

Orphans reunification project evaluation

Part 1: Social work timing and process

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This analysis was prepared by an independent consultant. The views expressed are not necessarily the views of UNICEF Afghanistan.

INTRODUCTION

Poverty, conflict, and other risk factors in Afghanistan contribute to a situation where many families are vulnerable to breakdown. There is a systemic lack of support, diversion, and alternative care services available for these families. Where parents are unable to provide for their children, residential care is the only recourse.

The Department of Orphanages is responsible for the administration of orphanages at the national level and is situated in the Ministry of Labour, Social Affairs, Martyrs, and Disabled (MOLSAMD). MOLSAMD sources suggest that there are between six and eleven thousand¹ children living in institutional care in Afghanistan, though neither administrative body possesses recent, reliable data on the total number of orphanages, their condition, or the number of children living in residential care. Previous reports consistently lament the disrepair of existing residential care facilities, the lack of regulatory mechanisms at any level, the indiscriminate and inconsistent admissions policies, the inadequate numbers and qualifications of orphanage staff, and the continued expansion of residential care services in Afghanistan.



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The Orphans Reunification Project (ORP) began in May 2006 with the goal of reunifying and reintegrating 400 children from two State-run Kabul orphanages over a one-year period. ORP operated through work of a small team of MOLSAMD social workers based out Tayhee Maskan Orphanage. These social workers were responsible for identifying children as candidates for reunification and reintegration, linking children with their families, and providing ongoing support during and after the process of children returning to family care. For each child returning home, families were provided with 12,000 Afs to establish a micro-business enterprise of their own choosing, and 500 Afs to provide basic school supplies. ORP social workers were to follow each case after the child returns home to facilitate transition to life in a family environment and continued commitment to school.

Despite finishing only 363 of the targeted 400 reintegration cases, MOLSAMD is aiming to start another phase of reintegration programming in Kabul and other provinces. MOLSAMD and UNICEF have commissioned a full evaluation of ORP implementation to guide the development of subsequent reintegration programming for children in residential care in Afghanistan.

This report seeks to assess in particular the quality of ORP social work. Social work constitutes the vast majority of program operations, and effective social work is critical to successful operations. In its absence reintegration simply would not work: children seeking reunification would not be considered, families would not be contacted or counselled,

¹ ANDS Social Protection Sector Strategy, 2008-2013.

children returning home might never return to school, and could end up working, abandoned, or back in residential care.

A complete assessment for the quality of social work in the context of a reintegration program captures a combination of the pattern of visits over time, the depth and nature of each visit, and the associated short and long term outcomes for children. This analysis addresses the first of these criteria by charting the “timing and process” of ORP social work. This terminology is used here to define the chronological sequence of visits, events, and interactions that takes place beginning at the time of initial contact between child and social worker and ending at the eventual cessation of that relationship.

During that time, ORP social work might include interactions such as:

- The completion of standard ORP forms for children and families
- Visits with parents, relatives, community figures, teachers, or neighbors
- Discussion and delivery of micro-business cash and in-kind transfers, and other family support
- Follow up visits with family, school, or other parties

The analysis seeks to use the timeline of these interactions to answer questions such as:

- Are social work visits happening?
- What is the flow of these visits over the course of an individual case?
- Is the pattern of visits sufficient for quality social work?
- Is the pattern of visits reflective of effective program management?

This analysis is predicated on the notion that the sequence of these types of events provides insight into the experience of ORP social work as a longitudinal relationship between social worker, family, and child.

The primary goal of this analysis is to use the timing and process of ORP social work to identify gaps in operations that might undermine effectiveness at the program and case level. This analysis will also provide recommendations to address these gaps during the next phase of reintegration programming.

Definitions

- ① **Residential or institutional care** is defined as “a group living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society.”²
- ① **Institution** refers to the facility where residential or institutional care takes place.
- ① **Orphanages** are considered to be institutions by the above definition. Care in orphanages widely recognized and described as a form of residential or institutional care.
- ① **Reintegration** describes the specific phenomenon of children transitioning to life in society. In this report, reintegration is used to encompass the entire process of child identification, family tracing and reunification, and follow-up services.
- ① **Follow up family visits** are defined as family visits that occur after the child returns to family care.

² David Tolfree (1995). *Roofs and roots: The care of separated children in the developing world*. London, Save the Children UK.

METHODS

Case file selection and review. Two hundred eighty four case files for children successfully reintegrated as part of the Orphans Reunification Project (ORP) were randomly selected and obtained for analysis at Tayhee Maskan Orphanage in Kabul, Afghanistan.

ORP social workers reviewed case files and collected data using a standardized tool developed for ORP social work. The tool was designed to record the dates of significant milestones in the reintegration process, and thus provided a natural mechanism for monitoring the timing of events for an individual reintegration case. To help standardize the process of data collection, the milestones selected for analysis in this study were linked to specific reports found in each case file (Table 1). Social workers also collected basic demographic information from the child form (at the front of each child's case file).

Table 1. Sources for data collected from individual case files

Milestone	Source
Date of initial social work visit	Standardized child form
Date of return home	Family contract - verified by receipt of micro-business support
Date of first follow up family visit	Narrative social work reports
Date of last follow up family visit	Narrative social work reports
Number of total follow up family visits	Narrative social work reports

Study limitations. There was a high degree of variation observed in the timing and process of individual social work cases. Despite this variation, the following analysis uses simple statistical methods to provide a generalized assessment of ORP social work. The variation in the data is noted explicitly throughout the report and is considered in detail in the final section of the analysis: **On variation in the data set.**

Data was collected with the assistance of ORP social workers. In order to facilitate an expeditious review, social workers were responsible for recording the necessary data for their own cases. This presents the risk of conflicting interests, as social workers may have perceived this exercise as a direct assessment of their own social work.

Social workers initially struggled with the requested focus on follow up family visits (that is, *family visits* that occurred *after the child returns home*). Where follow up family visits were indicated before the reintegration date, case files were checked to verify the correct information. However, inappropriate dates *after* reintegration (if collected data was not just limited to family visits, for example) would not be picked up and would thus overestimate the number and frequency of follow up family visits.

The 284 total cases were divided into groups by various criteria to facilitate analysis. Where cases were not appropriate for the specific statistical methods applied, these cases were excluded. For example, in assessing the time from the child's return home to the first follow up visit, only those cases with at least one follow up visit could be used. All exclusions are noted in the report.

RESULTS

■ Demographic information

Of the 284 children whose case files were selected for rapid review, 244 (86%) were boys. Current MOLSAMD data indicate that 16 percent of children living in the Kabul orphanages are girls, suggesting proportional representation of boys and girls ORP programming.³

The average age of children in this study at the time of their initial social work visit was 13 years. Reviewed case files included children from age 3 to 19 years.

■ Timing and process: Program level

The 284 cases reviewed were not evenly distributed across the four quarters of program implementation. Reintegration cases in Q2, for example, accounted for only 18 percent of the 284 cases. Eight percent of the 284 cases occurred *after* the formal cessation of ORP program operations.

Table 2. Reintegration cases per quarter (May 2006 - July 2007)

Quarter	# of children reintegrated (n = 284)	% of all 284 cases reviewed (n = 284)
Q1	76	27
Q2	51	18
Q3	64	23
Q4	70	25
Overflow	23	08

The lapses in Q2 reintegration point to the unexpected absence of reintegration cases observed in the months of August and September. Zero of 284 reviewed cases were reintegrated during these months.

Significant month-to-month variation in the number of reintegration cases exists across the entire year of ORP operations (Figure 1). The six months of May, June, August, September, November and March together account for less than four percent of all cases reviewed (11 of 284). Sixty percent of all 284 cases were counted in July, October, and April, with 50 or more of the 284 children returning home in each of these months.

Social work records indicate the continuation of follow up visits through months where few or no reintegration events took place. However, the six months of May, June, August, September, November and March represent a full half of the time for ORP operations. It is equally significant that ORP social workers were able to deliver in other months so many reintegration cases.

ORP social workers could provide no explanation for this finding. They indicated that for the duration of the project there was no notable decrease in the number of social workers (34 in total) or their ability to work. Moreover, ORP social workers did not indicate that a preponderance of difficult cases, including cases in remote locations, might account for this

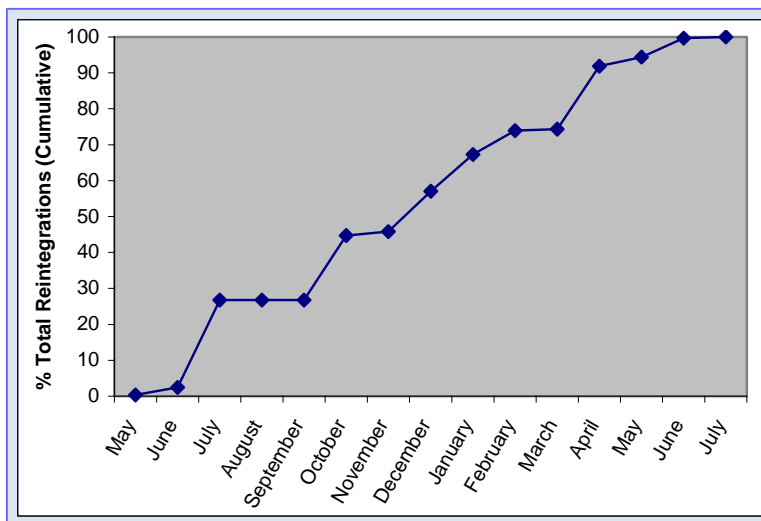
³ MOLSAMD. *National orphanage statistics 2007*.

variation. Although this analysis was not able to capture where reintegration cases occurred,⁴ ORP social workers suggested that very little reintegration work occurred outside Kabul city.

Figure 1. Reintegration cases per month

Month **# of children reintegrated (n = 284)**

May	1
June	6
July	69
August	0
September	0
October	51
November	3
December	32
January	29
February	19
March	1
April	50
May	7
June	15
July	1



One explanation is that in the months following a large set of reintegration events, social workers must focus on follow up activities (such as enrolment in school, consultation with district officials, provision of micro-business support, and follow up family visits) rather than on reintegration work with new children. This does not seem to account entirely for the variation. Consistent with household rationales to use institutional care, enrolment in school, consultation with district officials, and provision of micro-business support tended to be *preconditions* for a child's return home. In all cases reviewed, these details were arranged before families agreed to receive their children. Follow up family visits, on the other hand, tended to occur much later. For those children and families receiving at least one follow up family visit, the average time between reintegration and the first visit was 74 days – more than two months after the child returns home.

Key findings

- The six months of May, June, August, September, November and March together account for less than four percent of all cases reviewed. Fifty or more of all 284 cases were counted for each of July, October, and April, representing 60 percent of all cases reviewed. No one associated with ORP was aware of these low yield months and no plausible explanation could account for the variation.
- School enrolment and receipt of micro-business support are preconditions for families to accept reintegration. In all 284 cases children were enrolled in local schools before returning home.

⁴ Information on home provinces was collected for all 284 children with a view to mapping to where reintegration cases were occurring. Unfortunately, subsequent analysis revealed that home provinces are not necessarily equivalent to the address of the family at the time of reintegration. Home province refers to the traditional or ancestral home, not necessarily the present address. For example, a child whose home province is Parwan may have been returned to his family living in Kabul. There is no available information regarding the travel distance necessary to carry out each reintegration case.

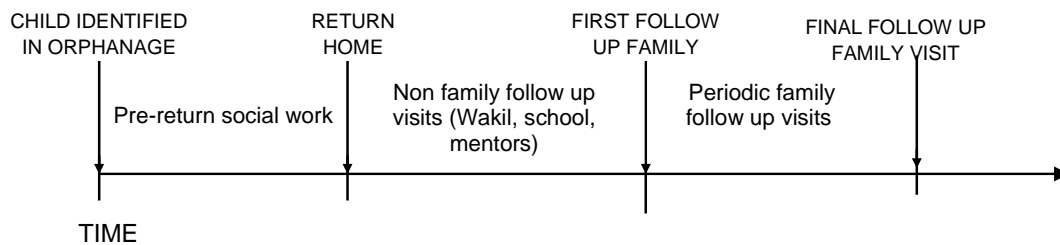
■ **Timing and process: Case level**

Analysis of the timing and process of social work at the case level aims to understand the nature and quality of social work interactions between ORP social workers and the children and families participating in ORP.

This analysis uses specific terminology to refer to focal events in ORP social work (Figure 2). This terminology is imperative to the following discussion.

Follow up family visits are defined as family visits that occur after the child returns to family care. These follow up visits do not include visits without the family, where social workers might meet alone with the Wakil or school officials.

Figure 2. Terminology used for focal events in ORP social work



It was noted early on that the timing and process of each social work interaction varied by case. This is fitting to the nature of social work as a discipline, whereby social workers cater activities to the individual needs of the children involved.

Nevertheless, guidelines for social workers should provide a basic standard for the timing and process of the social work relationship. In the case of ORP, MOLSAMD guidelines specified that ORP social workers would be responsible for:

- ② The completion of standardized child and family forms
- ② Monthly follow up family visits following the child's return home

Each follow up family visit was to include a narrative report.

■ **Number of follow up visits**

Follow up visits are an essential part of reintegration social work. The actual number of follow up visits will vary by case, but every case should include some number of visits following the child's return home.

It is important for social workers to meet with children and families to assess the effectiveness of the placement. Although many children will adjust quickly to life in a family environment, some may struggle and require extra support. Conversely, some families may require extra support to care for an additional child.

The mean number of follow up family visits per case was 2.17 for all 284 cases reviewed (data not shown). Ten percent (29 of 284) of all cases received no follow up family visits (Table 3). Excluding those 29 cases, the mean number of visits per case increased to 2.42 (data not shown).

The cohort of 29 cases with no follow up visits warrants particular attention. The inability to realize social work follow up – for whatever reason – calls into question reintegration as an appropriate intervention. In Q4 and Overflow (post-Q4) time periods there is a significant increase in the percentage of cases receiving no follow up visits (Table 3). Eight percent of cases in Q1, Q2, Q3 see no follow up visits. This value increases to 22 percent of cases in the Overflow period. Approximately 50 percent of all 29 cases with no follow up visits occurred in Q4 or the Overflow (post-Q4) time periods.

Table 3. Reunification cases with NO family follow up visits

	# of children reintegrated (n =284)	# of cases with NO visits	% of cases with NO visits (n = 29)
Total cases	284	29	10
Q1	76	6	8
Q2	51	4	8
Q3	64	5	8
Q4	70	9	13
Overflow	23	5	22

The increase in cases with no follow up visits towards the end of the program suggests that time constraints may have contributed to the lack of follow up visits. Reintegration cases occurring at the end of the program by definition had less total time available for follow up. ORP social workers were (consciously or not) aware of this constraint, moving children through the series of reintegration events on an increasingly compressed time frame through Q3, Q4 and the Overflow period (data not shown).

Summary reintegration of children without time to ensure adequate follow up indicates a serious programmatic error. Many ORP social workers suggested a strong drive to achieve the quantitative program target of 400 children reintegrated overall, with social workers rushing (towards the end of the program) to move children home. Overwhelming quantitative targets for the number of children reintegrated provide incentive to move children quickly at the expense of good reintegration social work.

Quantitative targets in reintegration programming

Some contemporary literature on deinstitutionalization programming prescribes setting time bound quantitative targets for children returning home. These prescriptions occur in the context of comprehensive deinstitutionalization, with the predetermined goal of closing the institutions involved and transitioning completely to other models of alternative care.

Quantitative targets may set an inappropriate incentive for social workers to move children quickly at the expense of sustained follow up. This may in turn compromise the quality of reintegration social work, especially in the context of limited social work capacity and expertise.

In addition, social work training may not have adequately emphasised explained the importance of follow up visits in reintegration social work. Subsequent training must ensure that social workers understand follow up as a vital component of the reintegration process. In particular, training on care planning should teach social workers to anticipate the time necessary to complete these follow up visits.

■ Timing of follow up visits

The timing of follow up visits is another important factor in quality social work. Again, the timing of visits will be different for each specific case. Effective social work should concentrate visits around times when children and families require the most support.

In reintegration social work, the time immediately following a child's return home constitutes a pivotal and sometimes difficult transition. Children must adapt to life in families, schools, and communities. Families must adjust to the burden of caring for an additional child. Without the right support, reintegrated children are at particular risk of leaving school, engaging in labour, or even returning to institutional care.

Good reintegration social work might therefore focus on the time immediately following a child's return home as one of special vulnerability and importance, and plan frequent follow up visits accordingly. Failure to support children and families during this time may have implications for the durability of reintegration, as well as for the care, protection, and well being of the children returning home.

In this analysis, the time between follow up visits for each case was determined by dividing the total number of visits by the total time over which these visits took place. Table 4 shows the time between follow up visits for cases with at least one follow up visit. The median⁵ time between follow up family visits was 20 days. The median time between the child's return home and the first follow up visit, however, was 58 days.

This information suggests that the interval between the child's return home and the first follow up visit was far too long. Only 77 of all 284 cases (27 percent) had their first follow up family visit within one month of reintegration. Ninety-one of 284 (32 percent) children in this study waited over three months for their first visit. Nineteen children (7 percent) waited over six months for their first follow up family visit; one child waited 303 days (data not shown). This information also suggests that *once follow up family visits commence*, subsequent visits take place frequently (median 20 days) until the cessation of follow up visits.

Table 4. Timing of reunification and follow up family visits, by number of follow up family visits

Cases with 1 or more visits	
Total cases	255
Mean number follow up visits	2.42
Median days between follow up visits ^a	20
Median days between return home and first follow up visit ^b	58

^a Cases with only 1 follow up visits were excluded from calculations.

^b Cases with 0 follow up visits were excluded from calculations.

Analysis of cases segregated by quarter shows the same findings (Table 5). Again, the time between follow up visits is short, ranging from 16 to 23 days. The time between the child's return home and the first follow up visit is in some cases much longer, ranging from 24 to 109 days.

⁵ There is a wide range of values for each parameter in this analysis, particularly for those cases with only one follow up family visit. Median values are used instead of mean values to correct for significant outliers at the high end of the range.

Note that in Q4 there is a dramatic drop in the number of days between the child's return home and the first follow up visit. This corroborates the finding above that suggests reintegration cases towards the end of the program were especially "compact."

Table 5. Timing of reunification and follow up family visits, by quarter

	Q1	Q2	Q3	Q4	Overflow
Mean number follow up visits	2.6	2.6	2.5	2.2	1.5
Median days between follow up visits ^a	23	22	20	17	16
Median days between return home and first follow up visit ^b	70	109	62	25	24

^a Cases with 0 or 1 follow up visits were excluded from calculations.

^b Cases with 0 follow up visits were excluded from calculations.

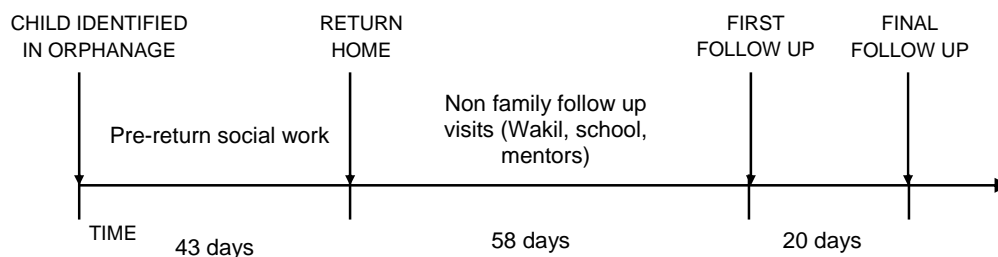
The mean number of follow up visits is almost constant for all four quarters (Q1 to Q4) of the program, ranging from 2.6 (Q1 and Q2) to 2.2 (Q4) (Table 5). This finding is surprising given the relatively extended period of time available for follow up for cases reintegrated early in the program (versus the relatively short period of time available for Q4). It suggests that there was a considerable amount of time left between the last follow up visit and the end of the program in April 2007.

Taken together, this information indicates the tendency of ORP follow up to "start late and finish early" (Figure 3). In summary:

- There is a large gap in time between the child's return home and the first follow up visit
- There are few follow up visits per case, with a short time between visits

Thus, follow up work is condensed into a short overall period of time, beginning long after the child returns home.

Figure 3. Summary schematic of sample* ORP social work timeline



* This schematic attempts to convey the general sense of the social work timeline identified in this analysis. There is a large degree of case-to-case variation in the timing of social work interactions. This schematic does not graphically account for this variation, but the range of values for each interval is included in parentheses. For more details on this variation and its implications for this study, see below: On variation in the data set.

■ Use of available time for follow up

Assessment of the number and timing of follow up visits should take into account the time available for those visits. Naturally, for children returning home at the beginning of the program there is more time to complete follow up than for children returning in the Overflow period. What does social work look like for cases with time available for longer term follow up?

Even when time was available to conduct follow up visits, social workers did not necessarily use it. All 191 cases reintegrated in Q1, Q2, and Q3 had at least three months available for follow up. Of these 191 cases, only 132 (69 percent) had follow up visits over three or more months (>90 days between the child's return home and the final follow up family visit) (Table 6). Only 75 of 191 cases (39 percent) had three or more visits.

The second cohort selected all cases reintegrated in Q1 and Q2, each with at least six months available for follow up. Of these 127 cases, 93 (73 percent) had follow up visits for three or more months. Sixty-three cases (50 percent) had follow up visits for six or more months. Only 55 cases (43 percent) had three or more visits.

Table 6. Available follow up time versus actual follow up family visits

	3 months available (n = 191)	6 months available (n = 127)
N (cases)	191	127
Mean number follow up visits	2.4	2.4
Median days between follow up visits ^a	22	23
Median days between return home and first follow up family visit ^b	88	103
Number of cases followed 3+ months	132	93
Number of cases followed 6+ months	---	63
Number of cases 3+ follow up visits	71	55

^a Cases with 0 or 1 follow up visits were excluded from calculations.

^b Cases with 0 follow up visits were excluded from calculations.

These cohorts also serve to re-illustrate the delay in initiating follow up family visits following the child's return home. The mean time from reintegration to the first home visit is longer than three months in each cohort. This constitutes approximately 60 percent of the time between reintegration and the final follow up visit.

Key findings

- ORP social work “starts late and ends early,” showing a significant delay between time of reintegration and first follow up family visit, and too few follow up visits overall.
- Once follow up visits begin, they occur at monthly frequency. However, the time from reintegration to the first family visit is too long. Only 27 percent of children had their first follow up visit within one month of returning home. A median 2.5 months pass between the child's return home and the first follow up visit. No explanation could account for this delay.
- Ten percent of children participating in ORP received no follow up family visits. There were a median 2.17 follow up visits per case.
- The number of social work visits was too few, even in cases where time was available for ORP social workers to conduct series of follow up visits.

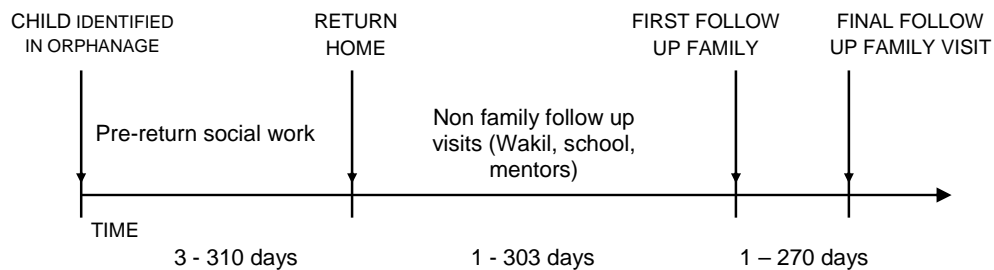
■ On variation in the data set

It is significant that a high degree of variation exists in the timing of reintegration social work across individual cases. The statistical methods and schematics used here highlight important general trends, but this is not to say that all (or even a majority of) cases fit a “standard timeline.” There are many cases where children received several social work visits over a very short period of time, for example; there are many other cases where children waited months between visits.

Variation is a natural and desirable part of social work, which should always cater to the needs of the individual children and families involved. However, general guidelines may be necessary to set minimum standards for social work, particularly for a paraprofessional workforce with limited training and experience.

Figure 4 depicts the range of values for major intervals in ORP social work. Even without set minimum standards, the range for each interval clearly demonstrates that some social work is not in keeping with good practice. Some children waited up to 303 days for their first follow up family visit. For some children, the duration of the follow up period was only a few days long. While the statistics and schematics considered above propose a timeline roughly similar to some “model” case, in reality this timeline for some cases will be radically skewed.

Figure 4. Summary schematic of sample ORP social work timeline, including variation



Key findings

- The timing of ORP social work follow up varies extensively between cases. A degree of standardization that guarantees some minimum standard of social work is necessary to ensure consistent follow up.

RECOMMENDATIONS

The following recommendations for the next phase of ORP programming aim to improve the capacity and quality of reintegration services:

1. Develop new indicators for program planning, monitoring, and evaluation.

- Quantitative targets for the number of children returning home (the goal 400 set for ORP operations) may compromise the quality of reintegration social work. Quantitative targets may be useful in the case of comprehensive deinstitutionalization, with a view to complete transformation and closure of institutional care providers. This does not apply to the Afghan context, however, where the lack of coherent regulatory frameworks, insufficient social work capacity, and no viable alternatives to institutional care preclude the possibility of a comprehensive deinstitutionalization

process. The focus of reintegration programming in Afghanistan is to move children back into family care while developing these elements of a wider child protection system.



Photo: John Isaac/UNICEF AFG

- The next phase of reintegration programming in Afghanistan should seek mixed quantitative and qualitative indicators to guide program planning, monitoring, and evaluation. These indicators should prioritize quality reintegration social work over the quantity of children returning home. In turn, social work training and coaching should reflect this priority by emphasizing the importance of follow up to the success and durability of each reintegration case.

2. Establish minimum standards for the timing and process of reintegration social work.

- Variation in the timing of key events was a hallmark of ORP reintegration social work. Although this variation is a natural and necessary part of good social work, guidelines are necessary to ensure that social workers are meeting some minimum standard of care. The goal of these guidelines is not to mandate an identical pattern of visits for each case, but to ensure every child receives a basic level of follow up and consideration.
- Guidelines should outline the timing and process of the minimum acceptable follow up for each reintegration case. These guidelines should be integrated in social work training and coaching activities. Training should emphasize that these guidelines specify the minimum standard – not a strict pattern to follow – and that the optimal pattern of social work visits will depend on the needs of the child involved.

3. Refocus social work training and coaching to build professional capacity in child protection services.

- ↳ This analysis shows that despite solid efforts in their reintegration work, ORP social workers lack capacity in key domains. The timing and process of ORP social work depend in particular on good case planning and adequate emphasis on follow up after children return home.
- ↳ Ongoing social work training programs should reinforce these principles and skills. Specific training on case planning should focus on anticipating and planning to accommodate sustained, regular follow up.
- ↳ Longitudinal social work coaching should also be designed with a view to supporting social workers as they learn to use c case planning skills in practice.

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