblast is a critical step in ensure accountability across actors and demonstrating progress. This work can be done by reviewing the data from implementing partners and government actors, reviewing case management documentation, and other available data. This may also include conducting research with service users and other key actors. By monitoring and evaluating, the Better Care program can be adapted and scaled to reach more children and families.



Who: The Better Care Coordination Councils, cross-sectoral service providers (both government and non-government), people with lived experience (e.g., care leavers, alternative families, adoptive families), media, the Coordination Centre.

How: Work with the Coordination Councils to collect and analyse data per the M&E plan described in Step iv. This may include following up with actors to submit their reports/data as agreed, collating and compiling the data, and developing user-friendly visuals of the data such as graphs and charts. It may also be helpful to support the Council to review and use the data. This may include presenting and discussing the data at Council meetings or supporting Councils to share the data with actors. Data may also be prepared for specific meetings (e.g. annual planning meetings) or on specific topics (e.g. when discussing transformation plans). In addition, as Better Care is implemented, research may be useful. Research can be small, such as conducting a few interviews or sending out an online, or larger. Research is often useful when trying to gain insight into the situation, design a new program or service, or to evaluate how well an intervention is working. Because research requires time and other resources, it is best to be strategic about when and what type of research to do.



Practical tips for monitoring, evaluating and adapting:

1. Support councils to ensure they are receiving data as planned, and from all relevant actors.
2. Ensure UNICEF IPs are regularly reporting, and such reports are shared with relevant local actors.
3. Encourage UNICEF IPs to share information, data and documentation related to their programs and services.
4. Keep an open mind to learn from what does not work. In some cases, implementation may not go as planned. Ask yourself what can be learned from this, and how it can be resolved or avoided in the future.
5. Look for opportunities to conduct research, even if small-scale. This may be when something is working and you want to document the success, or when you are uncertain about the situation or what is happening and want to know more. Consider what other actors need to know more about as well.

Annex

Annex 1: Key definitions



Annex 2: Better Care Oblast Council terms of reference – Volyn Example

Про створення та діяльність робочої групи з Кращого догляду за дитиною у Волинській області

Мета: метою створення та діяльності Робочої групи з Кращого догляду за дитиною в Волинській області є об'єднання зусиль всіх зацікавлених сторін для запровадження та реалізації програми.

Нормативно-правова база: проект документу, розроблений та затверджений Волинською обласною державною адміністрацією, на підставі Закону України «Про місцеві державні адміністрації» інших Законі України та Декларації про наміри, укладеної між Волинською обласною державною адміністрацією та Дитячим фондом ООН (ЮНІСЕФ) 28 квітня 2023 р.

Головуючий: Головою робочої групи є заступник голови Волинської ОДА. Голова несе відповідальність за діяльність та планування засідань Робочої групи, проведення засідань, а також співпрацює з членами Робочої групи для узгодження пріоритетів і заходів та контролює їх виконання.

Секретар: Секретар робочої групи відповідає за організацію діяльності робочої групи, підготовку порядку денного засідань, інформування її членів про дату, час і порядок денний засідань робочої групи, а також за підготовку протоколу засідання робочої групи.

Члени: До складу робочої групи входять представники, уповноважені відповідними органами виконавчої влади області. Крім того, до складу робочої групи можуть входити недержавні партнери (громадські організації).

Повноваження: Робоча група уповноважена вивчати, обговорювати та надавати стратегічні, програмні та методичні рекомендації Волинській обласній державній адміністрації, її структурним підрозділам, органам виконавчої влади та органам місцевого самоврядування.

Зокрема, робоча група:

- Служить головним майданчиком у Волинській області для розробки стратегій впровадження моделі Кращого догляду за дитиною;
- Визначає прогалини в політиці та практиці догляду за дітьми та рекомендує заходи для зміни ситуації;
- Формує рекомендації щодо розробки програм обласного рівня;
- Надає рекомендації органам виконавчої влади та місцевого самоврядування, установам, організаціям;
- Розробляє практичний механізм перенаправлення та міжвідомчої взаємодії між організаторами та надавачами послуг дітям групи ризику та їхнім батькам/законним представникам;
- Скликає позачергові наради експертів з питань ефективної реалізації політики кращого догляду за дітьми;
- Розробляє концепції щодо зміцнення сімей групи ризику;
- Розробляє концепції щодо розвитку альтернативних форм догляду за дітьми;
- Розробляє рекомендації щодо реформування інтернатних закладів;
- Інформує широку спільноту про хід впровадження моделі Кращого догляду за дитиною у Волинській області.

Засідання: Засідання робочої групи проводяться раз на квартал або частіше на основі рішення та порядку денного, запропонованих головою та/або принаймні двома членами робочої групи. Робоча група може запрошувати та вислуховувати різних зацікавлених осіб, у тому числі спеціалістів. Також Робоча група може створювати тематичні робочі групи та заслуховувати їх звіти на своїх засіданнях.

Прийняття рішень: Рішення приймаються простою більшістю. У разі рівного розподілу голосів вирішальним є голос Голови. Засідання Робочої групи вважається легітимним за умови присутності більшості її членів.

Результати: Основні обговорені питання та рекомендації фіксуються в протоколі засідання робочої групи. Секретар робочої групи відповідає за ведення та оформлення протоколу зустрічі. Підписаний протокол передається членам робочої групи та іншим зацікавленим сторонам. Секретар робочої групи узагальнює інформацію та доповідає членам робочої групи про стан виконання цих рекомендацій.

Annex 3: Community Better Care Taskforce terms of reference

An example of such documents is below.

Community Better Care Taskforce Terms of Reference for the implementation of the Better Care policy priorities in the community around children's care, protection and family support

1. General provisions

1.1. The Better Care Taskforce of (name of community) on the implementation of Better Care policy priorities in the community aims to support the strengthening of a system of better care for children and family support. The Taskforce is a temporary advisory body of the (name of community) Council, established to improve the effectiveness of child protection activities, to ensure the rights and best interests of children, to promote the importance of raising children in families and to prevent the separation of children from families and their institutionalization.

1.2. The Taskforce shall be guided in its activities by the Constitution of Ukraine and laws of Ukraine, acts of the President of Ukraine and the Cabinet of Ministers of Ukraine, as well as resolutions of the Verkhovna Rada of Ukraine adopted in accordance with the Constitution and laws of Ukraine, and this Regulation.

1.3. The Taskforce is established by the order of the (community name) settlement head. The commission consists of: a chairman of the Taskforce, the secretary of the Taskforce, and members of the Taskforce.

2. Responsibilities

2.1. facilitate coordination of the activities of the (community) council and non-governmental organizations around state Better Care policy priorities in order to strengthen the system of protection and care for children and family support;

2.2 make recommendations and proposals for strengthening the system of protection and care of children and family support;

- 2.3 develop local programs and activities to protect children's rights and support families;
- 2.4 identify ways to resolve controversial issues that arise in the course of activities related to child protection and care;
- 2.5 monitor the implementation of activities to ensure the rights and interests of children in the community;
- 2.6 develop procedures to support most-at-risk families;
- 2.7 develop procedures for family-based alternative forms of care for children;
- 2.8 analyze the situation around child protection and children's care in order to develop effective solutions, provide relevant proposals and recommendations to concerned bodies;
- 2.9 coordinate planning and implementation of the main areas of protection of children's rights and interests, and support for families with children;
- 2.10 participate in coordination with other parties with responsibilities related to the system of better care for children;
- 2.11 provide the (community name) head with proposals and recommendations on creating conditions for better child care, protection and family support; and
- 2.12 other functions as identified.

3. Rights of the Taskforce

The Taskforce has the right submit requests and receive information necessary to perform its tasks from enterprises, institutions, organizations and their associations and to involve representatives of structural subdivisions of the (name of community) council, citizens' associations, enterprises, institutions and organization, as well as independent experts and specialists in order to perform its tasks; and to organize and hold conferences, roundtable meetings, forums, meetings, meetings, seminars on issues within its competence.

4. Organization and Procedure of the Taskforce

- 4.1 In performing its tasks, the Taskforce shall cooperate with other local self-government bodies, enterprises, institutions and organizations.
- 4.2 The Chairman of the Taskforce shall manage the activities of the group, call meetings, cooperate with the members to agree on priorities and measures
- 4.3 The Secretary of the Taskforce shall ensure preparation of materials for consideration at its meetings, including forming the meeting agenda in collaboration with the members.
- 4.4. The Taskforce shall meet as called by the Chairman of the Taskforce as necessary, but not less than once a quarter.
- 4.5. Decisions shall be made by a simple majority of votes. In case of equal distribution of votes, the vote of the Chairman shall be decisive.
- 4.6. A meeting of the Taskforce shall be deemed to be valid if more than half of its members are present. Meetings of may be held online and/or individual members of the group may join its meetings online.
- 4.7. The main issues discussed and recommendations shall be recorded in the minutes of the Taskforce meeting, which shall be signed by the Chairman and the Secretary. The Secretary of the Taskforce shall be responsible for maintaining and processing the minutes of the meeting.

For more examples of Community Better Care Taskforce Terms of Reference see: https://drive.google.com/drive/folders/1I_M_j6X7Q1rA4fZnRSE595IUNe389gIg?usp=sharing

Annex 4: Links to Job Aids

The following are job aids that summarize global best practices of key areas related to care reform. The purpose of these is to share knowledge and resources to consider when supporting these areas within each oblast.

- Job Aid: Best Interest Decision-Making (Gatekeeping)
- Job Aid: Participation of PWLE
- Job Aid: Social Sector Workforce Strengthening
- Job Aid: Transformation of Institutions
- Job Aid: Case Management

Annex 5: Better Care Situational Analysis Framework

It is recommended for situation analyses and routine M&E to capture both information about children and families, as well as about organizational structure and capacity to provide care and support. Such information can be used to inform local planning and interventions, as well as to compare the situation across Oblasts and hromradas. Table 1 describes the type of information about children, families and the system, to ensure is covered within situation analyses and routine monitoring and evaluation systems.

Table 1. Analysis Framework

Description of the type of information to consider for situation analyses to inform Better Care.

Information about children and families should include data on the number of...	
Children & Families	<ul style="list-style-type: none"> • Child population • Children without or deprived of parental care • Children and families in difficult life circumstances • Displaced or evacuated children and families • Children awaiting court decision on deprivation of parental rights • Children without parental care • Children at-risk of separation / in difficult life circumstances
Family-Based Alternative Care and Adoption	<ul style="list-style-type: none"> • Children in guardianship and foster care • Children adopted • Children eligible for adoption • Number of family-based forms of care and upbringing (guardians, foster carers, family-like homes) • Prospective candidates for adoption
Institutional Alternative Care	<ul style="list-style-type: none"> • Institutional care and education facilities (public and private) • Children in institutional care by age, legal status, disability status, year enrolled in institution
Integrated Social Services and Benefits¹¹	<ul style="list-style-type: none"> • Resilience Centres functioning and services provided • Individual / family applicants of social services • Individuals / families assessed for need of social services • Individuals / families receiving social services • Unmet need of individuals and families for social services • Providers of social services • Number of children enrolled in school, access to inclusive education and inclusive resource centres

¹¹ Integrated Social Services and Benefits (ISSB) is defined to include the following services, which includes the optimal package, offered by MoSP, MoH, MoES and MoYS: counselling for resilience strengthening, support for families in difficult life circumstances (family mentoring), social support for alternative families, day care for children and adolescents with complex disabilities, early intervention, crisis intervention, assistance for children during inclusive education, social integration for care leavers, independent living for young care leavers with disabilities, social and medical patronage, mental health services, rehabilitation services, after school care, inclusive education services, youth clubs, and support to careleavers.

Table 1. Analysis Framework

Description of the type of information to consider for situation analyses to inform Better Care.

Key disaggregates to consider for the above types of information include:		
<ul style="list-style-type: none"> • Children with disabilities (with a disability vs. no disability; subgroup A disability) • Age of the child (0-1 yr, 1-2 yrs, 3-5 yrs, 6-10 yrs, 11-14 yrs, 15-17 yrs) • Sex of the child (male, female) • Children displaced inside and outside of Ukraine • Status of children (i.e. legally deprived of parental rights) 		
Examining the care system should include information on...		
Workforce	Numbers and capacity of...	<ul style="list-style-type: none"> • Staff at local Territorial communities • Staff working at institutions (health institutions, educational institutions, social protection institutions) • Government and non-government social workers and specialists
Financial Resources	Costing exercises and available financial resources for...	<ul style="list-style-type: none"> • Local budget expenditures on social services • Regional and community budget for institutional care (health, educational, social protection) • Alternative family care • Advocating for more resources
Integrated Social Services & Benefits	Number and/or capacity of...	<ul style="list-style-type: none"> • Public and private organizations providing integrated social services and benefits • Referral mechanisms
Participation of People with Lived Experience	Experiences of...	<ul style="list-style-type: none"> • People with lived experience are participating in program and policy decisions • Participation is safe, sensitive and effective
Social Norms and Behaviours	Extent to which family care is promoted amongst...	<ul style="list-style-type: none"> • Community members • Government authorities • Government and non-government service providers • Workforce • Managers and staff of institutions

Annex 6: Indicators for monitoring and evaluation of the national strategy

Indicators of achievement of National Strategy for Ensuring the Right of Every Child in Ukraine to a Family Environment, by Strategic Goal area

Strategic Goal 1

1. Percent of families with children who believe that universal services have become more accessible in the community (by type of services, age, gender, presence of child with a disability, type of settlement)
2. Number of families with children satisfied with the quality of universal services provided in the community (by types of services, age, gender, presence of disability, type of settlement)
3. Number of families with children who are provided with social services in the territorial community in accordance with their needs, compared to the previous year (by services, age, gender, presence of disability, type of settlement)
4. Percent of families with children satisfied with the quality of social services provided to them in accordance with their needs (by service, age, gender, presence of disability, type of settlement)
5. Percent of territorial communities that provide of package of services to ensure a child's right to grow up in a family
6. Number of territorial communities in which positions of social work specialists have been introduced in accordance with the established standard or their number (by type of settlement)
7. Number of children covered by inclusive education in preschool and general secondary education institutions compared to the previous year (by age, gender, type of settlement)
8. Percent parents of children with disabilities who feel supported by the family, the community, and the state in the care and upbringing of the child and the confidence in the child's future (by age, gender, type of settlement)
9. Number of children who were placed in alternative care and then reintegrated into biological families during the year

Strategic Goal 2

1. Percent of all children who are orphans or deprived of parental care who are brought up in a family environment (by age, presence of disability, type of family environment)
2. Percent of children registered for adoption at the beginning of the reporting year who have been adopted (by age, presence of disability, presence of brothers/sisters)
3. Number of newly created family forms of care during the year (by type of family environment)
4. Number of children who are adopted and number of children placed in a family environment during the year (by age, type of family environment)
5. Number of cancelled and invalidated adoptions of children during the year
6. Percent of children satisfied with the conditions of care and family environment (by age, type of family environment)

Strategic Goal 3

1. Percent of displaced children with families who were placed in foster care
2. Number of family-based caregivers who returned from the temporarily occupied territories or from evacuation abroad
3. Percent of family-based caregivers whose housing was destroyed or damaged that are provided with permanent housing
4. Percent of family-based caregivers who are satisfied with the support they received after returning from the temporarily occupied territories or from evacuation
5. Percent of children who were forcibly displaced and deported who return and are reintegrated into families
6. Percent of children who were forcibly displaced and deported who returned and are adopted

Strategic Goal 4

1. Number of children who were in institutional care and education and returned to their families (by age, gender, presence of disability)
2. Percent of children from institutional care who were placed in a family-based care setting (by age, gender, presence of disability, type of family environment)
3. Number of children in institutional care and education (by age, gender, presence of disability, legal status of children)
4. Number of children placed/enrolled in institutional care for the first time (by age, gender, presence of disability, legal status of children)
5. Number of institutions providing care and education (by type, form of ownership, subordination)

Strategic Goal 5

1. Percent of persons under the age of 23 who have completed their stay in institutions care and education and are provided with the service of supported living in accordance with their needs (by age, gender, presence of disability, presence of the status of an orphan child, a child deprived of parental care)
2. Percent of children and people with lived experience who are satisfied with the quality of social services provided to them
3. Percent of people under the age of 23 who completed their stay in institutional care and education and are provided with supported living services according to their needs (by age, gender, disability, legal status)
4. Percent of persons who have completed their stay in institutions providing care and education, and have obtained or are obtaining professional (vocational-technical), pre-higher, higher education (by age, gender, presence of disability)
5. Percent of orphans and children deprived of parental care provided with housing (by age, gender, presence of disability)
6. Percent of children receiving institutional care and education, and children and persons with experience of institutional care and education under the age of 20, covered by mentoring programs (by age, gender, presence of disability, presence of the status of an orphan child, a child deprived of parental care)
7. Percent of children and persons under the age of 23 who were in institutions of care or education or in family forms of care who believe that they receive adequate social protection, are ready for independent life and have opportunities for self-realization (by age, gender, the presence of a disability, the presence of the status of an orphan child, a child deprived of parental care)