

Formative and Summative Evaluation of the Childcare and Deinstitutionalisation Reforms in the Republic of Serbia in Europe and Central Asia 2009 - 2022



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Table of Contents

| | |
|--|-----------|
| 1. EXECUTIVE SUMMARY | 1 |
| 1.1 PURPOSE, OBJECTIVES AND INTENDED AUDIENCE | 1 |
| 1.2 METHODOLOGY AND LIMITATIONS | 1 |
| 1.3 KEY FINDINGS..... | 2 |
| 1.4 LESSONS LEARNED | 4 |
| 1.5 CONCLUSIONS | 4 |
| 1.6 RECOMMENDATIONS..... | 4 |
| 2. BACKGROUND | 1 |
| 2.1 INTRODUCTION..... | 1 |
| 2.2 BACKGROUND | 1 |
| 2.3 RIGHTS HOLDERS AND DUTY BEARERS | 3 |
| 3. CONTEXT | 4 |
| 3.1 SOCIO-ECONOMIC AND POLITICAL CONTEXT | 4 |
| 3.2 LEGAL CONTEXT | 5 |
| 3.3 LINKAGES WITH SUSTAINABLE DEVELOPMENT GOALS (SDGs) | 7 |
| 3.4 STATUS AND NEEDS OF BENEFICIARIES..... | 7 |
| 3.5 IMPLEMENTING BODIES..... | 7 |
| 4. PURPOSE, OBJECTIVES AND SCOPE OF THE EVALUATION | 8 |
| 4.1 PURPOSE AND OBJECTIVES | 8 |
| 4.2 OBJECTIVES AND SCOPE OF THE EVALUATION | 9 |
| 4.3 SCOPE OF THE EVALUATION..... | 9 |
| 4.4 THEORY OF CHANGE (TOC)..... | 10 |
| 5. EVALUATION DESIGN AND METHODOLOGY | 12 |
| 5.1 OVERALL METHODOLOGICAL APPROACH..... | 12 |
| 5.2 EVALUATION QUESTIONS..... | 12 |
| 5.3 DATA SOURCES, DATA COLLECTION METHODS AND SAMPLING | 15 |
| 5.4 ANALYSIS METHODS | 18 |
| 5.5 LIMITATIONS | 18 |
| 5.6 VALIDATION AND OVERSIGHT | 19 |
| 5.7 ETHICAL CONSIDERATIONS..... | 19 |
| FINDINGS..... | 20 |
| 6. RELEVANCE | 20 |
| 6.1 TO WHAT EXTENT HAVE THE CHILD CARE REFORMS BEEN RELEVANT TO THE DEIN RESIDENTIAL CARE? (Q.1) | 20 |

| | |
|--|-----------|
| 6.2 TO WHAT EXTENT HAVE SERVICES INTRODUCED UNDER THE CHILD CARE REFORMS BEEN RELEVANT TO THE DEINSTITUTIONALISATION OF CHILDREN IN RESIDENTIAL CARE? (Q1.2) | 22 |
| 6.3 TO WHAT EXTENT HAVE THE CHILDCARE AND DEINSTITUTIONALISATION REFORMS BEEN ALIGNED WITH STATES' OBLIGATIONS UNDER THE UN CONVENTION ON THE RIGHTS OF THE CHILD, THE UN GUIDELINES FOR THE ALTERNATIVE CARE OF CHILDREN, EU GUIDELINES AND THE UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES? (Qs. 2.1-2.4) | 23 |
| 6.4 TO WHAT EXTENT, IF ANY, HAVE UN GUIDELINES ON ALTERNATIVE CARE FOR CHILDREN, EU GUIDELINES AND POLICIES, CRC AND CRPD ON THE NATIONAL DI REFORMS ACTED AS A TRIGGER FOR NATIONAL REFORM? (Qs. 3.1-3.4) | 24 |
| 6.5 HOW RELEVANT HAVE THE CHILDCARE AND DEINSTITUTIONALISATION REFORMS BEEN TO THE NEEDS OF CHILDREN WITH DISABILITIES AND HARD TO PLACE CHILDREN? (Qs. 4.1-4.2) | 24 |
| 6.6 HOW RELEVANT HAS UNICEF'S INPUT BEEN TO NATIONAL CHILDCARE AND DEINSTITUTIONALISATION REFORMS? (Q5)..... | 25 |
| 7. EFFECTIVENESS/IMPACT..... | 27 |
| 7.1 HOW DID THE DI REFORMS (AND OTHER EXTERNAL FACTORS) CONTRIBUTE TO THE DESIRED OUTCOMES? (Q. 6)..... | 27 |
| 7.2 UNDER WHAT CIRCUMSTANCES AND WHY DID THESE DEINSTITUTIONALISATION REFORMS GENERATE THE DESIRED OUTCOMES? (Qs. 7.1-7.2) | 30 |
| 7.3 HAS SUFFICIENT ATTENTION BEEN GIVEN TO MEASURING, MONITORING AND REPORTING RESULTS INCLUDING RESULTS OF DI REFORM RELATED TO GENDER EQUALITY? HOW EFFECTIVELY HAS EVIDENCE BEEN USED TO INFORM CHANGES AND ADJUSTMENTS TO THE DI REFORMS? (Qs. 8.1-8.3) | 31 |
| 7.4 WHERE THERE ANY UNINTENDED CONSEQUENCES RESULTING FROM CHILDCARE AND DEINSTITUTIONALISATION REFORMS? (Q9) | 32 |
| 7.5 WHAT ARE THE NECESSARY AND/OR SUFFICIENT FACTORS THAT ENABLE THE DI REFORMS TO PROVIDE RESULTS AT DIFFERENT LEVELS? (Q10)..... | 33 |
| 7.6 HAVE ALL GROUPS OF CHILDREN TARGETED BY THE DI REFORMS ACTUALLY BEEN REACHED (I.E. HAS ANYONE BEEN EXCLUDED)? (Q11) | 35 |
| 7.7 WHAT DIFFERENCE DID THE DI REFORMS MAKE TO THE CHILDREN IN ALTERNATIVE CARE AT THE TIME OF THE REFORM, AND UNDER WHAT CIRCUMSTANCES? SINCE THE REFORMS HAVE TAKEN PLACE, WHAT HAS BEEN THE IMPACT ON CHILDREN PASSING THROUGH THE NEW SERVICES? WHAT CHALLENGE REMAIN? (Q12)..... | 37 |
| 7.8 WHAT WAS THE IMPACT OF DI REFORMS ON STRENGTHENING THE SOCIAL SERVICE WORKFORCE, IN PARTICULAR THE SOCIAL WORK PROFESSION? (Q.13) | 44 |
| 7.9 WHAT IMPACT HAS THE COVID-19 PANDEMIC, CONFLICT AND ECONOMIC DOWNTURN HAD ON THE EFFECTIVENESS OF DI REFORMS? (Q14) | 46 |
| 8. EFFICIENCY..... | 47 |
| 8.1 HOW HAS THE GOVERNMENT USED ITS RESOURCES – HUMAN, TECHNICAL AND FINANCIAL – TO SUPPORT DI REFORMS? TO WHAT EXTENT HAS THIS ALLOCATION OF RESOURCES BEEN EFFECTIVE IN SUPPORTING DI REFORM EFFORTS? (Qs.15.1-15.4)..... | 47 |
| 8.2 RETROSPECTIVELY: WHAT RESOURCES (NATIONAL, EU, OTHER DONORS) WERE AVAILABLE TO CARRY OUT DI? (Q17)..... | 49 |
| 9. COHERENCE | 50 |
| 9.1 WHO WERE THE KEY INFLUENCERS / WHO NEEDED TO BE INFLUENCED TO ACHIEVE THE NEEDED CHANGES WHICH LED TO THE REFORMS? (Qs.18.1 -18.2)..... | 50 |
| 9.2 TO WHAT EXTENT DID VARIOUS GOVERNMENT (E.G. SOCIAL SERVICES, HEALTH AND EDUCATION) AND NON-GOVERNMENT ACTORS WORK TOGETHER TO ACHIEVE DI REFORM? WAS THERE ALIGNMENT BETWEEN THE AIMS AND STRATEGIES OF THESE ACTORS? (Qu 19.) | 51 |
| 10. SUSTAINABILITY | 52 |

| | |
|--|-----------|
| 10.1 WHICH KEY REFORM PARTNERS INFLUENCED AND CONTINUE TO INFLUENCE DI REFORM IMPLEMENTATION, PERFORMANCE AND SUSTAINABILITY? (Q20) | 52 |
| 10.2 WHAT IS UNICEF'S ROLE IN THE SUSTAINABILITY OF DI REFORMS? (Q21) | 53 |
| 11. CONCLUSIONS..... | 54 |
| 12. LESSONS LEARNED | 56 |
| 13. RECOMMENDATIONS..... | 57 |

Table of Figures

| | |
|--|----|
| Figure 1: Theory of Change | 10 |
| Figure 2: Process of the evaluation..... | 15 |
| Figure 3: Timeline of national action plans and strategies | 21 |
| Figure 4: Licenced Community-based services for children with disabilities | 25 |
| Figure 6: Children with disabilities as a percentage of children in institutions | 35 |
| Figure 7: Gender Structure of residential care, 2022 | 36 |
| Figure 8: The number of children in residential institutions | 37 |
| Figure 9: Number of children under the age of 3 in residential care in Serbia by year..... | 38 |
| Figure 10: Children leaving residential institutions | 38 |
| Figure 11: Percentage of children without parental care placed in kinship care | 40 |
| Figure 12: Children in foster care..... | 41 |
| Figure 13: Breakdown of foster care placements..... | 42 |
| Figure 14: Number of children adopted | 42 |
| Figure 15: Children with initial assessment for child protection | 44 |
| Figure 16: Qualified social work professionals employed in CSWs | 45 |

Table of Tables

| | |
|---|----|
| Table 1: UNICEF Country Programmes and budget..... | 2 |
| Table 2: The main beneficiaries and stakeholders and their roles..... | 3 |
| Table 3: Relevant SDGs and targets. | 7 |
| Table 4: Evaluation questions and sub-questions..... | 13 |
| Table 5: Research participants, selection criteria, and number reached | 17 |
| Table 6: Limitations and mitigation measures..... | 18 |
| Table 7: UNICEF-supported projects targeting deinstitutionalisation from 2009-2022..... | 26 |

| | |
|---|-------------------------------------|
| Table 8: Desired DI Reform Outcomes from 2009-2022..... | Error! Bookmark not defined. |
| Table 9: Total LGU expenditure on day-care community-based services for children (and as a percentage of total day care expenditure)..... | 48 |
| Table 10: UNICEF programme expenditure on deinstitutionalisation..... | 49 |

List of Acronyms

| | |
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| CO | Country Office |
| CP | Child Protection |
| CRC | UN Convention on the Rights of the Child |
| CFC | Centre for Foster Care and Adoption |
| CSW | Centre for Social Work |
| CWD | Children with disabilities |
| CRPD | Convention on the Rights of Persons with Disabilities |
| CSOs | Civil Society Organizations |
| DI | Deinstitutionalisation |
| DAC | Development Assistance Committee |
| EA | Evaluability Assessment |
| ECA | Europe and Central Asia |
| ECARO | Europe and Central Asia Regional Office |
| ERB | Ethical Review Board |
| EU | European Union |
| FOS | Family Outreach Service |
| IE | Inclusive Education |
| LGUs | Local Governing Units |
| M&E | Monitoring and Evaluation |
| MoE | Ministry of Education |
| MoH | Ministry of Health |
| MOLESVA | Ministry of Labour, Employment, Veterans and Social Affairs |
| MOFD | Ministry of Family and Demography |
| OECD | Organisation for Economic Co-operation and Development |
| QA | Quality Assurance |
| RO | Regional Office |
| RI | Residential Institution |
| RISP | Republic Institute for Social Protection |
| ToC | Theory of Change |
| ToR | Terms of Reference |
| UN | United Nations |
| UNEG | United Nations Evaluation Group |
| UNICEF | United Nations Children Fund |

1. EXECUTIVE SUMMARY

The object of this evaluation is the national childcare reforms undertaken in Serbia between 2009 and the end of 2022, especially in relation to children with disabilities (CWD) and other ‘hard to place’ children, with a focus on deinstitutionalisation (DI). The evaluation was commissioned by the United Nations Children’s Fund (UNICEF) Europe and Central Asia Region Office (ECARO), as part of its multi-country evaluation of the impact of national child care reforms across seven countries in Europe and Central Asia, and conducted by Coram International. This executive summary report presents the main findings, conclusions, and recommendations of the evaluation.

1.1 Purpose, Objectives and Intended audience

The purpose of the evaluation is to provide a rigorous assessment of the deinstitutionalisation and childcare reforms undertaken by the government of Serbia as well as UNICEF’s relevant programmatic results to date, with a particular focus on children with disabilities (CWD) and children for whom it is often difficult to find a durable family-based placement (referred to as ‘hard to place’ children). The evaluation’s geographical scope covers programming across Serbia at both national and sub-national levels.

The objectives of the evaluation as stated in the TOR, are: 1) Assess the impact of government child care policies and understand what worked and what did not in the deinstitutionalisation of children, in particular CWD and other ‘difficult to place’ children, how and why; 2) Determine the effectiveness, impact, coherence, relevance and efficiency of national childcare reforms; 3) Assess the actual and potential contribution of UNICEF’s work to national progress (including the outcomes and impacts of programming) in deinstitutionalisation childcare reforms, including CWD and other ‘difficult to place’ children; 4) Identify lessons and provide recommendations for refinement and potential scaling up of good practices to further support national governments in strengthening child protection systems.

These efforts align with several sustainable development goals (SDGs): SDG 1, by addressing the financial burdens on families with CWD; SDG 4, by offering quality inclusive education; SDG 5, by promoting gender equality; SDG 10, by mitigating disparities between individuals with and without disabilities; and SDG 16, by fostering inclusive and just societies. The intended audience for the evaluation are UNICEF and other donor partners (including the European Union and other UN agencies) government institutions, sub-national level service providers, residential institutions, and civil society organisations.

1.2 Methodology and limitations

The Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC) criteria of relevance, coherence, effectiveness/impact, efficiency and sustainability forms the basis of this evaluation framework. In addition, the evaluation methodology was developed according to the UNEG Norms and Standards for Evaluation (2016) and incorporates UNICEF’s guiding principles on gender equality, equity, and human rights.

The evaluation adopts a theory-based approach to determine whether and how childcare reform initiatives have led to the changes set out in the country’s theory of change (ToC). The evaluation employed a mixed-methods approach, drawing from the strengths of both qualitative and quantitative data and to improve the validity of results through triangulation. The evaluation draws on a desk review of programming documents, administrative data and secondary sources, as well as qualitative data collection in Belgrade and Nis. This included key informant interviews with 18 key stakeholders and programme implementers (Government, NGO, UN and donors), and in-depth interviews and focus group discussions with 26 rights-holders (10 female and 16 male).

All qualitative data was coded to identify key themes, patterns, and relationships relevant to the research question, and quantitative data was analysed using Excel software. Strict ethical guidelines were followed at all stages of the data collection and analysis.

The Evaluation Reference Group provided oversight at strategic points in the evaluation process. This included undertaking an evaluability assessment of the evaluation questions and matrix, consultations during the inception phase and a validation workshop.

Limitations: The comprehensive scope of childcare reforms made it challenging to conduct a nationwide assessment that accurately represented the entire target population. The sensitivity of the subject matter (child protection reforms and deinstitutionalisation) introduced the possibility of reporting bias (i.e. respondent reluctance to share personal

information due to concerns about negative repercussions). The complex nature of the Child Protection Programme posed difficulties in measuring the impact of UNICEF's programming on childcare reforms.

1.3 Key Findings

Relevance

The primary and secondary legislation implemented within the evaluation period have been highly relevant to DI of children in residential care. The legislation provides a clear framework and guidelines for social protection service provision, including for Center for Social Work (CSW), community-based services, the provision of family-based alternative care and the transformation of institutions, in addition to the prevention and protection of children from abuse. However, reforms have faced shortcomings for CWD and other hard to place children, and there are a lack of financial and human resources to ensure the full and sustainable implementation of legislation.

The services introduced and piloted (and pre-existing services strengthened) throughout the reforms took into consideration the perspectives and needs of children (including CWD). Services have had clear focus on implementation of alternative family-based care (particularly the introduction of intermittent foster care and strengthening of specialized foster care and kinship care) and the transformation of institutions. Reforms had limited focus on reintegration. Newly introduced community-based services such as the Family Outreach Services (FOS) and personal companion services intended to prevent institutionalisation of CWDs and children with behavioural problems. However, some services were discontinued due to lack of funding (i.e. FOS), and the availability of other services (particularly respite care and intermittent foster care) remains limited.

UNICEF has played an instrumental role in the above legislative reform, service implementation, service strengthening and capacity building, through the implementation of multiple projects, including: the EC funded 2008-2011 project, '*Transforming residential institutions for children and developing sustainable alternatives*'; the 2009-2012 '*Support to the deinstitutionalisation of children, particularly for those with disabilities in Serbia: Strengthening the continuum of services at national and local level*' programme, in partnership with MOLEVSA and the Government of Italy; the 2010-2013 IPA funded project '*Developing Community Based Services for Children with Disability and Their Families*' (IPA 2008), the 2013-2016 programme, '*Stopping the placement of children under three in institutional care and developing services for families at risk*', funded by the Novak Djokovic foundation, and the EU funded IPA programme 2014 – 2017, '*Strengthening the Justice and Social Welfare Systems to Advance the Protection of Children in Serbia*'.

The Government has indicated a commitment to accelerating reforms, though amendments to the Law on Social Protection (ongoing since 2017) and an action plan for the 2022-2026 DI strategy are yet to be finalized and passed.

Reforms are mostly in line with international conventions and guidelines, including the UN CRC, UN CRPD, UN Guidelines for Alternative Care of Children and EU guidelines, with many reform efforts being driven by accession efforts to support European integration. However, it has been noted that a number of obligations under these conventions and guidelines have not been met.

Effectiveness/Impact

Overall, all elements of the reform programme contributed to the desired outcomes, but results were often partial, incomplete, or unsustainable.

The passing of the Law on Social Protection 2011 provided an essential legal framework for the social protection system, including the establishment of the Institute for Social Protection, the Chamber for Social Protection, the centres for social work and the centres for family placement and adoption. However, the lack of harmonization with other laws has highlighted the need for amendments and revisions over time. Changes in political and operational staff within the government, changes to the role of the relevant ministry and a lack of institutional memory in relation to the child care reforms within MOLEVSA are considered to be key reasons preventing continuity of reform, particularly in recent years.

Desired outcomes in relation to the inclusion and deinstitutionalisation of CWD and children from ethnic minority communities have only been partially achieved. Efforts were made for the inclusion of CWD and Roma children into mainstream education, such as by passing the Law on the Foundations of the Education System in 2009. However, results have not been achieved uniformly or at planned scale, due to political change, a slow-down in meeting the EU requirements for EU accession, financial constraints, and societal attitudes towards CWD.

The child care reforms in earlier stages (2009-2015) were effective in reducing the number of children in institutions. The development of new and strengthening of existing foster care services (which, unfortunately have seen a reduction since 2018), the law preventing the institutionalization of children under three years, capacity building of CSWs, the development of individualized care plans and personal companion services have been key contributors. However, a lack of community-based services, specialized foster care and support for biological families are barriers to deinstitutionalization, particularly for CWD and other hard-to-place children. Results in relation to reintegration have been minimal, and there is a lack of evidence for the effectiveness of reforms on prevention and protection of children from domestic violence. Interventions shown to be effective in preventing separation (e.g. FOS) were not continued after piloting. COVID-19 saw a reduction in deinstitutionalization programme implementation.

Although efforts to improve the capacity of the social services workforce have been somewhat successful (including Government licensing requirements and UNICEF's capacity-building activities, such as training), the long-term freeze on employment for government workers, including CSW staff, resulted in the workforce being overburdened, impeding the effectiveness of social protection and deinstitutionalization efforts. Additionally, the workforce is not required to attend training specifically tailored to the needs of target users.

Although awareness of the rights of CWD have increased within society, public perceptions of CWD and other groups, including Roma children, remain negative, as does public perception of foster families. Monitoring and evaluation of services and needs of rights holders, and the utilization of evidence to inform reforms is relatively strong in Serbia (with many evidence generation activities being supported by UNICEF). Regular reporting in the field of social protection significantly improved between 2009 and 2022, as a result of the Law on Social Protection establishing the Republic Institute of Social Protection (RISP), the body responsible for monitoring data. However, further efforts are needed to disaggregate data to monitor specific groups (e.g. by gender).

Efficiency

There was limited information available for public financing and allocation of resources of Serbia to social protection and DI reform efforts, making it difficult to ascertain the efficiency of resources allocated to DI reforms. Failure to secure government funding in a timely manner when donor investments end represents inefficiency, as once a programme or service is closed, it often has to start from the beginning again. Earmarked transfers for community-based services in local governing units (LGUs) are not implemented systematically or transparently, and several LGUs spend little-to-no earmarked transfers on the provision of community-based services for CWD. MOLEVSA has allocated significant financial resource to improvement of conditions in institutions (including in some cases increasing their capacities), which is not contributing to the down-sizing of institutions or the DI of children residing in these institutions. The programmes implemented by UNICEF throughout the process of DI reforms are regarded as being high in efficiency. However, the financial, human and technical resources have not led to sustainable outcomes.

Coherence

Reform documentation and legislation have been clear and accessible and have largely been sufficient for stakeholders to have a clear understanding of their role in the DI process. The government has taken efforts to increase coordination and meaningful participation of a diverse set of stakeholders in reform processes. Key developments include the adoption of the Rulebook on Good Practice for Public Participation in 2019, which provides for mandatory consultations at all stages of regulation preparation and encourages public debates. Additionally, guidelines for involving Civil Society Organizations (CSOs) in policy development working groups were adopted in January 2020. Working groups are regarded as influential in terms of developing reforms that meet the needs of intended beneficiaries.

While collaboration and coordination with other government stakeholders was apparent in residential institutions, the same level of coordination does not appear to extend to other areas of the social protection system, with education and health sectors are perceived by those in the social protection sector to not be taking full accountability for their roles. Poor coordination between government and NGOs has also been highlighted as an obstacle to social protection practice in Serbia. UNICEF has taken on much of the responsibility for coordinating the reform programmes, especially under EU IPA I, for which a cross-sectoral project steering committee was established to oversee implementation.

Sustainability

The turnover of political and operational personnel within the government, a lack of institutional knowledge regarding past deinstitutionalization reforms, and a perceived lack of political will are seen as key factors for discontinuity and lack of sustainability in reform efforts. The adoption of the 2022-2026 DI strategy is an important milestone in the reform process and could lead to sustained changes over time, but timely implementation of the action plan and amendments to the Law on Social Protection are needed to ensure sustainability of reforms. Moreover, evaluation findings indicate that the provision of services in the law does not equate to sustainable services, as evidenced in insufficient human resourcing for CSWs and the lack of funding for community-based services.

UNICEF contributions to reform efforts were made with the aim of supporting sustainability of DI. The contributions to legislative reforms and the development of guidelines are sustainable, and, with commitment from the government, the implementation of piloted services and the provision of training to the social protection workforce would be sustainable. However, more work needs to be done to build relationships, financial and human resources and technical skills by the government (national and sub-national) in order for child care reforms to be sustainable.

1.4 Lessons Learned

Maintaining a Sustainable Social Service Workforce is essential for maintaining and accelerating deinstitutionalisation and childcare reform. A sustainable workforce with manageable caseloads ensures consistent care, effective, individualised care plans and timely interventions, ultimately leading to deinstitutionalisation.

Legal reform efforts need to anticipate the necessity and provide for regular amendments and adaptations to meet the changing needs of the target group and to address identified gaps and omissions in the original law. This approach not only streamlines the integration of legal amendments but also underscores the reform's commitment to remaining current and effective in accelerating deinstitutionalisation and ensuring the well-being of every child.

Modelling innovative alternative care services within contexts with inadequate resources for substantial scale-up require well-structured, long-term operational plans. The plans should be supported by an assessment of the system's readiness, the prerequisites for investment, and the level of commitment required.

Developing family-based, alternative care services, especially foster care, frequently presents a challenge. An effective foster care system needs consistent promotion, recruitment and training of specialised foster carers to meet the needs of CWD and other hard to place children in need of placements. Flexible financing arrangements are necessary to achieve this and avoid a shortage of foster carers. Effective ongoing social work support for foster and kinship families and children - and therefore adequate financing of CSWs and CFCs - is important for the effective provision of foster care. The availability of community-based services is necessary to ensure foster families can access specialised support from licenced professionals in order to meet the needs of CWD and hard to place children.

1.5 Conclusions

Reforms were highly relevant and aligned with intended ToC outputs and outcomes, national priorities and international standards, particularly early legislative reforms and numerous strategy documents, but further developments are needed. **Intended reform outputs were at least partially effective** in implementing intended outputs and achieving the desired outcomes, although Roma children and CWD have benefitted less from reforms, and there is little evidence of effective reintegration. Progress has slowed in recent years. UNICEF provided important contributions to reforms. **It was difficult to ascertain the efficiency** of DI reforms given the limited public information on financing and allocation of resources to social protection and DI reform efforts, but there are indications of inefficient use of resources and factors contributing to inefficiencies. **The coherence** of the child care reforms has been impeded by the absence of a strong coordination and monitoring mechanism at national level. **Sustainability of reforms** have been negatively impacted by the turnover of political and operational personnel within the government, a lack of institutional memory regarding past reforms and a perceived lack of political will.

1.6 Recommendations

| Recommendation / Activity | Timeline | Agency |
|--|------------|---------------|
| Finalise and implement amendments to legislation and policy | | |
| ⇒ Complete amendments to the Law on Social Protection and the complete and adopt the Action Plan for the Strategy on Deinstitutionalisation in order to restart reform efforts (and ensure national availability of the FOS) | Short-term | MOLEVSA; MOFD |

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| Advocacy | ⇒ Increase advocacy efforts to support implementation of sustainable reform efforts particularly in relation to provision of a greater level of community services; deinstitutionalisation of CWD and the prevention of placement of children under seven years of age in institutions. | 2021- 2025 UNICEF country programme | UNICEF |
| Ensure the availability of community-based support | ⇒ Place community-based services on a more secure footing through longer term funding cycles (e.g. 5 years) to allow services to develop to meet the needs of the community and staff to build up skills and expertise through practice. ⇒ Prioritise preventive community services for: CWD to reduce institutionalisation; Children with behavioural and emotional difficulties to reduce the number of boys in institutional care ⇒ Increase the monitoring and accountability of earmarked transfers to community-based services supporting prevention of separation and reintegration | Short-term Short-term Medium-term | MOLEVSA MOLEVSA MOLEVSA |
| Inclusive education | ⇒ Accelerate efforts to support inclusive education, to ensure CWD are gradually fully integrated into mainstream schools | Ongoing | MoE |
| Strengthen foster care | ⇒ Run an awareness raising campaign / recruitment drive; ⇒ Develop and deliver improved training, particularly in relation to the behavioural, emotional and mental health needs of adolescents to prevent placement breakdown; ⇒ Increase support for foster children and carers while in placement | Short-term | MOLEVSA, MOFD and UNICEF |
| Increase the capacity of the SSWF | ⇒ Undertake a review of the CSW staff workload to determine whether the most efficient working practices are in place ⇒ Lift remaining restrictions on employment for SSWF to ensure a sufficient number of qualified employees to meet the needs of beneficiaries; ⇒ Strengthen the supervision framework for staff to provide support to SSWF; ⇒ Review the training programmes for the SSWF to determine gaps, commission new training programmes as needed to ensure sufficient, accessible and relevant training for all SSWF; ⇒ Place a requirement on all SSWF to attend training relevant to their role and the needs of the beneficiaries (including training specific to CWD, children with behaviour problems and mental health problems), as well as training specifically tailored to the child care reforms, and; strengthen data monitoring in relation to training completion and needs for the SSWF to support planning. ⇒ Strengthen data collection, analysis and reporting of training completion rates and need for training amongst the social care system workforce (relating to both basic and specialised training programmes), to strengthen planning and support the commissioning of relevant training programmes. | Short-term Short-term Short-medium term Short-medium term Short -medium term Short -medium term | MOLEVSA MOLEVSA MOLEVSA RISP CSW and MOLEVSA CSW and RISP |
| Coordination | ⇒ Increase intersectoral coordination and collaboration between MOLEVSA, MOFD, MoE, MoH and NGOs to support the systematic provision of services and universal recognition of the reform aims and contributions of each stakeholder ⇒ Continue supporting coordination between MOFD and MOLEVSA and other stakeholders, increasing the involvement of MoH and MoE in these processes | Short-term Ongoing | All named Ministries UNICEF |
| Strengthen data management to understand need and support requirements | | | |

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| <ul style="list-style-type: none"> ⇒ Ensure the electronic case management system is set up and utilized to support monitoring of DI and social protection indicators ⇒ Improve routine data collection, management and analysis of community based programmes at a national level to promote evidence-based decision making on the effectiveness of services and current gaps in provision for target groups (CWD and other hard to place children) | Short-term Medium-term | MOLEVSA and RISP |
| Develop an emergency response plan | | |
| <ul style="list-style-type: none"> ⇒ Use evidenced impact of COVID-19 on social protection and DI efforts to develop a flexible and 'humane' crisis emergency response plan to enable continuation of CFCs and CSW services; as well as continued access to social protection system, community-based support, and reintegration and relationship maintenance. | Short-term | MOLEVSA |

2. BACKGROUND

2.1 Introduction

In 2022, UNICEF Europe and Central Asia Region Office (ECARO) engaged Coram International to conduct a formative and summative multi-country evaluation of the impact of national childcare reforms across seven countries in Europe and Central Asia with a strong focus on deinstitutionalisation including, in particular, for children with disabilities (CWD) and other 'difficult to place' children. This report focuses on the childcare and deinstitutionalisation reforms in Serbia for the period of 2009-2022.

The primary purpose of the evaluation was to provide a rigorous assessment of the deinstitutionalisation and childcare reforms undertaken by the government of Serbia, as well as UNICEF's programmatic results to date, with a particular focus on children with disabilities and 'hard to place' children.

Evidence gathered includes extensive qualitative and quantitative data collection at national level and in two districts representing a wide variety of beneficiaries and stakeholders, including government partners, service providers and children who have experienced different aspects of the child care reforms and deinstitutionalisation programmes.

2.2 Background

2.2.1 Object of the Evaluation

The object of this evaluation is the national childcare reforms undertaken in Serbia between 2009 and the end of 2022, especially in relation to children with disabilities (CWD) and other 'hard to place' children, with a focus on deinstitutionalisation (DI). The evaluation process started on October 2022, and ended in September 2023, in accordance with the timeline. The evaluation's geographical scope covers programming across Serbia at both national and sub-national levels.

The evaluation covers childcare and DI reforms targeting all children (i.e. persons under the age of 18 years), who are rights holders and potentially beneficiaries of the interventions. However, the evaluation pays special attention to the following groups of rights holders and beneficiaries:

- CWD, including girls and boys with long-term physical, mental (psycho-social), intellectual (cognitive) or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others;¹ and
- 'Hard to place' children, namely, children for whom it is often difficult to find a durable family-based placement. In the context of the Eastern and Central Asian context, this includes Roma children, street children, older children and children whose parents suffer from mental health difficulties or substance abuse.

For the purpose of the evaluation:

- 'Childcare reforms' refer to reforms to support families to care for their children, prevention of family separation, and reforms made to the system of providing care for children whose parents or guardians are unwilling or unable to provide the child with adequate care and protection. This often involves shifting away from traditional institutional care settings, towards community-based alternatives that prioritize family-based care and inclusion.
- 'Deinstitutionalisation' is defined as "the full process of planning transformation, downsizing and/or closure of residential institutions, while establishing a diversity of other child care services regulated by rights-based and outcomes-oriented standards."² It consists of four elements: (i) the prevention of placing children in residential institutions (RIs), (ii) the reintegration of children in RIs back with their families; (iii) developing alternative family-based care; and (iv) transition of children out of the childcare system.³

In terms of the implementation status of the object of the evaluation, the childcare and DI reforms in Serbia from 2009 to 2022 straddle two EU IPA programmes and several UNICEF-government country programmes. This evaluation

¹ Convention on the Rights of Persons with Disabilities, Article 1.

² Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012. See also Care in Action., Website. Available: <https://care-in-action.org/en/events/volunteer-training-on-reforms-to-institutional-care-in-ukraine>, accessed 28 September 2022.

³ Based on the definition set out in the Common European Guidelines on the Transition from Institutional to Community-Based Care, © European Expert Group on the Transition from Institutional to Community-based Care, November 2012.

therefore covers reforms which have already been implemented. However, given that this is a formative evaluation, it is also necessary to consider the government's *planned* approach to childcare and DI reforms in Serbia. During consultations during the evaluability assessment and inception phase, stakeholders confirmed that their planned approach to childcare and DI should be a continuation of that taken in the last country programme. A summary of the object of the evaluation, as reflected in government-UNICEF country programming, is summarised in Table 1 below.

Financial data on the total cost of or budget for the object of the evaluation are incomplete, a limitation which was identified during the evaluability assessment. This data gap is largely due to limited child rights- and programme-based budgeting and record-keeping by Government. A further limitation is that under the UNICEF country programmes, childcare and DI components were subsumed within broader child protection or social protection programming, without any official breakdowns of the amounts allocated towards the childcare and DI components, although details of expenditure on DI programmes and donors was provided. A total of USD 8,214,912.93 was provided by donors throughout the evaluation period (\$1,472,000 by UNICEF; \$1,913,780.79 by the EU; \$2,880,000 IPA funding; \$1,320,647.21 by the Government of Italy and \$628,484.93 by the Novak Djokovic Foundation). See table 10 in the efficiency section of the report for a further breakdown of donor funding and specific programmes to which funding was tied.

Table 1: UNICEF Country Programmes and budget

| UNICEF Country Programme | Programme Component | Budget (USD) |
|--------------------------|---|--|
| 2010-2015 | The central objective of the 2011-2015 UNICEF Serbia Country Programme (CP) was to "to support national efforts towards social inclusion of vulnerable and marginalized families and children, in line with international human and child rights standards and national sustainable development and inclusion strategies." This included supporting specific groups of children 'likely to be excluded' including Roma children, children with disabilities and children in rural areas. In addition, the programme aimed to contribute to, amongst others, "an improvement in the ratio of alternative family-based care for children with disabilities to institutionalized care." | The budget for the CPD was \$3,750,000 from regular resources, and \$23,500,000 in other resources) There is no data available on the allocation for childcare and DI specifically. |
| 2014 - 2017 | EU IPA I – Under Objective 2 (of 2 objectives), aims were 1. Strengthening birth families and preventing family separation; 2. Strengthening case management in Centres for Social Work (CSWs) so as to 'move' planning away from placement into care towards supporting families at risk; 3. Supporting the downscaling of two large-scale institutions; 4. Enhancing the foster-care system to operate in line with the 'best interests of the child'; and 5. Better use of financial transfers targeting children with disabilities. | Euros 2,600,000 though no indication of amount for Objective 2, but Euros 2,300,000 direct award to UNICEF. ⁴ |
| 2016-2020 | The key objective of the 2016-2020 UNICEF Serbia Country Programme was to "support the efforts of Serbia to promote and protect the rights of all children and to give all children equal opportunities to reach their full potential. This included supporting particularly vulnerable groups of children from birth onwards. The programme also sought to strengthen the social welfare system in Serbia, by enhancing the system's capacity to prevent poverty in vulnerable families. A specific objective of the CP 2016-2020 was to continue to strengthen the social welfare system (Objective 6). This included ensuring that the "social welfare system is strengthened to provide timely, holistic and continued support for individuals and families at risk and enable them to live in a safe, secure, supportive family and community environment. | The budget for CPD was £4,270,000 from regular resources, and \$17,181,000 from other resources. With regard to the donor base, 33% of funding utilized for 2016-2019 was from intergovernmental organizations, 27% from Governments, 15% Thematic, 12% National Committees, 11% from field office private sector fundraising and 3% |

⁴ Measurable Indicators: Increase in the number of services supporting families at risk of separation; New standards in fostering and residential care of children adopted and operational; Number of children with disability in care reflected in the downsizing of large-scale institutions decreased toward maximum 50.

| | | |
|-----------|---|---|
| | | from inter-organizational arrangements. ⁵ |
| 2021-2025 | <p>The 2021–2025 UNICEF Serbia Country Programme aimed to: “contribute to national efforts to progressively fulfil the rights of all children in Serbia, especially the most disadvantaged and excluded, and enable them to develop to their full potential in an inclusive and protective society respectful of their voices.” Two specific indicators in the CPD results framework (Outcome 3) particularly relate to the number of children in institutional care:</p> <ul style="list-style-type: none"> • “Number of children (0–17 years) living in residential care, disaggregated by gender, age, disability (targeted 25 per cent decrease); and • Number of children entering formal care / separated from birth families (targeted reduction from 1059 to 950).” | <p>\$4,250,000 from regular resources, and \$25,000,000 in other resources, for the period 2021 to 2025.</p> <p>There is no data available data on the allocation for childcare and DI.</p> |

2.3 Rights holders and duty bearers

The primary duty-bearers with responsibilities regarding child care reform are, at the national level, the Ministry of Labour, Employment, Veterans and Social Affairs (MoLEVSA), the Ministry of Family and Demography (MoFD), the Ministry of Education, and the Republic Institute for Social Protection. At the sub-national levels, primary duty bearers include service providers, such as foster care and adoption agencies, and residential institutions. The evaluation will also consider the contribution and support provided by UNICEF and civil society to childcare reforms.

The beneficiaries of the child care reforms are potentially all children resident in Serbia, whether temporarily or permanently, but most particularly children with disabilities and children who are ‘hard to place’.

Table 2: The main beneficiaries and stakeholders and their roles.

| | Stakeholders/users | Role |
|--|--|--|
| Rights holders / Beneficiaries | All children under 18 in Serbia in need of support; at risk of separation from their families; living in residential institutions and children leaving care, especially CWD and hard to place children. Rights holders for this evaluation do not include children in conflict with the law who are remanded into custodial residential care by a court or given a custodial measure post-conviction. Parents/caregivers of children in need of support are also beneficiaries. It is difficult to determine the total number of children and parents/ caregivers reached due to gaps in data, particularly in the earlier years of the evaluation period. However, available data on the total number of children receiving support services disaggregated by age, gender and disability are detailed in section 7 (effectiveness). | |
| Key Stakeholders/ Primary users | Government institutions at the national level in Serbia (The Ministry of Labour, Employment, Veterans and Social Affairs, Ministry of Family and Demography, Ministry of Education, Ministry of Health; Republic Institute for Social Protection), all Local Governing Units (i.e. 145 municipalities and 29 cities), and sub-national level service providers (number reached difficult to ascertain, but available data on service | Duty bearers - implement and monitor laws, policies, programmes and services that promote family-based care, prevent institutionalization, and ensure deinstitutionalisation in accordance with international standards. Identify the progress, gaps, and windows for opportunity through |

⁵ Data taken from Institute for Development Impact, Evaluation of the UNICEF Serbia Country Programme (2016-2020), October 2019, available at: <https://i4di.org/pubs/country-programme-evaluation-2016-2020-unicef-serbia/>, and from UNICEF CPD 2016-2020

| | | |
|--|--|--|
| | providers details in section 6, relevance) and 19 residential institutions (RIs) for children | effective monitoring of the situation of children and reform implementation. |
| | UNICEF Serbia Country Office | Donor, coordinator /manager of IPA programmes, liaison with development partners, advocacy with government and technical assistance. |
| Stakeholders/ Secondary users | Civil society organizations | Work together with duty bearers and other partners to advocate for policy changes and reforms that prioritize children's rights, family-based care, and deinstitutionalisation. |
| | European Union | The European Union (EU) is an important high-level secondary audience as the EU agenda and related agreements are a key national priority for Serbia. Also, a major funder of childcare reforms. |
| | Other donors (UN Agencies, EU/IPA funding, World Bank, USAID) UNICEF Europe and Central Asia Regional Office and UNICEF HQ. | Donor and development partners. |

3. CONTEXT

Serbia is located in south-eastern Europe, bordering the Republic of Bosnia and Herzegovina and the Republic of Croatia to the west, Hungary to the north, Romania and Bulgaria in the east, North Macedonia to the south, and Montenegro and Albania to the southwest. According to the latest census, in 2022 Serbia had an estimated population of 6,664,449 (51.4 per cent female and 48.6 per cent male).⁶ The estimate of the number of children (in 2022) was 1,188,338 forming some 17.4 per cent of the population.⁷ Overall, the country's population is currently in a state of decline, with the population growth rate currently standing at -9.4 per cent. Between 2012 and 2021, the number of children decreased by 6 per cent.⁸ 57 per cent of the population lives in urban areas.⁹

3.1 Socio-economic and political context

The World Bank classifies Serbia as an upper-middle income economy. In 2021 the GDP per capita was \$9,175 (USD).¹⁰ Economic growth stalled in 2020 due to the impact of the Covid-19 pandemic, but recovered well, growing by 7.4 per cent in 2021. This growth is expected to fall as a result of the war in Ukraine and associated Russian sanctions limiting the country's exports, foreign direct investment, tourism revenue and remittances.¹¹

While poverty remains a persistent problem in Serbia, the percentage classified as being at risk of poverty fell from 25.9 per cent in 2015 to 21.2 per cent of the in 2021.¹² In addition, the 2019 GINI coefficient, a metric which assesses income inequality, fell from 39.9 when records begin for Serbia in 2012 to 34.5 in 2019, indicating that the income gap has decreased.¹³ However, there is a *"high degree of variability in living standards across the country"*, with Roma communities and municipalities in the Southern areas of the country having particularly high rates of poverty.¹⁴ Recent

⁶ Statistical Office of the Republic of Serbia, Poverty and Social Inequality, 2021. <https://www.stat.gov.rs/en-us/vesti/statisticalrelease/?p=8870&a=01&s=0102?s=0102> Accessed September 2023

⁷ Republic Institute for Social Protection, Children in the Social Protection System in 2022, June 2023

⁸ Statistical Officer of the Republic of Serbia, Children in the Social Protection System 2021.

⁹ The World Bank., Data – Urban Population – Serbia. 2022. Available: <https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS?end=2021&locations=RS&start=2009>, accessed August 2023.

¹⁰ World Bank., Serbia Country Overview: Context. Available: www.worldbank.org/en/country/serbia/overview#1, accessed 3 October 2022.

¹¹ World Bank., Serbia Country Overview: Context. 3

¹² Statistical Office of the Republic of Serbia., Poverty and Social Inequality 2020, 15 October 2021. Available: www.stat.gov.rs/en-us/vesti/20211015-siromastvo-i-socijalna-nejednakost-2020/?s=0102, accessed 3 October 2022. Note: The at-risk-of-poverty rate represents the share of persons whose equivalised disposable income is below relative poverty line, which amounted to 22 000 RSD a month on an average for a single person household in 2020.

¹³ World Bank., Gini Index – Serbia, 2019. Available: <https://data.worldbank.org/indicator/SI.POV.GINI?locations=RS>, accessed 3 October 2022. Note: A Gini index of 0 represents perfect equality, while an index of 100 implies perfect inequality.

¹⁴ World Bank., Poverty Map of Serbia: Understanding Welfare at the Local Level to Make Better Policies. Available: www.worldbank.org/en/country/serbia/publication/poverty-map-of-serbia, accessed 3 October 2022.

economic shocks caused by the Covid-19 pandemic and the impact of the war in Ukraine have had a significant impact on children and families, with inflation reaching 8.8 per cent in February 2022, largely driven by increases to food and global energy prices.¹⁵

Serbia's government is a parliamentary democracy. Serbia officially applied for membership of the European Union on 22 December 2009 and in March 2012 Serbia was granted EU candidate status.¹⁶ A Stabilisation and Association Agreement between the EU and Serbia, which regulates the relations between the two sides until full membership is attained, entered into force in September 2013.

In line with the EU accession Serbia needs to adopt, apply, and enforce EU laws (*EU acquis*) across 35 thematic chapters.¹⁷ The main thematic chapters relevant to the evaluation are Chapter 19 (social policy and employment), Chapter 23 (judiciary and fundamental rights) and Chapter 24 (justice, freedom and security). In line with this the country has made efforts to align its legislation with EU standards and has initiated reforms, including the childcare and deinstitutionalisation reform. Eleven intergovernmental conferences have been held during the negotiation process. However, in recent months, talks have been stalled due to foreign policy differences between the bloc and the Republic over the Russo-Ukrainian war.¹⁸

3.2 Legal Context

The Constitution of Serbia adopted in 2006 is the primary legal document that establishes the country's political structure, fundamental human rights, and the framework for its legal system.

Serbia has ratified all the major human rights treaties, including the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights,¹⁹ the UN Convention on the Rights on the Child (CRC)²⁰ and the UN Convention on the Rights of persons with disabilities (CRPD).²¹ While Serbia has ratified the first two Optional Protocols to the CRC, (the Optional Protocol on the sale of children, child prostitution and child pornography and the Optional Protocol on children in armed conflict) it has not ratified the CRC's third Optional Protocol on a Communications Procedure. It has ratified the Optional Protocol to the CRPD and accepted the inquiry procedure under the CRPD.

The major domestic legislation on child protection (and child care) is the Family Law (2005), which requires the State to ensure a child's safety from neglect, physical, sexual, emotional abuse, and exploitation, and the Law on Social Protection (2011), which has two relevant goals: to 'preserve and improve family relations' and 'prevent abuse, neglect and exploitation'. The Law specifies the social services and child protection services to be provided, which rights holders are entitled to services and the obligations of duty bearers. Under Article 41 of the Law, duties are owed to children without parental care; children whose parents are unable to care for him or her; children with disabilities; children in conflict with parents, guardians, or the community; children suffering from addition; victims of likely victims of abuse, neglect, exploitation or trafficking; unaccompanied children without citizenship of Serbia and children who are the subject of parental conflict.

To address the needs of children falling under Article 41, the Law provides for community-based services (day care, in-home help and other services to support children to remain in the family); support for independent living; counselling and therapeutic and social-educational services (intensive support services for families in crisis, counselling and support of parents, foster parents and adoptive parents, support for families of children with developmental disabilities, maintenance of family relations and reunification and support in cases of violence) and accommodation

¹⁵ International Monetary Fund., IMF concludes visit to Serbia, 22 March 2022. Available: <https://www.imf.org/en/News/Articles/2022/03/22/pr2283-serbia-imf-staff-concludes-visit-to-serbia>

¹⁶ Republic of Serbia Ministry of Foreign Affairs., Political relations between Serbia and the EU. Available: <https://www.mfa.gov.rs/en/foreign-policy/eu-integration/political-relations-between-serbia-and-eu>, accessed 21 August 2023.

¹⁷ Ibid.

¹⁸ Radosavljevic, Zoran., EU Parliament to demand suspension of Serbia's accession talks, Euractiv, 29 September 2022. Available: www.euractiv.com/section/politics/short_news/eu-parliament-to-demand-suspension-of-serbias-accession-talks/, accessed 19 August 2023.

¹⁹ UN., Treaty Body Database – Ratification Status for Serbia. Available: https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=154&Lang=EN, accessed August 2023

²⁰ The Republic of Serbia ratified the UN Convention on the Rights of the Child on 12 March 2001

²¹ The Republic of Serbia ratified the UN Convention on the Rights of Persons with Disabilities on 31 July 2009, UN., Treaty Body Database – Ratification Status for Serbia. Available: https://tbinternet.ohchr.org/_layouts/15/TreatyBodyExternal/Treaty.aspx?CountryID=154&Lang=EN, accessed 3 October 2022.

services.²² The Law also provides for support for transition to independent living for a young person²³ (including accommodation services to ensure preparation for leaving residential care).²⁴

The Law on Social Protection prohibits the institutionalisation of children under the age of three unless there are particularly justified reasons,²⁵ applies the principle of best interests and the least restrictive environment²⁶, engages non-state actors in the provision of social services and provides for cash social assistance for beneficiaries²⁷ and the funding of social protection activities, by both central and local government.²⁸

The Law on Social Protection²⁹ and the Family Law³⁰ permit the relevant Ministry to set standards for the provision of social protection services. A number of bylaws, rulebooks and regulations have been developed and amended to meet the needs of beneficiaries: The Rulebook on the Organization, Norms and Standard of Social Work Centres;³¹ the Rulebook on Detailed Conditions and Standards for Providing Social Protection Services,³² the Rulebook on Licensing Professionals in Serbia and the Regulation on the Network of Social Protection Institutions.³³ These bylaws and rulebooks contain job descriptions and mandates for the social protection workforce, the conditions and standards for alternative care and community-based services, and the operation of institutions.

Other significant laws include the Law on the Ratification of Conventions on the Rights of Persons with Disabilities adopted in 2009, ensuring the right to live in the community; the Law on Financial Support to Families with Children (2017); the Law on Foundations of Education (initially adopted in 2009 and amended at various points, most recently in 2017), which improved educational inclusion for disabled children with flexible admission policies, and the Law on Juvenile Criminal Offenders and Criminal Protection of Juveniles 2005.

The Government has issued multiple policy documents relating to child protection and deinstitutionalisation, some before (but continuing to have effect during) the evaluation period of 2009-2022. These included the National Action Plan for Children (2004-2015)³⁴, Social Welfare Development Strategy (2005), and the Strategy for Improving the Situation of Persons with Disabilities (2007-2015).³⁵ Recent strategies include the Strategy for Improving the Situation of Persons with Disabilities in the Republic of Serbia 2020-2024 and the Strategy on Deinstitutionalisation and Development of Social Protection Services in the Community for the period 2022-2026.³⁶ In addition, Action Plans for the Implementation of the Strategy for Development of Education in the Republic of Serbia by the Year 2020, and the more recent Strategy for Development of Education in the Republic of Serbia by the Year 2030, set out plans for inclusive education of vulnerable children, including CWD and Roma children.

²² Article 40, Law on Social Protection, Official Gazette of RS no.24/2011 (2011)

²³ Article 43, Law on Social Protection, Official Gazette of RS no.24/2011 (2011)

²⁴ Article 52, Law on Social Protection, Official Gazette of RS no.24/2011 (2011)

²⁵ Law on Social Protection, Official Gazette of RS no.24/2011, Article 52. Where there are 'particularly justified' reasons, the placement in an institution may not be for longer than 2 months unless there is consent for the continuation of the placement by the ministry responsible for social protection.

²⁶ Law on Social Protection, Official Gazette of RS no.24/2011 (2011), Article 27.

²⁷ Law on Social Protection, Official Gazette of RS no.24/2011 (2011), Article 206

²⁸ Law on Social Protection, Official Gazette of RS no.24/2011 (2011) Article 20.

²⁹ Law on Social Protection 24/2011, Article 57

³⁰ See for instance, Family Law, Article 118.

³¹ The Government of Serbia, The Rulebook on the Organization, Norms and Standard of Social Work Centres, Official Gazette of RS no. 59/08, 37/10, 39/11 and 01/12

³² Rulebook on Detailed Conditions and Standards for the Provision of Social Welfare Services, Official Gazette of RS, No. 42/2013, Article 57 of the Law on Social Protection

³³ Government of Serbia, Regulation on the Network of Social Protection Institutions. Official Gazette of RS, no.16/2012; 12/2013

³⁴ Government of Serbia., National Plan of Action for Children 2004-2015, 2004. Available: www.pravdeteta.com/attachments/286_NACIONALNI%20PLAN%20AKCIJE%20ZA%20DECU.pdf

³⁵ Irima, R., and Isakov, A. B., Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with a Focus on Child Care Reform in Serbia (2013-2017), 15 January 2018.

³⁶ Government of Serbia, Strategy of deinstitutionalization and development of social protection services in the community for the period 2022-2026, Official Gazette of the RS, No. 30/18 . Available at: www.pravno-informacioni-sistem.rs/SIGlasnikPortal/eli/rep/sgrs/vlada/strategija/2022/12/1. Legal basis for its establishment is found in Article 38 of the Law on the Planning System of the Republic of Serbia

3.3 Linkages with Sustainable Development Goals (SDGs)

The programme is in line with the SDG targets adjusted to the context of Serbia. It mainly contributes to the SDGs and targets presented below:

Table 3: Relevant SDGs and targets.

| |
|--|
| Goal 1: No Poverty |
| Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable |
| Goal 4: Quality Education |
| Target 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes |
| Goal 5: Achieve gender equality and empower all women and girls |
| Target 5.1 End all forms of discrimination against all women and girls everywhere |
| Goal 10: Reduce inequality within and among countries |
| Target 10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status |
| Target 10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard |
| Goal 16 Promote just, peaceful and inclusive societies |
| Target: 16.6 Develop effective, accountable and transparent institutions at all levels |

3.4 Status and needs of beneficiaries

The most immediate beneficiaries of the childcare reforms are those at risk of separation or already separated and in institutional care, whether as a result of abandonment, abuse, neglect, violence or exploitation or having a disability. Their needs are for social work support to promote safe and stable upbringing by their parents or family, or where this is not feasible or is not in the best interests of the child, alternative care in a family-based setting. For children with disabilities and hard-to-place children their needs are also for social inclusion, both within the education system and the community.

3.5 Implementing bodies

The reforms have been implemented by the MOLESVA in partnership with UNICEF Serbia and in close collaboration with other local and international organisations. While duty bearers are listed above, the following bodies had roles, responsibilities and made specific contributions to reforms:

- **MOLEVSA and recently MOFD**, are the primary government stakeholders responsible for implementing DI reforms. MOLEVSA is the main implementing partner providing the following contributions: leading the decision-making processes concerning the implementation of the reforms; ensuring that all reform activities were in line with national policies and international commitments of Serbia; promotion of intersectoral cooperation in the area of child care; participation in the capacity building activities implemented by the reforms, and financing residential homes and foster families. MOFD which was established in 2020, and its key implementing contributions is commitment to intersectoral cooperation with the MOLEVSA in the area of family and child protection.
- **Ministry of Education, Ministry of Health and Ministry of Justice**- are also implementing partners committed to intersectoral cooperation with MOLEVSA in the area of child abandonment prevention, inclusive education and deinstitutionalisation; promoting an intersectional and holistic approach to the assessment of the child/student needs, through intersectional committees established in all municipalities which consist of education, social protection and health experts; promoting and permitting participation of professionals working in the education and health system to take part in capacity building activities implemented through the reform process. Ministry of Justice has particular jurisdiction for prevention and response to children in conflict with the law.
- **Republic Institute for Social Protection (RISP) and Provincial Institute of Social Protection** – is a key stakeholder in implementation of reforms, whose contributions include monitoring the quality of social protection services; maintaining a database for social protection and supporting professional development.
- **Local governments** – responsible for the implementation of day-care community-based services, personal companion, respite and home assistance services are provided by local governments, and developed with the intention to provide individually-tailored support to vulnerable individuals, including CWDs, to enable them to

remain within the family environment and to promote their inclusion in the local community. Local governments are responsible for providing financial contributions to the services.

- **Centres for Social Work** – key implementing body at sub-national level, responsible for the delivery of family support and child protection services, in particular for families with children with disability. Centres for Social Work appoint legal guardians of children without parental care or perform the guardianship duties directly if in the best interest of the child.
- **Centres for foster care and adoption** – stakeholders responsible for implementing foster care, through the recruitment, training, monitoring and support of foster families.
- **CSOs**, including the S.O.S Children's Village Foundation of Serbia; Network of Organizations for Children of Serbia (MODS); Center for Social Preventive Activities GRIg; Initiative for the Rights of Persons with Mental Disabilities (MDRI), implementers through provision of services to beneficiaries; participation in the capacity building activities; and advocacy initiatives promoted by the reforms.
- **Kinship carers and non-relative foster carers** who provide family-based alternative care to children in the community.
- **UNICEF** – key implementing partner providing financial and other contributions, including capacity building, advocacy and facilitating coordination between stakeholders. UNICEF contributions to reforms are detailed throughout the findings section of the report.
- **Other bodies providing financial contributions** – including the European Union, the Novak Djokovic Foundation, and international governments, such as the Government of Italy.

4. PURPOSE, OBJECTIVES AND SCOPE OF THE EVALUATION

4.1 Purpose and objectives

Purpose: The purpose of the evaluation is to provide a rigorous assessment of Serbia's and UNICEF's results to date (outcome and impact level) in DI child care reforms supporting children with disabilities and other highly marginalized and vulnerable children. The evaluation is intended to provide an objective assessment of the strengths and weaknesses in the approach taken by Serbia as well as insights on how to address possible system level bottlenecks. The evaluative focus is on the contribution of multi-faceted interventions and policies to the observed outcomes and impacts. The evaluation is to be formative and forward looking, and an important learning opportunity, both for UNICEF and its partners, especially the government of Serbia in deriving lessons from the experience and existing evidence that can bring attention to the policies and good practices and inform UNICEF DI childcare programming. The evaluation aims to:

- Explore the extent to which national DI child care reforms succeeded or not in addressing bottlenecks and why;
- Better understand the added value and comparative advantage of UNICEF within the country context in order to sharpen UNICEF's approach in supporting national governments' DI reforms;
- Generate findings for learning and advocacy purposes;
- Strengthen the accountability of UNICEF by evaluating UNICEF's contribution to the results (outcome and impact), if any; and
- Learn about how UNICEF's change strategies are operating in Serbia, while considering current circumstances.

The evaluation will be instrumental for further interrogating the progress that has been made in the region in terms of DI with the focus on outcomes and impacts. It will also look specifically at key common bottlenecks, and explore where and in what way effective solutions to those bottlenecks were implemented by national governments, including those conducted with support of UNICEF, and why they were or were not successful. In particular, there is a need to look at the key accelerators to ensure particularly children with disabilities are appropriately included in deinstitutionalisation efforts. The evaluation will be important for harvesting good practices, and sharing experiences on what worked across the region to inform next stages of reforms.

Use and primary intended users: The ECARO Child Protection (CP) section together with the ECAR Evaluation section were the focal point for the evaluation, and together with the Regional Disability Focal Point will lead efforts to utilize the insights, findings, and recommendations of the evaluation.

The evaluation will allow UNICEF to identify the progress, gaps, and windows for opportunity to work with governments and other partners to ensure that human rights recommendations are fulfilled, and are in accordance with international standards. The findings and lessons of the evaluation are expected to be relevant across all COs

teams that work on child care reform and social service reforms, as well as stakeholders from education, health and social protection responsible for inclusive reforms in their respective sectors. Hence all COs will, to varying degrees, be an audience for the evaluation. National governments and their implementing partners constitute a primary audience. The EU will be an important high-level secondary audience as the EU agenda and related agreements are the key national priorities. UNICEF HQ CP section and Evaluation Office will also be a secondary audience.

4.2 Objectives and scope of the evaluation

The objectives of the evaluation were first developed by UNICEF ECARO. They were the subject of an evaluability assessment in each country taking part in the regional evaluation, other than Tajikistan, in 2021. The objectives set out in the TOR apply to all countries and are set out below.

Objective 1: To assess the impact of government child care policies and understand what worked and what did not in the deinstitutionalisation of children and, in particular in the case of children with disabilities and other 'difficult to place' children, how and why;

- To what extent to were actual results for children were achieved, how, and why?
- Are there children who were not reached by DI, who are they and what are the factors that contributed for that?
- To verify original assumptions and investigate what factors (or combination of factors) are necessary and / or sufficient for the DI reforms to produce results in certain contexts
- To generate synthesis of lessons to learn from successful and unsuccessful cases
- To identify and explain unintended changes and consequences, both positive and negative, for different groups (parents/ caregivers, children, professionals, other sectors and systems)
- To obtain insights about how DI changed the behaviour, attitudes and perceptions of stakeholders

Objective 2. To determine the effectiveness, impact, coherence, relevance and efficiency of national child care reforms.

Objective 3. To assess the actual and potential contribution of UNICEF's work to the national progress (outcome and impact) in deinstitutionalisation childcare reforms for children in residential care, including for children with disabilities and other 'difficult to place children;'

- To determine the extent to which UNICEF has met its objectives;
- To determine the impact and effectiveness of UNICEF contribution as well as the extent to which it has incorporated gender, human rights-based and equity-focused approaches;
- To assess UNICEF's added value and comparative advantage in Serbia (in comparison to other stakeholders); and
- To explore the trigger effect, if any, of UN guidelines on alternative care for children, EU guidelines and policies, Council of Europe strategies and recommendations, the CRC and CRPD on the national DI reforms.

Objective 4. To draw lessons and provide recommendations for the refinement and potential scaling up of good practices to further support national governments in their efforts of strengthening child protection systems.

4.3 Scope of the evaluation

4.3.1 Thematic Scope

The evaluation covered national childcare reform initiatives with a strong focus on deinstitutionalisation including prevention and gatekeeping, provision for children with disabilities and other 'difficult to place' children, planning for change, executing transformation, including redirecting resources from institutional care to expanded family and community-based services, overall implementation frameworks and monitoring.

As stated in the ToR, given the resources available for this evaluation, the object of the evaluation does not include programming in the following sectors:

- Education sector: development of inclusive education as a key, linked component to a national or sub-national deinstitutionalisation agenda;
- Health sector: early detection and intervention in cases of disability, as a key factor to enable early intervention and prevention of secondary disabilities, and the provision of specialized services and additional family support services, rather than a rehabilitative, institutional approach to family support.

- Social Protection: increasing the coverage of children with cash transfers; universal and targeted services, especially for children with disabilities; reforming disability assessment towards a human rights-based approach to disability inclusion.

Instead, the evaluation aimed to identify any barriers or bottlenecks in the child protection system to children accessing inclusive education, early detection and intervention services and social protection programmes, with a focus on CWD. To help ensure the evaluation met its objectives, there was some departure from the ToR: questions were amended in the evaluation matrix (see Annex X for details of changes) and interviews and FGDs with children were included in data collection.

4.3.2 Geographic and chronological scope

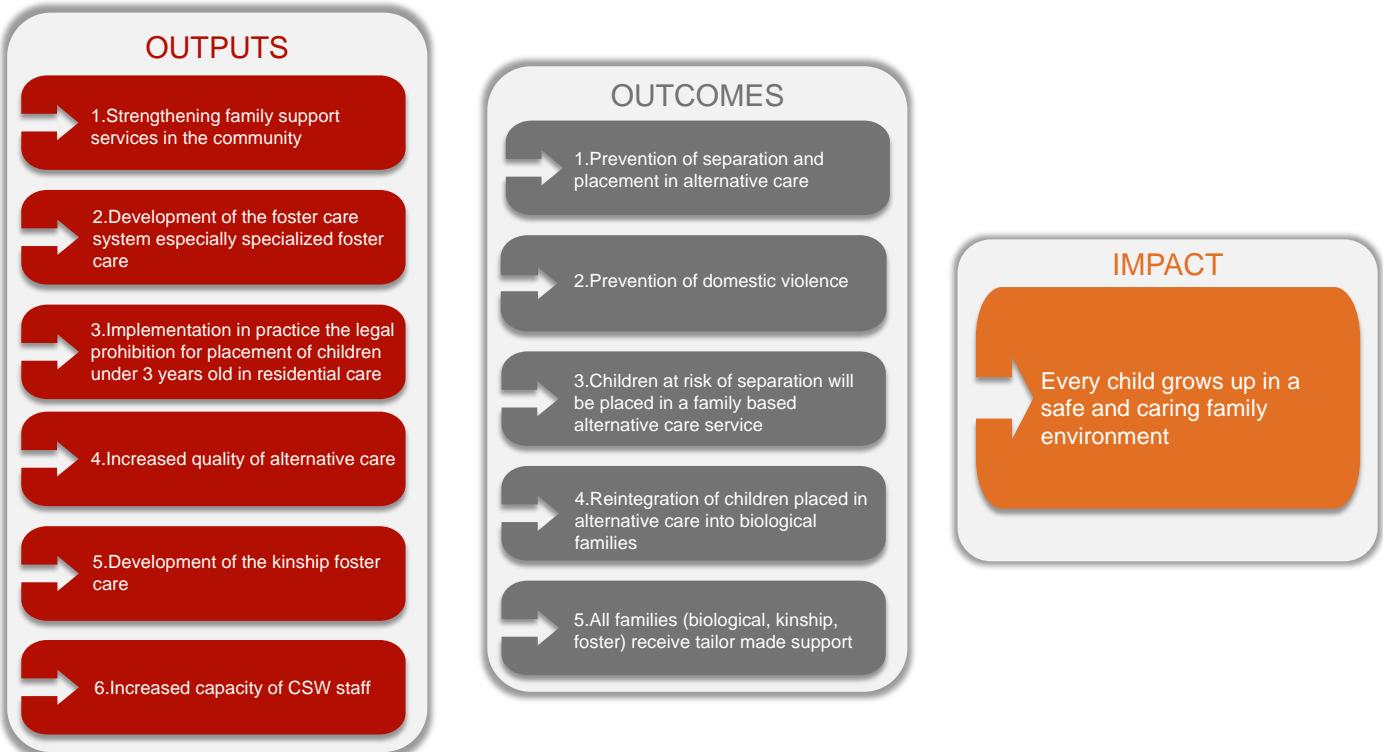
The geographic scope of the evaluation is the entire country of Serbia, and covers both national and subnational level reforms.

The evaluation covers the intervention implemented from 2009 until the end of 2022. It addresses the perspectives of a range of programme beneficiaries, including children, adolescents, and their families as well as key actors in the child protection sector.

4.4 Theory of Change (ToC)

A ToC was reconstructed for the present evaluation in consultation with key stakeholders during an evaluation design workshop in 2021 (see figure 1). Expected outcomes are that the prevention and reintegration will be ensured, all families (biological, kinship, foster) will receive tailor-made support and, if a placement outside the biological family is needed, it will be mainly in family based alternative care.

Figure 1: Theory of Change



Although specific paths between outputs and outcomes were not defined during the evaluability assessment, there is a clear logic model and results chain between the outputs and the outcomes in the 2021 TOC (Figure 1):

- If family support services in the community are strengthened, this will ensure the availability of services which support the prevention of separation and placement in alternative care, the prevention of domestic violence, and the reintegration of children placed in alternative care into their biological families, in addition to ensuring that all families have access to tailor-made support (i.e. output 1 contributes to outcomes 1, 2, 4 and 5)
- If the foster care system, including specialised foster care and kinship foster care are developed, then children at risk of separation will be placed in family-based alternative care, and these foster families will receive tailor-made support (i.e. outputs 2 and 5 contribute to outcomes 3 and 5)

- If the law preventing the placement of children under three years is implemented, this will ensure either that children are not separated from their family, or as a last resort are placed in family-based alternative care (i.e. output 3 contributes to outcomes 1 and 3)
- If the quality of alternative care is increased, then this will help ensure that children at risk of separation are placed in family-based alternative care and that these families receive tailor-made support (i.e. output 4 contributes to outcomes 3 and 5). However, 'increased quality of alternative care' also applies to institutional care. Increasing the quality of institutional care should also support the preparation of the child for reintegration into the biological family (outcome 4).
- Capacity building of the CSWs and strengthening of community services will contribute to the prevention of domestic violence (i.e. outputs 1 and 6 will contribute to outcome 2).
- Increasing the capacity of CSW staff (Output 6) will contribute to all outcomes, given the role that CSW staff play in all elements of the protection system.
- Tailor-made support available to biological families will support the prevention of separation, prevention of domestic violence and reintegration (i.e. outcome 5 is also likely to contribute to outcomes 1, 2 and 4).

It is notable that the ToC does not have deinstitutionalisation of children placed in institutions or the downsizing of large-scale residential institutions as outcomes or, indeed, even outputs, despite these being in previous ToCs and/or key components of reforms in practice. The outputs or outcomes do not refer specifically to deinstitutionalisation of children with disabilities or hard to place children, nor is there an outcome of 'available services to meet the needs of these children, including inclusive education.'

The **assumptions** indicated in the ToC constructed in 2021 are that: if the services in the community for family support are available, families will feel supported and able to provide adequate and free of violence care for their children with no need to be placed in formal care; kinship foster care and quality family- based alternative will ensure quality of life in a family environment of children in risk for separation; if the quality services are available in the community, then the prevention of separation will be ensured, and that the placement in the alternative care will be the last option and reintegration will be ensured. The **risks** outlined in the 2021 ToC include: greater help accessible to foster families than biological families; underdeveloped kinship care leading to a greater number of placements in alternative care than with extended families, and that the sustainability of all piloted services is not guaranteed.

While Figure 1 is the ToC used in this evaluation, it is important to recognise previous ToCs throughout the duration of reforms, particularly where they reflect activities contributing to DI that are not captured in the present ToC. There was an absence of a ToC for early reform efforts, however one ToC was constructed for the 2013-2017 Summative Evaluation on child care reform (Annex L).³⁷

The 2017 ToC made reference to children with disabilities and a reduction in the number of children in institutions, which are not explicitly referenced in the present ToC. The impact was that "*families living in multiple deprivation and at risk of family separation are strengthened to become safe and caring environments; the number of children in residential institutions is decreased; the number of children with disabilities in large scale institutions is decreased; the trend of increasing the placement of children in care is stopped.*"

The 2017 ToC contained numerous outputs, the majority of which related to the setting of standards, guidelines, regulatory changes, planning and recommendations. The outputs also included the provision of ear-marked funds for community based services and national funds for NGO projects.

The outcomes for the 2017 ToC (and if / where they fit into the reconstructed ToC used for this evaluation) included:

- Case management upgraded in line with the UN Guidelines on alternative care and integrated into the practice of centres for social work (output 6)
- Community based services available for children and families (output 1)
- Family strengthening services are fully integrated into the system (output 1 / outcome 5)
- Government financial transfers are increased and ensure better targeting of families of CWD (not reflected)
- Quality of foster care provision is upgraded and access to this service is expanded (outputs 2 and 4)

³⁷ Irima, R., and Isakov, A. B., Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with a Focus on Child Care Reform in Serbia (2013-2017), 15 January 2018.

- Large scale institutions for children are downsized and regular children's homes organise care in small group homes (not reflected).

The *outputs* of the present ToC bear a close resemblance to the *outcomes* of the 2017 ToC, and the *vision* of the 2017 TOC has become the intended impact in the present ToC. It is to be expected that the outputs would change over the years between the two ToCs as the 2021 ToC builds upon the legal framework, regulations, guidelines and plans that were the outputs of the earlier phases of the reforms. Further the 2017 outcome: '*community-based services are available for vulnerable children and families*' is reduced to '*strengthening family support services in the community*' in the present TOC, presumably based on an assumption that such services exist.

UNICEF has produced a new TOC for child protection within its 2021-2025 programme (Annex J). This is only partially referable to the child care reforms and this evaluation. Output 1 represents one aspect of the childcare reforms: the strengthening of the social services workforce to provide inclusive family strengthening services and alternative care (spanning outputs 1, 4 and 6 of the present ToC).

5. EVALUATION DESIGN AND METHODOLOGY

5.1 Overall methodological approach

The methodology for the evaluation is framed around the evaluation criteria of the Organisation for Economic Co-operation and Development / Development Assistance Committee (OECD/DAC), namely relevance, effectiveness, efficiency, sustainability, and coherence. The evaluation methodology has been developed according to the UNEG Norms and Standards for Evaluation (2016) and also incorporates UNICEF's guiding principles on gender equality, equity, and human rights, to ensure GEEW. The **approach taken is equity and rights-based**, rooted in the UN Convention on the Rights of the Child (UNCRC), the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), the Convention on the Rights of People with Disabilities (CRPD) and other key international standards. The approach was aligned with the UN Disability Inclusion Strategy. Aligned with the 'Leave No-one Behind' principle, special attention has been paid to vulnerable or 'at risk' groups of children (many of whom are likely to be regarded as 'hard to place'), particularly CWD, girls, children from ethnic minorities and older children to ensure that needs are identified, represented and addressed through data collection and sampling techniques, analysis and recommendations. A gender-responsive approach was implemented to data collection and analysis methods.

A **theory-based evaluation approach** was applied to determine whether and how childcare reform initiatives have led to the changes set out in the country's theory of change (ToC), and why this may (or may not be) the case. This approach allowed the team to analyse the mechanisms, assumptions, risks and contextual changes that either facilitated or impeded progress. Recognizing the intricate and multifaceted nature of the reforms, which involved various stakeholders and sectors such as education, healthcare, and social protection, the decision to employ a theory-based approach was deemed appropriate. The methodological approach aimed to examine the causal links between the outputs and outcomes of the 2021 TOC as specified in section 4.4, and assessing the extent to which assumptions and risks impacted these causal links.

The evaluation applied a **mixed-methods approach** to data collection and analysis, incorporating both quantitative and qualitative methods and drawing on the strengths of both to gather data that is rich and explanatory, as well as accurate and measurable.

The evaluation has taken a **consultative and participatory approach** with UNICEF, stakeholders and beneficiaries in order to ensure that the findings are context-appropriate and high-quality and that stakeholders have overall ownership of the process and outputs.

5.2 Evaluation questions

Prior to the start of the evaluation, an evaluation design workshop was held for key national stakeholders who were provided with a list of questions relating to the research questions set out in the TOR and, following the OECD-DAC criteria, were asked to rate their level of interest in the answers to these questions. The purpose of this process was to engage stakeholders from the beginning of the evaluation, to have a better understanding of their perspectives and increase the ownership of the evaluation outcomes.

Following the workshop and consultation with UNICEF country offices, UNICEF ECARO and the Evaluation Reference Group (ERG), some amendments were made to the questions chosen by stakeholders, some questions were deleted and some added. The amendments were made to enable a comparison to be made across the seven countries of the evaluation and in order to fulfil the overall objectives of the evaluation, and to allow for better comparison with the earlier evaluation conducted in 2013. The original questions chosen by stakeholders at the evaluability workshop and the amendments made to the questions post the evaluability workshop can be found in Annex H.

Table 4: Evaluation questions and sub-questions

| Key Evaluation Questions | Sub-questions |
|---|--|
| Relevance | |
| 1. To what extent have the childcare reforms been relevant to the deinstitutionalisation of children in residential care? | 1.1 To what extent have reforms to childcare policy and the legal framework been relevant to the deinstitutionalisation of children in residential care? 1.2 To what extent have services introduced under the childcare reforms been relevant to the deinstitutionalisation of children in residential care? |
| 2. To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of the Child, the UN Guidelines for the Alternative Care of Children, EU Guidelines and the UN Convention on the Rights of Persons with Disabilities? | 2.1 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of the Child? 2.2 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Guidelines for the Alternative Care of Children? 2.3 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the relevant EU Guidelines? 2.4 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of Persons with Disabilities? |
| 3. To what extent, if any, have UN guidelines on alternative care for children, EU guidelines and policies, CRC and CRPD on the national DI reforms acted as a trigger for national reform? | 3.1 To what extent have the UN guidelines on alternative care for children acted as a trigger for reform? 3.2 To what extent have EU guidelines and policies acted as a trigger for reform? 3.3 To what extent has the UNCRC acted as a trigger for reform? 3.4 To what extent has the CRPD acted as a trigger for reform? |
| 4. How relevant have the childcare and deinstitutionalisation reforms been to the needs of children with disabilities and hard to place children? | 4.1 How relevant have the childcare and deinstitutionalisation reforms been to the needs of children with disabilities? 4.2 How relevant have the childcare and deinstitutionalisation reforms been to the needs of hard to place children? |
| 5. How relevant has UNICEF's input been to national childcare and deinstitutionalisation reforms? | - |
| Effectiveness/Impact | |
| 6. How did the DI reforms (and other external factors) contribute to the desired outcomes? | 6.1 Which elements of the DI reform generated the desired outcome(s)? 6.2 How much of the observed outcome(s) can be attributed to the DI reforms? 6.3 What was the impact of other external factors on childcare and deinstitutionalisation reforms? |
| 7. Under what circumstances, and why did the DI reforms generate the desired outcome(s)? | 7.1 Under what circumstances did these deinstitutionalisation reforms generate the desired outcomes? 7.2 Why did the childcare and deinstitutionalisation reforms generate the desired outcomes? 7.3 What changes, if any, did the DI reforms have on the behaviour, attitudes, thinking and reasoning of stakeholders? |

| | |
|---|--|
| 8. Has sufficient attention been given to measuring, monitoring and reporting results including results of DI reform related to gender equality? How effectively has evidence been used to inform changes and adjustments to the DI reforms? | 8.1 Has sufficient attention been given to measuring, monitoring and reporting results? 8.2 Has sufficient attention been given to measuring, monitoring and reporting results specifically related to gender equality? 8.3 How effectively has evidence been used to inform changes and adjustments to the DI reforms? |
| 9. Were there any unintended consequences which resulted from the childcare and deinstitutionalisation reforms? | - |
| 10. What are the necessary and/or sufficient factors that enable the DI reforms to provide results at different levels? | 10.1 What are the necessary and/or sufficient factors that enable the DI reforms to provide results at the national level? 10.2 What are the necessary and/or sufficient factors that enable the DI reforms to provide results at the sub-national level? |
| 11. Have all groups of children targeted by the DI reforms actually been reached (i.e. has anyone been excluded)? | 11.1 To what extent have disabled children targeted by the DI reforms actually been reached? 11.2 To what extent have hard to place children targeted by the DI reforms actually been reached? 11.3 Have any groups of children not benefited from the childcare and deinstitutionalisation programme? |
| 12. What difference did the DI reforms make to the children in alternative care at the time of the reform, and under what circumstances? Since the reforms have taken place, what has been the impact on children passing through the new services? What challenges remain? | 12.1 What has been the impact of DI reforms on the number and profile of children in alternative care? 12.2 What has been the impact of the new services on the use of institutionalisation? 12.3 What challenges remain? |
| 13. What was the impact of DI reforms on strengthening the social service workforce, in particular the social work profession? | 13.1 What was the impact of DI reforms on strengthening the social service workforce? 13.2 What was the impact of DI reforms on strengthening the social work profession? |
| 14. What impact has the Covid-19 pandemic, conflict and economic downturn had on the effectiveness of DI reforms? | - |
| Efficiency | |
| 15. How has the Government used its resources – human, technical and financial – to support DI reforms? To what extent has this allocation of resources been effective in supporting DI reform efforts? | 15.1 How has the Government used its human resources to support DI reforms? 15.2 How has the Government used its technical resources to support DI reforms? 15.3 How has the Government used its financial resources to support DI reforms? 15.4 To what extent has this allocation of resources been effective in supporting DI reform efforts |
| 16. What is the DI reforms effect in relation to its cost? ³⁸ | - |
| 17. Retrospectively: What resources (national, EU, other donors) were available to carry out DI? | 17.1 What have been the transition costs, covered by whom and for how long? 17.2 How, what and how much of the resources have been ringfenced and reallocated/ transferred from closing down institutions (system) to a system based on diversified family and community-based services and inclusive education, including between sectors? |
| Coherence | |

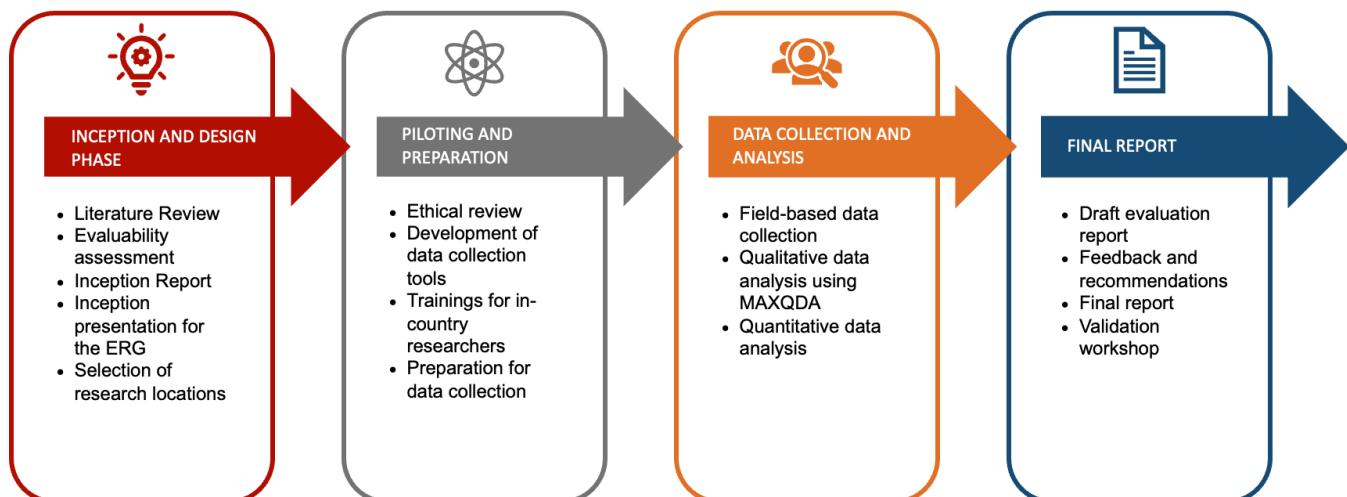
³⁸ Please note this question will be answered based on available budgetary data on the costs of DI reforms provided to the researchers.

| | |
|---|--|
| 18. Who were the key influencers / who needed to be influenced to achieve the needed changes which led to DI reform? | 18.1 Who were the key influencers needed to achieve the needed changes which led to DI reform? 18.2 Who needed to be influenced to achieve the needed changes which led to DI reform? |
| 19. To what extent did various Government (e.g. social services, health and education) and non-government actors work together to achieve DI reform? Was there alignment between the aims and strategies of these actors? | 19.1 What coordination mechanisms exist to ensure a comprehensive approach, especially in relation to children leaving / transitioning from institutions? |
| Sustainability | |
| 20. Which key reform partners influenced / continue to influence the DI reforms implementation, performance and sustainability? | - |
| 21. What is UNICEF's role in the sustainability of the DI reforms? | - |

Based on the evaluation questions, an **evaluation matrix** was developed by the evaluators. (Annex H) It contains the evaluation questions and sub-questions (set out above), and sets out corresponding key indicators, data collection methods, and means of verification. The evaluation matrix informed the development of the methodology for the evaluation and guided the analysis. Specifically, the evaluation matrix contains:

- The research questions and sub-questions the evaluation will attempt to answer (across the evaluation criteria of relevance, coherence, effectiveness, efficiency, impact, and sustainability)
- Qualitative and quantitative indicators which emerge from / relate to the evaluation questions;
- Data sources for answering research questions and measuring indicators; and
- Any limitations in data or the ability of researchers to analyse it.

Figure 2: Process of the evaluation



5.3 Data sources, data collection methods and sampling

A range of qualitative and quantitative data collection methods were used to address the evaluation questions, as follows. A detailed list of the sample for each data collection method is provided in Table 5, below. All data collection methods sought to identify key outputs implemented at different time periods of the reforms and resultant outcomes from both the perspectives of diverse stakeholders and quantifiable data.

5.3.1 Desk review and administrative data

A large number of documents relating to child care reform and deinstitutionalisation were reviewed, including UNICEF reports, country programmes and associated internal documents, EU documents (particularly accession-related documents), government plans, policies, strategies, laws, programmes, reports and evaluations as well as NGO

reports, research studies and relevant press reports. The purpose of this was to identify different DI outputs, the actors involved in implementing each element of the reforms and any documented information relating to the outcomes as a result of reforms. Quantitative data (i.e. statistics / indicators for TOC outputs and outcomes) was obtained through extraction from literature and through a request for administrative data from the Republic Institute of Social Protection.

5.3.2 Key informant interviews with national level and sub-national stakeholders

Key informant interviews (KIIs) were conducted to obtain detailed and specific information related to childcare reforms and deinstitutionalisation and to gather an overview of reforms nationally, expert perspectives relating to key successes and challenges faced in implementing reforms, how and why reforms have contributed to expected outcomes, and recommendations / perspectives relating to the factors necessary to accelerate DI reforms. KIIs were guided by a standardised set of questions, but allowing for a response-directed interaction. Some national level KIIs involved multiple stakeholders from each body (i.e. in the format of focus group discussions) where it was felt that this would increase the comfort of respondents and enrich the interaction. KIIs were primarily Government, EU and UN stakeholders.

5.3.3 Individual interviews and Focus Group Discussions with service users (children, adolescents, adults) and parents/caregivers

Although the TOR did not envisage the engagement of children or other vulnerable / hard to place groups, it was agreed that children and adolescents should participate directly in the evaluation, in order to gather insight to their experiences and views in relation to the care system. Focus group discussions (FGDs) and in-depth interviews were held with children and adolescents placed in residential institutions and family-based alternative care (with a particular focus on CWD and other hard to place children). Interviews and FGDs were guided by a standardised set of questions to capture the different stages of the child protection response and the child's experiences, while also allowing for the researcher to probe for more detail on aspects of particular interest. FGDs were also held with parents/caregivers to understand how reforms have impacted themselves and their children, particularly relating to the accessibility and perceived effectiveness of services and experiences in alternative care, and their recommendations for future reform.

5.3.4 Focus Group Discussions and KIIs with service providers

FGDs and KIIs were held with civil society, staff in residential institutions, CSWs and CFCs and community service providers to gather their perspectives on different aspects of the care reform process, to understand how reforms have translated into changes in the provision of services on the ground, and to identify the enabling factors and barriers that have shaped these changes. This enabled exploration of the nature of services provided, their quality and appropriateness and the capacity of service providers to address child protection issues, in order to understand how services provided (and actors involved in provisions) have contributed to different components of the reforms, how this has contributed to intended outcomes, and challenges faced in delivering intended outputs; for example, understanding developments in CFC activities, and if / how this has resulted in improved quality of alternative care, increased placement of children in family-based alternative care and reintegration efforts. The FGD tool for service providers incorporated an interactive element involving participatory systems mapping to identify individuals or entities playing a role in generating the distinct inputs, outputs, outcomes and impacts.

5.3.5 Selection of research locations

Data collection was carried out at the national level and the sub-national level in two locations: Belgrade and Nis. The research locations were selected in consultation with the UNICEF CO and the ERG, which included the capital city as well as locations in which there was a high prevalence of residential institutions and care service providers.

5.3.6 Selection of respondents

Given the qualitative nature of the data collection methods, the sampling strategy for the selection of participants was primarily purposive and non-random. Purposive sampling prioritised diversity to ensure respondents of diverse backgrounds and with diverse perspectives are included in the evaluation.

The sampling strategy for KIIs and FGDs with professional stakeholders was purposive to ensure the selection of key stakeholders at both national and sub-national level who have particular knowledge and expertise in relation to

childcare and deinstitutionalisation reforms, and who were well placed to provide accurate information in relation to indicators within the evaluation framework. The sample included stakeholders in relevant government agencies, UN agencies, international and national NGO partners, local service providers and employees of CSWs, CFCs and RIs. Respondents represented professionals providing and/or with knowledge and oversight of relevant reforms, services and needs of the groups of children with regards to institutional care, foster care, adoption, social protection case management, community-based services and inclusive education.

The sampling strategy for interviewing care-users (children, adolescents and adults) and parents / caregivers aimed to ensure diversity and representation across different disabilities, gender, age and ethnic groups (including Roma children), and to ensure the inclusion of children in receipt of different services (i.e. living in institutions, alternative family-based care and care leavers). The identification of the sample relied on organizations that were involved in key informant interviews (KIs) and focus group discussions (FGDs), utilizing a snowball sampling method.

Table 5: Research participants, selection criteria, and number reached

| National and Subnational Key Informant Interviews (KII) with Government and Non-government Stakeholders | | |
|--|---|---|
| Stakeholder type | Selection criteria | Number |
| National Government and non-government partners / Subnational Government partner | National representatives (relevant leads in child protection reforms) of: MOFD; MOLEVSA; RISP; Serbian Social Protection Chamber; EU Delegation to the Republic of Serbia; UNICEF Education Section; Inclusive Education Specialist (Seconded to MoE) / Representative of City of Nis | 5 KIs and 2 FGDs (9 female; 2 male) |
| Individual in-depth interview (IDI) and FGDs with child, adolescent and adult service users, and parents/caregivers | | |
| Adolescent care leavers | The contacts of the participants were provided by the interviewed NGOs, Belgrade. The aim was to find adolescents who left or are in the process of leaving residential care institutions in Belgrade. | 2 IDIs (female) |
| Care-users (Children, adolescents, and adults) | Children in "Institute for the Education of Children and youth", Belgrade; and children in Home for children and youth "Dusko Radovic", Nis. | 2 FGDs (3 female; 7 male) |
| | Adolescents in foster care transitioning to independent living, contact was provided by Centre for foster care in Belgrade. | 1 FGD (1 female; 2 male) |
| | Adult participants living in the Home for children and youth with disabilities "Sremcica" institution, Belgrade. | 1 FGD (4 male; 1 female) |
| Parents/caregivers | Foster parents; Parents of CWD / adults with disabilities accessing services from Center for Social Protection "Mara", Nis. | 3 FGDs (3 female; 3 male) |
| Focus-group discussions (FGDs) and KIs with Service Providers and Residential Institutions | | |
| Local service providers and residential institutions (government) | Sub-national service providers and residential institutions: CSW, Belgrade; CSW, Nis; CFC, Belgrade; CFC, Nis; Institute for the Education of Children and Youth, Belgrade; Institution for Children and Youth "Sremcica", Belgrade; Institution for infants, children and youth "Zvezanska", Belgrade; Home for children and youth "Dusko Radovic", Nis; Center for social protection services "Mara", Nis | 10 FGDs (22 female; 8 male) 8 KIs (5 female; 3 male) |
| NGOs / CSOs | NGOs working in child protection areas (National-level and Belgrade): S.O.S Children's Village Foundation of Serbia; Network of Organizations for Children of Serbia (MODS); Center for Social Preventive Activities GRIG; Association of parents of children with developmental disabilities; Initiative for the Rights of Persons with Mental Disabilities (MDRI). | 1 FGD (5 female) |

5.4 Analysis Methods

5.4.1 Qualitative data analysis

All qualitative interviews were transcribed, uploaded into MAXQDA software and coded to identify key themes, patterns and relationships relevant to the research questions. The utilization of innovative tools such as MAXQDA enhances the efficiency and accuracy of data analysis, contributing to more robust and insightful results.

A realist evaluation approach was employed for data analysis, aiming to extract specific themes pertaining to "what worked, for whom, under which circumstances, how, and why?", including, where relevant, to understand any differences in outputs and outcomes for different groups, including by gender, and with focus on CWD and other hard to place children. This analytical approach played a pivotal role in addressing the underlying mechanisms connecting childcare and deinstitutionalisation reforms with resultant outcomes and impacts. The objective was to unravel the causal connections between deinstitutionalisation reforms and their effects (as specified in the TOC, section 4.4). The exploration of "how and why" was enhanced by integrating participatory systems mapping and agent-based modelling into the analysis. These tools were utilized to gain insights into the key stakeholders within deinstitutionalisation reforms and to discern the varying contributions of different actors, including UNICEF, and to help shed light on the intricate interactions among different agents involved in the process.

5.4.2 Quantitative data analysis

Administrative data was analysed using Excel software to provide descriptive statistics for children in residential institutions and alternative care and providers and beneficiaries of support services, which was either provided by RISP or available on Transmonee. This data was used to quantify specific output and outcome indicators. Limited disaggregate data was available, but where available was analysed in excel and is presented in the findings (e.g. by age, type of service and particularly gender to understand differences in access to services and outcomes through a GEEW lens, where possible).

5.4.3 Data triangulation

Primary and secondary data were triangulated to identify any inconsistencies in information, ensure the accuracy of findings, analysis and interpretation and enable evaluators overcome any biases or weaknesses associated with a particular method. Considering the varying array of stakeholders situated at different 'levels' within the system—comprising children, parents/caregivers, frontline workers, NGOs, government stakeholders, and decision-makers—data triangulation effectively encompassed the viewpoints and insights of a diverse assortment of stakeholders. This approach facilitated a comprehensive portrayal of DI reforms, spanning inputs, outputs, outcomes, and impact across the entire system and understanding the causal linkages between these.

5.5 Limitations

Table 6: Limitations and mitigation measures

| Limitations and Constraints of the Evaluation | Mitigation strategies |
|---|---|
| Sampling bias - The complex nature of childcare and deinstitutionalisation (DI) reforms presented a challenge in conducting a nationwide evaluation that represents the entire target population. | The sampling plan was crafted through a series of consultations during the inception phase and a dedicated workshop involving the Evaluation Reference Group (ERG). The ERG workshop played a pivotal role in determining the participants and research locations, benefiting from the valuable insights and suggestions of the participants who possess expert knowledge in the field. Their involvement ensured that the chosen locations align with a well-rounded representation, enhancing the credibility and comprehensiveness of the research outcomes. |
| Reporting bias - Given the sensitive nature of the evaluation subject matter (child protection reforms and DI of children), it is likely that the evidence gathered is affected by reporting bias. Child and adult respondents may be reluctant or | To mitigate against reporting bias, evaluators took care to carefully explain to all respondents that the evaluation was learning oriented, Evaluators also emphasized that anonymity would be protected, and that no negative personal or professional consequences would result from sharing open and |

| | |
|--|--|
| <p>unwilling to share sensitive and personal information about traumatic and deeply personal events in their lives. Professional respondents maybe resistant to engaging critically on aspects of their professional experiences, which they may fear will reflect badly on themselves, government agencies, UNICEF, or other partners/stakeholders.</p> | <p>honest information. Questions were asked sensitively, and interactions will be flexible and participatory, to allow for the most authentic, spontaneous and participant-led exchange.</p> |
| <p>Limited data - The limitations of existing data and the diffusive nature of the Child Protection Programme have presented a challenge in measuring the contribution of the childcare reforms to changes in outcomes</p> | <p>The evaluators' triangulated data from several sources when analysing differences between intervention and comparison districts, in order to better link any differences identified to elements of UNICEF's programme.</p> |
| <p>Availability of disaggregated data - quantitative data disaggregated by gender and vulnerable groups was limited. This lack of disaggregated data hindered the research team's ability to fully assess the impact of reforms and UNICEF's programming.</p> | <p>The reliance on qualitative data collected from stakeholders assumed greater significance. The qualitative information served as a valuable alternative, enabling the research team to glean insightful perspectives and augment the understanding of the reform's impact and UNICEF's contributions.</p> |

5.6 Validation and oversight

The ERG provided oversight at strategic points in the evaluation process. This included undertaking an evaluability assessment of the evaluation questions and matrix on 25th November 2022 with representatives from the line ministry, relevant institutions / service providers, CSOs and independent bodies, as well as consultations during the inception phase and a dedicated Zoom workshop on 31st of January 2023. The inception report was shared with the ERG and feedback elicited from and incorporated into this Evaluation report.

The findings of the report will be presented to the Evaluation Reference Group in February 2024 and feedback will be incorporated into the final version of the Report.

5.7 Ethical Considerations

All research was carried out in full accordance with the UNEG Ethical Guidelines and Coram International's own Ethical Guidelines (Annex C) as well as UNICEF's Ethical Standards in Research, Evaluation Data Collection and Analysis, the UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis (2021) and UNICEF procedures for Ethical Research Involving Children. In addition, Coram International employed the following ethical safeguards for this evaluation:

Independence, impartiality, and integrity: The absence of conflict of interest was duly checked prior to the start of the evaluation. Reasons for evaluative judgments and acceptance or rejection of comments on evaluation products were provided in written comment trails for each version of evaluation deliverables. All findings were triangulated. The data analysis and interpretation were conducted objectively, with evaluators carefully avoiding any preconceived notions that could sway the assessment's outcome.

Credibility, completeness and accountability: The evaluation ensured that all evidence was tracked from its source to its use and interpretation. All evaluation questions were answered through triangulation of data from multiple sources and processed using multiple analytical tools. All findings and conclusions are explicitly justified and substantiated, and the recommendations are based on findings and not bias.

Consent, confidentiality, and respect of rights: Rights-holders and Stakeholders consulted were duly informed about the purpose of the evaluation, the criteria applied and the intended use of findings. The evaluation was conducted in full respect of the participants' right to provide information in confidence through an information and consent form, where possible and where this was appropriate and not intimidating for young people. Researchers explained to participants in clear, age-appropriate language that participants were not required to participate and that they were able to stop participating at any time without negative consequences. All information was used and represented only to the extent agreed to by its contributor.

Data collection with children: The children who participated in interviews and FGDs were asked to participate on a voluntary basis and their participation was strictly confidential. Where possible, parental / guardian consent was obtained for all children aged under 13 years. For children aged over 13, the decision on whether consent from parents / carers is needed was made on a case-by-case basis, depending on the age and capacity of participants. Special care was taken to ensure that especially vulnerable children gave informed consent.

The evaluation underwent **an ethical review process conducted by the HML Institutional Review Board (IRB)** which comprehensively assessed the research protocol / methodology, data collection methods and plan and ethical protocol and tools, along with the data collection tools, information sheets and consent forms (consent forms are provided in Annex D and documentation of ethical approval is provided in Annex M).

FINDINGS

6. RELEVANCE

Summary of findings: Relevance

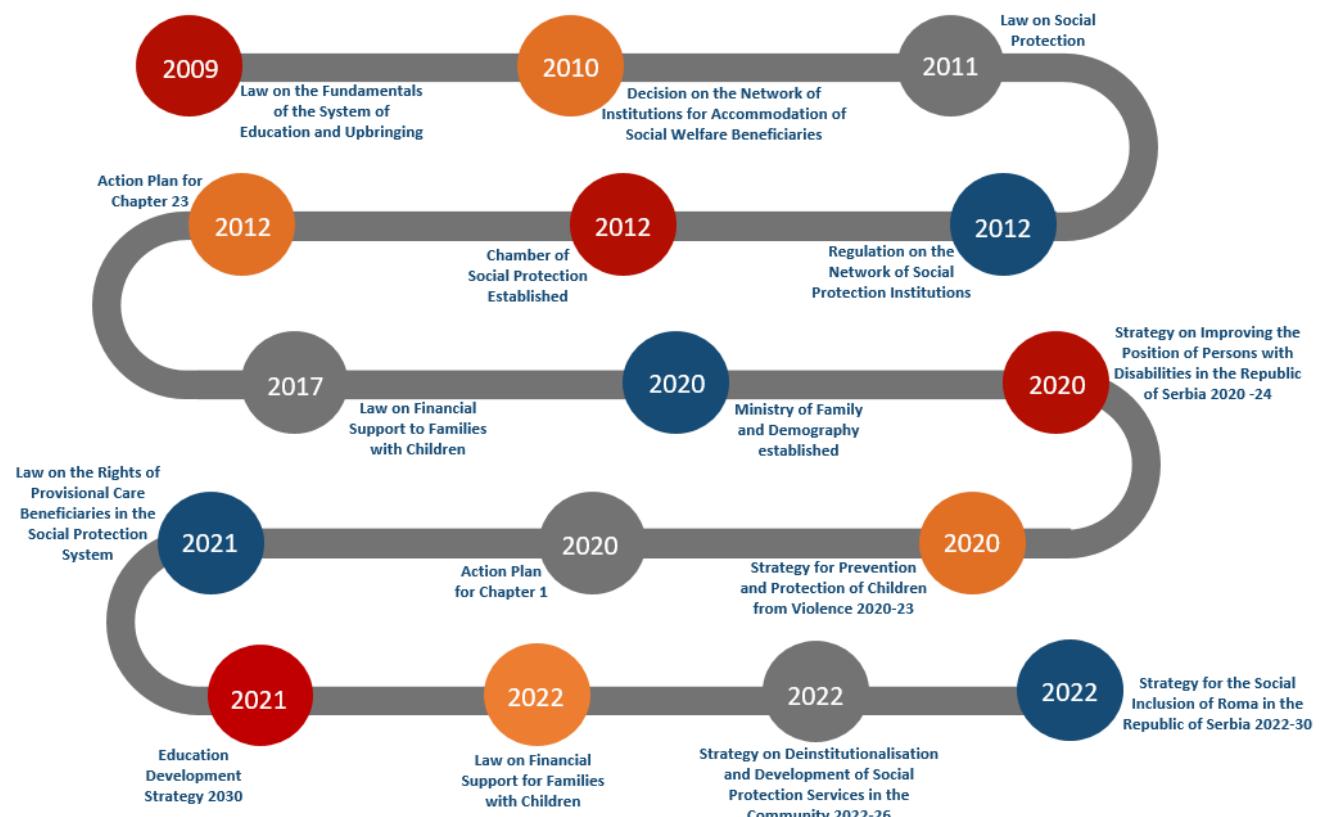
- ⇒ The policy and legal frameworks introduced by the reforms were highly relevant in terms of supporting the delivery of outputs in the ToC necessary to achieve intended outcomes and impact, but in order to ensure their continued relevance, the Law on Social Protection needs to be amended and the Action Plan on Deinstitutionalisation completed and adopted.
- ⇒ While services introduced or strengthened by the reforms were highly relevant and especially for children with disabilities, inconsistencies in terms of location and duration of support reduced their relevance.
- ⇒ Reforms were mostly aligned with international and regional instruments and guidelines, but gaps and omissions continue to exist.
- ⇒ The EU accession process has been a major trigger for the reforms.
- ⇒ UNICEF's input into the reforms was highly relevant.

6.1 To what extent have the child care reforms been relevant to the deinstitutionalisation of children in residential care? (Q.1)

Serbia has published a number of strategies and action plans, which are consistent in the need for a change: away from the use of institutions to address issues of child protection to a system that supports families and, where alternative care is required, the use of family-based kinship, foster care and to a limited extent, adoption services. The placement of children in institutions is only to be used as a last resort and not for those under the age of 3.³⁹

³⁹ The Government of Serbia, Law on Social Protection, Official Gazette of RS no.24/2011 (2011), available at: <https://www.mnrzs.gov.rs/sites/default/files/2018-11/Zakon%20o%20socijalnoj%20zastiti.pdf>

Figure 3: Timeline of national action plans and strategies



6.1.1 To what extent have reforms to childcare policy and the legal framework been relevant to the deinstitutionalisation of children in residential care? (Q1.1)

The policy and legal frameworks from 2009 – 2022 have been highly relevant to deinstitutionalisation of children in residential care, particularly the Law on Social Protection (See Section 3.2, Legal Context). Some policies and legal frameworks introduced prior to 2009 continued to play a key role in the DI process throughout the evaluation period. These included the 2004-2015 National Action Plan for Children, The Family Act (2005) and the Rulebook on the Organization, Norms and Standards of the Centre for Social Work (2008), which provided for the introduction of case management services (and were key in the delivery of ToC output 6, increasing capacity of CSW staff). These early legal and policy frameworks outlined DI reform goals in line with intended outputs (e.g. the promotion of family support services, expansion of foster care and improvement of adoption services),⁴⁰ and contained provisions relevant to intended DI outcomes, including foster care (i.e. outcome 3, placement of children in family-based alternative care) and the preservation of established family relationships (outcome 1, prevention of separation).⁴¹

In 2017, the Law on Prevention of Domestic Violence⁴² was passed, enabling removing a violent member of a family from the home and/or banning a violent family member from approaching the victims. Although the introduction of legislation was not an output of focus in the TOC (Figure 1), it is important to note that this legislation is highly relevant for the intended outcome, ‘prevention of domestic violence’. This too was relevant in that it was expected to prevent the placement of children in institutions to protect them from domestic violence.⁴³ The Strategy for the Prevention and Protection of Children from Violence 2020-2023 and accompanying action plan are also relevant in that they prevent and protect children from domestic violence.⁴⁴

⁴⁰ Government of Serbia., National Plan of Action for Children 2004-2015, 2004.

⁴¹ Article 61 of the Family Act, Official Gazette of the Republic of Serbia, No.18/2005, 72/2011 - Law 6/2015; The Rule Book on Foster Care (Art. 33, Para. 5); Rulebook on the Organization, Norms and Standards of the Center for Social Work, 2008

⁴² The Government of Serbia, Law on Prevention of Domestic Violence, Official Gazette of RS no. 94/2016 and 10/2023, 1 June 2017, available at: <https://www.refworld.org/docid/602f99e44.html>

⁴³ Ministry of Labour, Employment, Veteran and Social Affairs & Ministry of Justice. Annual Report “Strengthening the justice and social welfare systems to advance the protection of children in Serbia” 2016-2017

⁴⁴ Government of Serbia, Strategy for Prevention and Protection of Children from Violence 2020-2023, Official Gazette of the RS, No. 80/20

The Government of Serbia recognised the limitations of early legislative and policy reforms in relation to the relevance for CWDs and other hard-to-place children (particularly Roma children) and have recently developed highly relevant strategies for accelerating the deinstitutionalisation process for these groups, as follows:

- The ***strategy for the improvement of the position of persons with disabilities in the Republic of Serbia for the period 2020 to 2024*** envisages rights of persons with disabilities to family life on an equal basis with others and adopting a DI programme while ensuring adequate support services for life in the community and family (i.e. ToC output 1). The strategy envisages the promotion of specialised foster care to reduce the number of CWD in institutions (i.e. ToC output 2).
- The ***2022-2030 Strategy for the Social Inclusion of Roma in the Republic of Serbia*** identifies that, despite reform efforts, Roma children continue to be disproportionately represented in institutions, foster care and special schools, and lack accessible community-based services.⁴⁵ Objective 7 of the strategy is improved access to social benefits and social services for the Roma people, demonstrating the government's commitment to improving access to services that will prevent the institutionalisation of Roma children (i.e. output 1 targeting a specific group of 'hard-to-place' children).
- The recent ***Strategy on Deinstitutionalisation and development of social protection services in the community for the period 2022-2026*** contains a number of relevant goals of this strategy, including amendments to the Law on Social Protection; the prevention of placement of children under the age of seven in RIs and a defined maximum duration of institutional placement for children. The strategy envisages the enhancement of specialised, temporary and urgent foster care; transforming RIs into small group homes and community-based services, and intensive family support services (including family outreach services). The strategy therefore targets outputs 1, 2 and 4, and an expansion of output 3. An action plan is yet to be endorsed.⁴⁶
- The recent ***Strategy on the Development of Education in the Republic of Serbia by the year 2030***, builds on the previous strategy with key aims relating to inclusive education, particularly for CWD and Roma children.

While the legal framework is relevant, it is in need of amendment to ensure that its relevance continues.

6.2 To what extent have services introduced under the child care reforms been relevant to the deinstitutionalisation of children in residential care? (Q1.2)

Between 2009 and 2022 services relevant to DI were established and/or expanded and strengthened, although the availability of some services remains limited. Services included both community services to support families and prevent separation (i.e. output 1 with the intention of achieving outcome 1) and family-based alternative care services where it was not feasible or in the child's best interests to remain with birth parents (i.e. outputs 2, 4 and 5 to achieve outcome 3). Services relating specifically to children with disabilities are addressed in Section 6.5.

The family outreach service (FOS) was piloted in four cities from 2014-2017, and was designed as a form of intensive family support to prevent abuse and separation and enable reunification.⁴⁷ The FOS pilot reached 1,639 children from 760 families (including 459 CWDs),⁴⁸ and prevented all but seven children reached from being placed in RIs.⁴⁹ Unfortunately, the service FOS was not continued on the expiry of EU funding, but has been incorporated into the draft amendment to the Law on Social Protection and the Strategy for Deinstitutionalisation 2022-2026, demonstrating the Government's intention to establish this service nationally.

The National child helpline (which became state-funded in 2014) supports the prevention of, and response to, violence against children and the prevention of separation, through reporting and referral of abuse cases, provision of counselling to victims of violence and parenting guidance. Units established since 2016 under helpline include: 1) the

⁴⁵ Government of Serbia, Strategy for Social Inclusion of Roma in the Republic of Serbia 2022-2030, Official Gazette of the RS, No. 30/18, p 67

⁴⁶ KII with representative the Ministry of Labour, Employment, Veteran and Social Affairs (MOLEVSA), Serbia, on 01 June 2023

⁴⁷ Irima, R., and Isakov, A. B., Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with Focus on Child Care Reform in Serbia (2013-2017), 15 January 2018; UNICEF: Final report of the project 'stopping placement of children under 3 in institutional care and developing services for families at risk; child welfare in Serbia final

⁴⁸ Ministry of Labour, Employment, Veteran and Social Affairs & Ministry of Justice. Annual Report "Strengthening the justice and social welfare systems to advance the protection of children in Serbia" 2016-2017; Irima, R., and Isakov, A. B., Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with Focus on Child Care Reform in Serbia (2013-2017), 15 January 2018, p.17

⁴⁹ UNICEF IPA 2013 Progress Report Year III, Contract No 2014346390 28 July 2017. Of the families reached, 20 per cent Roma families of children with disabilities, 36 per cent single parent families and 71 per cent families of children with an intellectual disability.

SOS hotline for women victims of violence (2019)⁵⁰; 2) Parentline (2016)⁵¹; 3) Chat-counselling via chatbots and Viber (2021)⁵², and, 4) tele-counselling (2022/3).

Foster care services are highly relevant for DI, and reform efforts aimed to strengthen the pre-existing general foster care and emergency foster care (aiming to prevent children under three from entering institutions). **Intermittent foster care** was introduced during reforms offering temporary fostering to provide parents with respite to prevent institutionalisation of their children),⁵³ but this was not widely used.⁵⁴

6.3 To what extent have the childcare and deinstitutionalisation reforms been aligned with States' obligations under the UN Convention on the Rights of the Child, the UN Guidelines for the Alternative Care of Children, EU Guidelines and the UN Convention on the Rights of Persons with Disabilities? (Qs. 2.1-2.4)

Reforms are mostly aligned with international conventions and guidelines but a number of gaps and omissions continue to exist. The CRC Committee's concluding observations to Serbia's 2nd and 3rd report welcomed the efforts to reform legislation related to the rights of the child (in the Law on Social Protection). However, it remained concerned that the inadequate harmonization of legislation and the absence of a comprehensive law on children posed a significant challenge to advancing children's rights in the State party. It was further concerned that the Law on the means of determining the maximum number of public sector employees had a negative impact on the provision of child services in the State party.⁵⁵ The CRPD Committee in its concluding observations to Serbia's initial report were also concerned about the non-alignment of some of the provisions relating to children with disabilities⁵⁶ and urged the Government to identify concrete targets in the Action Plan for Inclusive Education (2016-2020).

Serbia has yet to officially complete a comprehensive review of all legislation that would ensure compatibility and alignment with the CRC obligations. The legal provision of a maximum number of 50 child beneficiaries in residential accommodation for children and youth⁵⁷ is not in accordance with international standards or the CRPD. This number of children would be regarded as "large or traditional institutions", limiting participation in the community and many fundamental rights of the user, such as the right to liberty, the right to privacy, the right to family life, and increasing the risk for cases of violation of the right to protection against torture, inhuman and degrading treatment and other forms of abuse.⁵⁸ The proposed amendments to the Law on Social Protection aim to ensure alignment with the CRPD and other international standards,⁵⁹ but have yet to be presented to Parliament.

Later programmes, including the *Employment and Social Policy Reform Program in the Process of Accession to the European Union (2016-2017)*, and the Action Plan for Chapter 19 – Social Policy and Employment under the EU accession agreement, contain key aims relevant to DI in line with international standards and EU requirements. Relevant aims include supporting biological families at risk, developing community-based services, reducing the necessity for, and increasing availability of, alternative care, building the capacity of social protection service providers to support social reintegration, and reducing capacity of RI's and redistributing resources for community-based care (which are aligned with intended outputs and outcomes in the ToC, Figure 1).⁶⁰

⁵⁰ 2020 Annual Report of the Center for the Protection of Infants, Children and Youth "Zvezanska"

⁵¹ Network of Organisations for Children of Serbia, 2016, "Parental phone" - a new service for families in Serbia, Information accessed via Childhub, 27 September 2023, <https://childhub.org/en/child-protection-news/parental-phone-new-service-families-serbia>

⁵² UNICEF, National Children's Line Launches New Innovative Service, 2021, <https://www.unicef.org-serbia/en/press-releases/national-childrens-line-launches-new-innovative-service>

⁵³ Irima, R., and Isakov, A. B., Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with Focus on Child Care Reform in Serbia (2013-2017), 15 January 2018

⁵⁴ FGD with Center for Social Work 1, Serbia, on 31 May 2023

⁵⁵ CRC/C/SRB/CO/2-3, 7 March 2017, para. 6.

⁵⁶ CRPD/C/SRB/CO/1 23 May 2016, para.26

⁵⁷ Article 54, Law on Social Protection, [Official Gazette of RS no.24/2011 \(2011\), available at: https://www.mnrzs.gov.rs/sites/default/files/2018-11/Zakon%20o%20socijalnoj%20zastiti.pdf](https://www.mnrzs.gov.rs/sites/default/files/2018-11/Zakon%20o%20socijalnoj%20zastiti.pdf)

⁵⁸ Mental Disability Rights Initiative of Serbia (MDRI-S), Policy Brief - The situation of children and youth with disabilities in the social protection system. July 2018. Available at: https://www.mdri-s.org/wp-content/uploads/2018/08/policy- brief_mdri-s.pdf

⁵⁹ The Coalition for Monitoring Child Rights in the Republic of Serbia, Progress report: Serbia, Belgrade, April 2022, available at: https://cpd.org.rs/wp-content/uploads/2022/04/Written-submission_Coalition-for-Monitoring-Child-Rights-in-Serbia-April-2022.pdf

⁶⁰ Government of Serbia, Action Plan for Chapter 19 – Social Policy and Employment, pp.183, pp. 230-235, May 2020

6.4 To what extent, if any, have UN guidelines on alternative care for children, EU guidelines and policies, CRC and CRPD on the national DI reforms acted as a trigger for national reform? (Qs. 3.1-3.4)

It is not known to what extent reforms were triggered by ratification of the CRC and CRPD, but the EU accession process has undoubtedly been a key trigger for DI reforms in Serbia. It has been noted that '*the contemporary child welfare system in Serbia cannot be considered separately from the process of European integrations, which significantly affects the content and the dynamics of changes in this area.*'⁶¹ In 2012, the European Council granted the Republic of Serbia candidate status for membership in the European Union, followed by the decision on opening accession negotiations. The requirements placed on States wanting to accede to the EU were a catalyst for the child care reforms. The DI objectives within the '*Employment and Social Policy Reform Program in the Process of Accession to the European Union (2016–2017)*' to address Chapter 23 of the Acquis and particularly the increase in community services to support families, the availability of alternative care measures,⁶² and reduction in the number of children in large scale institutions.⁶³ Chapter 19 of the Acquis was also a trigger for the Strategy on Deinstitutionalisation 2022-2026.

6.5 How relevant have the childcare and deinstitutionalisation reforms been to the needs of children with disabilities and hard to place children? (Qs. 4.1-4.2)

A number community based services provided by LGUs were introduced (respite care, personal companion services) or expanded (day care and home assistance) and strengthened under the reforms. Services intended to provide individually tailored support to children with disabilities, to enable them to remain within the family environment and to promote their inclusion in the local community, thus making these service highly relevant (i.e. output 1 with the intention of achieving outcomes 1 and 5).⁶⁴ However, there remains a shortage of relevant community-based services for CWD and children with behaviour problems, meaning intended output one has not been fully implemented.⁶⁵ Figure 4 presents available RISP data (since 2015-2016) on the number of Licenced Service Providers in LGUs.

The personal companion service was established in 2013.⁶⁶ There has been a steady increase in the number of licenced providers of the personal companion service (Figure 4) and the number of children accessing the personal companion service (from 337 in 2016 to 2869 in 2022).⁶⁷ However, there are inconsistencies in service provision in terms of location⁶⁸ and duration of support⁶⁹ reducing their relevance.

Respite services were established as a short term placement (up to 20 days consecutively and 45 days annually⁷⁰) to support the parents and guardians of persons with disabilities, including CWD, to prevent parental burnout and, ultimately, prevent the placement of children into RIs. While highly relevant, only three licenced service providers offered this service in 2022 (figure 4), and the majority of respite beneficiaries are adults.⁷¹

Day care services for children and youth with disabilities were further developed during the reforms, but are somewhat less relevant for the CWD compared to other community-based services; few CWD use this support, due to

⁶¹ Zegarac, Nevenka 'Child Welfare and Serbia on the Path towards European Integration', ch 14 in *The Routledge handbook of global child welfare.*, edited by Pat Dolan, Nick Frost, 2017

⁶² Zegarac, Nevenka 'Child Welfare and Serbia on the Path towards European Integration', ch 14 in *The Routledge handbook of global child welfare.*, edited by Pat Dolan, Nick Frost, 2017

⁶³ Irima, R., and Isakov, A. B.,Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with Focus on Child Care Reform in Serbia (2013-2017), 15 January 2018

⁶⁴ Ignjatovic, T. D., Milanovic, M., & Zegarac, N. (2017). How services for children with disabilities in Serbia affect the quality of life of their families. *Research in developmental disabilities*, 68, 1–8. Available at: <https://doi.org/10.1016/j.ridd.2017.06.009>

⁶⁵ FGD with staff of Institution 3, Serbia, on 01 June 2023; World Vision International, ChildPact and Network for Organisations for Children of Serbia. Child Protection Index, Serbia Report: Measuring government efforts to protect girls and boys, September 2016

⁶⁶ Government of Serbia, Strategy of deinstitutionalization and development of social protection services in the community for the period 2022-2026, Official Gazette of the RS, No. 30/18

⁶⁷ Data provided by the Republic Institute of Social Protection, August 2023.

⁶⁸ Government of Serbia, Strategy of deinstitutionalization and development of social protection services in the community for the period 2022-2026, Official Gazette of the RS, No. 30/18

⁶⁹ Government of Serbia, Strategy of deinstitutionalization and development of social protection services in the community for the period 2022-2026, Official Gazette of the RS, No. 30/18; Key-Informant Interview with Community Support Provider 1, Serbia, on 06 June 2023.

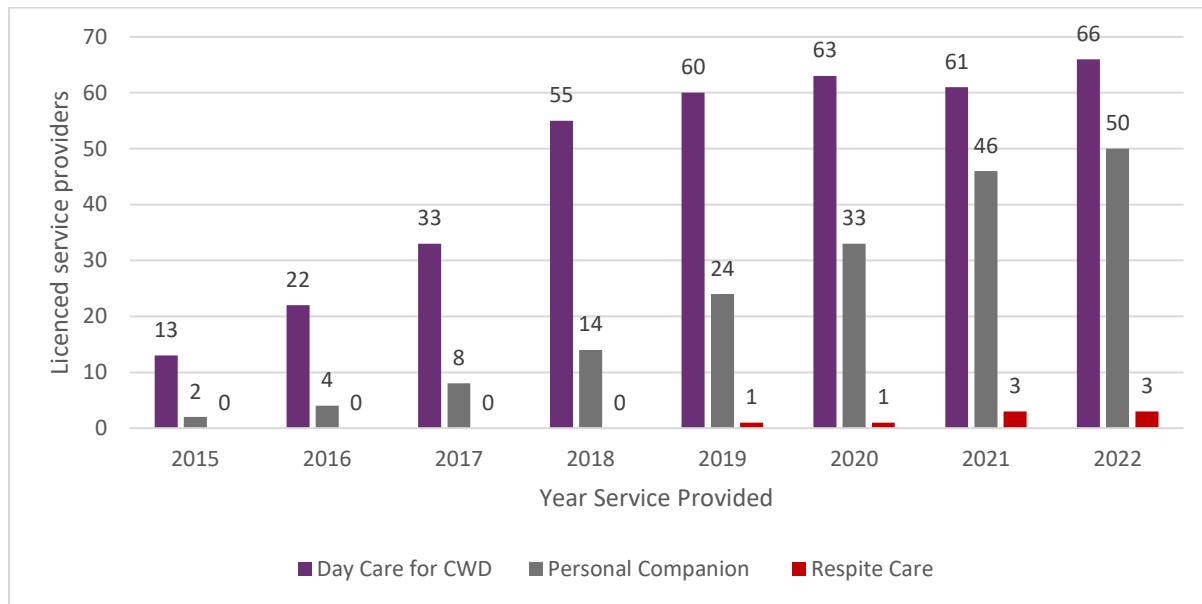
⁷⁰ Irima, R., and Isakov, A. B.,Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with Focus on Child Care Reform in Serbia (2013-2017), 15 January 2019, p.36

⁷¹ KII with Community Support Provider 1, Serbia, on 06 June 2023

the success of inclusive education reforms meaning that most CWD are in school when day care services are available.⁷² Only 384 children used this service 2022.⁷³

While **home assistance services** specifically to support and prevent the institutionalisation of CWD were developed during reforms (as part of the project strengthening community-based services), only 124 children used this service in Serbia in 2022.⁷⁴

Figure 4: Licensed Community-based services for children with disabilities



Data Source: RISP administrative data

6.6 How relevant has UNICEF's input been to national childcare and deinstitutionalisation reforms? (Q5)

From 2009-2022, UNICEF has made continuous contributions to the implementation of child care reforms in Serbia, supporting all outputs in the ToC. UNICEF country programmes have had specific objectives prioritising deinstitutionalisation reforms. These are set out in table 1 in the background section.

The majority of services introduced for the implementation of reforms have been led, either directly or indirectly, or supported by UNICEF, in partnership with MOLEVSA and other stakeholders, such as the EU. Details of the programmes and their activities are provided in Table 7. Through these programmes, UNICEF has contributed to a number of activities relevant to reforms, particularly the intended outputs of strengthening community-based services, increasing the quality of alternative care, developing kinship care and increasing the capacity of CSWs. This includes the development of accredited training programmes for staff in residential institutions and CSWs,⁷⁵ developing guidance for permanency plans and training for CSW staff, establishing working groups for the transformation of children's homes,⁷⁶ the development of guidelines on kinship care to strengthen this as a form of alternative care,⁷⁷ piloting and evaluating the FOS, and supporting the development of respite services. The role of UNICEF is also seen as one of being able to provide technical support for the implementation of Action Plans and IPA funded projects in line with EU guidelines and support the accession process.⁷⁸ UNICEF plays a key role in advocacy and ensuring the feedback of users

⁷² KII with Community Support Provider 1, Serbia, on 06 June 2023

⁷³ Data provided by the Republic Institute of Social Protection, August 2023.

⁷⁴ Data provided by the Republic Institute of Social Protection [via UNICEF], September 2023.

⁷⁵ KII with representative of the Serbian Social Protection Chamber, on 30 May 2023

⁷⁶ Ministry of Labour, Employment, Veteran and Social Affairs & Ministry of Justice. Annual Report "Strengthening the justice and social welfare systems to advance the protection of children in Serbia" 2016-2017

⁷⁷ Irima, R., and Isakov, A. B., Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with Focus on Child Care Reform in Serbia (2013-2017), 15 January 2018

⁷⁸ KII with representative of the EU Delegation to Serbia, on 30 May 2023

and staff is incorporated into reforms,⁷⁹ although a view was expressed that UNICEF could do more to utilise its advocacy power to accelerate the reform process.⁸⁰

Table 7: UNICEF-supported projects targeting deinstitutionalisation from 2009-2022

| Programme (Funder) | Summary of Programme Aims and Activities |
|--|---|
| 'Transforming residential institutions for children and developing sustainable alternatives' 2008-2011 (EC) | Reduced number of children in institutions by 29.5 per cent (target 25 per cent) through: transformation of residential institutions; increasing capacities for provision of family support and general and specialised foster care; model for family support in maternity hospitals, and; strengthening accountability and monitoring mechanisms. Goals achieved through inputs to the amendments to the Social Welfare law, development of national and subnational plans and development of Model for Individual Assessment of the Needs of Children with Disabilities and their Families. |
| 'Support to the deinstitutionalisation of children, particularly for those with disabilities in Serbia: Strengthening the continuum of services at national and local level' 2009-2012 (Government of Italy) | Strengthening cooperation of policy makers across sectors (MOLESP, Education, Health, Local Self-Governance) at national level in defining provisions of preventive support and strengthening the continuum of community-based services for CWD; upgrading and follow-up of individual care plans to include withdrawal of children from institutions; support establishing small group homes. |
| 'Developing Community Based Services for Children with Disability and Their Families' 2010-2013 (IPA 2008) | Capacity building support for MOLESP and subnational stakeholders including: support for development of bi-laws, policy documents and guidelines, training packages and certification for community-based services (day care, home help, respite and supported living); upgrading monitoring, reporting and knowledge generation mechanisms; implementation of training, monitoring and supervision of services at municipal level; strengthening CSW case managers and; CSO, Ombudsman and Commissioner of Equality advocacy strengthening. |
| 'Stopping the placement of children under three in institutional care and developing services for families at risk' 2013-2016 (Novak Djokovic Foundation) | Development and strengthening of services to support to prevent institutionalisation, including strengthening early identification and referral and piloting of support services to prevent separation (Family Outreach Service), and strengthening the foster care system. |
| 'Strengthening the justice and social welfare systems to advance the protection of children in Serbia' 2014-2017 (IPA 2013) | Ensuring favouring of family-based solutions; strengthening community-based services supporting birth families (Family Outreach Service); strengthen CSW case-management services; down-scaling of two large-scale institutions; enhancing foster-care system to operate in 'best interests of the child'; introduction of intermittent foster care; strengthening financial transfers to target CWD; developing methodological framework for conducting functional assessments of CWD; strengthening kinship care. |

The government recognizes the relevance of support currently being provided by UNICEF. Currently UNICEF is supporting the Government to increase the provision of foster care services, through the development of regional fostering campaigns; has plans to further promote the implementation of intermittent and urgent foster care, and to review administrative procedures in place that might be hampering service access.⁸¹ In 2019 and 2022, UNICEF implemented targeted advocacy, technical support and capacity building of foster parents with the Ministries to reintegrate young children and CWD from institutions into foster care (i.e. supporting output 2 to contribute to outcome 3), although it was noted that the 2022 project was not completed.⁸²

⁷⁹ FGD with Republic Institute of Social Protection, Serbia, on 7 June 2023

⁸⁰ KII with representative from Institution 2, Serbia, on 01 June 2023

⁸¹ KII with representative from MOLEVSA, Serbia, on 01 June 2023

⁸² KII with representative of the Ministry of Family and Demography (MOFD), Serbia, on 30 May 2023; Consultation with UNICEF Serbia Impact and Evaluation and Child Protection Sections, September 2023.

In their 2022 annual report, UNICEF reported having provided relevant support for the timely implementation of new legislation and policy – primarily through support to development of a Rulebook on foster care to improve quality and efficiency of alternative family-based care services.⁸³ UNICEF also worked closely with the National Association of Professionals in Social Protection with the aim of increasing the capacity of CSWs to support families with children that are at high risk of placement in institutional care. This included supporting MOLEVSA to develop and pilot indicators for assessing the risk of placement of a child in institutional care, and providing accredited training to 519 case managers and CSW staff in areas with higher rates of placement of children in care.⁸⁴ The rulebooks for services in relation to intensive family support, FOS, and the child helplines are to be prepared, with support of UNICEF.⁸⁵

7. EFFECTIVENESS/IMPACT

This section assesses the effectiveness and impact of DI reforms, focusing on the change brought about by reforms in relation to outcomes and intended impact. Limited statistical data was available to ascertain the effectiveness of reforms in relation to certain outcomes outlined within the ToC, namely prevention of violence (outcome 2) and tailor-made support (outcome 5). Qualitative data was utilised where possible.

Summary of findings on effectiveness

- ⇒ Broadly, all elements of the reforms generated the desired outcomes outlined in the ToC, though contributions were sometimes partial, some did not completely achieve the desired outcome, and some were not sustainable.
- ⇒ Virtually all the observed outcomes were attributable to the reforms.
- ⇒ The EU Stabilisation and Association Agreement which came into force in 2013 had a major impact;
- ⇒ Behaviour, attitudes, thinking and reasoning of stakeholders has changed but not sufficiently, especially in relation to CWD and hard to place children.
- ⇒ Monitoring, collection, management and analysis of data is limited and remains a significant gap in the reforms.
- ⇒ Political support is essential for the reforms, and while present at the beginning of the reforms, faded over time.
- ⇒ There is insufficient funding at local level to ensure an adequate provision of services, inadequate staffing in CSWs and CFCs and too few foster carers to meet the needs of vulnerable children and children with disabilities.
- ⇒ CWD have not benefitted from DI reforms proportionately.
- ⇒ Children under 3 continue to be placed in institutions.
- ⇒ The number of employed social work professionals has decreased since 2015 and there is a lack of interest amongst graduates in working for CSWs.
- ⇒ Covid-19 and the impact of the conflict in Ukraine have had a negative impact on the reforms.

7.1 How did the DI reforms (and other external factors) contribute to the desired outcomes? (Q. 6)

7.1.1 Which elements of the DI reform generated the desired outcome(s) and how much can be attributed to DI reforms? (Qs. 6.1-6.2)

Broadly, all elements of the reform programme contributed to the desired outcomes, though the impact of the contributions was sometimes partial, and did not completely achieve the desired outcome. Some reforms achieved the outcomes only for a time-limited and non-sustainable period (see section 6.5).

Legal reform

The passing of the Law on Social Protection 2011 provided an essential legal framework for the reform outputs and achieve desired outcomes. Its goal was to prevent abuse, neglect or exploitation and to ensure the availability of services and preserve and improve family relations (i.e. outputs 1 and 2 to achieve outcomes 1 and 2).⁸⁶ It set up the structural framework of the social protection system, including the Institute for Social Protection, the Chamber for Social Protection, the CSWs and the CFCs. It also defines the rights and duties of actors in the social protection system both at national and local level, including the duties of the MOLEVSA and LGUs.

⁸³ UNICEF Serbia, Country Office Annual Report, 2022, available at: <https://www.unicef.org/reports/country-regional-divisional-annual-reports-2022/Serbia>

⁸⁴ KII with representative from the MOLEVSA, Serbia, on 01 June 2023

⁸⁵ KII with representative from the MOLEVSA, Serbia, on 01 June 2023

⁸⁶ Article 3, Law on Social Protection 24/2011

The Law contains provisions for support services to prevent separation of children from their parents, including the right to cash social assistance and disability cash allowance. Contrary to desired outcomes, the Law continues to permit placement of children in residential institutions, but places a ban on the institutionalisation of children under 3 years of age (with some exceptions).⁸⁷ The Law mandates an expansion of fostering to include the placement of all children, including babies and CWD (output 2); recognises non-State actors as legitimate community service providers and introduces a mechanism for their financing.⁸⁸ It also provides for licensing of professionals (output 6) and accreditation of social protection services.⁸⁹ The Law has been accompanied over time by a number of secondary legislation to enable its operationalisation and implementation.

The Law was a major generator of the desired outcomes, but due to the lack of harmonisation of laws it has become clear over time that amendment and revision is needed, both to the Family Law and the Law on Social Protection as well as other laws, if reforms are to progress. For instance, the Law on Temporary and Occasional Accommodation⁹⁰ provides that adult users can remain in residential institutions for up to one year and children for up to 6 months, but that they can stay can be prolonged based on justified decision of a CSW, resulting in periods of extended institutionalisation of children, particularly victims of violence.⁹¹ While this aims to support outcome 2 of the prevention of domestic violence, it does not serve to deinstitutionalise a child.

Working groups have been preparing amendments to the Law on Social Protection since 2017, but these have yet to be finalized and entered endorsement procedures. The most pressing need for amendments relates to the provision of services and the licensing of service providers, in order to ensure the strengthening (and availability) of family support services in the community, and in turn achieve the intended outcomes of preventing separation and domestic violence and ensuring families can access tailor-made support (i.e. better implementation of output 1 to achieve outcomes 1 and 5). While the Rulebook on Detailed Conditions and Standards for the Provision of Protection Services classifies and provides standards for personal companion services for CWD, standards for essential psycho-social and socio-educational services (including counselling, intensive family preservation services, FOS and family therapy) are not similarly covered.⁹² This serves as a barrier for the licensing of service providers; authorities delay or refuse awards of licences because they do not know whether a service meets the standard, and MOLEVSA is reluctant to approve licencing of “innovative” services.⁹³ Moreover, assisted living services for children and youth (which aim to support reintegration, outcome 4) have very high standards for obtaining a license, meaning few of these services are being established.⁹⁴

Stakeholders shared their frustration at the State’s failure to fulfill its obligation to include FOS in legislation.⁹⁵ The draft Rulebook on Intensive Family Support, which regulates services aimed at preventing the separation of children placement of children in care, including the FOS (i.e. implementing output 1 to achieve outcome 1), was finalized in 2017⁹⁶ but has yet to be adopted and implemented.

Inclusive education as a measure to prevent institutionalisation

Although not explicitly captured as an intended output or outcome in the ToC, inclusive education (IE) for CWD is a major factor in preventing institutionalisation, as without it, education is generally only available for this group of children in residential schools or institutions. Prior to IE reforms, CWD classified as ‘uneducable’ by the local commissions for categorisation remained at home or were placed in RIs. A large number of children from Roma families were also enrolled in special schools as a result of discrimination.⁹⁷

⁸⁷ Article 5, Law on Social Protection 24/2011

⁸⁸ Chapter XVI, Law on Social Protection 24/2011

⁸⁹ Chapter XV, Law on Social Protection 24/2011

⁹⁰ The Government of Serbia, Law on the rights of users of temporary housing services in social protection, Official Gazette of RS no.126/2021 (2021)

⁹¹ KII with Community Support Provider 1, Serbia, on 06 June 2023

⁹² FGD with Republic Institute of Social Protection, Serbia, on 7 June 2023; Government of Serbia, Strategy of deinstitutionalization and development of social protection services in the community for the period 2022-2026, Official Gazette of the RS, No. 30/18

⁹³ FGD with Republic Institute of Social Protection, Serbia, on 7 June 2023

⁹⁴ FGD with Republic Institute of Social Protection, Serbia, on 7 June 2023

⁹⁵ FGD with NGOs / CSOs, Serbia, on 30 May 2023; FGD with the Republic Institute of Social Protection, 7th June 2023.

⁹⁶ Ministry of Labour, Employment, Veteran and Social Affairs & Ministry of Justice. Annual Report “Strengthening the justice and social welfare systems to advance the protection of children in Serbia” 2016-2017

⁹⁷ Quality Inclusive Education in Serbia, SDG 4: https://unece.org/fileadmin/DAM/RCM_Website/SDG_4-1_Serbia.pdf

In 2009, Serbia passed the Law on the Foundations of the Education System.⁹⁸ The Law introduced IE, including inter-sectoral committees for assessment of the need for additional educational, health and social support, using a social (as opposed to medical) model, and the provision that every child of prescribed age must be enrolled in school. This led to transition of children with mild disabilities and Roma children from special education schools to mainstream schools, while children with multiple disabilities, who in the previous system would have been left out of education, were enrolled to special schools. The Law was supported by the IPA project, *Education for All, 2009-2011*, which provided training for inter-sectoral commission members and teachers, established an IE support network, and supported a national study on IE. The Strategy for Development of Education in the Republic of Serbia by the Year 2020 planned the establishment of 'inclusion units', and a development plan and monitoring of IE, to implement the Law and raise the quality of education. Legislative activity to improve IE has been ongoing since 2017, primarily through the adoption of bylaws⁹⁹ and the establishment of networks of support to IE.¹⁰⁰ The Social Inclusion and Poverty Reduction Unit, established in the Ministry of Education, evolved into the re-establishment of the Department for Human and Minority Rights in 2020. In 2017, a new Law on the Foundations of the Education System was adopted, further promoting IE. A new Education Development Strategy by the year 2030 was adopted in 2021 and accompanied by two action plans (AP 2021-2023 and AP 2023-2026). These action plans introduced number of measures for further development of the implementation, monitoring and planning of IE. Between 2017 and 2023, a number of services were introduced aiming to improve IE, in addition to the amendment and adoption of multiple laws and regulations. This includes the establishment of resource centers. At present, there are 10 functioning resource centers.¹⁰¹

An evaluation of IE practices from 2010-2014 found that the policy contributed to a gradual acceptance of the principles of IE and that the number of children placed in mainstream schools increased.¹⁰² While structural elements of the reform (i.e., the new commissions and the inclusion teams in schools) remained after funding ceased, some parts of the inclusion policy that were donor funded were not sustainable, and thus the system did not continue to work in practice.¹⁰³ An evaluation of UNICEF's work on IE in 2019 found that, despite legislation and strategic frameworks, challenges to achieving results uniformly or at scale persist, due to structural deficits, resource constraints, lack of intersectoral committee expertise, teacher motivation, parental awareness, political/policy commitments, and entrenched negative social norms.¹⁰⁴ However, there are also more recent reform activities where donor funded projects have been embedded systemically and sustained, such as the establishment of the networks of support to inclusive education.¹⁰⁵ The 2019-2021 National Report on IE indicated there is no evidence relating to the extent to which the recent bylaws are effective in improving the level of IE for CWD.¹⁰⁶

The number of children in primary special schools and special classes decreased as a result of reforms (from 5,348 in 2013 to 4,760 in 2017),¹⁰⁷ although the number of students in special secondary schools increased from 1,993 in 2019 to 2,320 in 2021.¹⁰⁸ Parents continue to face challenges placing CWD in mainstream schools and have a preference for placing children in special schools due to perceptions relating to quality of care.¹⁰⁹ While IE reforms could be regarded as having contributed to the desired outcome of preventing separation and placement in alternative care (outcome 1), their impact appears to have been limited.

⁹⁸ This was followed by secondary legislation, including Guidelines on the Reform of Special Education.

⁹⁹ Rulebook on Unified Education Information System, (No. 81/2019); Rulebook on detailed instructions for determining the right to an individual education plan, its application and evaluation (74/2018); Rulebook on closer conditions in terms of space, equipment and teaching aids for the implementation of the curriculum of teaching and learning in gymnasiums (No 11/2017, 2013/2019); The Rulebook on detailed criteria for recognizing forms of discrimination by an employee, child, student or third party in an educational institution.

¹⁰⁰ Republic of Serbia Ministry of Education, *National Report on Inclusive Education in Serbia 2019-2021*, 2022.

¹⁰¹ KII with IE expert; Government of the Republic of Serbia, Press release, 19 April 2023, Available at:

<https://www.srbija.gov.rs/vest/en/205398/resource-centre-in-novi-sad-step-further-in-process-of-introducing-inclusive-education.php>

¹⁰² AAM Consulting and Expanzio Consulting, Formative Evaluation of Implementation of Inclusive Practices in the Education System in Serbia (2009-2014).

¹⁰³ AAM Consulting and Expanzio Consulting, Formative Evaluation of Implementation of Inclusive Practices in the Education System in Serbia (2009-2014).

¹⁰⁴ UNICEF Country Programme Evaluation 2016-2020, Finding 17.

¹⁰⁵ Republic of Serbia Ministry of Education, *National Report on Inclusive Education in Serbia 2019-2021*, 2022.

¹⁰⁶ Republic of Serbia Ministry of Education, *National Report on Inclusive Education in Serbia 2019-2021*, 2022.

¹⁰⁷ Quality Inclusive Education in Serbia, SDG 4: https://unece.org/fileadmin/DAM/RCM_Website/SDG_4-1_Serbia.pdf

¹⁰⁸ UNICEF, National report on Inclusive Education in the Republic of Serbia, 2019-2021,

<https://www.unicef.org-serbia/publikacije/nacionalni-izvestaj-o-inkluzivnom-obrazovanju-u-republici-srbiji-2019-2021>.

¹⁰⁹ Key informant interview with inclusive education specialist, June 2023.

Deinstitutionalisation

It is clear that the reforms have led to a substantial reduction in the number of children in institutions (see section 6.2.7.1) and an increase in foster care, but that the desired outcomes have only been partially achieved. Deinstitutionalisation has been slow, and has not applied proportionately to children with disabilities.¹¹⁰ Deinstitutionalisation is dealt in section 7.7.1.

7.1.2 What was the impact of other external factors on childcare and deinstitutionalisation reforms? (Q6.3)

A number of external factors have impacted on the reform programme, in particular, Serbia's application to join the EU and the signing of the **Stabilisation and Association Agreement** with the EU in 2008 (and its coming into force in 2013). The Agreement requires States to comply with all European laws including those relating to the rights of children, has had a clear impact on the development of the Law on Social Protection. The need to close Chapters 23 and 24 of the EU acquis are likely to have a continuing impact on reforms.

Further, the recommendations in CRC Committee's concluding observations to the 2nd and 3rd periodic report in 2017 and the desire of the Government to address those recommendations has had some impact on the later part of the reform process.

7.2 Under what circumstances and why did these deinstitutionalisation reforms generate the desired outcomes? (Qs. 7.1-7.2)

Early reforms were driven by a government with expertise in, and commitment to, social welfare and reforms to ensure '*all children of Serbia grow up in a safe and caring family environment (i.e. the ToC intended impact)*'.¹¹¹ This led to achievements in relation to the key outputs and outcomes in the earlier phase of the reform programme (see sections 7.6 and 7.7). In addition, starting the process of accession to the EU was a major stimulus among the government to push forward with reforms. The availability of EU funding under the IPA programmes also played a major role in the establishment of services and thus generating the desired outcomes.

As the reforms progressed, the introduction of a legal framework to prevent institutionalisation, and provision for community-based support services in the Law, the development of community based services, better trained staff in CSWs, more inclusion of CWDs in mainstream school and financial allowances for foster carers all contributed to the desired outcomes. Stakeholders interviewed as part of this evaluation largely indicated that the Family Law and the Law on Social Protection and the accompanying secondary legislation provide clear and relevant frameworks and guidelines and adequate flexibility for social protection service provision.¹¹²

At the same time, the desired outcomes outlined in the ToC have only been partially achieved, due to limited inclusion of CWD and Roma children (and their deinstitutionalisation) and limited implementation of intended outputs, particularly community-based support services for children (especially CWD) and family-based alternative care services. Limited availability of community-based services for CWD increases the likelihood of the need for separation and reduces the likelihood of reintegration (i.e. a failure to implement output 1 for CWD has limits the extent to which outcomes 1 and 4 can be achieved). A lack of available family-based alternative care mean that children cannot be placed in family-based alternative care and are therefore more likely to enter institutions (i.e. failure to implement outputs 2 and 5 prevent outcome 3 from being achieved).

This would appear to be largely due to political change, a slow-down in meeting the EU requirements for EU accession, lack of financial resources on the part of the Government and a waning of enthusiasm for joining the EU. It may also be an indication of child care reform 'fatigue'. The priorities of the EU and of UNICEF have shifted over the period of the evaluation, and child care reform does not appear to garner the same level of attention as it did, with violence against children becoming a focus of attention.

¹¹⁰ Disability Rights International & Mental Disability Rights Initiative of Serbia, *Forgotten Children of Serbia*, 01 Jun 2021, available at: <https://www.mdri-s.org/wp-content/uploads/2021/06/Serbia-2021-web-SRB.pdf>

¹¹¹ KII with representative of the EU Delegation to Serbia, Belgrade, Serbia, on 30 May 2023; FGD with Republic Institute of Social Protection, Belgrade, Serbia, on 7 June 2023

¹¹² Zegarac, Nevenka 'Child Welfare and Serbia on the Path towards European Integration', ch 14 in *The Routledge handbook of global child welfare.*, edited by Pat Dolan, Nick Frost, 2017.

7.2.1 What changes, if any, did the DI reforms have on the behaviour, attitudes, thinking and reasoning of stakeholders? (Q7.3)

While the child care reforms have resulted in a greater awareness of the existence and needs of CWD and hard to place children, negative attitudes towards these children remain prevalent within Serbian society. There continues to be a limited understanding of their need for support, especially in the case of Roma children,¹¹³ something that the *Strategy for Social Inclusion of Roma 2016–2025* aims to mitigate. The continued negative attitudes towards these groups of children will likely serve as a barrier to their access to support services, which will in turn prevent outcomes from being achieved, particularly relating to the prevention of separation (outcome 1). Public perceptions towards foster care also remain negative; it is common belief that foster carers are only providing a service for financial gain,¹¹⁴ and negative perceptions and discrimination towards foster children remains prevalent in the community.¹¹⁵ This will hinder the development of foster care (outputs 2 and 5) and limit the availability of family-based alternative care (outcome 3).

While the needs of CWD are now openly discussed,¹¹⁶ a common narrative remains: that inclusion of CWD in mainstream schools will disrupt or reduce resources for other children,¹¹⁷ and that institutional care often remains the best, or only, option for such children.¹¹⁸ Individuals working in RIs for CWD are passionate in their belief that RIs provide the best level of care and are '*like a family*' for children.¹¹⁹ Stakeholders in RIs also saw the prevention of institutionalisation before the age of three (output 3) as problematic and believed that there should be the opportunity to deprive parents of their parental rights at an earlier stage, to minimise the effects of early trauma, abuse and inadequate care on children, and thus limit additional challenges to the workforce.¹²⁰ Staff in RIs also took the view that reintegration (outcome 4) is often not in the best interests of the child.¹²¹ However, there is no substitute for the right of children to live with a family, and children living in institutional care will not be able to form the emotional attachments necessary for healthy emotional development.¹²²

The opposing views of stakeholders in relation to the intended outcomes will likely hinder the implementation of support to achieve these outcomes. Taken together, these findings indicate that further attention needs to be paid to the 'messaging' of the reforms and attitudinal change. In particular, there needs to be further awareness raising on the right of the child to be raised in a family setting where the child can form secure and stable bonds. Without further attitudinal change, the success of the reforms are likely to be impacted.

7.3 Has sufficient attention been given to measuring, monitoring and reporting results including results of DI reform related to gender equality? How effectively has evidence been used to inform changes and adjustments to the DI reforms? (Qs. 8.1-8.3)

Regular reporting in the field of social protection significantly improved between 2009 and 2022, as a result of the Law on Social Protection establishing RISP, the body responsible for monitoring data. The Institute monitors social protection services and children in institutions. CSWs, CFCs and RIs provide data to RISP, but there is limited systematic monitoring of service provision of CSOs, as RISP collects and monitors data as routine only for services licenced by MOLEVSA. The data provided is, unfortunately, limited due to a lack of disaggregation (age, gender, etc.) in relation to specific groups of children in RIs, foster care or accessing community-based services. This remains a significant

¹¹³ FGD with staff of Institution 3, Serbia, on 01 June 2023

¹¹⁴ FGD with representatives from Center for Foster Care 1, Serbia, on 02 June 2023

¹¹⁵ FGD with adolescents in foster care transitioning to independent living, Serbia on 02 June 2023; UNICEF, Advancing the well-being of adolescents in foster care, December 2019

¹¹⁶ KII with Community Support Organisation 1, Serbia, on 06 June 2023

¹¹⁷ KII with Inclusive Education Specialist, Serbia on 07 June 2023; KII with Center for Social Work 2, Serbia, on 06 July 2023

¹¹⁸ KII with Center for Social Work 2, Serbia, on 06 July 2023

¹¹⁹ KII with representative from institution 4, Belgrade, Serbia, on 05 June 2023; FGD with Staff of Institution 1, Serbia, on 31 May 2023

¹²⁰ FGD with staff of institution 3, Serbia, on 01 June 2023

¹²¹ KII with representative from institution 3, Serbia, on 01 June 2023

¹²² United Nations, Committee on the Rights of Persons with Disabilities, General comment No.5 on Article 19 - the right to live independently and be included in the community, CRPD/C/GC/5, 27 October 2017; Disability Rights International & Mental Disability Rights Initiative of Serbia, *Forgotten Children of Serbia*, 01 Jun 2021, available at: <https://www.mdri-s.org/wp-content/uploads/2021/06/Serbia-2021-web-SRB.pdf>

monitoring gap.¹²³ There is little effort to monitor the trajectories of children over time.¹²⁴ MOLEVSA is in the process of implementing an online case management system for CSWs (as the first phase before rolling out to CFCs), which should support long term monitoring of social protection indicators. However, there is limited information available in relation to intentions for using and sharing data with key stakeholders, such as RISP, to enable adequate monitoring, nor is there an indication that the system will enable the monitoring of quality of service provision.¹²⁵

The Rulebook on additional education, health and social protection support for a child, student and adult, requires LGUs to report on the work of the intersectoral committees and support measures implemented annually, based on the intersectoral committees' reports submitted to the LGU authority bi-annually. However, this process is still not functional in some LGUs. Even where data is reported, there are no disaggregated data on vulnerable groups of children (primarily children of Roma nationality and CWD).¹²⁶ Monitoring is likely to improve with the establishment of the Unified Information System of Education, which became operational in March 2022,¹²⁷ though at the time of writing, no data was available.

UNICEF has supported multiple evaluations of social protection programmes and services implemented from 2009-2022. All UNICEF programmes listed in table 7 were subject to an evaluation. These have been used to inform the developments throughout the reform process. For example, earlier studies and evaluations indicating a lack of intensive family support services specifically targeting families 'at risk of separation' served as a catalyst for the development and pilot of the FOS.¹²⁸ Research and evaluations have also informed the development of strategies and draft amendments to the Law on Social Protection. For instance, government stakeholders indicated that research into children transitioning from care to independent living has helped provide direction to the government's 2024-2027 IPA programme (a key element of DI that has not been of key focus of previous reforms, as indicated by its absence in the TOC).¹²⁹

It appears that there is limited monitoring of UNICEF contributions to achieving intended DI outcomes. The 2016-2020 CPD included the Key Performance Indicator (KPI) of the number of families at risk receiving intensive support services and the 2021-2025 UNICEF CPD includes KPIs for the number of children living in residential care and the percentage of children entering formal care /separated from birth families (i.e. indicators which would fall within the TOC outcomes 1 and 3; to prevent separation and, where separation is necessary, to place children in family-based alternative care). However, to date, no RAM reports have monitored progress of KPIs (providing only a narrative of activities), and there is limited monitoring of other specific intended outputs or outcomes for DI.

7.4 Where there any unintended consequences resulting from childcare and deinstitutionalisation reforms? (Q9)

Findings identified limited unintended or unexpected consequences of reforms, with outcomes contrary to the intended outcomes and limited impact primarily related to challenges in implementing the planned reforms. One unintended (albeit foreseeable) consequence is the use of shelters as long-term institutional care for children when there is a shortage of family-based care. The number of children in the shelter in "Zvecanska" was 60-70 per cent higher than the prescribed capacity in April 2023, ascribed to two factors: first, an overburdened workforce within CSWs who lack the capacity to focus on the provision of preventive support and second, a shortage of available foster carers. As a result, CSW workers place children in shelters to ensure their safety, where they remain.¹³⁰ This suggests that the limited capacity of the CSWs and foster care system is resulting in children remaining in institutions, albeit in a different form (i.e. a failure to implement outputs 2 and 6 results in a failure to meet outcomes 1 and 3 of preventing separation and placing children at risk of separation in family-based alternative care).

¹²³ Mental Disability Rights Initiative of Serbia (MDRI-S), Policy Brief - The situation of children and youth with disabilities in the social protection system. July 2018. Available at: https://www.mdri-s.org/wp-content/uploads/2018/08/policy-brief_mdri-s.pdf

¹²⁴ In 2020, the Republic of Serbia committed to the public sharing of data and development of databases as part of the Open Government Partnership commitments Action plan for the implementation of the Open Government Partnership initiative in the Republic of Serbia for 2020-2022.

¹²⁵ Consultation with UNICEF Serbia impact and evaluation and child protection sections, September 2023.

¹²⁶ Ministry of Education, *National Report on Inclusive Education 2019-2021*, 2022.

¹²⁷ <https://www.srbija.gov.rs/vest/en/186343/unified-information-system-of-education-launched.php>

¹²⁸ Irima, R., and Isakov, A. B., Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with Focus on Child Care Reform in Serbia (2013-2017), 15 January 2018

¹²⁹ KII with MOLEVSA, Serbia, on 01 June 2023

¹³⁰ FGD with staff of institution 2, Serbia, on 01 June 2023

There is also some indication that an unintended consequence of the reforms is too great a focus on prevention of separation, with too high a standard for separation or removal of the child from the parents or family, meaning that “*very often, children remain in such terrible conditions and... it is difficult to make a decision to separate a child from the family.*”¹³¹ This ultimately prevents the intended impact of ensuring every child grows up in a safe and caring family environment.

7.5 What are the necessary and/or sufficient factors that enable the DI reforms to provide results at different levels? (Q10)

7.5.1 What are the necessary and/or sufficient factors that enable the DI reforms to provide results at the national level? (Q10.1)

Political support is an essential factor for deinstitutionalisation reforms. However, changes in political and operational staff within the government, changes to the role of the relevant ministry and a lack of institutional memory in relation to the child care reforms within MOLEVSA are considered to key reasons for the reforms faltering in recent years.¹³² The present view is that ‘*there is no interest to improve the social care system either at the local or national level.*’¹³³

Legislation and agreed policies, strategies and action plans were (and remain) necessary to enable the DI reforms to provide results at national level. Several strategies have recently been issued: the Strategy on Improving the Position of Persons with Disabilities 2020-2024; the Strategy for Development of Education in the Republic of Serbia by the Year 2030, and the Strategy on Deinstitutionalisation and Development of Social Protection Services in the Community for the Period 2022-2026. A working group has been established to draft an action plan for the latter, which is expected to be finalised towards the end of 2023.¹³⁴ Concern has been expressed, however, that elements of the reform contained in the Strategy (including the national implementation of the FOS), will only be possible if amendments to the Law on Social Protection are passed by Parliament. In addition, the Government has yet develop long-term plans or obtain funding from key donors, including from the EU through IPA programming, to finance the continuation of the DI reform efforts;¹³⁵ a very necessary requirement for further national level reforms.

7.5.2 What are the necessary and/or sufficient factors that enable the DI reforms to provide results at the sub-national level? (Q10.2)

Support for RIs, foster families and adoptive parents continues to be financed by the State.¹³⁶ Statutory functions (assessment and planning) are provided by CSWs locally (although predominantly financed from the national budget), while community based services are provided and funded by LGUs and delivered by multiple providers (CSOs, LGSSs and/or CSWs and residential institutions undergoing transformation).¹³⁷ In 2016, MOLEVSA started implementing earmarked transfers to LGUs for the provision of community-based services. Despite this, only a small proportion of LGUs have established the community-based services necessary for the DI of CWD and other hard to place children. Further, auditing has not been undertaken to ensure that the ringfenced¹³⁸ funding is spent on these services (i.e. input from the government has not resulted in widespread implementation of output 1, particularly for CWD).¹³⁹

Funding for CSOs to deliver community-based support services for children (particularly CWD) is not seen as a major interest or priority for LGUs. Recent efforts by external bodies, such as the EU delegation, to support the development of budget plans for allocation of financial resources to community services to meet the needs of CWD and vulnerable families have not met with much success.¹⁴⁰ At present, LGUs are seen as prioritising funds to bring about visible

¹³¹ FGD with NGOs / CSOs, Serbia, on 30 May 2023.

¹³² KII with representative of the EU Delegation to Serbia, on 30 May 2023; FGD with RISP, Serbia, on 7 June 2023

¹³³ FGD with staff of Center for Social Work 2, Serbia, on 06 June 2023

¹³⁴ KII with MOLEVSA, Serbia, on 01 June 2023

¹³⁵ KII with representative of the EU Delegation to Serbia, on 30 May 2023

¹³⁶ Article 20, 44, 45, 46, Law on Social Protection, Official Gazette of RS no.24/2011 (2011)

¹³⁷ Law on Social Protection, 24/2011. Articles 10 and 14.

¹³⁸ Law on Social Protection, 24/2011. Article 22.

¹³⁹ KII with MOLEVSA, Serbia, on 01 June 202

¹⁴⁰ KII with representative of the EU Delegation to Serbia, on 30 May 2023

change in their communities, rather than financing services to support intended DI outcomes.¹⁴¹ Raising LGU awareness of the need to establish community based services was a key activity within the IPA 2020 programme.¹⁴²

Staff Resourcing

Establishing CFCs nationwide is necessary to ensure adequate support to foster families; to prevent placement breakdown and to support reintegration. Currently, only 50 per cent of Serbia is covered by CFCs, with MOLEVSA and MOFD planning to open three more CFCs to improve coverage.¹⁴³ In other areas, the CSW is responsible for providing support to foster families. Although clear legal frameworks and Rulebooks defining the roles and responsibilities of stakeholders are necessary, they are not sufficient.¹⁴⁴ At present, CSW workers are unable to meet all requirements and standards due to being overburdened with increasing caseloads and responsibilities, including responsibilities that are not envisioned in the Rulebook but result in penalisation if not adhered to (namely reporting to the courts when summoned for cases).¹⁴⁵ CSWs are duty bearers to a wide range of beneficiaries and lack human resources, which was exacerbated by the employment ban.¹⁴⁶ CSWs will only be able to fulfil their requirements and provide sufficient support to children and families in the social protection system if there are adequate human resources. At present, inadequate staff resourcing is resulting in challenges in building capacity of CSWs, which is serving as a barrier to achieving multiple TOC outcomes, including ensuring that all families have tailor-made support the prevention of separation and reintegration (i.e. barriers to implementing output 6 prevent achieving outcomes 1, 4 and 5).

Availability of foster and kinship carers

A surplus of foster carers, particularly specialised foster carers, is necessary if CWD and other hard-to-place children (particularly, at present, children and adolescents with behaviour problems and complex mental health needs) are to be provided with family-based alternative care. Early reform efforts to develop foster care were effective when the provision of foster care was a primary focus and the government was able to target the recruitment of women who were out of employment during the financial crisis during 2008-2009 (i.e. early efforts to implement output 2 resulted in outcome 3). However, the majority of these foster parents are now ageing and unable to take on new children, and there is a lack of interest in foster care amongst the younger population, contributing to a shortage in foster carers.¹⁴⁷ Stakeholders believe that CFCs are not making sufficient efforts to recruit and train new, specialised foster carers.¹⁴⁸ In other words, a recent lack of effort to develop foster care, including specialised foster care, is serving as a barrier to the placement of children (particularly CWD) in family-based alternative care. Stakeholders also feel that CFCs are not doing enough to promote available services such as intermittent foster care, which has the potential to be an important contributor to prevention of separation (outcome 1).¹⁴⁹

Placement of children in institutions close to biological family

In order to ensure regular communication and maintain relationships between biological parents and children in RIs, it is necessary to ensure that the placement of children in RIs (only as the last resort and when alternative foster placement is not available) occurs close to parents. The lack of geographically dispersed RIs for CWDs limits contact between parents and children, prevents institution staff from interacting and supporting parents to learn how to support CWD, and ultimately serves as a barrier to reintegration (outcome 4).¹⁵⁰ It appears that transformation efforts relating to establishing small group homes (which, could be regarded as efforts to 'increase the quality of alternative care', output 4) failed to prioritise wider geographical coverage, ultimately leading to an insufficiency in the reforms.

¹⁴¹ KII with MOLEVSA, Serbia, on 01 June 2023

¹⁴² Ibid.

¹⁴³ Ibid.

¹⁴⁴ FGD with Center for Foster Care 1, Serbia, on 02 June 2023

¹⁴⁵ FGD with Center for Social Work 1, Serbia, on 07 June 2023

¹⁴⁶ KII with MOLEVSA, Serbia, on 01 June 2023

¹⁴⁷ FGD with Center for Foster Care 1, Serbia, on 02 June 2023

¹⁴⁸ KII with Center for Social Work 2, Serbia, on 06 July 2023

¹⁴⁹ FGD with Center for Social Work 1, Serbia, on 07 June 2023

¹⁵⁰ FGD with staff of Institution 4, Serbia, on 05 June 2023

7.6 Have all groups of children targeted by the DI reforms actually been reached (i.e. has anyone been excluded)? (Q11)

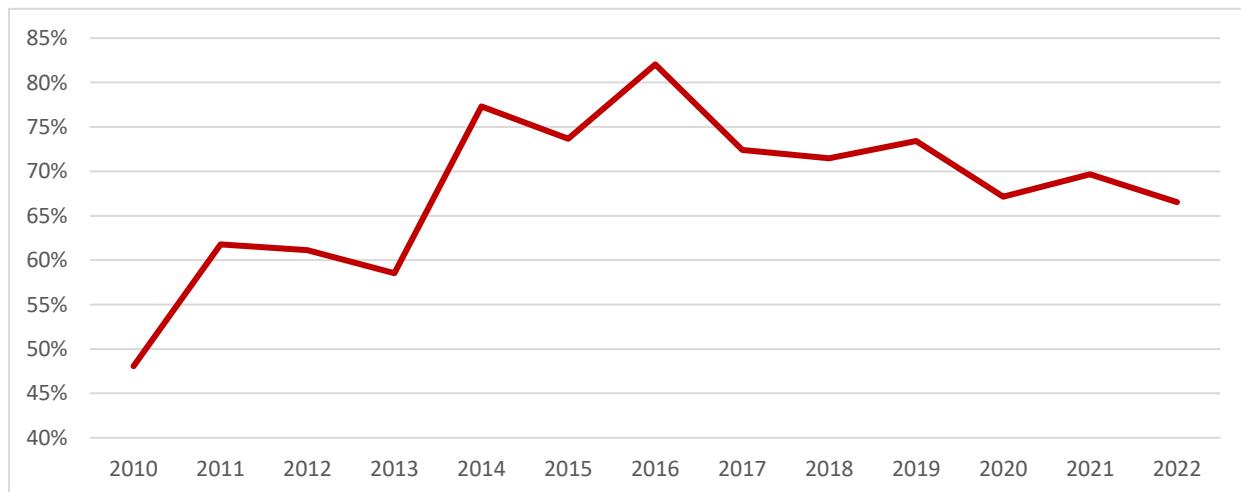
7.6.1 To what extent have children with disabilities and hard to place children targeted by the DI reforms actually been reached? Have any groups of children not benefited from the childcare and DI programme? (Q11.1-11.3)

CWD have been reached by the reforms, but to a far lesser extent than children without disabilities. In 2009, 49 per cent of children in RIs were CWD, increasing to 82 per cent by 2016, indicating that while gatekeeping or reintegration was working for children without disabilities, CWD disproportionately remained in RIs (Figure 6). Since 2016, there has been a steady reduction in the percentage of CWD in RIs, indicating that more recent reforms have been partially successful. However, in 2022, CWD continued to make up 67 per cent of children in RIs.¹⁵¹

Although specific figures are unavailable, Roma children are recognised as being overrepresented in institutions, particularly in institutions for education of children and youth in conflict with the law and institutions for children without parental care,¹⁵² demonstrating that reforms have not resulted in the prevention of institutionalisation for this particular group of children. Additionally, a 2020 assessment found that almost three quarters (74.4 per cent) of children in education institutions (for children with behaviour problems / in conflict with the law) were recorded as having mental health / psychiatric disorders.¹⁵³ This was reiterated by stakeholders, who expressed the belief that the social protection system is not equipped to meet the increasing needs of children with mental health and behaviour problems, increasing the institutionalisation of these children.

Unaccompanied and asylum-seeking children are a further group who have not benefitted significantly from DI reform efforts; issues faced by this group include inadequate guardianship, an ‘insufficient number of adequate alternative childcare solutions’, and the placement of children in centres with adults, despite the Law on Asylum and Temporary Protection (adopted in 2018) preventing the placement of children in adult reception facilities (i.e. poor implementation of output 2 is preventing outcome 3 from being achieved for these children).¹⁵⁴ Unaccompanied migrant children are also being placed in institutions intended for children in conflict with the law and children with behaviour problems, which are neither designed nor equipped to meet these children’s needs.¹⁵⁵

Figure 5: Children with disabilities as a percentage of children in institutions



Data Source: Transmonee (2009-2012); RISP (2013-2022)

Transformation of institutions has featured as a component of reforms during the evaluation period (falling within output 4, to ‘improve quality of alternative care’), and is a key factor for ensuring that children who remain

¹⁵¹ SWD(2022) 338 Final, 12.10.2022 at p.44.

¹⁵² Government of Serbia, Strategy for Social Inclusion of Roma in the Republic of Serbia 2022-2030, Official Gazette of the RS, No. 30/18

¹⁵³ Report about the Operation of Children and Young Persons Accommodation Institutions 2020, p. 17.

¹⁵⁴ The Coalition for Monitoring Child Rights in the Republic of Serbia, Progress report: Serbia, Belgrade, April 2022, available at: https://cpd.org.rs/wp-content/uploads/2022/04/Written-submission_Coalition-for-Monitoring-Child-Rights-in-Serbia-April-2022.pdf

¹⁵⁵ KII with representative from Institution 4, Serbia, on 05 June 2023

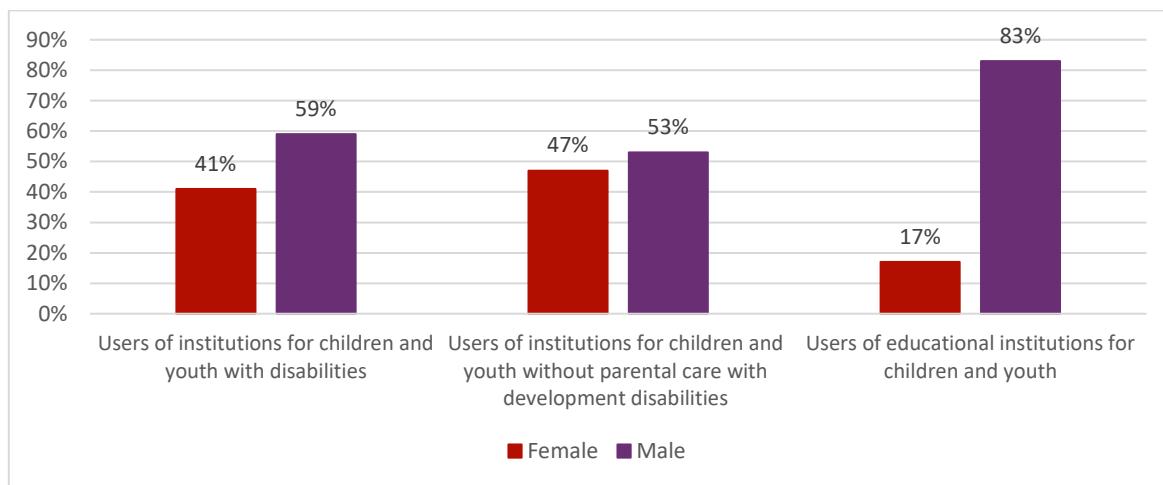
institutionalised are growing up in a caring and ‘family-like’ environment. Three out of the five large-scale residential institutions reported having less than 50 children by 2017.¹⁵⁶ While this was a key achievement, RISP data indicates that in 2022, only 1 of the 6 institutions for children and youth with developmental disability had an accommodation structure in accordance with standards.¹⁵⁷ Data was unavailable for homes for children and youth without parental care.

Early reform efforts led to the movement of 60 CWD from large institutions to smaller group homes, but even in these smaller facilities, children continue to be cared for by staff on shifts, a system which makes it difficult for children to form consistent emotional bonds with committed caregivers as they would in a family.¹⁵⁸ Additionally, recent developments to ‘Sremčica’ home for children and youth included a new large building with multiple floors shared by children and youth, as opposed to the development of small group homes,¹⁵⁹ indicating that the recent focus has not been geared towards removing children from large-scale institutions. In 2021, an assessment found that “*in all institutions visited, regardless of their size, investigators observed neglect and lack of medical care that put the health and life of children with disabilities at risk.*”¹⁶⁰

It has also been noted that institutions have not used the increased resources at their disposal (as a result of having fewer children residing in homes) to implement community-based / preventive services (i.e. redistributing resources to achieve output 1).¹⁶¹ There are examples of institutions transforming to provide needed services contributing to the prevention of separation (i.e. outcome 1), such as the mother and baby unit in ‘Zvecanska’ home for children without parental care and children with disabilities, but this is not the case for all institutions.¹⁶²

Data indicates a gender imbalance in all forms of residential institutions. Male children predominate, especially in the institutions for the education of children and youth.¹⁶³ In 2010, 78.4 per cent of children and youth in all residential institutions were male. This fell to 56 per cent in 2016 and slightly increased to 58 per cent in 2022.¹⁶⁴ Figure 7 presents the number of children in different forms of RIs for 2022 by gender. The gender disparity is partly due to the greater number of boys in the educational institutions for children and youth with behaviour problems, which is not unexpected as, globally, far more boys are involved in juvenile crime than girls. However, the imbalance continues however, albeit to a lesser extent, in other institutions and the cause of this imbalance is not known.

Figure 6: Gender Structure of residential care, 2022



¹⁵⁶ UNICEF IPA 2013 Progress Report Year III, Contract No. 20144346390.

¹⁵⁷ Administrative data provided by RISP, August 2023.

¹⁵⁸ Disability Rights International & Mental Disability Rights Initiative of Serbia, *Forgotten Children of Serbia*, 01 Jun 2021, available at: <https://www.mdri-s.org/wp-content/uploads/2021/06/Serbia-2021-web-SRB.pdf>

¹⁵⁹ Observation during field visit to residential institution, May 2023.

¹⁶⁰ Disability Rights International & Mental Disability Rights Initiative of Serbia, *Forgotten Children of Serbia*, 01 Jun 2021, available at: <https://www.mdri-s.org/wp-content/uploads/2021/06/Serbia-2021-web-SRB.pdf>

¹⁶¹ FGD with the Republic Institute of Social Protection, Belgrade, Serbia, on 7 June 2023

¹⁶² KII with institution 2, Serbia, on 01 June 2023

¹⁶³ The Republic Institute for Social Protection: Report on the Work of Residential Institutions for Children and Youth 2021 at p.13.

¹⁶⁴ The Republic Institute for Social Protection: Report on the Work of Residential Institutions for Children and Youth 2011, 2016, and 2022.

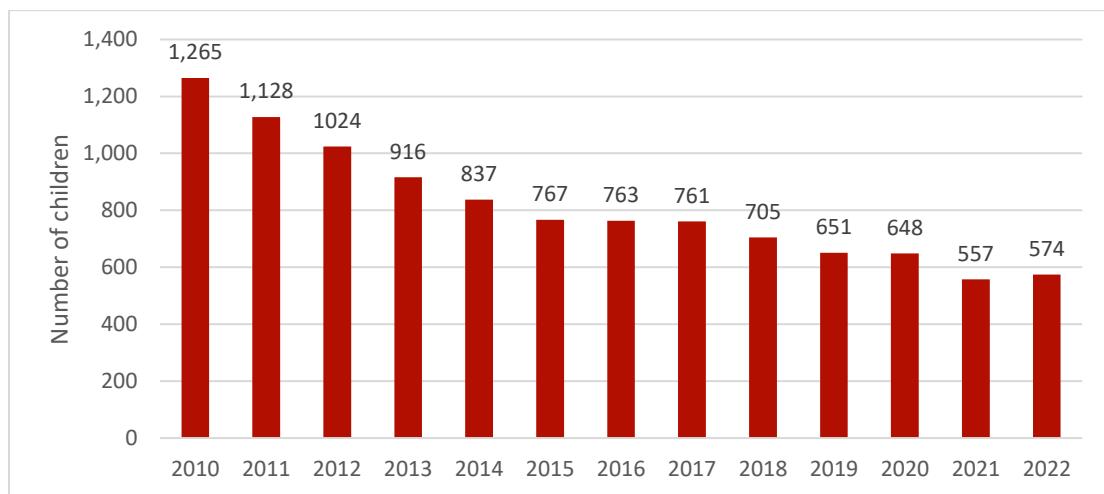
7.7 What difference did the DI reforms make to the children in alternative care at the time of the reform, and under what circumstances? Since the reforms have taken place, what has been the impact on children passing through the new services? What challenges remain? (Q12)

7.7.1 What has been the impact of the DI reforms on the number and profile of children in alternative care? (Qs. 12.1 & 12.3)

Institutional care

A primary outcome of the reforms has been the reduction in the number of children in institutions (which, although not explicitly referenced in the TOC, is a direct indication of achieving the intended outcomes of preventing separation and placement of children in family-based alternative care). From 2009-2022, the number of children declined by 59 per cent, from 1411 to 574 children, as shown in Figure 8. From 2009 – 2015 the decline was substantial and consistent but plateaued in 2015, before continuing to reduce, albeit at a slower rate, from 2018-2022. This aligns with statements from stakeholders that there was a reinvigoration of reform efforts in 2017-2018, following the CRC and CRPD Committee concluding observations to Serbia's periodic reports,¹⁶⁵ though the EU Serbia reports for 2019¹⁶⁶, 2020¹⁶⁷ and 2021¹⁶⁸ noted that no progress was made in the DI process. However, the new Strategy on Deinstitutionalisation was adopted by the Government in January 2022.

Figure 7: The number of children in residential institutions



Data Source: Transmonee (2009-2012); RISP (2013-2022)

Children continue to be admitted to institutional care. In 2021, 22 children were placed in institutions for the accommodation of children and young persons with developmental disabilities and a further 67 children were placed in institutions for children and youth without parental care. While the predominant reason for placement was inadequate care¹⁶⁹ a sizeable proportion of placements are readmissions due to breakdowns in foster placements.

The prevention of children under the age of three being placed in residential care was and remains a key focus of DI reforms. While the reforms have been successful in reducing the number of children under the age of 3 (particularly during initial phases of reform processes), children under 3 can still be found in institutions rather than being placed in family-based alternative care or remaining with biological families, as demonstrated in Figure 9 (i.e. partial implementation of output 3 is preventing outcomes 1 and 3 from being fully achieved).

¹⁶⁵ FGF with Center for Foster Care 1, Serbia, on 02 June 2023.

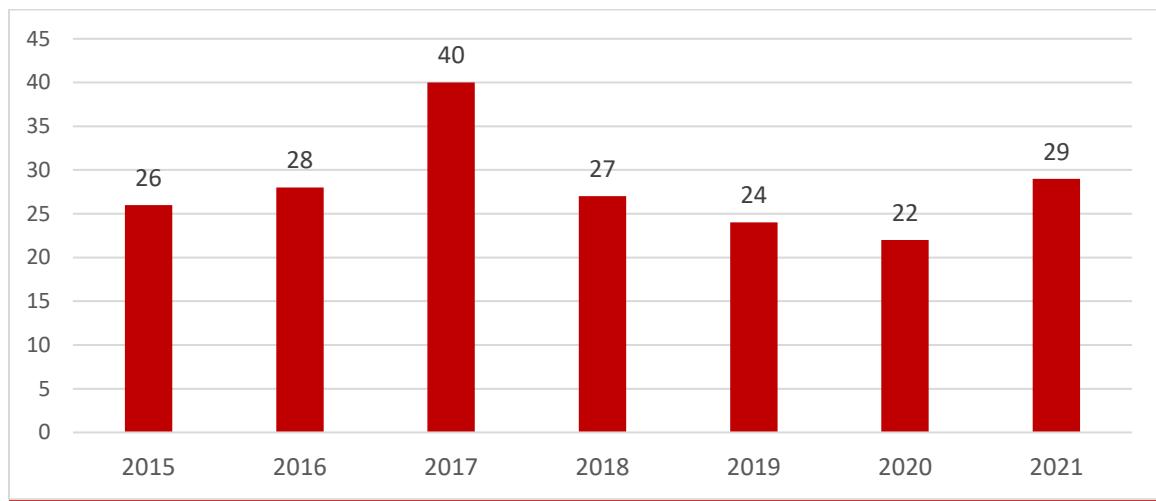
¹⁶⁶ SWD(2019) 219 Final, 29.5.2019.

¹⁶⁷ SWD(2020) 352 Final, 6.10.2020.

¹⁶⁸ SWD(2021) 288 Final, 19.10.21.

¹⁶⁹ Report on the Work of Institutions for the accommodation of children and youth, p.15. It should be noted that the Children in the Social Protection System 2021 report records a total of 122 children as being placed in home care (ie residential care) for 2021.

Figure 8: Number of children under the age of 3 in residential care in Serbia by year

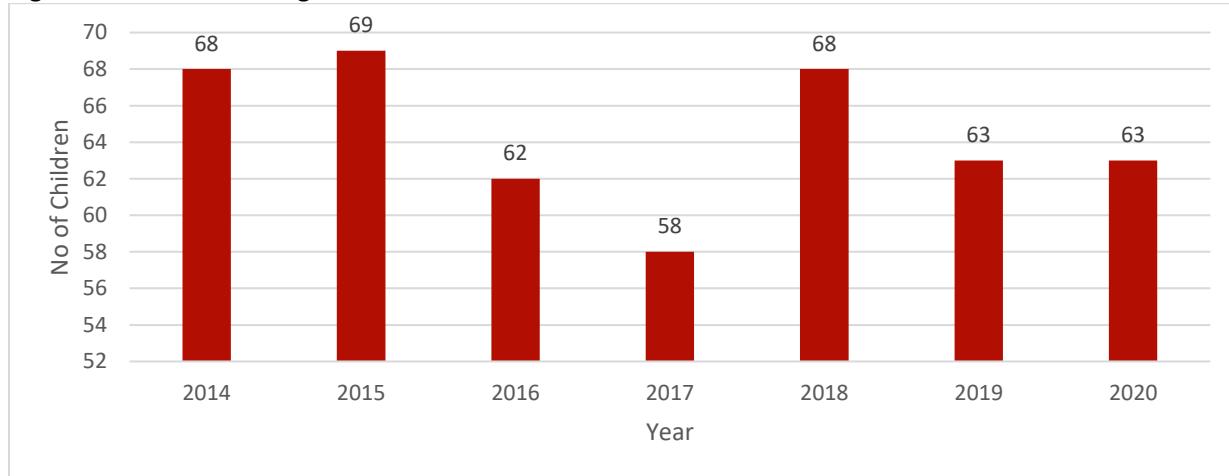


Data Source: Transmonee

Reintegration

Unfortunately, minimal data is available to show the impact of deinstitutionalisation reforms on reintegration of children from RIs, either back to biological families or placement in alternative family-based care. Data from 2014–2022 indicates that relatively few children leave RIs each year (Figure 10), and there has been no increase in the number of children leaving care.¹⁷⁰ Further, it is not known whether these children are leaving because they have reached the age of 18 or because they have been reintegrated as children. The key issue that remains is that “once [children] are placed in residential care, they don’t leave.”¹⁷¹

Figure 9: Children leaving residential institutions



Data Source: Transmonee

Although there is limited reintegration, reforms have focused on facilitating and ensuring the maintenance of contact between children and parents.¹⁷² Staff in RIs provide an important contribution to reintegration through their day to day work with the child and family, but the ultimate decision to reintegrate a child lies with the CSW. Although CSWs are under a statutory duty to undertake periodical reviews of a child’s care plan and to monitor the contact between children and biological parents to assess whether it is in the best interests of the child to be reintegrated,¹⁷³ institutional care providers report that CSW workers do not review cases as often as required.¹⁷⁴ Rather, once CSW workers know a child is in a safe environment, they prioritise supporting other children at risk over monitoring children

¹⁷⁰ The trend for reintegration is unknown prior to 2014.

¹⁷¹ FGD with RISP, Serbia, on 7 June 2023

¹⁷² KII with representative of Institution 4, Serbia, on 05 June 2023; FGD with staff of institution 2, Serbia, on 01 June 2023

¹⁷³ Law on Social Protection, 24/2011. Article 119,120; KII with MOFD, Serbia, on 30 May 2023

¹⁷⁴ FGD with staff of institution 1, Serbia, on 31 May 2023; KII with representative from institution 4, Serbia, on 05 June 2023

in RIs, particularly in light of recent reforms prioritising domestic violence prevention.¹⁷⁵ Stakeholders also noted examples of children being moved from RIs into foster care rather than being reintegrated, even where strong relationships between the child and the biological parents continued to exist, due to CSW social worker not having the time to work with the biological family.¹⁷⁶

These findings indicate that limited capacity of the CSW workforce has: a) contributed to a prioritization of prevention of domestic violence over reintegration, and b) resulted in CSWs other successful reform efforts, namely the development of foster care, being used as a more straightforward option than reintegration (i.e. limited implementation of output 6 and success in output 3 have resulted in prioritisation of outcomes 1 and 3 at the expense of outcome 4).

The common belief that CWDs will never be reintegrated because families (biological, kinship or foster families) do not have the skills required to provide the specialist care of an institution is also likely a barrier to reintegration efforts of the CSW workforce.¹⁷⁷ This indicates the need for attitudinal change amongst stakeholders, in addition to increased availability of tailor-made support for families and development of specialized foster care, to enable reintegration for CWD (i.e. output 2 and outcome 5 are necessary to achieve outcome 4).

Conversely, a concern raised by NGOs related to what was referred to as 'forced reintegration' of children into biological families, which often resulted in a complete breakdown of relationships and the child experiencing abuse (i.e. prioritizing reintegration, contravene to the ultimate impact of ensuring children grow up in a safe and caring family environment).¹⁷⁸ In other instances, it was reported that children and families are left without adequate support from CSWs after reintegration, leading to breakdown, further highlighting that the outcome of reintegration cannot be fully achieved without first increasing CSW capacity or ensuring families have access to tailor-made support (i.e. output 6 and outcome 5 are necessary to for outcome 4 to be successful).

In order to meet the intended outcomes of the childcare reforms, a review of the current reintegration processes and procedures is needed to ensure that children do not 'drift' in the system but are reunified with parents in a timely manner, where it is in their best interests. Where it is not, placement in kinship care or foster care should be pursued. Whichever form – reintegration or placement into alternative family-based care, the child and the caregiver will require ongoing material support and social work support to ensure the placement continues to be in the best interests of the child.

Transition to independent living

Although not explicitly included in the ToC, transition to independent living is an important component of DI. CSW staff are under a duty to develop plans for independent living, housing and community-based support. However, the plan for independent living is "*the least up-dated document in the children's records kept by the authorized CSWs*".¹⁷⁹ There is no state-wide support for children leaving care.¹⁸⁰ In Belgrade, children leaving care are entitled to receive the average salary (100,000 dinars) for one year, which is seen as an important contribution to ensuring youth are able to transition to independent living, but this is not available nationally.¹⁸¹ In the few LGUs where housing for youth transitioning out of care is provided, these services are often not utilised.¹⁸²

A study of preparedness of youth leaving alternative care in Serbia in 2018 showed a lack of planning, social support and preparedness for emancipation, resulting in anxiety, fear and sadness for young people leaving care.¹⁸³ From young people's perspective, a lack of psychosocial support is a significant barrier to effective transition out of care.¹⁸⁴ As a result, the support of NGOs, who are attempting to fill these gaps (including the provision of accommodation and

¹⁷⁵ FGD with Republic Institute of Social Protection, Serbia, on 7 June 2023

¹⁷⁶ FGD with NGOs / CSOs, Serbia, on 30 May 2023

¹⁷⁷ KII with Center for Social Work 2, Serbia, on 06 July 2023

¹⁷⁸ Ibid.

¹⁷⁹ UNICEF, Advancing the well-being of adolescents in foster care, December 2019

¹⁸⁰ KII with representative of the Ministry of Family and Demography, Serbia, on 30 May 2023

¹⁸¹ KII with Institution 1, Serbia, on 30 May 2023; FGD with youth transitioning out of care, 2 June 2023; Individual Interview with youth care leaver, Serbia, on 12 June 2023

¹⁸² KII with representative of the EU Delegation to Serbia, Belgrade, Serbia, on 30 May 2023

¹⁸³ Isakov, A. and Hrncic, J., Preparedness for Emancipation of Youth Leaving Alternative Care in Serbia. International Journal of Child, Youth and Family Studies. March 2018

¹⁸⁴ FGD with adolescents in foster care transitioning to independent living, Serbia on 02 June 2023

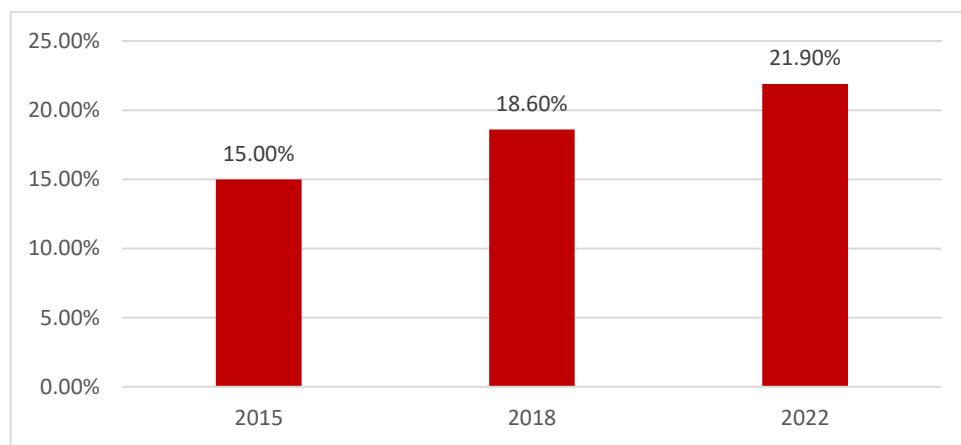
food,¹⁸⁵ psychosocial support and employment)¹⁸⁶ is the strongest contributing factor to effective transition out of care. The continued support of foster parents where the child has been in foster care is also a key contributing factor to successful transition out of care, and is relied upon by CFC staff.¹⁸⁷ Notably, it was the expectation amongst stakeholders that CWD would not transition out of care, rather they would remain in RIs through to adulthood. Plans for independent living are rarely implemented for CWD, due to a lack of available resources in the community.

Family-based alternative care

The development of foster care is an essential element of DI reforms. It is the main form of family-based alternative care in Serbia, and includes both relative foster placement (i.e. formal kinship care) and foster care with a non-relative. Kinship care was not a common practice in Serbia,¹⁸⁸ but has increased over the period of the evaluation due to considerable advocacy efforts and support in relation to capacity building on the part of UNICEF as part of the EU IPA I, during the 2013-2017 country programme, providing an indication of some success in developing kinship care to ensure the placement of children in family-based alternative care (i.e. output 5 to achieve outcome 3).

The use of kinship care was supported by guidelines on the development of kinship foster care and a small-scale pilot project on intermittent foster care to provide respite to biological and foster parents of CWD. As can be seen from Figure 11 below, the percentage of children in need of alternative care who were placed in kinship care rose between 2015 – 2022. Stakeholders also noted the role played by informal kinship carers in the prevention of institutionalisation, which is not reflected in statistics.¹⁸⁹ Although formal kinship carers receive financial support, delays in receiving government payments can present a challenge to the quality of care they are able to offer.¹⁹⁰

Figure 10: Percentage of children without parental care placed in kinship care from 2015 to 2018



Source: RISP database

Strong efforts to increase the provision of foster care between 2010 and 2018 resulted in an increase in the number of children placed in foster care, from 4586 in 2010 to 5474 in 2018 (See figure 12). However, since 2018, there has been a consistent decline in the placement of children in foster care. Reasons for this decline are likely to include: better prevention services resulting in a reduction in the number of children separated from their families (i.e. achievements in relation to outcome 1 negating the need for alternative care); promotion and support of kinship placements¹⁹¹ (i.e. successful implementation of output 5); and a decline in the number of available foster carers (i.e. failure to sustain output 2). Stakeholders noted several factors contributing to the shortage of foster carers, including children remaining in long-term foster care and thus ‘blocking’ foster placements; an ageing population of foster carers

¹⁸⁵ FGD with representatives from Center for Foster Care 1, Serbia, on 02 June 2023

¹⁸⁶ FGD with NGOs/CBOs, Serbia, on 30 May 2023

¹⁸⁷ FGD with representatives from Center for Foster Care 1, Serbia, on 02 June 2023

¹⁸⁸ Ibid.

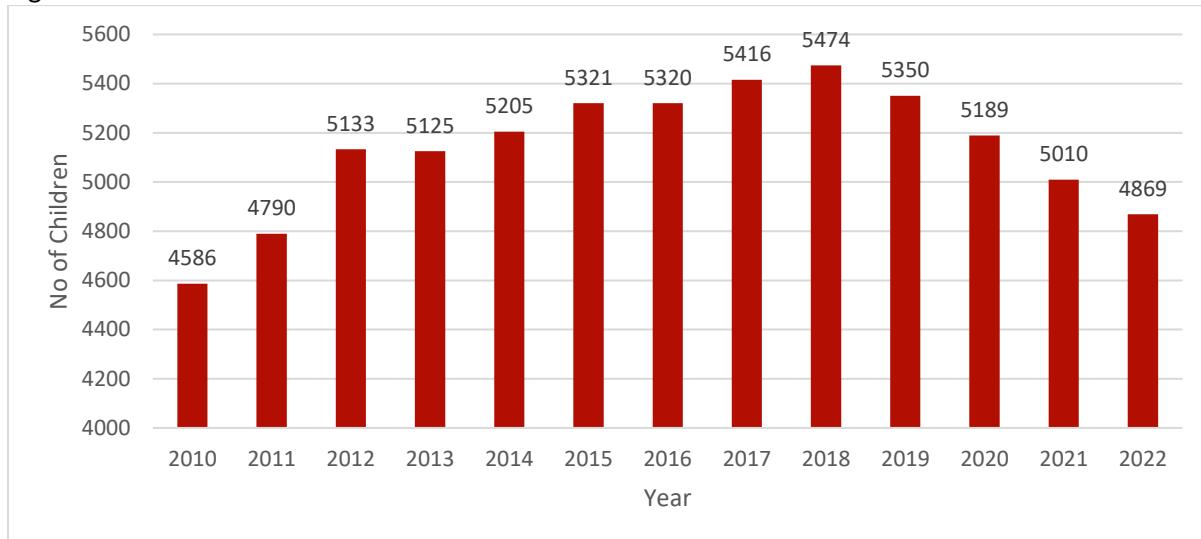
¹⁸⁹ Ibid.

¹⁹⁰ Ibid.

¹⁹¹ Irima, R., and Isakov, A. B., Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with Focus on Child Care Reform in Serbia (2013-2017), 15 January 2018

who now feel unable to fulfil this role, a disinterest amongst younger members of society to become foster carers, and insufficient efforts to recruit foster carers.¹⁹²

Figure 11: Children in foster care from 2010 to 2022



Source: RISP database.

Throughout the reform process, there has been a lack of specialised foster carers for CWD (with the exception of children with Down's Syndrome), an issue which remains a contributing factor to the number of children with disabilities in institutional care. This indicates that a failure to implement specialised foster care has been a barrier to ensuring CWDs at risk of separation are placed in family-based alternative care (i.e. limited implementation output 2 preventing outcome 3).¹⁹³ UNICEF, MOLEVSA and the Humanitarian Organization "Children's Heart" implemented a project on the development of specialized foster care for CWD, which resulted in a number of placements. However, at the end of this project, a significant number of children were re-institutionalized, demonstrating minimal effectiveness in attempts to develop specialised foster care.¹⁹⁴ An attempt was also made to provide intermittent foster care to support foster carers and biological parents caring for CWD, but this service had limited reach in terms of the number of users, and provided only a limited contribution to DI reforms. Reasons for this included the complex administrative procedures for reimbursement of the foster-carer; complex, prolonged and inflexible procedures for assessment, capacity building and licensing of foster families and an increased workload in understaffed CSWs and CFCs.¹⁹⁵ Where this service remains available, it is not being utilized.¹⁹⁶

There is evidence of foster placement breakdowns, most commonly when children reach adolescence, leading to re-institutionalisation (i.e. failure to sustain outcome 3). Social workers tended to attribute this to foster carers being ill-equipped to address the changing needs of adolescents.¹⁹⁷ This represents both a gap in terms of training available for foster carers and a lack of tailor-made support for foster families to address these needs (i.e. a gap in implementation of output 2 and a failure to achieve outcome 5). Although rare, there are also some cases where children are re-institutionalised at their own request,¹⁹⁸ likely indicating that children have spent a considerable time in RIs before being placed in foster care, making it difficult to settle with a family. Successful fostering requires social work support, especially to deal with children's changing needs in adolescence.¹⁹⁹ It was difficult to ascertain the extent and consistency of support that CFCs and CSWs are able to offer foster carers.

"Some children in the preadolescent and adolescent period are removed from foster families and are re-institutionalised, they go back to the institution. These are children who are traumatised. Foster families

¹⁹² FGD with staff of Institution 2, Serbia, on 01 June 2023; FGD with CSW 1, 1st June 2023.

¹⁹³ KII with representative from Center for Social Work 2, Serbia, on 06 July 2023

¹⁹⁴ Government of Serbia, Strategy of deinstitutionalization and development of social protection services in the community for the period 2022-2026, Official Gazette of the RS, No. 30/18

¹⁹⁵ Ministry of Labour, Employment, Veteran and Social Affairs & Ministry of Justice. Annual Report "Strengthening the justice and social welfare systems to advance the protection of children in Serbia" 2016-2017

¹⁹⁶ FGD with Center for Social Work 1, Serbia, on 07 June 2023

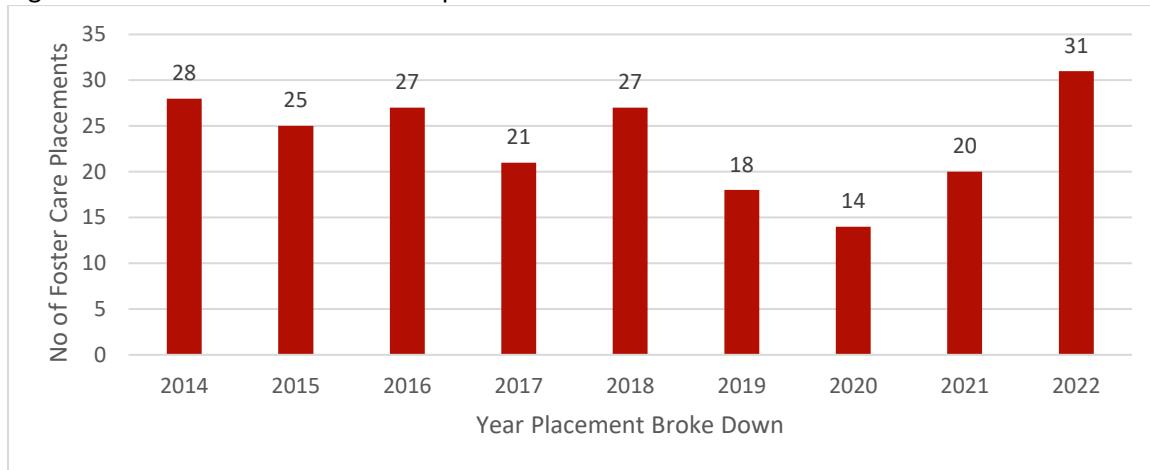
¹⁹⁷ FGD with Center for Social Work 1, Serbia, on 07 June 2023; UNICEF, Advancing the well-being of adolescents in foster care, December 2019; FGD with Centre for Foster Care 1, Serbia, on 02 June 2023

¹⁹⁸ FGD with staff of Center for Social Work 2, Serbia, on 06 June 2023

¹⁹⁹ KII with representative of the Ministry of Family and Demography, Serbia, on 30 May 2023

*aren't capacitated to deal with trauma and complex problems. We have had several terminations of foster care. This is increasing compared to the number 5-10 years ago."*²⁰⁰

Figure 12: Breakdown of foster care placements

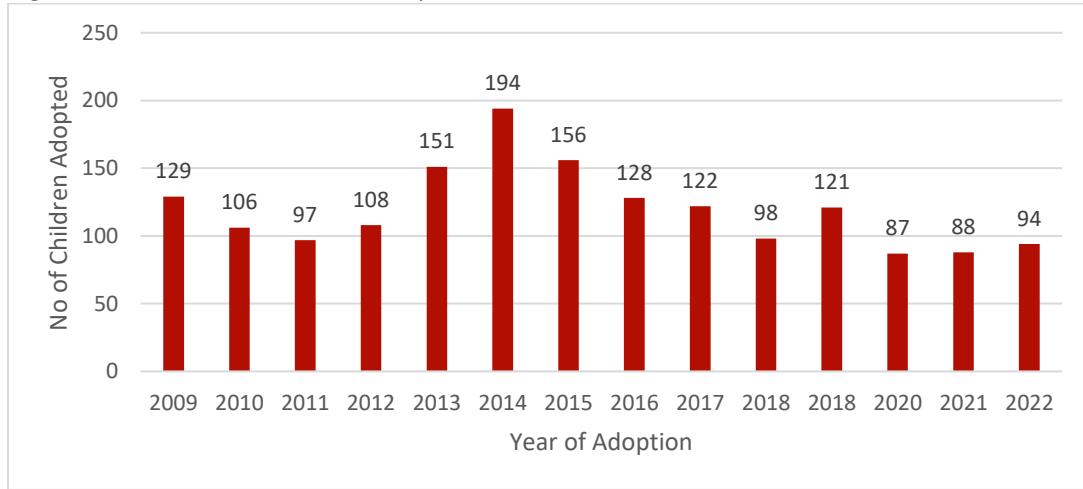


Source: RISP database

Adoption

Reform efforts seem to have had minimal focus on adoption, and the low numbers of adoptions (Figure 14) indicate that this form of alternative care contributes a relatively small amount to DI. An assessment of the implementation of UN Guidelines of alternative care concluded that limitations in adoption include slow adoption procedures that are not attuned to the child, complicated criteria and difficult-to-achieve standards for an adoptive family.²⁰¹ Although MOFD are currently conducting an assessment to ascertain the number of children in RIs and alternative care who are "adoptable", the perception is that adoption is not an effective form of DI for CWD or other hard to place children such as Roma children, as adoptive parents have a preference for "young, healthy children,"²⁰² and children of their own ethnicity.²⁰³ Additionally, the training available for foster families in relation to caring for CWD has not been extended to adoptive families, meaning CWD are primarily adopted internationally, or by long-term foster parents of CWD.²⁰⁴

Figure 13: Number of children adopted



Source: RISP database

²⁰⁰ FGD with Center for Social Work 1, Serbia, on 07 June 2023

²⁰¹ Save the Children, The child's right to quality care: Review of the implementation of the United Nations Guidelines for the Alternative Care of Children in Western Balkan Countries, 2014, p.65.

²⁰² KII with representative of the Ministry of Family and Demography, Serbia, on 30 May 2023

²⁰³ Save the Children, The child's right to quality care: Review of the implementation of the United Nations Guidelines for the Alternative Care of Children in Western Balkan Countries, 2014, p.65.

²⁰⁴ FGD with Center for Foster Care 1, Serbia on 2nd June 2023.

7.7.2 What has been the impact of the new services on the use of institutionalisation? (Qs. 12.2 & 12.3)

Prevention of separation (ToC outcome 1)

The availability of community-based support is essential to ensure the prevention of separation. The Law on Social Protection provides for a range of measures (see section 3.3) that are available to support parents in the upbringing of their children. CSW staff, who bear the responsibility for supporting families, see their role as one of “*helping the parents to perform their parental role as well as possible... to remedy and correct the gaps or weaknesses in the family*”²⁰⁵ and to prevent the separation of children from their parents and families. However, ensuring the availability of these services has been a challenge throughout the reform process.²⁰⁶ A lack of specialised community-based support for parents, such as intermittent foster care, respite care for children with disabilities is seen as a key barrier to the prevention of separation.²⁰⁷ A further challenge is the geographical disparity in availability of prevention services; “*local budgets and capacity vary between municipalities, and services provided differ depending on whether an area is rural or urban*”²⁰⁸. As community-based services are limited, CSWs are left with few options in terms of services to support vulnerable children, including CWD and children at risk of abuse and neglect (i.e. limited implementation of output 1 prevents outcomes 1 and 6 from being achieved).²⁰⁹

The common view is that “*the biological family does not have enough support.*”²¹⁰ The programme deemed to be most effective, the FOS, was implemented as part of the reforms. The evaluation of this service concluded that it made an important contribution to the prevention of separation²¹¹ through parental capacity building and the provision of tangible, concrete solutions to address family and child needs and overcome difficulties.²¹² The service was seen as enabling better monitoring and supervision of the family and resulted in systemic improvement of the competencies of professionals and staff of CSW.²¹³ However, the service largely ceased to operate when funding expired. The Strategy for Deinstitutionalisation 2022-2026 provides for the re-formation of the FOS and intensive family support services, but this would require an amendment to the Law on Social Protection and sources of funding.²¹⁴

“The Family Outreach Service was the best thing that happened in these reforms. We managed to make that link between residential care institutions, social work sectors, health and education sectors. Everyone - all stakeholders were happy with the Family Outreach Service.”²¹⁵

In addition to the lack of available services, CSW staff continue to lack the capacity to carry out their mandated roles for the prevention of separation, due to understaffing (i.e. failure to implement output 6 is a key barrier to achieving outcome 1).²¹⁶ This may be partially due to the large number of child protection assessments undertaken each year (see figure 15). Approximately 2.5 per cent of all children in Serbia were subject to a child protection assessment. This is not out of line with other countries, but places a significant burden on limited staff.

²⁰⁵ Focus-Group Discussion with staff of Center for Social Work Nis, Belgrade, Serbia, on 06 June 2023

²⁰⁶ Network of Organisations for Children of Serbia, Progress Report Child Rights April 2023.

²⁰⁷ Focus-Group Discussion with staff of Center for Social Work Nis, Belgrade, Serbia, on 06 June 2023

²⁰⁸ World Vision International, ChildPact and Network for Organisations for Children of Serbia. Child Protection Index, Serbia Report: Measuring government efforts to protect girls and boys, September 2016

²⁰⁹ Key-Informant Interview with Deputy-Director of Center for Social Work Nis, Serbia, on 06 July 2023

²¹⁰ Focus-Group Discussion with S.O.S Children's Village Foundation of Serbia, Network of Organizations for Children of Serbia (MODS), Center for Social Preventive Activities GRiG, Association of parents of children with developmental disabilities, Initiative for the Rights of Persons with Mental Disabilities (MDRI), Belgrade, Serbia, on 30 May 2023

²¹¹ Irima, R., and Isakov, A. B., Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with Focus on Child Care Reform in Serbia (2013-2017), 15 January 2018

²¹² Key-Informant Interview with Deputy-Director of Center for Social Work Nis, Serbia, on 06 July 2023

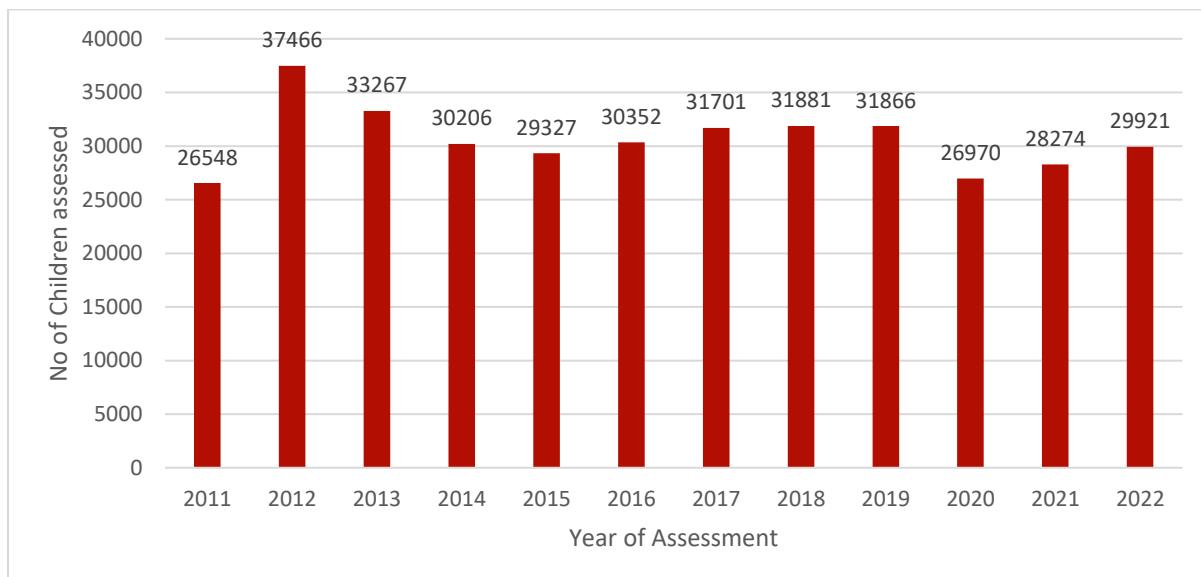
²¹³ Irima, R., and Isakov, A. B., Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with Focus on Child Care Reform in Serbia (2013-2017), 15 January 2018

²¹⁴ The Action Plan for the Strategy on Deinstitutionalisation 2022-2026 is still under preparation as of September 2023.

²¹⁵ Group interview with Deputy, Head of Research, Head of Professional Training at Republic Institute of Social Protection, Belgrade, Serbia, on 7 June 2023

²¹⁶ Key-Informant Interview with Deputy-Director of Center for Social Work Nis, Serbia, on 06 July 2023

Figure 14: Children with initial assessment for child protection



Source: RISP

7.8 What was the impact of DI reforms on strengthening the social service workforce, in particular the social work profession? (Q.13)

Key elements of the reforms focused on building the capacity of CSW workers and the wider SSWF. Standards introduced upon implementation of the Law on Social Protection and Rulebook on Licensing Professionals in Serbia require that the social service workforce (which include diverse professionals profiles, such as social workers, pedagogists, and psychologists, among others) take an exam to obtain an initial licence, and complete a number of professional development credits (through activities such as accredited training programmes, accredited conferences, round table workshop attendance) in order for licences to be renewed, a process which takes place every five years.²¹⁷ Although this has been an important reform, the workforce do not need to select training relevant to their particular client group or social work responsibilities, and there is therefore a tendency to select training that is free or geographically convenient. Moreover, in 2021, 186 CSW workers had not completed basic training (7.2 per cent of all staff), 60.7 percent of whom had not completed case management training.²¹⁸ Although the 2022 RISP report stated that there had been a 24.5 per cent increase in the number of CSW workers attending training, a substantial number of CSW workers continue to receive no training, despite training being mandatory for licencing.²¹⁹ The result is a workforce that is not necessarily equipped with the required basic skills or specialised skills to meet the needs of beneficiaries with complex needs, such as CWD (i.e. partial implementation of output 6 preventing outcome 5 from being achieved).²²⁰ Moreover, although the for Social Protection Chamber maintains a database on the training undertaken by CSW workers²²¹, there is a notable lack of publicly available data relating to the training needs of CSW professionals and completed trainings.²²²

²¹⁷ Akesson, B. The social service workforce as related to child protection in southeast Europe: A regional overview. March 2016. Available at: https://www.researchgate.net/publication/302089376_The_social_service_workforce_as_related_to_child_protection_in_southeast_Europe_ARegional_Overview; Key-Informant Interview with representative of the Serbian Social Protection Chamber, Belgrade Serbia, on 30 May 2023

²¹⁸ Republic Institute of Social Protection, The work of institutions for accommodation of Children and Youth, 2021.

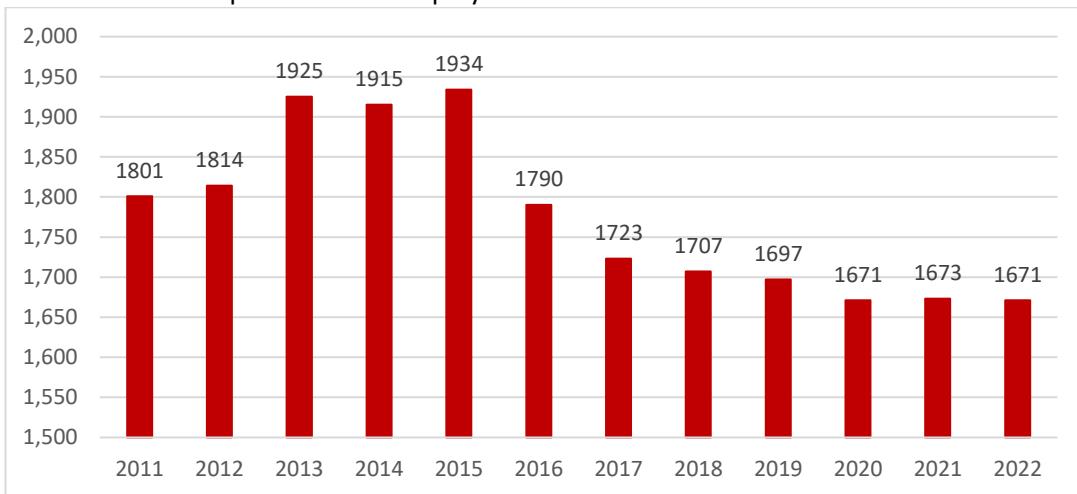
²¹⁹ Republic Institute of Social Protection, The work of institutions for accommodation of Children and Youth, 2022.

²²⁰ KII with representative of the Serbian Social Protection Chamber, Belgrade Serbia, on 30 May 2023; Akesson, B. The social service workforce as related to child protection in southeast Europe: A regional overview. March 2016.

²²¹ KII with representative of the Serbian Social Protection Chamber, Belgrade Serbia, on 30 May 2023

²²² Note, in response to data request from RISP regarding the number of CSW workers who had completed training, it was stated that all CSW workers are required to undergo training for licencing purposes; therefore, no data was provided.

Figure 15: Qualified social work professionals employed in CSWs



Data source: Republic Institute for Social Protection

As can be seen in figure 16, although there was an increase in the workforce employed in CSWs from 2011-2015, an employment freeze from 2015, which at the time of writing has been partially lifted, resulted in a significant decline in the number of social workers, to a rate lower than in 2011. There are now approximately 100 CSW practitioners per 700,000 users (children and adults).²²³ The capacities of the social protection system were slightly increased through the employment of 122 new staff in 2021 and 43 new staff in February 2022; however, according to the assessment of the authorities, an additional 1,388 staff are lacking.²²⁴

The number of social work graduates has increased since the introduction of new social work degrees at the Universities of Novi Sad and Nis.²²⁵ However, stakeholders believe that there is a lack of interest from social work graduates for joining CSWs²²⁶ due to dissatisfaction among the overburdened workforce and a lack of available jobs.²²⁷ There is a view that there are insufficient members of young staff to bring 'young energy' and accelerate reforms,²²⁸ and that the existing workforce can be resistant to change, partly due to being over-burdened and partly because they have learnt that DI reform efforts are often not sustained.²²⁹ The 2018 evaluation of the reform efforts from 2013-2017 recommended that MOLEVSA and RISP carry out an assessment of the capacity of the CSW.²³⁰ This was completed, but its finding and recommendations were not made publicly available.²³¹

Institutions have also seen a decline in the total qualified staff, although not to the same degree; the number of qualified social services workforce in institutions has reduced from 242 in 2018 to 209 in 2022.²³² There have been examples of institutions using innovative methods to hire more qualified, specialised staff, such as charging for the provision of accredited training programmes to fund positions (in accordance with the Law on Social Protection, which enables social protection institutions to carry out tasks in line with their primary activities to obtain disposable income),²³³ but this was not indicated as a widespread, systematic approach to obtaining income for workforce strengthening / capacity building.

Throughout the reform process, UNICEF has supported a set of activities aimed at developing the capacity of professionals in CSWs, including supporting the development of permanency planning guidelines, training on the application of CSW guidelines and supporting families at risk, which were intended to support the prevention of

²²³ FGD with the Republic Institute of Social Protection, Serbia, on 7 June 2023

²²⁴ European commission: COMMISSION STAFF WORKING DOCUMENT, 2023

²²⁵ See Annex K for the number of graduates of Social Work (Bachelors and Masters) from public universities (Belgrade, Nis and Novi Sad).

²²⁶ FGD with Center for Social Work 1, Serbia, on 07 June 2023

²²⁷ FGD with Republic Institute of Social Protection, Serbia, on 7 June 2023.

²²⁸ KII with representative of the EU Delegation to Serbia, Belgrade, Serbia, on 30 May 2023

²²⁹ FGD with Republic Institute of Social Protection, Serbia, on 7 June 2023

²³⁰ Irima, R., and Isakov, A. B., Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with Focus on Child Care Reform in Serbia (2013-2017), 15 January 2018

²³¹ FGD with Republic Institute of Social Protection, Serbia, on 7 June 2023

²³² Administrative data provided by RISP upon request, 2023

²³³ KII with representative from Institution 1, Serbia, on 30 May 2023

separation, tailor made support and reintegration. However, a number of factors limited the ability of social workers to implement the practices, including limited coordination with the judiciary and other essential stakeholders and increasing workload and responsibilities.²³⁴ An evaluation of the CSWs in 2017 found that increased caseloads and more complex cases meant that social workers were dedicating less time to individual families and beneficiaries.²³⁵ Interviews with stakeholders in the present evaluation, the continued decrease in CSW workers (figure 20) and the persistently high case numbers and assessments all indicate that this issue remains one of the most important barriers to accelerating deinstitutionalisation in Serbia.

7.9 What impact has the COVID-19 pandemic, conflict and economic downturn had on the effectiveness of DI reforms? (Q14)

The economic crisis in Serbia resulted in the Government freezing the creation of new posts in 2014. The employment ban has only been partially lifted, limiting capacity building efforts for the workforce, as outlined above in section 6.2.8. However, the primary external factor to have reduced the effectiveness of reforms is the COVID-19 pandemic, even though the National Government and LGUs sought to minimise the impact on the social protection system.

The initial state of emergency and infection periods saw the complete closure of institutions to visitors, hampering efforts to maintain relationships between children and biological families and the community and to place children in foster care, further preventing reintegration (i.e. hindering outcomes 1, 3 and 4).²³⁶ COVID-19 also resulted in additional challenges to the provision of support from CSWs and CFCs²³⁷, and a decline in the quality of contact between CSWs and residential institutions, in the form of “*passivity and non-reaction in situations when [institutions] are unable to respond to the child's needs*”, particularly behaviour problems.²³⁸

COVID-19 also saw the closure of community-based support, including day care institutions for children and youth with disabilities and children with behaviour problems, although some did adapt to provide support outdoors. Some LGUs maintained psychological support remotely.²³⁹ Most services were reinstated after the emergency, and new communication and support models, which were developed during the state of emergency, continued to be used on a needs basis and were integrated in individual service plans.²⁴⁰

Support was provided by MoE to minimise the impact of disrupted schooling and maintain progress on IE for vulnerable children, including Roma children in poor communities, CWD and children in alternative family-based care and institutions (teacher training, provision of electronic equipment, and supplying “ToyBoxes” (learning-through-play resources).²⁴¹ The education within in institutions for education for children in conflict with the law and with behaviour problems was particularly disrupted during COVID-19, with a lack of support available to maintain an already under-resourced institution.²⁴²

MOFD responded to challenges by providing instructions to staff to ensure the maintenance of support to children in alternative care, the prevention of domestic violence and continued support to biological families, indicating governmental recognition of the impact of COVID-19 on DI reforms and a commitment to minimise negative implications.²⁴³

While the number of children separated from parents declined during COVID-19, it was followed by an increase in 2022 to a level higher than before the pandemic (i.e. a reversal of progress in relation to outcome 1), a trend that it is

²³⁴ Irima, R., and Isakov, A. B., Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with Focus on Child Care Reform in Serbia (2013-2017), 15 January 2018

²³⁵ Ibid.

²³⁶ FGD with staff of institution 2, Serbia, on 01 June 2023; KII with Institution 1, Serbia, on 30 May 2023

²³⁷ FGD with Center for Social Work 1, Serbia, on 31 May 2023; FGD with Representatives from Center for Foster Care and Adoption 1, Serbia, on 02 June 2023

²³⁸ 2020 Annual Report of the Center for the Protection of Infants, Children and Youth “Zvecanska”

²³⁹ Center for Social Policy, Analysis of the Status of Families with Children during the Covid-19 Crisis in the Republic of Serbia, June 2022

²⁴⁰ Ibid.

²⁴¹ UNICEF Serbia, The National Report on Inclusive Education 2019–2021 - Executive Summary, November 2022, available at: <https://www.unicef.org-serbia/en/reports/national-report-inclusive-education>

²⁴² Republic Institute for Social Protection, Improving the status and quality of treatment of children in conflict with the law in Serbia, 2022, available at: <http://www.zavodsz.gov.rs/sr/biblioteka/ostala-izdanja-zavoda/unapređenje-statusa-i-kvaliteta-tretmana-dece-u-sukobu-sazakonom-u-srbiji/>

²⁴³ KII with representative of the Ministry of Family and Demography, Serbia, on 30 May 2023

feared will continue and result in an increase in children in RIs due to the lack of foster parents.²⁴⁴ Data was not available to ascertain the factors resulting in the increase of separation, but it is likely that the reduced implementation of reform outputs during COVID-19 contributed to this.

The migrant crisis due to the Ukraine conflict has also slowed progress in reforms and is an additional burden on the child protection system.²⁴⁵

8. EFFICIENCY

Summary of findings: efficiency

- ⇒ There was limited information in public financing and allocation of human and technical resources, and it was not possible to determine the level of financial efficiency or the DI reform effect in relation to its cost (Q16) or the reallocation of resources from institutional care to family and community-based services (Q17.1). Please note that no cost analysis was carried out as this was not a requirement in the ToR;
- ⇒ A lack of financial resources and a lack of infrastructure were all key barriers to the efficient implementation of the reforms;
- ⇒ Inefficiencies have resulted from the division of responsibilities between MOLEVSA and MOFD.
- ⇒ Programmes implemented by UNICEF throughout the process of DI reforms were high in efficiency

8.1 How has the Government used its resources – human, technical and financial – to support DI reforms?

To what extent has this allocation of resources been effective in supporting DI reform efforts? (Qs.15.1-15.4)

Limited information was available on the public financing and allocation of resources to social protection and the childcare reforms, making it challenging to ascertain the efficiency of resources allocated. However, evidence demonstrates that a lack of human resources in the ministry and at local level,²⁴⁶ a lack of financial resources and a lack of infrastructure were all key barriers to the efficient implementation of the reforms.²⁴⁷ Although the state has allocated ringfence funding to LGUs for the provision of community-based services, the system of earmarked transfers to less developed municipalities is still not implemented systematically and transparently,²⁴⁸ and there is a lack of supervision on spending of earmarked transfers.²⁴⁹ Earmarked transfers have decreased, from RSD 752 million in 2019, compared to only RSD 556 million in 2021.²⁵⁰

A mapping of LGU-mandated services from 2012-2018 indicates that total social care expenditure by LGUs in 2018 was RSD 3.65 billion (0.07% GDP), a substantial increase from the RSD 2.6 billion in 2015.²⁵¹ LGU spending is not proportionate to the population, as demonstrated by an expenditure of 1.26 billion in Belgrade (i.e. over a third of total expenditure covering 24 per cent of the population), and an absence of social care services in 8 municipalities. The mapping also indicated that 1 in 5 of the 105 LGUs receiving earmarked transfers only allocated small amounts of their own budget to social care services, and that 18 did not allocate any funds for local services. Moreover, a 2022 assessment of earmarked transfers shows that from 2019-2021, RSD 62,309,477 was neither spent on support services nor returned.²⁵² This, paired with the evidently low number of available services, indicates an inefficient use of local government funding to ensure the implementation of DI reforms' intended outputs.

²⁴⁴ Consultation with UNICEF Serbia Child Protection team, 29th May 2023

²⁴⁵ KII with Representative of the City of Nis, Serbia, on 14 June 2023

²⁴⁶ KII with MOLEVSA, Serbia, on 01 June 2023

²⁴⁷ KII with Representative of the City of Nis, Serbia, on 14 June 2023

²⁴⁸ European commission: COMMISSION STAFF WORKING DOCUMENT, 2023

²⁴⁹ Republic of Serbia State Audit Institution, *Report on the Audit of the Efficiency of Distribution and Use of Dedicated Transfers in Social Protection*. December 2022.

²⁵⁰ Ibid.

²⁵¹ Ibid. p.30

²⁵² Republic of Serbia State Audit Institution, *Report on the Audit of the Efficiency of Distribution and Use of Dedicated Transfers in Social Protection*. December 2022, p.40.

In 2018, 75 per cent of total social care expenditure was on day care services for the elderly, day care for children with disabilities and a personal child attendant (increasing from 72 per cent in 2015).²⁵³ Table 9 presents the total and percentage expenditure on day care services for child (and youth) relative to all day care community based services. From 2012-2018, there was a decrease in expenditure on home care for children and day care for children in conflict with the law. There was an introduction of, and subsequent increase in expenditure on, child personal companion services, and an increase in total and percentage expenditure on community-based services for children and youth relative to all community-based day care services (from 40.6 per cent in 2012 to 51.5 per cent in 2018).

A decrease in expenditure on day care for children in conflict with the law may have negative implications for the DI of these children. While the highest expenditure was on day care for CWD, as previously discussed, this service has minimal impact on DI relative to other services; due to success in IE reforms, almost all CWD have access to schooling and do not use day care services, indicating an inefficient use of funds.

Table 8: Total LGU expenditure on day-care community-based services for children (and as a percentage of total day care expenditure)

| Day care community-based services | 2012 | | 2015 | | 2018 | |
|---|---------------|------|---------------|------|---------------|------|
| | RSD | % | RSD | % | RSD | % |
| Home assistance for children and youth | 123,220,941 | 6.3 | 30,395,963 | 1.5 | 38,442,265 | 1.3 |
| Day care for children with disabilities | 639,683,761 | 32.6 | 716,439,394 | 34.5 | 894,664,957 | 30.2 |
| Day care for children in conflict with the law | 33,208,534 | 1.7 | 25,093,716 | 1.2 | 19,516,018 | 0.7 |
| Child personal companion | - | - | 169,456,247 | 8.2 | 576,453,922 | 19.4 |
| Total expenditure on child (and youth) day community-based services | 796,113,236 | 40.6 | 941,385,320 | 45.3 | 1,529,077,162 | 51.5 |
| Total expenditure on community-based day care services (including adult services) | 1,962,401,706 | - | 2,076,271,674 | - | 2,966,718,799 | - |

Data Source: Mapping Social Care Services and Material Support with the Mandate of Local Self Governments in the Republic of Serbia, 2020.

The 2020 mapping included an assessment of the efficiency of day care for CWD and the personal child companion. The efficiency of services (unit cost per hour) differed between LGUs, however services were rated as having medium-to-high efficiency in most LGUs (a maximum of 12 LGUs were rated as having low efficiency per service). However, the mapping concluded that it is difficult to ascertain the efficiency of services due to varying duration, content and quality of services between LGUs, and that the perceived high efficiency of the services (particularly the child personal companion service) is due to unsustainably low salaries of staff.²⁵⁴

In addition, a 2022 audit of earmarked transfers showed that expenditure on innovative services from 2019-2021 was RSD 22.6 million, but it was not possible to discern expenditure on services for children versus adults. The assessment concluded that a lack of data analysis by MOLEVSA and LGUs and the absence of minimum standards for innovative services make it difficult to assess the contribution or efficiency of earmarked transfers for the development of social protection services,²⁵⁵ including those supporting DI.

In 2017, the Republic of Serbia established the National Open Data Portal, to show the planned revenues and expenditures of cities and municipalities in the Republic of Serbia. To date, 90 LGUs have shared data.²⁵⁶ It was not possible to access this portal.

Regular changes in government, with an accompanying start-stop-start approach to the reforms, and particularly to allocation of funding, have resulted in inefficiencies. A failure to ensure government funding is available in time when donor investments end is inefficient and is seen as “*the collapse of everything that was done.*”²⁵⁷ Once a programme or service is closed, it often has to start from the beginning again, particularly as employees with institutional knowledge leave.²⁵⁸ An example of this is the FOS programme, which the Government committed to fund, but failed

²⁵³ Ibid. p.38

²⁵⁴ Ibid. p.63

²⁵⁵ Republic of Serbia State Audit Institution, *Report on the Audit of the Efficiency of Distribution and Use of Dedicated Transfers in Social Protection*. December 2022.

²⁵⁶ Action plan for the implementation of the Open Government Partnership initiative in the Republic of Serbia for 2020-2022

²⁵⁷ FGD with staff from Institution 2, Serbia, on 01 June 2023; FGD with NGOs / CSOs, Serbia, on 30 May 2023

²⁵⁸ FGD with Republic Institute of Social Protection, Belgrade, Serbia, on 7 June 2023

to do so in a timely manner leading to its virtual cessation and a plan to retool it under the Strategy for Deinstitutionalisation.

MOLEVSA appears to have focused much of its resources for RIs on the improvement of living conditions in the institutions, which, while it does feed into output 4 of increasing quality of alternative care, does not contribute to the deinstitutionalisation of children. Investments in renovating and constructing buildings does not form part of, or directly contribute to the outcomes of the reforms and must be regarded as an inefficient use of funds. An illustration is provided by the 'Sremcica' home for children and youth with disabilities. It has recently used government funding to build a new, large residential building for children and youth, rather than building small group homes. The investments appear to be contributing to a 'campus'-like, isolated environment with all resources, such as medical care and activities, within the institution itself, rather than supporting the integration of CWD into the community (which may serve as a barrier to the outcome of reintegration).²⁵⁹

Further inefficiencies have resulted from the division of responsibilities between MOLEVSA and MOFD. It is regarded as inefficient that the MOFD is responsible for actioning reforms relating to domestic abuse and managing the operations of CFCs, but that MOLEVSA is responsible for budget allocation for these activities.²⁶⁰ The need to report to two ministries is an additional burden to CSW and CFCs, which is exacerbated by a lack of clarity as to exactly which Ministry is responsible for specific activities and what needs to be reported to whom.²⁶¹ Inefficiencies also arise as a result of CFCs being responsible for recruitment, training, monitoring and support of foster and kinship families, but CSWs being responsible for payments to carers. This creates unnecessary complications and delays to payment of foster carers.²⁶²

In terms of human and technical resources, the major issues lie in the understaffing of CSWs and CFCs. Demand for services overall have risen, especially with an aging population. As noted above, staff report being given additional tasks and being forced to manage increasing caseloads with no additional capacity.²⁶³

8.2 Retrospectively: What resources (national, EU, other donors) were available to carry out DI? (Q17)

The programmes implemented by UNICEF throughout the process of DI reforms are regarded as being high in efficiency. Examples of efficiency include low human resource costs, clear planned budget structure and delivery of outputs and activities in line with budgets and donor requirements, and reallocation of budget savings for activities in accordance with beneficiaries' needs and donor approval.²⁶⁴ UNICEF has also been successful in leveraging funds for specific DI programmes from donors such as the Novak Djokovic foundation, EU-IPA and other national governments, although it appears that only UNICEF core funds have contributed to DI efforts since 2018 (see table 10). The total UNICEF expenditure on DI from 2009-2022 (with the caveat that a small proportion of expenditure cannot be differentiated from 2008) was \$8,214,912.93.

Table 9: UNICEF programme expenditure on deinstitutionalisation

| Programme | Donor | Period | Expenditure (USD) |
|--|---------------------------|-----------|-------------------|
| 'Transforming residential institutions for children and developing sustainable alternatives' | EU | 2008-2011 | 1,913,780.79 |
| 'Support to the deinstitutionalisation of children, particularly for those with disabilities in Serbia: Strengthening the continuum of services at national and local level' | Government of Italy | 2009-2012 | 1,320,647.21 |
| 'Development of Community Based Services for Children with Disability and Their Families' | IPA 2008 | 2010-2013 | 1,280,000.00 |
| 'Stopping the placement of children under three in institutional care and developing services for families at risk' | Novak Djokovic Foundation | 2013-2016 | 628,484.93 |
| 'Strengthening the justice and social welfare systems to advance the protection of children in Serbia' | IPA 2013 | 2014-2017 | 1,600,000.00 |

²⁵⁹ Observation during data collection, May 2023

²⁶⁰ KII with representative of the Ministry of Family and Demography, Serbia, on 30 May 2023

²⁶¹ KII with representative from Center for Social Work 2, Serbia, on 06 July 2023

²⁶² FGD with foster parents/caregivers, Serbia on 02 June 2023

²⁶³ KII with MOLEVSA, Serbia, on 01 June 2023

²⁶⁴ Irima, R., and Isakov, A. B., Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with Focus on Child Care Reform in Serbia (2013-2017), 15 January 2018

| | | | |
|---|------------------|-----------|---------------------|
| - | UNICEF resources | 2018-2022 | 1,472,000.00 |
| | Total | | 8,214,912.93 |

Data Source: UNICEF Serbia Country Office

The financial, human and technical resources must, however, be regarded as limited in efficiency insofar as investments have not led to sustainable outcomes. This is largely due to the assumption that the State would continue to fund programmes evidenced as effective through project-funded piloting. This includes investments in the FOS, training of social workers who have since left their positions, etc. While stakeholders acknowledged that UNICEF are unable to fund deinstitutionalisation services indefinitely, they were of the view that UNICEF should engage in a greater level of advocacy with Government to ensure money invested in child care reforms is efficient.²⁶⁵

9. COHERENCE

Summary of findings: coherence

- ⇒ The primary view of stakeholders was that the reforms have been high in coherence.
- ⇒ A lack of recognition by Government that reforms are highly dependent on coordination and cohesion between multiple government stakeholders: the lack of coordination has been a barrier to reform implementation.
- ⇒ The Government has recognised the need for greater coordination of bodies involved in child protection

As outlined in the relevance section, DI reforms have involved the development of numerous laws, rulebooks, strategies and action plans. It was the primary view of stakeholders that DI reforms have been high in coherence. Reform documentation and legislation have been clear and accessible and have largely been sufficient for stakeholders to have a clear understanding of their role in the DI process.²⁶⁶

UNICEF has taken on much of the responsibility for coordinating the reform programme, especially under EU IPA I, for which a cross-sectoral project steering committee was established to oversee implementation.²⁶⁷ The National Council for Child Rights set up a working group to draft a new national action plan after the 2011 -2015 Plan expired, but the Council has not been an active coordinator of the reform programme. The Government has recognised the need for greater coordination of bodies involved in child protection.²⁶⁸

9.1 Who were the key influencers / who needed to be influenced to achieve the needed changes which led to the reforms? (Qs.18.1 -18.2)

As is evident throughout this report, MOLEVSA, and more recently, MOFD, are the primary government stakeholders responsible for implementing DI reforms. MOLEVSA is regarded as the stakeholder most in need of influencing to achieve intended reform outcomes. However, a number of additional stakeholders have been identified as playing pivotal roles in reform. The influencing role of the EU, UNICEF and other international bodies has already been highlighted (see relevance section 6.1).

The government has taken efforts to increase the meaningful participation of stakeholders in reform processes and to diversify the stakeholders playing an influential role in steering the direction of reforms.²⁶⁹ In 2019, the Rulebook on the Guidelines for Good Practice for Public Participation in the Preparation of Draft Laws and Other Regulations and Acts was adopted, as a bylaw of the Law on State Administration.²⁷⁰ The Rulebook provides for mandatory consultations at all stages of preparation of regulations and public documents, including public debates in the preparation of public documents and the participation of interested parties and target groups in working groups. In

²⁶⁵ KII with representative of the EU Delegation to Serbia, Belgrade, Serbia, on 30 May 2023; FGD with NGOs/CSOs, Serbia, on 30 May 2023; KII with Institution 2, Serbia, on 01 June 2023

²⁶⁶ FGD with NGOs/CSOs, Serbia, on 30 May 2023

²⁶⁷ Pluriconsult, Summative Evaluation of the Efforts to Strengthen Social Welfare System to Advance Child Protection with a Focus on Child care Reform in Serbia (2013-2017).

²⁶⁸ Action plan for the Implementation of the Open Government Partnership Initiative in the Republic of Serbia 2020-2022.

²⁶⁹ Open Government Partnership, Action plan for the implementation of the Open Government Partnership initiative in the Republic of Serbia for 2020-2022, https://www.opengovpartnership.org/wp-content/uploads/2020/12/Serbia_Action-Plan_2020-2022_EN.pdf

²⁷⁰ Government of Serbia, Law on State Administration, Official Gazette of the RS, No. 79/2005, 101/2007, 95/2010, 99/2014, 47/2018, 30/2018.

January 2020, the Government also adopted Guidelines for the Inclusion of CSOs in Working Groups for Drafting Public Policy Documents Proposals and Drafts.

Working groups are regarded as influential in terms of developing reforms that meet the needs of intended beneficiaries due to their (now) wide membership.²⁷¹ For example, the working group for the Deinstitutionalisation Strategy 2022-2026 included representatives from MOLEVSA, MOFD, the Ministry of State Administration and Local Self-Government, the Chamber of Social Protection, the Republic Institute for Social Protection and the Provincial Institute for Social Protection, the Standing Conference of Cities and municipality, the Team for Social Inclusion and Poverty Reduction, and representatives of social protection service providers, including CSOs. CSOs see their ability to lobby government stakeholders as an essential tool in ensuring local governments continue to fund services,²⁷² although examples of success were not identified (beyond participation in working groups).

The role of UNICEF is highly regarded in terms of its influencing capabilities, given its close working relationship with the Ministry, but stakeholders would like to see UNICEF doing even more, particularly in terms of advocacy.²⁷³

9.2 To what extent did various Government (e.g. social services, health and education) and non-government actors work together to achieve DI reform? Was there alignment between the aims and strategies of these actors? (Qu 19.)

A lack of recognition that DI reforms are dependent on coordination and cohesion between multiple government stakeholders is regarded as a barrier to reform implementation, particularly in relation to the education and health sectors, although there have been examples of effective coordination and success in implementing reforms.²⁷⁴

In general, stakeholders perceived the increased quality of care provided to children in institutions (output 4), particularly CWD, to be attributable to effective coordination between the workforce within institutions, CSWs, the Ministry of Education and (to a lesser extent) Ministry of Health.²⁷⁵ Coordination with the Ministry of Interior was noted as necessary for the effective provision of care within institutions for the education of children and youth²⁷⁶ Stakeholders within institutions frequently noted that they have good coordination with health facilities and schools, and that children within institutions are often prioritized by these stakeholders if and when issues arise.

While collaboration and coordination with other government stakeholders was apparent in residential institutions, the same level of coordination does not appear to extend to other areas of the social protection system. CSW and CFC stakeholders stated that the blame for failure to achieve the reform outcomes has been unfairly placed on the social protection system, with education and health sectors not taking full accountability for their actions (or failure to act). The status of social protection practitioners is not seen by other ministries and bodies as commensurate with civil service workers from such as teachers and police, which in turn serves as a barrier to cooperation and collaboration.²⁷⁷

Coordination between government and NGO stakeholders is also essential for provisions of care for the prevention of separation and reintegration/transition out of care, particularly where LGU community-based services are lacking. While at ground level, CSWs and CFCs coordinate with CSOs to provide support to children in the social protection system,²⁷⁸ poor coordination between government and NGOs has been highlighted as an obstacle to social protection practice in Serbia.²⁷⁹ An example of coordination efforts between stakeholders is the development of the Comprehensive Plan of Transformation of Residential Institutions for Children 2009-2013 between UNICEF,

²⁷¹ FGD with NGOs / CSOs, Serbia, on 30 May 2023

²⁷² FGD with representatives from Center for Foster Care 1, Serbia, on 02 June 2023

²⁷³ KII with representative from Institution 2, Serbia, on 01 June 2023

²⁷⁴ FGD with NGOs / CSOs, Serbia, on 30 May 2023

²⁷⁵ KII with representative from Institution 4, Serbia, on 05 June 2023

²⁷⁶ KII with representative from institution 3, Serbia, on 01 June 2023

²⁷⁷ Akesson, B. The social service workforce as related to child protection in southeast Europe: A regional overview. March 2016. Available at: https://www.researchgate.net/publication/302089376_The_social_service_workforce_as_related_to_child_protection_in_southeast_Europe_ARegional_overview/citations#fullTextContent. Key-Informant Interview with Director of Center for the Protection of Infants, Children and Youth in Zvecanska, Belgrade, Serbia, on 01 June 2023

²⁷⁸ KII with representative from Center for Social Work 2, Serbia, on 06 July 2023

²⁷⁹ Zegarac, Nevenka 'Child Welfare and Serbia on the Path towards European Integration', ch 14 in *The Routledge handbook of global child welfare.*, edited by Pat Dolan, Nick Frost, 2017

institutions, professionals, experts, CSOs and unions, although these coordinated efforts were not systematically implemented.²⁸⁰

10. SUSTAINABILITY

Summary of findings: sustainability

- ⇒ Political instability, changes in the government and loss of institutional memory reduced the sustainability of reforms during the evaluation period;
- ⇒ Insufficient human resourcing for CSWs and CFCs and the lack of funding for community-based services introduced led to closure of some services and a slow-down of the reforms;
- ⇒ EU membership and accession, as well as funding from the EU, play a key role in sustainability.

10.1 Which key reform partners influenced and continue to influence DI reform implementation, performance and sustainability? (Q20)

Government of the Republic of Serbia

Political instability and changes in the government, and particularly in relation to ministries relevant to the reforms, significantly influenced the sustainability of reforms during the evaluation period. The turnover of political and operational personnel within the government, coupled with a lack of institutional knowledge regarding past reforms and deinstitutionalisation matters within MOLEVSA as well as lack of political engagement at times during the reforms has emerged as a significant reason for recent setbacks and the discontinuity of reform efforts.²⁸¹

During the evaluation it was found that the frequent changes in decision-makers and operational staff have slowed down the process of establishing and amending important laws relevant to the reform which are essential to the sustainability of services targeting DI, particularly the Law on Family, the Law on Juvenile Offenders and Criminal Protection of Minors the Law on Social Protection, and the draft Law on the Rights of the Child.²⁸² Investment in legislation and their amendments and bylaws is a strong prerequisite for sustainability and scale-up.

“When you speak with the Ministry, they say we have to wait for the elections, and wait to see who will come and then what we will do.”²⁸³

The adoption of the “Strategy of deinstitutionalisation and development of social protection services in the community for the period 2022-2026” is an important step for sustainability. The first objective of the Strategy foresees the setting normative and financial requirements to enable the implementation and sustainability of deinstitutionalisation process.²⁸⁴ In addition, the Strategy envisions amendments to the Law on Social Protection. The implementation of this strategy could lead to sustained changes over time, reducing the reliance on institutional care. The action plan for deinstitutionalisation has not yet been finalised, and it has been indicated by MOLEVSA that they are in the process of identifying donors to support the implementation of the strategy.²⁸⁵ The continued reliance on external funding puts the sustainability of reforms into questions.

Evaluation findings indicate that legislative reform mandating community based services, prohibition of placement of under 3's in RIs and institutionalisation as a matter of last resort etc., does not result in sustainable services, as evidenced by the insufficient human resourcing for CSWs and the lack of funding for community-based services. The allocation of funds is largely influenced by the priorities set by the leadership of the LGUs.²⁸⁶ Enforcing implementation

²⁸⁰ Consultation with UNICEF Serbia, Impact and Evaluation and Child Protection Sections, September 2023

²⁸¹ KII with representative from EU Delegation to the Republic of Serbia, 31 May 2023; FGD with Republic Institute of Social Protection, 07 June 2023

²⁸² Network of Organizations for Children of Serbia (MODS). Progress achieved in improving children's rights and the position of children from vulnerable groups. April 2023

²⁸³ KII with representative from EU Delegation to the Republic of Serbia, 31 May 2023.

²⁸⁴ Government of Serbia, Strategy of deinstitutionalization and development of social protection services in the community for the period 2022-2026, Official Gazette of the RS, No. 30/18

²⁸⁵ KII with MOLEVSA, Serbia, on 01 June 2023

²⁸⁶ Government of Serbia, Strategy of deinstitutionalization and development of social protection services in the community for the period 2022-2026, Official Gazette of the RS, No. 30/18

of the Law and ensuring the accountability of LGUs in relation to the expenditure of ringfenced funds are both necessary to ensure sustainability.²⁸⁷

Short-term, unsustainable donor-funded programmes also impact the social protection workforce who are expected to put a great deal of energy into starting up a new project and they describe the process as demotivating.

*“When we talk about these projects, they tend to last 6 months to one year, maybe longer. When you don’t have sustainability, then it loses meaning.”*²⁸⁸

The European Union (EU)

EU membership and the accession requirements play a significant role in influencing the sustainability of reforms. However, it should be noted that although the government is adopting these strategies and taking steps towards the EU accession path on paper, in practice the situation appears to be different. The European Commission in its 2020 report on Serbia’s accession, noted that *“Ensuring sustainable funding for preventive family support services, including appropriate family-based alternatives when separation of a child from its family is in the child’s best interest, need to remain the priority.”*²⁸⁹ This was also highlighted during data collection by the representative of the EU delegation in Serbia *“It’s easiest for them to say they are on the accession path on paper, but in practice, you can see that they are not doing it properly,”* and that MOLEVSA is not interested in long term planning of sustainable activities.²⁹⁰

10.2 What is UNICEF’s role in the sustainability of DI reforms? (Q21)

During the evaluation period UNICEF has invested substantial efforts to advance national capacities to drive reforms and implement laws and strategies. UNICEF has played a direct role in supporting the government to develop its policy and normative framework, while also contributing institutional resources to ensure the continuity of outcomes. These contributions, which are discussed in greater detail throughout the relevance section of the evaluation, were recognised and valued by stakeholders across Serbia, and at national, and sub-national level. UNICEF is regarded as a key player in terms of advocacy to ensure sustainability in reforms: *“UNICEF provided continuous support also in terms of advocating and lobbying and representing on behalf of us and users. They have always provided support.”*²⁹¹

UNICEF carried out a number of activities throughout the reform process with the intention of supporting sustainability in effective reforms, detailed throughout this evaluation report, including contributions to legislative reforms, the development of guidelines, provision of training to the social protection workforce, the piloting of key services with support from the EU-IPA and other donor funding such as the Family Outreach Service and intermittent foster care, and support to strengthening specialised foster care. While these services demonstrated significant positive impacts on children during the time they were operational, these failed to achieve scale-up or continuation upon project completion. The Evaluation of the UNICEF CPD 2016–2020 found that the absence of a comprehensive framework and Theory of Change (ToC) outlining these services/models represents a significant drawback within the services themselves. This deficiency directly influences the lack of the scale-up of services.²⁹²

UNICEF’s activities have been based on the assumption that the relevant Ministries would take services forward upon projects ending to ensure sustainability. This assumption has not held, and long-term sustainability of many initiatives has been hampered, largely due to factors outside UNICEF’s control, such as frequent political changes, staff turnover in governmental institutions and service providers, and institutional systemic deficiencies. In 2021, UNICEF carried out an evaluation of Models for Scale-up potential, a key step towards ensuring sustainability.²⁹³ This confirmed that, while UNICEF had obtained commitment from the government to develop legislation and regulation for FOS and intermittent foster care services, there was no commitment to funding these services or support for scale-up, meaning

²⁸⁷ Zegarac, Nevenka ‘Child Welfare and Serbia on the Path towards European Integration’, ch 14 in *The Routledge handbook of global child welfare*., edited by Pat Dolan, Nick Frost, 2017; Key-Informant Interview with representative of the Serbian Social Protection Chamber, Belgrade Serbia, on 30 May 2023; Lewis J., Steele T., Kembhavi-Tam G., Mildon R., Obradovic J., Vukovic O., Babovic M., & Zarkovic J. 2020. Evaluation of Models for Scale-up Potential in Serbia 2016-2020. Final Report. UNICEF, Serbia

²⁸⁸ FGD with staff from Center for Social Work 2, Serbia, on 06 June 2023

²⁸⁹ European Commission, Serbia 2020 Report, 2020 Communication on EU Enlargement Policy. Available on: https://neighbourhood-enlargement.ec.europa.eu/system/files/2020-10/serbia_report_2020.pdf

²⁹⁰ Key-informant Interview with representative from EU Delegation to the Republic of Serbia, 31 May 2023.

²⁹¹ FGD with Republic Institute of Social Protection, Serbia, on 7 June 2023

²⁹² Institute for Development Impact, Evaluation of the UNICEF Serbia Country Programme (2016-2020), October 2019, available at:<https://i4di.org/pubs/country-programme-evaluation-2016-2020-unicef-serbia/>

²⁹³ Lewis J. et al., Evaluation of Models for Scale-up Potential in Serbia 2016-2020. Final Report. UNICEF, Serbia (2020)

sustainability of these services cannot be ensured. Stakeholders believed that UNICEF had “*not yet exhausted opportunities to secure this commitment and should continue with and extend its work with government.*”²⁹⁴

11. CONCLUSIONS

Relevance

Reforms were highly relevant and aligned with intended ToC outputs and outcomes. The primary and secondary legislation introduced throughout the evaluation period (2009-2022) was highly relevant to deinstitutionalization. The Law on Social Protection, in particular, played a key role at the start of the child care reforms, but is now in need of amendment to ensure that it remains relevant to reforms and does not pose a barrier to further developments and innovations. Delays in placing the necessary amendments before Parliament have hampered the introduction of new services and new procedures to address administrative barriers. Similarly, the initial strategies and plans of action were relevant to the reforms, but did not provide adequately for DI of CWD. The failure to develop new strategies after the National Action Plan for Children 2004 -2015 expired meant that there were no relevant policies in place to ensure a continued dynamic of reform. Recent strategy documents, including the strategy for the improvement of the position of persons with disabilities in the Republic of Serbia for the period 2020 to 2024, the Strategy for the Social Inclusion of Roma in the Republic of Serbia 2022-2030; the Strategy for Development of Education in the Republic of Serbia by the Year 2030, and the Strategy on Deinstitutionalisation and development of social protection services in the community for the period 2022-2026 are all to be welcomed as highly relevant to the reforms and reinvigorating the reforms.

The community-based services and family based alternative care services introduced and/or further developed under the reform programme were all relevant and were designed to align with the national priorities, EU accessions criteria, but some reforms failed to meet international standards in relation to children with disabilities fully (e.g. standards for maximum number of children per institution of 50 being regarded as ‘large-scale’ institutions and is not in accordance with the CRPD). Although there has been a slow but steady increase in some community services for children with disabilities over the evaluation period, other relevant services such as the Family Outreach Service have ceased operation due to lack of sustainable funding. Implementing proposed amendments to the Law on Social Protection will help ensure relevance of services going forward.

Findings indicated the added value of UNICEF in terms of ensuring relevance of reforms. The majority of services introduced for the implementation of reforms have been led, either directly or indirectly, or supported by UNICEF, in partnership with MOLEVSA and other stakeholders, such as the European Commission. UNICEF’s role during the reforms is seen as highly relevant and its role in advocacy and ensuring the feedback of users and staff is incorporated into reforms are seen as key to the success of the reforms.

Effectiveness/Impact

Broadly, all elements of the reform programme contributed to the desired outcomes as outlined in the ToC, were effective and had impact, but the contributions of the reform programme were sometimes partial, and did not completely achieve the desired outcome. In addition, some of the reforms achieved the outcomes but only for a time limited and non-sustainable period.

Primary contributions to the success of reforms include the implementation of the Law on Social Protection prohibiting the placement of children under the age of three years in institutions; the strengthening of foster care, including the introduction of intermittent foster care and increased use of kinship care; the development and introduction of community-based services (particularly FOS), the inclusion of CWD in mainstream schools as part of efforts to transform special education and developing the capacity of the CSWs.

However, while there has been a significant decline in the number of children in RIs, a disproportionate number of CWD and Roma children remain living in RIs (including large scale institutions). Findings also indicate that a disproportionate number of children in institutions are boys, which is much linked to large numbers of this group within education institutions for children with behavior problems and/or in conflict with the law. Reforms have not been effective in supporting the deinstitutionalization of Roma children and CWD. Further, children under the age of

²⁹⁴ Ibid.

three are still being placed, albeit in smaller numbers. In recent years, the progress in terms of reducing the number of children in institutions has slowed significantly and there is little evidence of effective reintegration of children.

Insufficient human and financial resources, the lack of amendments to the Law on Social Protection and the lack of a policy on deinstitutionalisation and the development of community services between 2015 and 2022 has limited the ongoing effectiveness of the reforms. Programmes implemented through the DI process to prevent separation of children from their families (FOS), and to provide intermittent foster care were only temporarily administered until programme funding ended, limiting their contribution. Effectiveness has also been hampered by the failure to pass amendments to the Law on Social Protection which would have enabled the introduction of new services to meet the needs of both children with disabilities and hard to place children.

Although efforts to improve the capacity of the social services workforce in terms of licensing, accreditation of programmes and realization of trainings have been somewhat successful, the long-term freeze on employing government workers was a significant limitation, resulting in overburdened CSW staff. This impedes the effectiveness of social protection and capacity to support DI efforts. Covid-19 and the conflict in Ukraine has also slowed down the reforms.

Awareness of the needs of CWD has increased, but public perceptions of children with disabilities, Roma children and children with behaviour problems remains negative, as do public perceptions of foster families. Further attention needs to be paid to awareness raising and the 'messaging' of the reforms in order to bring about attitudinal change towards children with disabilities and hard to place children.

Monitoring and evaluation of services and needs of rights holders is relatively strong in Serbia, but more attention should be paid to disaggregating to monitor social care needs and support provision by gender, age and by groups of children.

UNICEF provided important contributions through the active role in implementing programmes supporting all elements of reforms. Limitations with regards to achieving outcomes was largely out of UNICEF's control (and primarily linked to depleting government interest and political instability limiting the sustainability of reforms). Going forward, UNICEF should utilise its comparative advantage in terms of institutional knowledge and continuous involvement in reforms to support the government in reinvigorating reform activities.

Efficiency

It was difficult to ascertain the efficiency of resources allocated to the contribution of DI reforms given the limited public information on financing and allocation of resources to social protection and DI reform efforts. While there has been an increase in financing of community-based services (with support of earmarked transfers), the largest proportion of funding for community-based services for children and youth with disabilities is provided for day care, for which there is a limited number of child beneficiaries. A number factors contributing to inefficiencies in the delivery of the reforms include insufficient human resources (particularly for CSWs) and substantial proportions of funding (including UNICEF resource) being dedicated to pilot service which were not sustained and have not been operational since 2017. The revenues of public services in the field of social protection are not regulated and monitored, even though this is provided for in the Law on Social Protection. This is a barrier to ensuring the efficient use of financial resources, particularly the earmarked funding for LGUs (less-developed municipalities) for community-based services, which is not implemented systematically or transparently. The continuation and enhancement of steps recently taken to ensure accountability of LGUs will contribute to increased efficiencies in terms of provision of community-based services going forward MOLEVSA has allocated much of its financial resource to improvement of conditions in institutions (including in some cases increasing their capacities). This is an inefficient use of funds which is not contributing to the down-sizing of institutions or the DI of children residing in these institutions.

Coherence

The childcare reforms involve multi-disciplinary stakeholders both at central and sub-national level and requires effective collaboration and coordination across the social welfare sectors, health and, education. The government has taken efforts to increase coordination and meaningful participation of a diverse set of stakeholders in reform processes. However, the coherence of the child care reforms has been impeded by the absence of a strong coordination and monitoring mechanism at national level, and a general lack of recognition of the role of MoE and MoH as primary stakeholders, with the onus largely being placed on MOLEVSA. While, at field level, CSW and CFC staff

utilize NGO resources to support DI efforts (particularly reintegration and prevention of separation), poor coordination between government and NGOs has also been highlighted as an obstacle to social protection practice in Serbia.

MOLEVSA, and recently, MOFD, are the primary government stakeholders responsible for implementing DI reforms. The restructuring involving the division of MOLEVSA and the establishment of MOFD has introduced a new layer of coordination requirements within the deinstitutionalisation reforms. While there is a level of collaboration between the ministries, an ambiguity persists in the allocation of responsibilities. There is a consensus amongst stakeholders that a unified ministry approach would be more effective. UNICEF has emerged as an important actor in enhancing coordination between the ministries, particularly concerning the implementation of foster care provisions. The role of UNICEF in facilitating coordination as reforms continue is of vital importance.

Sustainability

The turnover of political and operational personnel within the government, a lack of institutional knowledge and memory regarding past reforms and deinstitutionalisation matters, and a perceived lack of political will are key contributors to discontinuity and lack of sustainability in reform efforts.

The adoption of the “Strategy of deinstitutionalisation and development of social protection services in the community for the period 2022-2026” is an important milestone in the reform process and could lead to sustained changes over time, but an Action Plan has yet to be developed. Timely implementation of the action plan and amendments to the Law on Social Protection is needed to ensure sustainability of reforms. Moreover, evaluation findings indicate that the provision of services in the law does not equate to sustainable services, as evidenced in insufficient human resourcing for CSWs and the lack of funding for community-based services.

UNICEF contributions to reform efforts were made with the aim of supporting the sustainability of the reforms. The contributions to legislative reforms and the development of guidelines are sustainable, and, with commitment from the government, the implementation of piloted services and the provision of training to the social protection workforce would be sustainable. However, more work needs to be done to build relationships and support / advocate for the provision financial and human resources and technical skills at the government level (national and sub-national) in order for child care reforms to be sustainable in the long-term.

12. LESSONS LEARNED

The findings of this evaluation indicate that Serbia has taken significant steps toward achieving comprehensive childcare reforms, with a focus on deinstitutionalisation of children. However, increased focus is needed to sustain efforts to support the deinstitutionalisation of children with disabilities and hard to place children.

Maintaining a Sustainable Social Service Workforce. The process of deinstitutionalisation and childcare reform has highlighted the critical need for a well-prepared and sustainable social work workforce. An over-heavy caseload and administrative load on social workers is likely to lead to crisis management where social workers dedicate less time to biological families and children in alternative care and institutions, posing a barrier for prevention of separation and reintegration. A sustainable workforce ensures consistent care, personalized attention, and timely interventions, ultimately leading to improved outcomes for every child and satisfaction for the workforce.

Legal reform. When embarking on deinstitutionalisation reforms, it is crucial to anticipate the likelihood that legal amendments will be needed over time to adapt to the changing needs of the population and to address identified gaps and omissions in the original law. Reform efforts should factor in this necessity and provide for reviews of the Law at regular intervals. This approach not only streamlines the integration of legal amendments but also underscores the reform's commitment to remaining current and effective in accelerating deinstitutionalisation and ensuring the well-being of every child.

Scale-up of services/approaches. Modelling innovative alternative care and community-based services within contexts with inadequate resources for substantial scale-up require well-structured, long-term operational plans. The plans should be supported by an assessment of the system's readiness, the prerequisites for investment, and the level

of commitment required. By taking a strategic approach, donors can ensure that these innovative efforts last even after their funding.

Developing family-based, alternative care services, and especially foster care, frequently presents a challenge. An effective foster care system needs consistent promotion, recruitment and training of specialised foster carers to meet the needs of CWD and other hard to place children in need of placements. Flexible financing arrangements are necessary to achieve this and avoid a shortage of foster carers. Effective ongoing social work support for foster and kinship families and children - and therefore adequate financing of CSWs and CFCs - is important for the effective provision of foster care. The availability of community-based services is necessary to ensure foster families can access specialised support from licenced professionals in order to meet the needs of CWD and hard to place children.

13. RECOMMENDATIONS

Recommendations were developed through analysis of recommendations put forward by all rights holders, beneficiaries and duty bearers consulted during the data collection process, and through consultative workshops with the UNICEF Serbia Country Office, UNICEF ECARO and the national and regional evaluation reference groups. The prioritization of each recommendation is indicated based how proximal this activity is to achieving intended outputs and outcomes. A broader indication of whether the action is to be implemented in the short term or implemented over an on-going, long-term period is also provided, and whether this would contribute to relevance, effectiveness, coherence, efficiency or sustainability.

| Recommendation / Activity | Timeline | Agency |
|---|--|---------------|
| Finalise and implement amendments to legislation and policy | | |
| ⇒ Complete amendments to the Law on Social Protection and the complete and adopt the Action Plan for the Strategy on Deinstitutionalisation in order to restart reform efforts (and ensure national availability of the FOS). | Short-term | MOLEVSA; MOFD |
| Advocacy | | |
| ⇒ Increase advocacy efforts to support implementation of sustainable reform efforts particularly in relation to provision of a greater level of community services; deinstitutionalisation of CWD and the prevention of placement of children under seven years of age in institutions. | 2021- 2025 UNICEF country programme | UNICEF |
| Ensure the availability of community-based support | | |
| ⇒ Place community-based services on a more secure footing through longer term funding cycles (e.g. 5 years) to allow services to develop to meet the needs of the community and staff to build up skills and expertise through practice; | Short-term | MOLEVSA |
| ⇒ Prioritise preventive community services for: CWD to reduce institutionalisation; Children with behavioural and emotional difficulties to reduce the number of boys in institutional care. | Short-term | MOLEVSA |
| Inclusive education | | |
| ⇒ Accelerate efforts to support inclusive education, to ensure CWD are gradually fully integrated into mainstream schools. | Ongoing | MoE |
| Strengthen foster care | | |
| ⇒ Run an awareness raising campaign / recruitment drive; | Short-term | MOLEVSA, |
| ⇒ Develop and deliver improved training, particularly in relation to the behavioural, emotional and mental health needs of adolescents to prevent placement breakdown; | | MOFD and |
| ⇒ Increase support for foster children and carers while in placement. | | UNICEF |
| Increase the capacity of the SSWF | | |
| ⇒ Undertake a review of the CSW staff workload to determine whether the most efficient working practices are in place; | Short-term | MOLEVSA |
| ⇒ Lift remaining restrictions on employment for SSWF to ensure a sufficient number of qualified employees to meet the needs of beneficiaries; | Short-term | |
| ⇒ Strengthen the supervision framework for staff to provide support to SSWF; | Short-medium term | MOLEVSA |

| | | |
|--|--|--|
| ⇒ Review the training programmes for the SSWF to determine gaps, and commission new training programmes as needed to ensure sufficient, accessible and relevant training for all SSWF; ⇒ Place a requirement on all SSWF to attend training relevant to their role and the needs of the beneficiaries (including training specific to CWD, children with behaviour problems and mental health problems), as well as training specifically tailored to the child care reforms; ⇒ Strengthen data collection, analysis and reporting of training completion rates and need for training amongst the social care system workforce (relating to both basic and specialised training programmes), to strengthen planning and support the commissioning of relevant training programmes. | Short-medium term Short -medium term Short-medium term | MOLEVSA RISP CSW and MOLEVSA CSW and RISP |
| Coordination | | |
| ⇒ Increase intersectoral coordination and collaboration between MOLEVSA, MOFD, MoE, MoH and NGOs to support the systematic provision of services and universal recognition of the reform aims and contributions of each stakeholder; ⇒ Continue supporting coordination between MOFD and MOLEVSA and other stakeholders, increasing the involvement of MoH and MoE in these processes. | Short-term Ongoing | All named Ministries UNICEF |
| Strengthen data management to understand need and support requirements | | |
| ⇒ Ensure the electronic case management system is set up and utilized to support monitoring of DI and social protection indicators; ⇒ Improve routine data collection, management and analysis of community based programmes at a national level to promote evidence-based decision making on the effectiveness of services and current gaps in provision for target groups (CWD and other hard to place children). | Short-term Medium-term | MOLEVSA and RISP |
| Develop an emergency response plan | | |
| ⇒ Use evidenced impact of COVID-19 on social protection and DI efforts to develop a flexible and 'humane' crisis emergency response plan to enable continuation of CFCs and CSW services; as well as continued access to social protection system, community-based support, and reintegration and relationship maintenance. | Short-term | MOLEVSA |
| Efficiency | | |
| ⇒ Increase the monitoring and accountability of earmarked transfers to community-based services supporting prevention of separation and reintegration. | Medium-term | MOLEVSA |