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Never Only One Zebra', A review of Measurement Frameworks in Children's Care

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'Never only one zebra'

A Review of Measurement Frameworks in Children's Care

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Foreword

GHR Foundation and UBS Optimus Foundation commissioned this work with International Child Development Initiatives (ICDI) in early 2020 with the hope of spurring a more vigorous pursuit within the sector towards common ground. Perhaps one of the most defining (and unfortunate) characteristics of the Children's Care sector (further defined in this report) is the vast array of terminology, perspectives on the issue itself, and means of measuring impact employed by stakeholders within the field. As two donor organizations actively engaged in supporting both targeted and large-scale change in the sector, we have witnessed this multiplicity of ideas and approaches first-hand and believe it serves as a detriment to true progress and lasting impact for vulnerable children and families.

GHR and UBS set out with the intention of exploring the feasibility of developing a common global measurement framework within Children's Care. The aim was to explore and then build upon what already exists, supplemented by experiences and learning from other sectors. Our original goal was that the work might result in a set of key global tracking indicators, associated draft tools, and sample reporting formats that might form a starting point from which the sector could begin to build an improved and shared understanding of impact across contexts.

What we have learned through the course of this work, however, is how we and other sector actors (e.g., donors, implementers, and governments) need to realign our expectations around results, impact, and progress. We have learned that, within the Children's Care sector, there have been (and still are) rigorous donor-led attempts to measure impact of children's care, especially at a systems level. There seem to be relatively fewer systematic efforts on measuring and reporting on outcomes at the child level, even though NGOs likely collect this data through their own tools. The sustainability of all of these measurement efforts, once funding is stopped, is less clear. Notably, we do not know the quality of data that is collected and whether/how these data support decision making at the country or donor levels.

Above all else in Children's Care is what is best for the child, but the next most important consideration perhaps should be how the support to that child must fit within the holistic, systems context that surrounds him or her. This requires donors and service providers to view the work they support and conduct as part of something bigger and longer-term rather than singular, time-limited projects or programs.

It is our intent at GHR and UBS that this report acts as a catalyst for greater discussion within the Children's Care sector. It is our hope that the findings from this report not be taken as definitive, but rather as an incentive for renewed reflection and critical discourse across the sector. How might we, as a diverse set of actors focused on Children's Care, better align our own objectives and efforts to fit within the larger context in which that work exists? What might this require of ourselves, and what might this require for how we work together within the sector? Finally, how might this necessitate a shift in our perspective on where Children's

Care sits within the broader constellation of issues surrounding vulnerable children and families?

GHR and UBS Optimus Foundation are grateful to ICDI for their fresh thinking on this issue of common measurement in the Children's Care sector, and for their willingness to ask tough questions and challenge our assumptions. Our dialogue together throughout this work has provoked us as donors to consider our roles in passively discouraging versus actively encouraging greater cohesiveness—around measurement specifically, and within the sector more generally. The report also triggers questions around what donors can do to support governments and country-based implementing organizations to take leadership in tracking the impact of their work, on the Children's Care system and the children themselves. We expect that the findings from this report will prompt similar examination among others, and we look forward to including those that will read this report in further discussion and exploration of how we can collectively move forward to provide the most effective support possible to vulnerable children and families everywhere.

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Chapter 1: Introduction to the study

1.1 Context and rationale

The purpose of this study was to review monitoring and evaluation frameworks, which have been developed for the field of Children's Care and to analyze the potential for a common measurement framework.

Throughout this report when using the term 'Children's Care' we mean the range of systems and services that support children who are without adequate care by their biological parents, or who are at risk of becoming so. This includes preventive interventions such as family strengthening support where children are at risk of becoming separated from their parents, as well as more curative, alternative care interventions such as family type care, kinship care, foster care or residential care, family reintegration efforts, as well as de-institutionalization processes.

Figure 1: Social Care Model
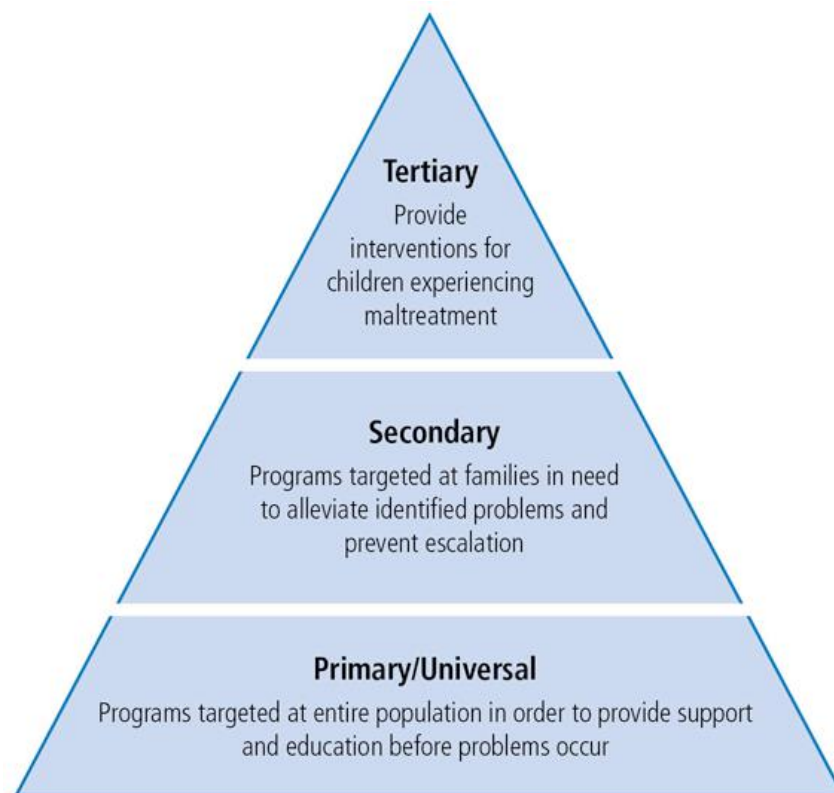
(Adapted from Bromfield & Holzer, 2008)

According to our definition, Children's Care services (usually as part of a larger child protection system) would typically fall under interventions at the secondary and tertiary level. The topic of how to best to frame the Children's Care system is an issue that is returned to Chapters 3, 4 and 6.

This review is designed to contribute to the broader mission of reforming Children's Care globally, which is being supported by UBS-Optimus Foundation and GHR Foundation and the Elevate Children Funders Group (ECFG) Care Working Group. The context for the study includes: firstly, the unequivocal evidence supporting family-based care as most suitable for the healthy development of children, including those who are vulnerable to mental, physical and emotional harm (Mc Call & Groark, 2015; Dozier et al., 2012). Secondly, broad recognition that national governments play a central role (and have responsibility) in ensuring that all children, including vulnerable children, remain with their families and that parents are provided with the necessary support and resources to take care of them. This has been underlined in numerous Articles of the UN Convention on the Rights of the Child[1] and also in the Guidelines for the Alternative Care of Children[2].

One of the rationales for this study stems from gaps in knowledge and evidence on key issues relating to Children's Care system change. Specifically, whilst there seems to be broad agreement amongst key stakeholders and experts regarding what needs to be done to achieve care reform at country level (i.e. care reform towards child-focused efforts, prevention and integration), there is less consensus around contextual factors necessary to achieve change at systems level (or even what is meant by system change, and what constitutes a system), which focuses on prevention and (re-)integration (Shawar & Shiffman, n.d.). Furthermore, there is a dearth of evidence about the effectiveness of family reintegration, foster care and other family type alternative care options on improving the well-being of children and their families, as an alternative to institutional solutions.

The goal to develop a common measurement framework for the sector is complicated by the fact that, according to Shawar & Shiffman (n.d.) 'there is no common vision for Children's Care *vis a vis* the desirability of institutional care versus alternative care arrangements'. And indeed in some contexts (such as former Soviet bloc countries) there is socio-cultural resistance to family based alternative care arrangements (Shawar & Shiffman, n.d.).

A focus on child well-being and the best interests of the child, supported by evidence-based practice in a diversity of contexts, is a way forward in giving strong direction to Children's Care reform. In order to make this a reality however, a common form of monitoring and measurement may be desired, whereby children's welfare can be tracked over time, and which can also bring about better alignment in the mindsets of those responsible for making decisions about the care arrangements of children, and of system change itself. Creating a balance between tracking children's well-being and tracking system change seems to be one of the challenges posed for those that are involved in care reform.

1.2 Objectives of the study

The objectives of the study were to:

1. Conduct a review of measurement approaches across the field of Children's Care (family, alternative, institutional) globally.

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2. As point of comparison, review how the Early Childhood Development/Early Childhood Education and Care (ECD/ECEC) sector has approached building common measurement frameworks and identify best practices and/or lessons learnt.
3. Analyze the potential for a draft common measurement framework for Children's Care, which will support care reform (system change) and improve outcomes for vulnerable children who are at risk for being separated from their family.

These objectives have been translated into a number of research questions and subquestions, which guided the literature review and the interviews. During the course of the research and in discussions with UBS and GHR, the research questions were elaborated and further refined.

These questions included:

1. How is the Children's Care system defined and understood?
   o What are the component parts of the Children's Care system and how do they relate to each other?

2. How is system change defined and measured?
   o How is system change defined in social services in general?
   o How is system change measured in social services?
   o What have been the main lessons learnt in measuring system change?
   o What are their implications for Children's Care system reform?

3. Which are the main measurement frameworks that exist and (how) are they used in Children's Care?
   o What component parts of the Children's Care system are included in existing measurement frameworks?
   o What has been the experience of (using) measurement frameworks that (primarily) focus on system change?
      ▪ Who developed them and for what purpose?
      ▪ Whose perspectives are represented?
      ▪ How are they being used?
      ▪ What (if anything) is missing?
   o What has been the experience of (using) measurement frameworks that (primarily) focus on outcomes at child or case level?
      ▪ Who developed them and for what purpose?
      ▪ Whose perspectives are represented?
      ▪ How are they being used?
      ▪ What (if anything) is missing?

4. What might a common measurement framework for Children's Care look like?
   o Is a common measurement framework for Children's Care desirable and/or feasible?
   o What has been the experience of collaborative action about Children's Care measurement and reform locally, nationally, internationally?

1.3 Study outline

The study, as reported on in this document, is organized as follows: we first outline the methodology followed in undertaking the research, including the literature review, the interviews and their analysis, as well as ethical considerations and procedures followed (Chapter 2). In Chapter 3, we summarize the current state of play with regard to Children's Care reform including the more significant international instruments and agreements and the relationship between Children's Care and the child protection system. In this chapter we also identify lessons learnt in system change in social services generally.

We present our findings in three chapters: in Chapter 4 we focus on the current use of measurement frameworks in Children's Care, mostly based on findings from the interviews with key informants. The focus in Chapter 5 is on the Early Childhood Development/Early Childhood Education and Care (ECD/ECEC) sector, in which we explore challenges, successes and lessons learnt regarding measurement frameworks based on desk research and interviews with selected key informants (this as a comparison sector to Children's Care). In the final Chapter 6, we present our analysis regarding feasibility and/or desirability of a common measurement framework for Children's Care, outline a number of key messages and recommendations arising from the study and present possible ways forward.

Chapter 2: Methodology

2.1 Preparation: agreeing on focus and scope of study

The methodological approach of the study, which was conducted between March and October 2020, combined a literature review of both international academic literature, international instruments and policy documents, and so called 'grey literature', in combination with semi-structured interviews with key informants from policy, practice and donor organizations. Particular attention in the preparation of the study was paid to agreeing on the focus and parameters of the study, including possible research questions, selection of interviewees, and scope of literature review.

We agreed that the focus would be on the broad field of Children's Care, with a particular focus on frameworks being used that are measuring impact (on well-being of children and their families) and system change (care reform). We also agreed that geographically, the study should focus on low to lower middle income countries, with Sub Saharan Africa and Asia as specific regions of interest. The Early Childhood Development/Early Childhood Education and Care (ECD/ECEC) field was selected as a comparison sector. In common with Children's Care, it is relatively under-supported and under-resourced sector by Governments[3]. Furthermore, ECD/ECEC is also a field, which we as authors have considerable measurement and evaluation expertise.

Each component is described in more detail below.

2.2 Literature review

The literature review focused on the current 'state of play' with regard to Children's Care system reform including the most significant international instruments, policies and guidelines. We also examined the changing relationship between Children's Care and child protection from a systems perspective. Finally, we reviewed lessons learned about system change approaches in a range of studies or initiatives designed to tackle social problems including in Children's Care and ECEC. We gave attention to the most significant publications in academic literature, i.e. peer-reviewed articles and books, as well as official international instruments and reports. Also included were practice focused handbooks, toolkits, measurement tools and their accompanying guidelines as well as recent webinars.

To make the review manageable, given the time constraints, we focused on literature and other documentary material published 2000 onwards, unless a particular significant earlier publication was viewed as being essential. As well as being guided by key search words (i.e. Children's Care; family strengthening; alternative care; family-based care, residential care; institutional care; foster care; measurement frameworks; impact; systems; system change; system reform and combinations of these), we actively sought recommendations for key sources from the interviewees.

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[3] See for example: https://www.unicef.org/early-childhood-development

In parallel with conducting the literature review, and informed by it, we compiled a glossary of definitions and terminology relevant to the study, as well as a list of acronyms and key organisations. These are included in the Annexes.

2.3 Semi-structured Interviews

Two lists of interviewees were compiled by ICDI in collaboration with GHR Foundation and UBS Optimus Foundation. One focused on people in the Children's Care sector, and one on those from the ECD/ECEC sector. The aim was to gain insights into measurement frameworks from multiple perspectives. The interviewees were working for donor/funding organisations, INGOs, local NGOs, service delivery organizations, network organisations, universities and government ministries.

We also had in mind the need to include interviewees who were very familiar with local Children's Care contexts in different regions and those who were familiar with international collaborative initiatives focused on reforming Children's Care and ECD/ECEC systems respectively. In total 21 interviews (22 interviewees) were conducted with expert informants about Children's Care and 9 interviews (11 interviewees) with expert informants about ECD/ECEC. We purposely concluded (first round) Children's Care interviews before beginning the ECD/ECEC interviews.

The semi-structured interviews focused on issues such as the interviewees' understanding of Children's Care as a system, experience of collaboration in Children's Care reform, approaches to measuring impact and views on advisability or not of a common measurement framework (list of interview questions can be found in Annex 5). The interviews lasted between 45 and 60 minutes and were conducted via Skype or Zoom. As interviewers we worked as a team of two or three – with one person primarily focused on asking the questions and facilitating the discussion – and the other one or two people focused on taking detailed notes. In two of the interviews, interviewees chose to involve a colleague in the interview.

Well-established ethical standards were an important aspect of upholding the integrity of the study. Accordingly, all interviewees were informed in writing, on first contact and again at the beginning of the interview, about: the purpose of the study, the safeguards that were being put in place to protect the anonymity and confidentiality of participants should this be required, and who would have access to data and how the findings would be presented and disseminated.

During the interviews, we as interviewers endeavoured to ensure that the interview experience was a positive one. We tried to create a relaxed and open atmosphere so that interviewees felt able to raise questions and concerns. We also encouraged interviewees to get in touch with us following the interview if they had additional information or resources that they wished to share. In a few instances we sent follow up questions to interviewees for clarification purposes and to update information. We also assured all interviewees that they would be informed about the findings, which would involve sending them a copy of both the summary and full report of the study.

2.4 Analysis

Our approach to the analysis was as follows: we undertook a detailed study of interview notes to identify themes and insights relating to research questions and findings from previous studies reported on in the Literature Review. This was done throughout the whole interview process, which meant that we were able to check some of the themes and issues emerging in the later interviews with the Children's Care experts and the ECD/ECEC experts – a form of triangulation. The analysis also entailed identifying common concerns, observations and topics amongst interviewees, and grouping these. We were also alert to surprising, unexpected findings and innovative practices in measurement approaches in both sectors.

Although we talked to quite a broad range of stakeholders, the sample size was relatively small. For this reason, and for readability purposes, we decided in the presentation of results (Chapters 4 and 5) not to quantify answers (like, for example: x number of interviewees said y). Instead we present common or similar answers, opinions and observations by interviewees in the following manner (supported in the text with illustrative quotes by individual interviewees):

Children's Care sector interviewees (N=22)	Presented in the report as:	ECD/ECEC sector interviewees (N=11)
< 25% of respondents (or: less than 5 people)	"a few" or "some"	< 25% of respondents (or: less than 3 people)
25% > 50% of respondents (or: between 5 to 11 people)	"many" or "a lot of"	25% > 50% of respondents (or: between 3 to 6 people)
50% > 75% of respondents (or: between 11 to 17 people)	"a majority of" or "most"	50% > 75% of respondents (or: between 6 to 9 people)
>75% of respondents (or: more than 17 people)	"almost all" or "nearly all"	>75% of respondents (or: more than 9 people)

Another aspect of the analysis was the development of a matrix of measurement frameworks being utilized around the world in Children's Care. The data included in the matrix was based on the information shared by the interviewees and the actual tools and handbooks themselves. For the sake of clarity, two matrices were developed, one focusing on measurement frameworks for Children's Care system monitoring and reform – the other focusing on child well-being measurement frameworks and oriented at change at child level and/or family level. Key information for each framework or tool was summarized under the following headings: main focus and domains; an assessment of their strengths and challenges;

the scope of their use and links to actual tools (if publically available) and where additional information can be found.

By the time we were conducting the ECEC interviews in May and June 2020, the significance and impact of the COVID-19 pandemic was becoming apparent. A decision was made to add an additional question about ECEC interviewees' perceptions of what the pandemic was revealing about strengths and weaknesses of ECD/ECEC systems.

A draft final report was sent to all interviewees in September 2020 for comments and feedback regarding omissions or inaccuracies. Two virtual feedback sessions were also held early October 2020, one with the ECD/ECEC interviewees and one with Children's Care interviewees. We have tried, as much as possible, to incorporate the suggested revisions arising from the feedback process in the final report.

Chapter 3: System change in social services: a review of the literature

3.1 Children's Care (reform): the current state of play

At a time of rapid change (social, environmental, and technological) and complex societal problems, more and more attention is being paid to the possibilities offered by systemic thinking when dealing with situations, phenomena or services. Those responsible for children's services are no exception in this regard. Consequently, child-focussed multilateral organizations, INGOs and donors are concentrating efforts on understanding the dynamics of systems and system change and seeking to influence or respond accordingly. Previous research has highlighted the urgency of system level change in order to achieve Children's Care reform (Shawar & Shiffman, n.d.). Before reviewing other examples of system change and how they have been measured, it is useful to briefly outline the current 'state of play' with regard to Children's Care as a 'system', namely: what are facets and dimensions of Children's Care that need to be included when considering Children's Care as a system; what is the relationship between Children's Care and child protection; why system change is seen as so crucial to achieve Children's Care reform and ultimately safeguard children's wellbeing; what have been the most significant international instruments, policies and resources concerning the Children's Care system reform to date.

3.1.1 Facets and dimensions of the Children's Care system

The Children's Care system is concerned with the best ways to support children who are without adequate parental care or who are at risk of becoming so. It comprises various facets and dimensions: the many forms of care arrangements for children; the causes and consequences of deprivation of adequate parental or family-based care; and the most effective policy approaches for improving (quality of) the care for children in their families or in alternative care environments (BCN, CPMERG, CPC Learning Network, n.d.)

The majority of alternative care world-wide is informal– i.e. organized spontaneously between private individuals – most often parent(s) and relatives through informal, societally accepted practices (Cantwell et al. 2012., p. 31).

The terminology surrounding the description of **formal** alternative care has been fraught with difficulty due, on the one hand to the controversies about the notion of an institution as a site of caring for children and agreed definitions of what it is (Shawar & Shiffman, n.d.), and on the other hand, to the fact that the same names characterising alternative care mean different things to different countries or jurisdictions.

The Guidelines for Alternative Care of Children categorize formal Alternative Care as follows, avoiding the use of the term 'institution' altogether:

- ***Alternative Care in an Existing Family***: including, Kinship Care; Kinship foster care; Foster Care; Other family-based care (families looking after children transitioning out of residential care)

- *Other Care Settings*: i.e. residential including: Family-like residential care; Residential care, such as small group homes or emergency shelters; large residential facilities.
- *Supervised independent living arrangements*: designed for children and young people in transition from formal care to independent life in the community (Cantwell et al. 2012., p.33-34).

The difficulties associated with terminology in the sector also continue, especially when it comes to discussing measurement. The term 'institution' persists in the recent literature (see Desmond et al. 2020). One of the findings of the prevalence study of institutional care globally, which was published in *The Lancet Journal* in March 2020, is that there is still considerable uncertainty regarding the number of children living in institutions. A standardisaton of the definition of institutional care and an improvement in data collection is called for by the authors (Desmond et al. 2020).

The focus of *de-institutionalization* has been to tackle institutional culture, described as 'the regimes and day-to-day organization that take little account of individuality, or psychological and emotional needs, and tend to isolate children from the outside world' (Cantwell et al. 2012). Monitoring and measuring children's well-being in alternative care is an issue we return to in Chapter 4.

3.1.2 A Children's Care or a child protection system?

Contributing to the complexity of understanding the Children's Care system is the fact that the capacity of parents, families, and other caregivers to ensure appropriate care for their children is directly or indirectly impacted by multiple factors. These include chronic poverty, migration, child labour, lack of access to ECEC and education, parental disabilities, parental addictions, parental psychopathology, developmental disorders of children themselves (mental disabilities, behavioral problems, etc.), intra-familial violence, as well as the impact of conflict, natural disasters and diseases, social exclusion and discrimination[4].

It is not surprising therefore, that at the heart of the concluding lessons learned and recommendations at the end of a 7-year pan-European[5] *Open Doors Campaign* focussed on de-institutionalisation, is **a vision of integrated child protection systems** that strengthen families and ensure quality family- and community-based care for children (Open Doors Campaign, 2020). In this vision, and in the subsequent recommendations to the European institutions (European parliament, the Council of the EU and the European Commission), **child protection is clearly understood holistically,** encompassing preventative and supportive measures for children and their families.

It is increasingly recognised, also by major international donors, that **an integrated or intersectoral approach is required locally, nationally and internationally to respond to the root causes of (unnecessary) family separation.** The *Open Doors Campaign* research in 16

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[4] See for example: https://www.unicef.org/protection/children-in-alternative-care
[5] Phase 1 involved: Bulgaria, Estonia, Greece, Hungary, Latvia, Lithuania, Poland, Romania, Serbia and Bosnia Herzegovina Ukraine and Moldova. Four Western European countries were added in Phase 2 Austria, Belgium, Croatia and Spain to contribute to breaking the contributing to break the myth that institutional care is only found in Eastern Europe.

countries identified these root causes to include: underdeveloped quality family-based care and support services in the community – such as day care centres; specialist support for children with disabilities and social housing (Open Doors Campaign, 2020).

An integrated, holistic systems approach marks a significant shift for thinking about provision within both Children's Care and child protection, which are in fact inextricably linked. It is noteworthy that in the Open Doors Campaign final report (2020) referred to above, there were numerous references to different forms of care for children who didn't have adequate parental care, e.g. community-based care, family-based care, alternative care, and institutionalised case. However, in all references to improving the situation for these children, and in preventing unnecessary separation of children from families through system reform and system change, the system that was identified **was the child protection system, understood as noted above, as holistic and intersectoral.** It is worth explaining the background to this further.

Traditionally and historically, Children's Care has been provided on a voluntary and/or charitable basis, often with involvement of small and medium sized faith-based organizations or NGOs (Courtney & Iwaniec, 2009). This has meant that in many countries there has been a tendency of Governments not to take responsibility for, nor closely monitor Children's Care provisions, at least not in the same way as they would for Health and Education services for example.

On the other hand, child protection, traditionally and historically has been viewed as 'stepping in' by social workers and the law in situations where children's welfare is at risk (NSPCC, 2000). The linkages between the two 'systems' is suggested in the notion of a 'service continuum, which was one of the conclusions of a working paper commissioned to inform UNICEF's move to a more systemic approach in its child protection programming and published in 2010:

> *Because the child protection system serves children coming from diverse circumstances presenting equally diverse protection needs, it needs a service continuum matched to this diversity.* **The holistic view of children, families, and communities that is one hallmark of the systems approach to child protection, expands what it means to respond to protection needs by adding promotion and prevention as points along** *the* **service continuum depending on how other systems with potentially overlapping mandates are structured in relationship to the child protection system***. (Wulczyn et al. 2010 p.4)

Just as in child protection, a systems approach to Children's Care has also led to a more holistic perspective giving attention simultaneously, to *promotion* (of family context as best context of child-rearing), *prevention* (preventing situations where alternative care is required) as well as *ensuring appropriate standards* of alternative care. From this perspective Children's Care is subsumed under the broader umbrella of the child protection system, which places children's well-being and the best interest of the child at its heart. How this shift to a holistic vision of Children's Care came about is discussed in the following section. In Chapter 6 we will return to the discussion about the value of positioning Children's Care within the constellation of

systems designed to support children's well-being from pregnancy (- 9 mths), through childhood and the transition to adulthood.

3.1.3 Towards a common vision (and standards) for Children's Care

In the past two decades there have been a number of important policy initiatives and agreements directed towards: 1) agreeing universal principles for Children's Care; 2) reforming Children's Care systems at a national and global level; and 3) encouraging Governments, as principal duty-bearers with regards to children's rights, to better implement their responsibilities and obligations in supporting family care and reunification of families.

The most significant of these are summarized in Table 1 below. In parallel, there has been an increased interest among large donor organisations in supporting Children's Care in general, and Children's Care reform specifically. In recent years, several donor organisations have come together in (in-)formal alliances to make a difference together. One such group is the Elevate Children's Funders Group (ECFG). Children's Care was one of the first focus issues for the ECFG. The group seeks 'both to bring attention to issues specific to Children's Care, and to elevate these issues within the broader child protection and child development community'.[6]

Table 1: International instruments, policies and resources concerning Children's Care systems

Instrument/Policy	Date	Purpose, primary audience and other comments	More information
Interagency Guiding Principles on Unaccompanied and Separated Children *Agreed and published by ICRC, IRC, Save the Children, UNICEF, UNHCR and World Vision*	2004	Intended primarily for national, international and non-governmental organizations and other associations concerned with separated children. Also designed to assist governments and donors in meeting their obligations and taking funding decisions.	Interagency Guiding Principles on Unaccompanied and Separated Children
Guidelines for the Alternative Care of Children *Endorsed by United Nations General Assembly 20 November 2009*	2009	Designed to enhance the implementation of the provisions of the *UN Convention on the Rights of the Child* regarding Children's Care. Reinforces the right of children to grow up in their families or an alternative family-based environment and not to be placed in alternative	Guidelines for the Alternative Care of Children

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[6] See https://elevatechildren.org/working-groups/

		care unnecessarily. Provides clarity on goals for alternative care and the criteria for decisions of alternative care plans.	
Moving Forward: Implementing the Guidelines for Alternative Care of Children *Cantwell et al. 2012 (CELCIS)*	2012	A resource designed to provide practical guidance on the translation of the *Guidelines for the Alternative Care of Children* into national policy, launched by an international group of Children's Care experts. Intended for legislators, policy-makers and decision-makers in the field of child protection and alternative care for children as well as professionals and care providers.	[Moving Forward: Implementing the Guidelines for Alternative Care of Children](#)
Alternative Care in Emergencies Toolkit (ACE Toolkit) *Interagency Working Group on Unaccompanied and Separated Children, published by Save the Children*	2013	*The Interagency Guiding Principles on Unaccompanied and Separated Children*. The *UN Convention on the Rights of the Child* and the *Guidelines for the Alternative Care of Children* formed the basis of this Toolkit.	[Alternative Care in Emergencies Toolkit (ACE Toolkit)](#)
Open Doors for Europe's Children Campaign *Launched by Eurochild and Hope and Homes for Children*	2013 - 2019	Seven-year campaign designed to support national efforts to develop comprehensive, integrated child protection systems that strengthen families and ensure quality family- and community-based care for children, by leveraging EU funding and policy, and building capacity in civil society.	[Final report: Lessons Learned and Recommendations to Strengthen Families and End Institutionalisation for Children in Europe](#)

Resolution on the Rights of the Child *Adopted by the United Nations General Assembly (A/RES/74/21).*	2019	Focuses specifically on children without parental care, emphasizes the importance of growing up in a family and the rights of children with disabilities with respect to family life. Opposes the unnecessary separation of children from their families, encourages efforts to reunify families. Commitment by UNGA to gradually end support to orphanages and similar institutions, and instead focus on family and community-based care for children. Key recommendations endorsed by a broad global coalition of 256 organizations and children's advocates at all levels.	Resolution on the Rights of the Child Key recommendations
Better Collaboration Initiative *Coordinated by BCN*	2020	A collaborative platform and coalition, which will take action on promoting and using interagency tools and mechanisms, including Country Care Snapshots and global indicators. Commenced work in July 2020. A subgroup has been set up focusing on data and evidence.	
Improving global data to inform policies and services to strengthen children's care *Demographic and Health Surveys (DHS), occasional paper*	2020	Paper will specify revisions to DHS (Demographic and Health Surveys) and MICs (Multiple Indicator Cluster Surveys) questionnaires, so that their data can be mined to improve global and national data on Children's Care. Commissioned by BCN and ICF. Due to be published 2020.	

Inter-Agency Task Force on Children and Alternative Care in the COVID-19 Pandemic *The Alliance on Child Protection in Humanitarian Action, chaired by BCN and UNICEF*	2020	Produced a Technical Note on the Protection of Children during the COVID-19 Pandemic and an accompanying Guidance for Alternative Care Provision During COVID-19.	https://www.alliancecpha.org/en/child-protection-online-library/guidance-alternative-care-provision-during-covid-19

Possibly the most significant of these initiatives globally was the adoption of a resolution in 2009 by the United Nations General Assembly welcoming the Guidelines for the Alternative Care of Children, which brought some unity to the sector and momentum for action (Cantwell et al., 2012, p.20). On publication there was widespread agreement that the Guidelines should be used as the basis for Children's Care policy and system reform, including attention to: 'developing **minimum standards**, **systems for tracking**, and **strong monitoring mechanisms** so that **safe, nurturing and family-based care alternatives** for children can be provided with the utmost **quality'** (Child Protection Initiative, Save the Children, 2012, p.6).

Significant in the Guidelines, and elaborated in some detail in the Moving Forward handbook, were the two pillars or principles of alternative care, namely: the **Necessity Principle**, preventing situations and conditions that lead to alternative care being foreseen or required and making sure that alternative care is genuinely needed (prevention + gatekeeping); and the **Suitability Principle**, i.e. in situations where care is necessary, it is provided in a suitable manner, meeting general minimum standards, with priority to family- and community-based and individual matching – taking into account the best interests of the child (Cantwell et al., 2012, p. 22-23).

Ten years later in 2019, the UN General Assembly adopted the Annual Resolution on the Rights of the Child[7], focused on children without parental care. The Resolution reflected several of the Key Recommendations[8] developed and endorsed by a broad coalition of 256 children's advocates at the local, national, regional, and global levels, one of which focussed specifically on measurement.

> States should take action to improve data collection, information
> management and reporting systems related to children without parental care
> in order to close existing data gaps, develop global and national baselines
> and **invest in quality, accessible, timely and reliable disaggregated data.**
> (UNGA, 2019, p.15)[9]

The significance of the Alternative Care Guidelines was also underlined in the interviews conducted in this study, especially by those representing network organisations, particularly with respect to general agreement on goals of Children's Care, namely: 1) the prevention of

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[7] Resolution adopted by the UN General Assembly on 18 December 2019, on the report of the Third Committee (A/74/395), viewed on 9 April 2020, https://bettercarenetwork.org/sites/default/files/2020-01/A_RES_74_133_E.pdf

[8] Key Recommendations for the 2019 UNGA Resolution on the Rights of the Child with a focus on children without parental care, viewed on 9 April 2020, https://bettercarenetwork.org/sites/default/files/2019-12/English%20Key%20Recommendations%20for%20UNGA%202019.pdf

[9] See Annex 3 for complete list of Recommendations.

unnecessary recourse to alternative care (which separates children from their families) through supporting families in their parenting, by creating an enabling environment for children's development - so called 'family strengthening' and 2) provision of suitable and temporary alternative care for children, who need it and in which the best interests of the child are considered (see Chapter 4). Furthermore, the UNGA process (2019) resulted in a consensus that family-based care is best for children.

In terms of furthering sustainable reform in Children's Care, it is also noteworthy that systematic collection of accurate data has been identified in most of the international policies and agreements as crucial. Open Doors recommendations identify the following data as being essential: 'the numbers and characteristics of children in care, the root causes of institutionalization and the function of the child protection system as a whole' (Open Doors Campaign, 2020, p15). However, measuring the actual impact on well-being and development of children seems not to be viewed as essential, at least not for measurement, a topic which we addressed in the interviews (see Chapter 4). In the following section we examine what has been learnt to date about measuring systemic change in social services in general.

3.2 System change applications in social services

3.2.1 Case studies of system change

In the past decade a system change approach to tackle social problems is gaining momentum. For donor organizations specifically, a system change approach can 1) contribute to better understanding the challenge, i.e. what is going on; 2) support strategic decisions, such as identifying where the leverage is to intervene; and help understand impact, including what to measure and evaluate (Birney, 2020). However, in addition to these opportunities offered by a system change approach, there are also inherent challenges for donors.

One of the tasks of this study is to identify the lessons learnt from system change approaches and their implications for monitoring and measuring the Children's Care system. In order to do this, we reviewed a number of studies, which have conceptualised system change and its application in a particular system or sector, or in tackling social problems in general. Five examples are considered here:

- A study of system change based on soft systems methodology (SSM) as applied in children's and adolescents' mental health, which **identified six lessons which can be applied to other system change initiatives** (Hodges et al. 2017)
- A case-study focussed on the application of **seven *Systemic Monitoring and Evaluation Principles*** in monitoring and measuring change in the context of the **Kenya Market Assistance Program** (Osoria-Cortes, Jenal & Brad, 2013)
- The CoRe study – Competence requirements in early childhood education and care, in which systems theory was applied to **identify the systemic conditions needed to develop, support and maintain competence in all layers of the early childhood system** (Urban & Vandenbroeck, 2011)

- UNICEF working document, *'Adapting a Systems Approach to Child protection: Key Concepts and Considerations'* commissioned to support its process to move to a more systemic approach in its child protection programming (Wulczyn et al. 2010).
- A **donor collaboration model** developed and being implemented by ***Co-Impact***, a global collaborative aiming to tackle large-scale social problems with a system change approach (Ranjani & Hall, 2019).
- The model developed by GHR for its Children in Families (CIF) initiative and which has identified **five building blocks of resilient Children's Care system at country level (GHR, n.d.).**

We purposely selected these examples to capture system change from multiple perspectives i.e. (regional) government policy makers, practitioners, researchers, (I)NGOs, programme implementers, as well as donors (and to a lesser extent children and parents).

The review focusses on the components and stakeholders in the system and their respective roles in effectively and sustainably bringing about change. We also pay attention to the lessons learned, which need to be taken into account in measuring impact and system change in Children's Care. These issues are also revisited in Chapters 4 and 5, which provide a first-hand account of system change via the insights from the 22 expert informants involved in Children's Care and the 11 expert informants from Early Childhood Development/Early Childhood Education and Care (ECD/ECEC) sector who were interviewed.

3.2.2. Making the complexity of system change manageable

System change is a 'process of transformation in the existing structure, function, and/or culture of a system' (Peirson et al. 2011, p.308). Typically, when discussing system change, it is understood as potentially **impacting large numbers of people,** as is apparent in this definition:

> *System change is the 'transformation in the structure or dynamics of a system that leads to impacts on large numbers of people either in their material conditions or in their behavior.* (Osorio-Cortes & Jenal, 2013, p. 7)

The very nature of systems, whatever their size or the number of people involved, is that they are **typically complex and (behaviours are) entrenched**. In trying to bring about change therefore, it is often[10] advised to **simplify the complexity** so that the process is manageable and change efforts 'don't fall under their own weight' (Rajani et al. 2019).

How is this done? A number of approaches are evident in the examples studied. One key principle, common to all is to **unite the system and the desired change through a single goal** - variously referred to as the '*big vision'* (Mühlenbein, 2018) or the '*transformative idea'* (Co-Impact 2019), which expresses core value(s) and sense of purpose. In the case of the system change in children's mental health, reported on by Hodges et al. (2017), the transformative idea, was that children and families would have access to a continuum of appropriate services unencumbered by multi-agency fragmentation.

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[10] It is not always advised to try simplify the complexity. Indeed, Holmes & Noel (2015) guard against seeking simplistic solutions and advise against the temptation to adopt a reductionist approach in Systems Thinking practice arguing that it goes against the philosophy of systems thinking.

The next step is to **break down the big vision or goal into several smaller goals or building blocks**. These should be **synergistic** and closely **linked to the ideas and networks 'on the ground'** (Kramer, 2017; Muhlenbein, 2018).

Such an approach is evident in the **GHR Foundation's 'Children in Families'** initiative, the desired impact of which is to have robust and resilient child protection infrastructure and systems in the countries where GHR operates.

As part of this goal, GHR has identified **five critical building blocks for a resilient Children's Care system**: 1) Funding: government and philanthropy; 2) Research: filling the knowledge gaps; 3) Civil Society Engagement: direct service provision, collaboration; 4) Social Workforce Development: knowledgeable, skilled and supported social workforce; and 5) Government policy and practice (GHR, 2020).

A related example is provided by the CoRe study, where the starting point was the evidence linking well-educated, experienced and competent staff to quality of early childhood services and positive outcomes for children and families. The goal of the study was to **understand what makes a competent early childhood practitioner**. The key finding of this study, which involved studies of ECEC systems in a number of European countries, was that '**competence' in ECEC context has to be understood as a characteristic of the entire ECEC system –** at the individual practitioner level; institutional and team level; inter-institutional level; and finally at the level of governance (Urban & Vandenbroeck, 2011). Bringing them together in a manner that ensures 'practices, knowledge and orienting values are shared between actors with a wide range of professional and disciplinary backgrounds, and across all levels of the system requires **coordinated approaches to governance, resourcing, professional preparation, and evaluation that embrace complexity'** (Urban et al. 2018, p.4). The CoRe study initially addressed policy makers in Europe, highlighting government responsibilities. Its implications for ECD/ECEC system reform in other regions in the world have also been discussed particularly amongst G20 countries (Urban et al., 2018; Urban et al., 2019).

A donor perspective is provided in Co-Impact's recently published **model of donor collaboration** to tackle large-scale social problems (Rajani & Hall, 2019). The Co-Impact Handbook authors guards against trying to change every aspect of the system. Instead they advise **identifying the key lever or fulcum** that can help the transformative idea grow to scale and **shift underlying norms**.

The thinking behind this approach is that working on the single aspect, or lever that is critical to purpose, can potentially influence every other part of the system – and the **system itself scales the transformative idea and is therefore self-sustaining,**

> *True and enduring change at scale usually comes from an idea that changes perceptions of what is possible, shifts norms and mental models, revises rules, raises aspirations, and sparks further innovations.* (Rajani & Hall, 2019)

A key component of this approach is the creation of the right kind of coalition, termed 'a winning coalition'. Different actors in the coalition have specific roles in advancing the change that is sought. A suggested list includes the following:

- Government: to provide authorization to the change, to scale, and sustain change. Specifically, they recommend including a '**reform-minded government official'** who

can work in partnership with others, and who typically will not change with a change of government.

- Representation from Civil Society Groups: who have a deep understanding of context and local politics. They can help model the ideas, press for scale and ensure accountability
- Funders: who bring much needed resources
- Faith groups: who can give normative power to an idea
- Private sector – who can incorporate market-based solutions.

A noteworthy addition in Co-Impact's approach is the inclusion of other technologists and promoters in the eco-system who are necessary to bring about change. These include: **researchers** who can vouch for the **credibility of the findings**; **advocates and legal professionals** who can craft and promote the **rule or law changes needed**; and opinion makers, notable personalities, media who can bring **attention to and promote the idea** and its promise.

Finally, the Co-Impact Handbook mentions the importance of '**generous practitioners**, who are open with their time and experience, to help others borrow, rift and adapt'.

Clearly, this approach to system change is dependent on a web of sophisticated skill sets and flexible, adaptable and open learning attitudes. It also relies on great leadership. Indeed, **leadership, learning dispositions, adaptability** are hallmarks of all the system change cases studied.

With respect to adaptability, one of the lessons learnt is the importance of recognizing that **opportunities for action related to system change are not linear**. Therefore, system implementers must take advantage of unanticipated opportunities to leverage system change when and where they occur (Hodges et al. 2017). Furthermore, the MaFi casestudy links learning and adaption to resilience and sustainability (Osoris-Cortes & Jenal, 2013).

In the next section, we discuss what this means for monitoring and measurement.

3.2.3 How to measure system change: lessons learnt

Efforts to design measurement frameworks for child health, education or protection systems are beginning to take account of the non-linearity of systems and the subsequent challenges posed in attributing change.

On the one hand what is recommended is to **move away from counting direct beneficiaries and assessing direct benefits or outcomes**. Instead, the advice is to **detect patterns** and gain a broader view of the changes in the structures, laws, policies, which indirectly affect the target populations.

A further focus in measurement of systems is on **improving the enabling environment**. As described in the MaFi Case Study, *'Do less detailed 'hand-holding of the 'poor' and do more on the context that enables (or disable) them to engage with the system in a way that makes sense.'*(Osoris-Cortes, Jenal & Brad, 2013)

With reference to child protection, Wulcyzn et al. (2010) note that it works best when there is a symmetry 'between the system's goals, its structures, functions and capacities and the

normative context in which it operates'. However, the **common question** for all contexts should be: **Are children being protected in a manner consistent with their rights? If not, then, why not? And how can the existing system be strengthened to fullfill grander expectations?**

As noted in previous section, this approach to measurement, presupposes a learning attitude, critical thinking skills and feedback loops throughout the system. It is also emphasised that **direct beneficiaries need to have a say** when it comes to measuring impact (Hodges et al. 2017).

Indeed, the CoRe study about ECEC argues that **outcomes for children, families, communities and broader society are crucial, and need to be systematically evaluated and documented.** In addition, the authors also go as far as saying that intended outcomes 'cannot be predetermined without negotiation with all stakeholders' (Urban & Vandenbroek, 2011). The particular role of women in system change is also highlighted in the Co-Impact Handbook: 'meaningful systems change is not possible when women cannot exercise agency' (Co-Impact, 2019).

Providing concrete guidelines regarding monitoring and evaluation, the Co-Impact Handbook suggests the following as questions **donors should be asking** during check-ins and site visits:

On program effectiveness:

- What is your feedback system telling you about the experience of the people the intervention is meant to service?

On organizational strength:

- What core capabilities do you need to achieve and sustain outcomes?
- What outside expertise or facilitation might help right now?

On political context:

- Are government partners on track to measurably increase their investment in the initiative?

3.2.5 What are the key challenges and lessons learned?

It should be noted that whilst the studies cited have provided vision, concepts and frameworks of system transformation, in none of the cases has the research tracked in any detail how governments and communities have actually put lessons learnt into practical use – or indeed tracked in any systemic way the results of efforts.

Nevertheless, the studies and other key authors in the field (e.g. Beer, 2017; Green, 2016; Holmes & Noel, 2015; Penn & Kjørholt, 2019), have identified some key challenges and lessons learnt regarding system change, which should be taken into account in Children's Care reform. Many of these issues also arose during the interviews of our study and are discussed in more detail in Chapters 4 and 5. They are briefly summarised below.

Resistance to change

- Organisations, particularly large ones, with inherent complicated management systems, can be an obstacle to change. Inertia in systems can also stem from the deeply rooted beliefs and prejudices held by decision makers.

Need to coordinate across several professional and disciplinary sectors

- A systemic and holistic approach to Children's Care, child protection or ECD/ECEC requires coordination across many professions and disciplines, which may be grounded in different, conceptualisations, understandings, terminologies and accepted practices. Shared knowledge and understanding across the entire system is a precondition of the development of shared and matching practices.

Time

- Systems thinking offers no quick remedies.
- The size and duration of most donor grants are unsuited to enable lasting system change.
- Local Children's Care organizations spend a large majority of their time chasing funds and meeting donor requirements, rather than focussing on strategies for system change.

Skills and capacity

- Social change leaders often lack access to expertise in law and policy, marketing, fundraising and performance management leadership.
- There is often low priority given to monitoring and evaluation in projects and many organisations struggle to comply with the basics of impact reporting, let alone the adaptive management and strategic thinking that 'flows with and leverages the energies of the system' (Osoria-Cortes, Jenal & Brad, 2013).

Competing donor requirements

- Program implementers need to fit their goals within the priorities, funding cycles and way of working of donors. They can even be pulled in opposing directions by different donors, who may vary in their strategic focus, evaluation requirements, or geographic focus.
- This means that program implementers end up managing short-term donor projects, rather than focussing on strategically coherent programs, where each component has a contribution. To free up time the Co-Impact donor collaboration approach advocates single reporting to all funders.

Coalitions-and networks – willingness to share?

- Bringing about change in systems can be hampered by competing interests. As noted by Green (2016) 'Powerful players who stand to lose money or status from reform can be very adept at blocking it' (p.43).
- One of the recommendations of the Co-Impact Handbook is that social change organisations should operate by the principle of maximum practicable disclosure – which means that all key information, research data and reports, should be published in an open-source format.
- 'At the heart of a systems approach to complex problems are the precepts of forming networks and acting locally'. Applied to practice this means maintaining dialogue, pursuing areas where collaboration is possible, and applying knowledge locally (Holmes & Noel. 2015, p.247)

M & E as contracted work – a possible pitfall?

- M & E work tends to be put out through contractual tenders. Often there is no requirement that the consultancy company, or subcontacted experts have a stake in the country or any long-term commitment to it (Penn, 2019).
- A **l**ocal-oriented approach to research and evaluation is preferable. This requires understanding of the historical complexities of different local contexts and analyses of the interplay between global politics and local practices (Penn & Kjørholt, 2019)
- Mixed-methods (e.g. qualititative research, documented personal history, policy involvement, ethnographic filming, quantitative research), multi-disciplinary and multi-level approaches are more 'likely to do justice to a situation especially where international agencies, however well-meaning and armed with 'scientific' evidence, try to shape and direct what goes on in poor countries' (Penn & Kjørholt, 2019 p.220).

All of these issues are further addressed in Chapters 4 and 5, in which we explore the nature of system change and measurement in Children's Care and in ECD/ECEC respectively. We will also come back to the potential role of donors in Chapter 6.

Chapter 4: Measurement challenges and opportunities of the Children's Care system

4.1 Introduction

The findings presented in the following sections draw primarily on data from the 21 interviews with people from the Children's Care sector. In Chapter 2 Methodology (page 10) we have explained how common or similar answers, points of view and experiences by interviewees were analyzed and grouped, and how these will be presented in this and the next chapter.

Children's Care sector interviewees (N=22)	Presented in the report as:	ECD/ECEC sector interviewees (N=11)
< 25% of respondents (or: less than 5 people)	"a few" or "some"	< 25% of respondents (or: less than 3 people)
25% > 50% of respondents (or: between 5 to 11 people)	"many" or "a lot of"	25% > 50% of respondents (or: between 3 to 6 people)
50% > 75% of respondents (or: between 11 to 17 people)	"a majority of" or "most"	50% > 75% of respondents (or: between 6 to 9 people)
>75% of respondents (or: more than 17 people)	"almost all" or "nearly all"	>75% of respondents (or: more than 9 people)

The anonymity of interviewees is preserved, quotes that highlight or underscore findings in the text are displayed without any references as to who said it.

It should also be noted that the focus was on experiences with measurement frameworks in low and lower middle-income countries, mostly in African and South East Asian countries. It can be safely assumed that such measurement frameworks are more common and available in higher income countries, but these were not taken into consideration for this review. Nevertheless, it can also be safely assumed that -at least some of- the limitations as identified by interviewees are also present in frameworks in higher income countries[11].

The chapter is divided in several subsections, related to the questions as they were formulated for the study and interviews (see Chapter 1). First, we look at how Children's Care is

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[11] See for example:
https://www.researchgate.net/publication/284717579_Child_Protection_Systems_An_international_comparison_of_good_practice_examples_of_five_countries_Australia_Germany_Finland_Sweden_United_Kingdom_with_recommendations_for_Switzerland/link/5656fc3408aeafc2aac0aef3/download and https://www.who.int/news-room/detail/18-06-2020-countries-failing-to-prevent-violence-against-children-agencies-warn and https://www.nji.nl/nl/Download-NJi/Publicatie-NJi/What_works_in_tackling_child_abuse_and_neglect.pdf

(commonly) defined by the people we interviewed. The second part is on the actual measurement frameworks known to exist in the sector, looking at their strengths and limitations (also presented in overview tables). We conclude this chapter with some general considerations with regards to the development and use of measurement frameworks in Children's Care.

4.2 The boundaries of the Children's Care system: insights from interviewees

4.2.1 Is Children's Care a sector in and of itself?

Many interviewees question whether Children's Care can legitimately be called a sector in and of itself. They, in general, tend to see it as part of the wider child protection sector, but also indicate this to be too limiting, at least when child protection is seen as 'after the fact'. These interviewees think Children's Care (and thus also child protection) is a cross-sectoral, child rights issue, that needs measures towards prevention (of family separation, such as family strengthening interventions), re-integration and after care. They feel child protection (at least in how it is often understood/defined) is really focused only on the 'risks', whilst effective Children's Care has to address a broader spectrum of child rights and child well-being domains.

Some interviewees indicate Children's Care to be a sector or 'community' that has had difficulty in defining itself, and where stakeholders have conceptually different understandings of who/what belongs to it. Interviewees indicate that the issue of terminology (referred to in Chapter 3) remains a stumbling block, especially with the need for an agreed understanding and appropriate use of the term 'residential care'. An additional challenge identified relates to agreed definitions on 'success' (for example: what is a successful transition out of care?).

> 'We have conceptually different understandings of who we are, we're still confused.'

Many interviewees indicated that Children's Care has been dominated by 'traditional' child protection concerns (that are too limited to risks and safety), i.e. Children's Care entering only at the point of risk or maybe put stronger: 'too late'. But in considering Children's Care (reform), a lot of aspects should not be considered and addressed solely within that kind (of definition of) child protection. Therefore, it cannot just focus on alternative care arrangements, and needs also to include prevention measures, i.e. access to ECEC, education, family/parenting support, social protection, wrap around services to combat poverty, attention to (rights of) children with disabilities, child labour and migration. Many interviewees also mentioned a clear need to pay more attention to intersectoralities and the need to move towards a more preventative, holistic and integrated vision (see also Chapter 3).

4.2.2 Which are the main challenges facing Children's Care (at national level)?

The agreement amongst a majority of interviewees on the most pressing problems facing Children's Care at national level was striking. These were:

- Under budgeting by governments and also by the international (donor)community.

- Under staffing and lack of qualifications, knowledge and skills at all levels, from government staff to frontline staff at service providing organisations.
- Lack of a common vision amongst stakeholders, including donors and local and national government agencies and authorities, which leads to a very diverse field of 'players' pursuing different objectives and agendas, without much (intersectoral) cooperation.
- Related to the above: lack of strategic thinking and planning, with different kinds of Monitoring & Evaluations systems and protocols being operational at the same time (and even within the same organisations), without these being properly implemented, let alone being used to inform practice.

4.2.3 Who is responsible for Children's Care at national level?

Many interviewees indicate that sectors like health care and education are much more closely monitored, regulated and funded compared to Children's Care[12]. These interviewees agree that it is/should be primarily the government that is responsible how Children's Care is organised, both in terms of policy as well as practice. Governmental effort, also in terms of budgetary support of Children's Care (reform) is considered crucial towards its actual implementation.

'There are turf wars – between Governments and agencies who develop tools.'

A few interviewees indicated that sometimes it is international (donor-) organisations who are more or less 'running the show'. This may be happening with a high degree of cooperation and coordination between these organisations, governments and other stakeholders, but not necessarily.

Local service providing organisations and other stakeholders (such as parents or children) usually play marginal roles in developing policy agendas or practice guidelines. A majority of interviewees acknowledged the vital role children and youth should play in these, and many organisations take youth participation very seriously, but despite the will and many resources available, this is still an underdeveloped feature in the development of measurement frameworks in Children's Care.

'Practitioners don't have time and competences to think about measuring quality, or use the tools that have been developed to monitor and measure outcomes. There is also a feeling that many policy makers responsible for Children's Care struggle to know what to do with data collected, or to think strategically.'

As low knowledge and skills capacity was cited by most of interviewees as one the main reasons why measurement frameworks fail in practice, and because often such frameworks are introduced by the international players just mentioned, this seems to indicate that the way things are now often organised at country level, does not pose fertile ground for effective, common measurement frameworks to take shape.

4.3 Existing measurement frameworks in Children's Care

4.3.1 Which measurement frameworks are being used?

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[12] This is also backed up by other research and reviews, see for example the report 'Strengthening Systems for the Alternative Care for Children: Findings from Armenia, Ghana, Moldova and Uganda', www.measureevaluation.org

An absence of regularly collected and analyzed data on the numbers and circumstances of children being cared for outside of their original families, is a recurring issue of concern in many of the international initiatives and agreements in relation to Children's Care listed in Chapter 3. Consequently, there has been a number of attempts to develop protocols and tools to collect data and monitor various aspects of the Children's Care system. We were interested in finding out more about those and made a distinction between measurement frameworks where the (primary) focus was/is on measuring Children's Care system change, and frameworks that (primarily) focus on outcomes at child or case level.

In the group of interviewees we talked to, there was a divergence: some were explicitly active in developing measurement frameworks, whilst others were mostly users of such frameworks. What is very clear, is that there are many M & E frameworks 'out there' (see Tables 2 & 3). Based on the review and interviews these are presented in two main categories[13]:

- Measurement frameworks for Children's Care system monitoring and reform

  These are frameworks that look mostly at outcomes at Children's Care system level in a country, such as changes in policies or progress towards certain goals, number of children in institutional care, family care, etc.

- Child well-being focused measurement frameworks

  These are M & E frameworks mostly focused on the impact of certain interventions, projects or programmes at beneficiary level, e.g. children successfully reintegrated into biological families, (psychosocial) well-being of children, etc.

Both will be described in more detail in the next sections.

4.3.2 Measurement frameworks for Children's Care system monitoring and reform

When it comes to those frameworks measuring system change or care reform, most of them are still in piloting stages, being tested out in a few countries and often then also just within a few regions in those countries. The way these have been developed differs, although there is consensus amongst nearly all interviewees that such frameworks should be developed with stakeholders (in a certain country) involved, for contextualization and ownership. **Widespread use by governments and/or other stakeholders of these frameworks however is limited so far** (as indicated by most of the interviewees). Often cited reasons for this limited use are lack of funding and lack of capacity of relevant staff at different levels in the system.

The two most elaborate examples of measurement frameworks on system change are probably the **Tracking Progress Initiative Tool** (developed by CELCIS in cooperation with the Better Care Network, Family for Every Child, Hope and Homes for Children, International Social Service (ISS), RELAF, Save the Children, SOS Children's Villages International, UNICEF

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[13] During the review a third category was identified as 'Governmental data collection systems'. It seems that such data collection systems tend to be used mostly for inspection purposes, to assess whether Children's Care services are adhering to certain minimum standards or to provide local or national governments with demographic data. As this category only came up in two interviews it was decided not to include findings in this report (although the issue was touched upon in some of the interviews with others as well). In how far these data collection systems are yielding reliable, useful data, and even if and how agencies and governments use that data, is not entirely clear. According to the insights gleaned from the interviews, in many cases the uptake seems to be low, again due to lack of logistic and financial means, lack of capacity of relevant staff within governmental departments and within service-providing organisations, and lack of functioning feedback loops, whereby data can actually inform and change policies and practice.

and Eurochild; main focus is on assessing in how far countries are implementing the Guidelines on Alternative Care) and the **Assessment Tool for Alternative Care** (developed by MEASURE and USAID; main focus is on enhancing the capacity of governments to assess, address, and monitor alternative care). The first has been further developed and field tested in Rwanda, Romania and Paraguay and the second one in Armenia, Ghana, Moldova, and Uganda.

The main strengths of both are that they indeed are being developed with a lot of stakeholder involvement (although in how far youth and/or parental participation is a strong, continuous feature is not completely clear) and that they already have solid indicators and ways of data collecting in place, including guidelines on how to use the framework and underlying software. Common challenges to both are that they are quite complex, maybe due to having a (too) ambitious goal of wanting to cover everything remotely relevant. Although they both have the right intentions in how their measurement frameworks need to be contextualized in a certain country, it is hard to see how professionals/stakeholders at different levels in a Children's Care system would be able to really adequately feed into and extract relevant information from them given the complexity and their daily work (over-)load. Furthermore, it is unclear how these M & E systems would continue once international funding for them ends. Most of the measurement frameworks we came across were initiated and, if applicable, sustained through international funding.

The **Family Care First-REACT MEAL Framework** in Cambodia is noteworthy for a number of reasons. FCF-React is a collaboration of over 60 locally operating organisations, supported by a range of international donors (amongst which are USAID and GHR Foundation). What is particularly interesting is that this M & E framework was developed jointly by 17 of the organisations active in this network. Another real strength here lies in the fact that FCF REACT provides regular learning exchange platforms and workgroups, where information gathered via the MEAL framework is shared and used to better the system of Children's Care in Cambodia.

Examples of common indicators used in measurement frameworks that focus on system change/care reform, are: demographic data (e.g. how many children in/out of institutions, how many children re-intgrated into families), policy (e.g. which kinds of Children's Care laws and policies in place/in development), workforce (e.g. professional guidelines and qualifications in place yes/no), budget allocations towards Children's Care, level and quality of cooperation between different stakeholders, etc. Many interviewees stressed the need for a balance between qualitative and quantitative indicators. The latter are the easier to measure, although in many of the countries in question the reliability of data is an issue. As noted by one of the interviewees from the ECD/ECEC sector, they are also considered the 'low hanging fruit'. In other words: easier to measure, but not necessarily very meaningful with regards to the desired changes to the system.

'Outputs are not speaking to outcomes.'

Table 2: Measurement frameworks for Children's Care system monitoring and reform[14]

Measurement Framework	More information	Main focus and domains	Strengths, challenges and use
Formal Care Indicators Manual (2009) *Developed by BCN and UNICEF*	[Manual for the Measurement of Indicators for Children in Formal Care.](#)	Designed to stimulate the collection of reliable and consistent country-by-country data on the number of children in formal care, why they were placed there, when their case was last reviewed, whether they have a surviving parent, etc. For governments and relevant agencies, organisations and UN bodies. Consists of a set of 15 global indicators for children in formal care and a manual on how to use them. Core Indicators: 1. Children entering formal care; 2. Children living in formal care; 3. Children leaving residential care for a family placement; 4. Ratio of children in residential versus family-based care.	**Strengths:** - Clear, comprehensive indicators in place - Manual/guidelines provided **Challenges/Gaps:** - Top down developed tool - Limited to formal care - Difficult for governments to complete (many don't have necessary information available) **Use:** UNICEF strongly recommends governments that they use Formal Indicators Manual, but unclear where this is the case (maybe being used in certain countries in Europe and Central and East Asia, but not elsewhere)
Tracking Progress Initiative Tool (2017) *Interagency initiative, co-facilitated by BCN and Save the Children and developed by CELCIS*	[Tracking Progress Initiative](#)	A web-based interactive diagnostic and learning tool to monitor the implementation of the *Guidelines for the Alternative Care of Children.* Over 200 questions, some with additional follow-up questions, ask for a wide variety of data from multiple sources. Advised to revisit the tool every 4/5 years. Tool can be used to create: a) a general overview of the national alternative care system;	**Strengths:** - Possibility of involving parents, children or community leaders in measurement process; very participatory in its intents - Clear step-by-step guide, free, web-based, generates charts, allows for comparison of data between countries - Can be used to keep governments accountable – led by NGO sector **Challenges/Gaps:**

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[14] The lists of frameworks presented in Tables 2 and 3 are not exhaustive. For readability purposes we have chosen to present only those that during our review we found to be the most elaborate and on which most information could be collected. The lists of existing frameworks in reality are longer.

		b) or in-depth exploration of 4 thematic areas: 1: Addressing the factors that may lead to the need for formal alternative care. 2: Discouraging the use of formal alternative care unless necessary. 3: Ensuring formal alternative care meets minimum standards. 4: Ensuring that formal alternative care settings meet the best interests of the child.	-Complex, many themes and questions - Huge time, resource and capacity building commitment (team preparation alone already takes 3 days) **Use:** - Has been piloted/ implemented in Costa Rica, Ukraine, Thailand and currently in Colombia and Albania. Lessons learnt on process being discussed with countries concerned
Country Care Snapshots (forthcoming 2020) *BCN*		An online interactive data dashboard and comparative tool, aiming to track reform processes with respect to de-institionalisation and UN resolutions. Will embed commitments governments make with respect to 2019 Resolution on the Rights of the Child. Focus on quantitative data, will also include social workforce development. Certain indicators will be fixed (common global indicators - sector still to agree on these), and country level indicators which can be adapted. Intended for organisations with cross country focus – researchers, academics and government officials, such as policy officers. Goal: to highlight which countries are making progress, and those that are not.	**Strengths:** - Data will be visualised - Still being piloted - early pilot results will be used to make adjustments and improvements to the tool - Will draw on a range of data sources **Challenges/Gaps:** - Doubts about reliability of enumeration data being drawn on - Will need to have sufficient uniformity for comparison purposes - Limited to quantitative data **Use:** Unknown, still being piloted (first Country Snapshots to be published in July 2020; aim is up to twenty by end 2020)

Assessment Tool Alternative Care *MEASURE Evaluation Project (funded by USAID)*	[The Excel tool for the assessment](#) [Report with findings from all 4 countries, by system component and areas of care, and recommendations.](#)	MEASURE Evaluation project designed to enhance the capacity of governments to assess, address, and monitor alternative care in Armenia, Ghana, Moldova, and Uganda. A self-assessment by governments and key alternative care stakeholders from a systems perspective, to provide a holistic view of the problems. Excel based tool. Development: participatory process with governments to select core indicators for their country. Includes indicators about social norms, M&E, and capacity building of workforce. Lead ministry facilitates workshops to set priorities and create action plans.	**Strengths:** - Clear, comprehensive indicators in place - Systems perspective - Project tracks use of findings over time - Developed in a collaborative way involving governments. - Stimulated inter-ministerial approach and joint action plans **Challenges/Gaps:** - Complex, many themes and questions - Needs a lot of time, resources and capacity building to be used properly - Filling in tool often viewed purely as an administrative task, rather than responding to actual needs - Intended that it would be used by more countries, but no uptake so far **Use:** - Armenia: adapted and used the tool post pilot/development phase
Care System Assessment Framework - from the initiative 'Changing The Way We Care' (CTWWC) *Consortium of three partners (Catholic Relief Services, Lumos and Maestral International - technical lead), joined, through a Global Development Alliance (GDA), funded by three donors (MacArthur Foundation,*	[Changing the Way We Care](#)	Is an adaptation of the MEASURE tool. Designed to promote safe, nurturing family care for institutionalized children or children at risk of family separation. Grounded in the work of two 'demonstration' countries: Kenya and Guatemala. Consists of a series of assessment questions, intended as a participatory self-assessment and planning exercise for governments to develop strategy and action planning towards improving systems of care. As per April 2020, 2,5 yr running – no end date. Response required to statements on 10 different themes (around 100	**Strengths:** - Very comprehensive systems assessment - Clear, comprehensive list of indicators in place - Prepares the ground for de-institutionalization - building up family based care - Includes workforce capacity building - Participatory approach **Gaps/Challenges:** - Complex, many themes and questions - Coordination between sectors is hard to measure - Needs a lot of time, resources and capacity building to be used properly **Use:** - Now in Kenya, Guatemala; potential to be implemented

USAID and GHR Foundation)		statements per theme) - leads to spiderweb results. Goal is that governments will use indicators to start tracking case management and institutional monitoring.	in more countries but no commitments yet
Family Care First-REACT, MEAL Framework *Family Care First | REACT receives funding support from the European Union, USAID, GHR Foundation, Save the Children and UNICEF*	[Family Care First](#)	An initiative that seeks to reduce the number of children growing up outside of safe, nurturing, family-based care. Facilitated by Save the Children Cambodia. Cambodia first site to pilot this approach. Objective: a strengthened, government-led child protection system ensuring that boys and girls in 5 target provinces are provided with effective quality prevention and protective services. A MEAL Framework to measure progress was initially designed in 2016 and revisited in 2018/2019. Four outcome areas: • A strong national legislative and policy framework • Provincial government monitoring and regulation • Appropriate response in alternative care or reintegration support for children • Prevention of separation	**Strengths:** - Clear, comprehensive list of indicators in place - Participatory - Includes attention to children's views and experiences - Stimulates learning and feedback to practice **Challenges/Gaps:** - Complexity (many themes, many questions), not so easy to use in practice **Use:** - In total 17 organisations in Cambodia reporting on this framework

4.3.3 Child-well being focused measurement frameworks

A second form of Children's Care M & E frameworks are those focused primarily on outcomes at child level, that are mostly developed and used within organizations or alliances of

organisations (funders, INGOs, local service providers). Some are purely project related and some are designed to gauge overall impact towards an organisation's mission and objectives. The number of frameworks is likely to be large as most (semi) professional organisations have their own MEAL (Monitoring, Evaluation, Accountabililty and Learning) framework in place, either self-developed, developed with others or as per donor requirements. For the purpose of this report we have only listed those we came across during the interviews and that seem to have potential for wider application**.** These frameworks are usually measuring impact with regards to child well-being and on concrete outputs, such as, for example, 'number of beneficiaries reached'. Other examples of common indicators/questions used in these frameworks include: child health and nutrition; child access to services; child's education; successful reintegration of children into biological family, and so on.

Table 3: Child well-being measurement frameworks

Measurement Framework	More information	Main focus and domains	Assessment Quality/usefulness
Child Status Index (CSI) *Developed by MEASURE Evaluation in 2008 (revised in 2014)*	Child Status Index Tool Kit	Provides a framework for identifying the needs of children, creating individualized goal-directed service plans for use in monitoring the well-being of children and households, and program-level monitoring and planning at the local level.	**Strengths:** - Can be used by non-M&E experts - Easy to follow manual provided with images and simple language - Basic general tool **Challenges/Gaps:** - Limited number of indicators
	Child Status Index (CSI)	Provides a snapshot where a child is at a particular time. 6 domains, each with 2 sub goals to be scored: - Food and Nutrition - Shelter and Care - Protection - Health - Psychosocial - Education and Skills Training	**Use:** - As per 2013 used in 17 countries in sub-Saharan Africa, Asia, and Latin America - Used by Orphan Outreach staff (social workers) to evaluate basic wellness
Children First *New tool for Orphan Outreach - in early stage development June 2020*	Children First Software	Mobile tool/software, developed by Children First in partnership with Tyler Technologies, Texas, US. Orphan Outreach using it as a case management model for children leaving care. Based on Child Status Index, but tailored to specific programmes of Orphan	**Strengths:** - Feedback loops evident: data shapes how staff address and respond to children - Brought to light important issues, prompting further investigation and action: e.g. poor completion

		Outreach such as on prevention and schools. Tool is administered every 6 months. Focus on factors or aspects of programme that are viewed as measureable: educational levels and scores, social and emotional wellbeing, attendance at school, drop out rates. Data collected by social workers, input through mobile phone. Home assessment tool, focused on five measurements of well-being: Physical & Mental Health, Education, Family & Social Relationships, Home Finances and Living Conditions.	rate in programmes, and reasons accounting for that; misdiagnosis of 'bad behaviour'; need to hire better quality staff **Challenges/Gaps:** - Transitory migration of families (e.g. Nairobi, Kenya), makes following up of children very difficult - Unreliable and inconsistent data - staff training difficult - Children affected by testing situation – tendency to hide pain experienced - calls into question reliability of measuring process as it is being administered - Costs: software is free, but significant cost for countries to convert/adapt to their system **Use:** - Tailored version being used by Orphan Outreach in Honduras - Not clear how many other organisations and countries are actively using the software currently
Thrive Scale *Developed by Miracle Foundation*	Thrive Scale	Designed to measure progress and assess risks in orphan/residential care and follow up in home assessments. Social workers evaluate children and family situations on a monthly basis at first, with less and less oversight as conditions warrant. Every orphanage measured every 3 or 6 months, assessment filled in by Miracle Foundation staff locally, based on on-site observations and telephone calls. Works as a mobile app. Time taken to do assessment 2.5 to 3 days – results in	**Strengths:** - Digital, easy to use - Clear results in form of visuals - Informs Miracle foundation's programme evaluations, via Sales Forces: can see the progress at higher level/across regions - Can be shared with authorities **Challenges/Gaps:** - Home assessment tool not being used much yet

		recommendations and action plan with timeline.	- Children not actively part of assessment process - though more attention being given to child and youth participation via youth ambassadors during COVID-19 pandemic - and have plans to include them in strategic planning in the future **Use:** - Solely in India. Salesian Sisters Society in that country now also using it – 60 Children's Care facilities across 16 Indian states

4.4 Reflections on measurement frameworks in Children's Care

4.4.1 Are integrated frameworks that measure both system change as well as outcomes on child well-being possible?

Although we found clear distinctions and not many commonalities between the two kinds of measurement frameworks described in 4.3.2 and 4.3.3, there are already some attempts made at creating integrated frameworks (the FCF-REACT MEAL framework being the best example of this that we came across). In principle such an integrated framework should be possible, and in many ways would be mostly a technical matter. It is easy to conceive of a monitoring system whereby staff at service providing organisations would fill in information on individual children (based on the kinds of indicators mentioned in 4.3.3). This data would then feed into a larger, preferably governmental system (that also collects data on more systemic aspects, such as quality of workforce or policy developments), where it is subsequently aggregated, providing, for example, information on the number of children living in institutions or being successfully reintegrated into biological families. As said, in itself combining the two categories of measurement frameworks would seem to be mostly a technical matter and well within the realm of possibility.

However, this can of course only work when there is actually a well organised and well supervised system of Children's Care in place. Indeed, it would be even more effective if there is close cooperation between all systems concerned with the rights and well-being of children, such as primary health care, ECD/ECEC, education, family and parenting support, housing and social welfare. Many interviewees envisaged (or pleaded for) a Children's Care system (nested in the broader constellation of child protection or social care systems), in which goals and methods of working are similar across different actors in Children's Care, where there is a common vision, and good cooperation and coordination between stakeholders, and where
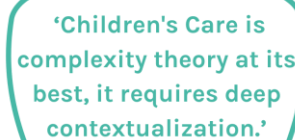
staff capacity is sufficient to use this kind of common measurement framework. As is clear from our literature review and interviews, such an ideal situation is practically non-existent anywhere. Many (pre-)conditions would need to be in place, before it would make sense to develop and implement a measurement framework that would look at both system change and outcomes on individual child well-being. We will address some of these issues in the next sections and in Chapter 6.
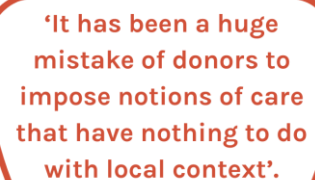
4.4.2 Learning from data: feedback loops

We were also interested in how far the existing measurement frameworks have effective, working feedback loops, whereby findings from the frameworks actually lead to improvements in programming and change within the system. Besides some anecdotal stories, it seems this can hardly be claimed by any one of these frameworks. In the case of the FCF REACT network in Cambodia, the measurement framework used by a number of organizations does seem to influence practice, but this is because there is actually a strong system for knowledge exchange in place, with working groups and regular meetings between different stakeholders[15]. But in most cases that we came across it remains unclear how end-users of the frameworks apply the data or information yielded by them in any systematic way.

'Children's Care is complexity theory at its best, it requires deep contextualization.'

Many interviewees mentioned that a lack of analytical 'culture', especially at decision making levels, hampers the development of meaningful M & E. Reasons for this include: (yet again) lack of staff capacity, historical (people not being used to collecting evidence or if, then mostly anecdotal), and philanthropic attitudes of many international donors (the idea of doing good being good enough). A real problem here seems to be the many different donors asking for or even imposing different M & E frameworks, which leads to service-providing organisations having to maintain these simultaneously, and then just filling them in for the sake of it, without proper use, internalization or feedback loops.

'It has been a huge mistake of donors to impose notions of care that have nothing to do with local context'.

4.4.3 Preparing the ground for system change

A lot of interviewees stressed the importance of defining a common vision and agenda between relevant stakeholders in a certain country, before developing any kind of measurement framework, which then subsequently should happen with all those stakeholders involved. Although many of the frameworks described in section 4.3.2 clearly have been developed with this in mind (through, for example, workshops and meetings with different stakeholders), it remains a bit unclear

'Not engaging from the start with end users is a fundamental flaw.'

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[15] It is important to note that in Cambodia the government seems seriously committed to Children's Care improvement. Throughout the years legislative and regulatory reform has taken place and there is a lot of collaboration with different stakeholders. This of course also facilitates knowledge exchange greatly. There are other examples of middle- and low income countries where this kind of governmental commitment is apparent.

in how far local ownership really takes shape and if use is actually happening. Some interviewees stressed the importance of first having/building a 'winning coalition' of actors with a range of skills and an open learning attitude amongst them (which was also highlighted in Chapter 3 as a necessary ingredient for successful system change).

This entails *first* finding and preparing the key persons and agencies that can lead and need to be involved in the desired systems change, making sure that the skills, mindsets and attitudes are there (which includes having a workforce that is actually capable of implementing and sustaining system change). But also, and this was a feature that was also clearly emerging from the interviews with the informants from the ECEC sector (see Chapter 5), it is necessary to pursue a change that a given system *can* actually work towards to. The latter is both essential as well as very complex, because it requires a balance between certain ideals and/or an ideal situation (as for example defined in the Guidelines for Alternative Care) and the reality 'on the ground'.

> 'One of the main questions/challenges that is too little asked or explored: is it achievable?.'

We conclude that stakeholder involvement to the largest extent possible (including the meaningful involvement of parents and children/youth and of end users of such frameworks, such as staff in local agencies/authorities) is seen by many interviewees a pre-requisite for developing a measurement framework that works (or that at least has a good chance of working). However, how to organise this process in the best possible way in practice is not yet well defined, nor tested. This is a limitation that in fact seems to hold true both for measurement frameworks focussing on system change, as well as those focussing on child outcomes. It goes beyond the scope of this report to provide guidance on how participation of parents and children/youth could be best organised, but it is good to note that there are many excellent resources available that give such guidance[16].

> 'Child participation and parental involvement is key from design onwards. It should not be tokenistic.'

4.5 Summary findings on measurement frameworks in Children's Care

- Involvement in development and use by intended end users (such as local governments and service providing organisations) is often limited.

- Need full stakeholder involvement from the start to have a chance of being effective. 'Preparing the ground' and 'building winning coalitions' are pre-requisites.

- Many different measurement frameworks being used by different international donors, INGOs, government agencies, impeding effectivity and actually posing an unnecessary burden on organisations delivering services to vulnerable children and families.

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[16] See for example:
https://bettercarenetwork.org/sites/default/files/Effective%20Participation%20of%20Children%20and%20Young%20People%20in%20Alternate%20Care%20Settings%20-%20Guidance%20for%20Policy%20Makers.pdf or
https://bettercarenetwork.org/library/principles-of-good-care-practices/child-participation

- The complexity of Children's Care, its multiple factors and components, renders many measurement tools unusable. It would make sense that a measurement framework would focus on one or two levers of change or outcomes (in which case one would probably not need a complete framework, but just a few indicators).

- Those that exist have been developed without much involvement of children, youth and families.

For both forms of measurement frameworks identified (those focused primarily on system change and those primarily focused on on child well-being outcomes) it is difficult to say if they so far have really contributed much to intended improvements of systems, interventions and/or programmes.

CHAPTER 5: The early childhood development, education and care experience of measurement

5.1 Introduction

In common with Children's Care, the early years' sector has been dogged with confusion and misunderstandings regarding terminology, meanings and priorities. This has arguably also had a negative impact on system reform and approaches to measurement and evaluation. The predominant English term used by international bodies such as UNICEF and the World Health Organisation (WHO) is Early Childhood Development (ECD). Up until very recently, ECD had a primary focus on health, growth and nutrition of infants and young child and their survival and primarily focused on low and middle income countries (LMIC). On the other hand, the redominate term used in high income countries is Early Childhood Education and Care (ECEC) (or variants, ECE, ECCE, preschool education), with an emphasis on play, learning and development and on school readiness[17].

In this chapter we report on interviewees' perceptions of ECD and ECEC systems, their measurement and the pros and cons of a common measurement framework. We also add a postscript outlining what interviewees feel the COVID-19 pandemic has revealed about the ECD/ECEC system. A summary of the emergence of a ECD/ECEC system from an historical perspective is contained in Annex 4.

The aim of international instruments and policy initiatives in the last two decades (see Table 4, in Annex 4 for a summary of the most significant of these), has been to bring attention to early childhood as critical period of growth, learning and development, the first step in lifelong learning and a key component of a successful educational, social and family policy agenda. What this has meant for system measurement and evaluation was discussed with the 11 interviewees representing ECD and ECEC. Their views are presented in the remaining sections of this chapter.

5.2 Understandings of the ECD/ECEC system: boundaries and connections

A commonality across all those interviewed, was a perception of ECD/ECEC as an ecosystem, at the centre of which are young children and their families and communities, and with the involvement of practitioners from many sectors, training and professional development institutions, researchers, local and national government, and local and international NGOs. Donor organisations and the private and corporate sector were also mentioned has having an influential role.

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[17] Meanings and terminology become even more complex when working internationally and describing ECD/ECEC systems in local languages.
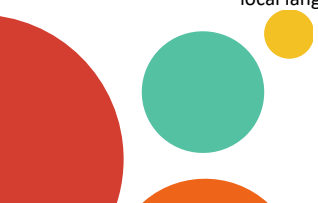
The fluidity of the sector was also commented on. This is due on the one hand because ECD/ECEC is still perceived as a 'Cinderella' sector i.e. not taken seriously and not usually a government priority (as the COVID-19 pandemic response revealed, see box below). On the other hand, it is because decisions about the care and education of young children are made in different government departments, a factor that also characterises the Children's Care system (see Chapter 4). Many Interviewees also noted that there is a growing awareness and a 'push' from international bodies such as WHO, UNICEF, and the World Bank, that the integration of different sectors (health, ECD/ECEC, infant and maternal mental health, child protection, social welfare) is important for children's thriving.

5.3 Measurement in ECD/ECEC

5.3.1 Measurement is assessing quality

One of the striking features of the discussion with ECEC interviewees about measurement and evaluation, compared to those from Children's Care, was the emphasis placed on agreeing what constitutes quality ECEC. Coupled with this was the view that it was necessary to have a multi-perspective view of quality in measurement and evaluation, described by one interviewee as 'a 360-degree view'. This should incorporate factors and questions such as: how is the interaction with the parents and the neighbourhood? How is the building organized, furnished and decorated? How are the relationships within the service? (adult – child relationships and child-child relationships) What is the involvement of local and national government? Are there spaces for critical reflection for all involved? Involving all stakeholders was seen as vital not only in understandings of quality, but also in the design of the frameworks and tools used to assess it. Explained by one interviewee, 'you can't build any form of measurement of good quality without including views of parents and other stakeholders. They play a very important role, if you want tools to be adaptable and relevant in their context'.

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Many of the interviewees highlighted the role of researchers in measurement, noting that while they may have a different stance (to donors or government), it was important to have rigour and not to loose the nuance of a programme, especially when going to scale. The belief that a combination of qualitative and quantitative data was necessary to capture nuance and a 360-degree view, was frequently expressed in the interviews. As described by one interviewee, 'even very experienced quantitative researchers recognize the limitations of solely relying on quantitative data when looking at the impact of ECD/ECEC'.

However, in the search for quality in ECD/ECEC and its measurement there is a confusion between broad approaches to defining 'univeral' quality standards or principles (as in EU proposal of Quality Principles for ECEC) on the one hand, and initiatives that have sought to identify quality principles and standards for a particular programme, which can in turn be translated into a form of assessment. The HighScope programme quality asssement[18] and the ISSA Quality Principles (Ionescu & Tankesley, 2016; Ionescu et al. 2018) were mentioned in this regard.

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[18] https://highscope.org/our-practice/child-assessment/pqa/

The relative value and goals of measuring systems versus measuring outcomes, was also a point of discussion in the interviews. Whilst it was acknowledged that there is beginning awareness that the ECD/ECEC system is complex and multi-dimensional, and many organisations are starting to use systems language when referring to ECD/ECEC (the World Bank and WHO cited as examples), the reality of being actually able to measure ECEC systems in a useful way is still far off, at least in the view of some of the interviewees. Even in single INGOs, or donor organisations, or at country level there is no unified approach to measuring the ECD/ECEC system (a very similar sentiment to what was heard from interviewees in the Children's Care sector).

5.3.2 What is measured and who is doing the measuring?

Measuring Child Outcomes

There are literally hundreds of tools and instruments designed to measure children's growth, learning and development in the early childhood years. Some of the interviewees referred to an initiative funded by the World Bank and the Strategic Impact Evaluation Fund that was completed in 2017, and which compiled 1) a database of tools designed to measure children's development (0-8 years) 2) a toolkit for researchers and evaluators interested in assessing ECD in LMIC. The rationale for the initiative was a perceived need 'to assess children during this vulnerable period to determine if they are developing appropriately and to design interventions if they were not' (Fernald et al. 2017). The study also referred to the increasing demand for measurement globally with the placing of the importance of ECD on the global agenda for the first time, particularly in LMIC as evidenced in Target 4.2 of the Sustainable Development Goals (see Table 4). One hundred and forty separate tools and instruments were listed in this data base, and their main features and use have been described (Fernald et al. 2017). Most focus on measuring how children progress following a heath, caregiving or educational intervention. Whilst some of the tools originated in LMIC, and others were developed by multiple countries simultaneously, the most widely used tools originated in the United States.

Of particular interest in our study was the use and experiences of population level measures of children's outcomes, that have been designed to inform system-level decision making about how best to support young children. The challenge in such measures is to identify constructs and items that are applicable across countries and contexts. Sometimes these tools can be used to also measure programme impact. A number of such tools have been developed or are in the process of being developed and were referred to in the interviews.

These include:

- MICs ECDI Module (UNICEF), a 10 item survey that is included in household surveys in LMIC[19]
- IDELA: International Development and Early Learning Assessment (Save the Children), being used in 73 countries[20]
- MELQO: Measuring Early Learning Quality and Outcomes (initiated by UNESCO)[21]

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[19] https://www.unicef.org/earlychildhood/index_69846.html
[20] https://idela-network.org/
[21] http://ecdmeasure.org/about-melqo/

- IELS: International Early Learning and Child Well-being Study (OECD)[22]

The interviewees referred to mixed results and experiences using these tools. Here are some examples: One interviewee from a donor organisation noted that the positive findings of an evaluation study of a programme in Serbia with a RCT design, and which used IDELA to measure impact 'made a huge impression, made people proud, and helped support ECEC lobby and advocacy in that country'. On the other hand, another interviewee, also from a donor organisation referred to UNESCO-research which was conducted in Colombia and was designed to measure programme impact using MELQO that didn't show any effects. She pondered if this was because tool was not good or if the programme just did not have the right quality to show any impact.

Central to any discussion on measurement in early childhood is the inseparable link between culture and development. In other words, development capabilities are affected by the opportunities children have to develop skills, the attitudes, beliefs and expectations of their caregivers with respect to health development and learning (Fernald et al. 2017). A few of the interviewees referred to the positive effects of involving caregivers in testing and assessment processes, 'We went to ECD centres and assessed children directly with the trained people from the community, but we involved the mothers in the process. It cost time and money, but it was absolutely worth it both from the parents' perspective (because of the opportunities for parents to see other aspects of their children) and from researchers' and data collectors' perspective, so that they could really understand parents and the local context.'
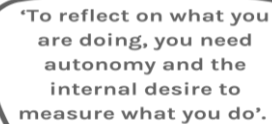
The controversary surrounding the use (or non-use) of the tool developed by OECD for OECD member countries, was also referred to by a few of the interviewees. As a result of the critique on its focus on comparative measures of child outcomes (Moss & Urban, 2017) and the decision of some countries not to participate, it has, according to one interviewee, shifted way from measuring individual child outcomes to focussing on evaluating the ECEC system in countries.

Measuring System (Quality)

As noted at the outset, a large focus of the international ECEC community has been to measure quality of ECEC services, increasingly expanded to quality of ECEC systems. One international tool which aims to measure system quality at multiple levels and which can be adapted to local contexts are the ECEC Quality Frameworks for those working with 3 to 10 year-olds (Ionescu et al. 2018) and for 0 to 3 year-olds (Ionescu & Tankersley, 2016). These two frameworks, which are intended to be used by ISSA member organisations provide a common set of principles and indicators which should be adjusted at country level and adapted in way that local partners view as most effective to influence the system in a particular context. Many aspects of the system are included, for example: relationships; family and community; inclusion, diversity and values of democracy.

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[22] http://www.oecd.org/education/school/early-learning-and-child-well-being-study/

One interviewee noted that they tried to use one of these frameworks and adapt it for a project, but teachers were overwhelmed, it was too big for them. She explained this in terms of the complexity of the tool, but also the shift in thinking required, particularly in the social-political culture which doesn't support critical thinking and reflection.

'To reflect on what you are doing, you need autonomy and the internal desire to measure what you do'.

The interviewee explained further: Because teachers in this central European Country operated in a very centralized, non-democratic system, where real development is not stimulated, teachers forget to reflect, and in fact try to hide a lot of things that may not be going well in their interaction with children in the classroom.

Another interviewee reflected on the relative costs and benefits of approaches to measurement for learning outcomes and system reform at country level. He referred firstly, to a hugely expensive and complex research project designed to measure the quality of interaction in ECEC services in a country. The measurement approach in this study was based on observation using the CLASS tool and generated quantitative data. Contrasting this he referred to a much 'cheaper' research in four countries, which was based on focus group discussions with a range of stakeholders, and a desk review of existing reports. The results of the expensive quantitative study were received with disappointment as they revealed nothing new, and practitioners felt the results didn't capture important aspects of quality such as equity and inclusion.

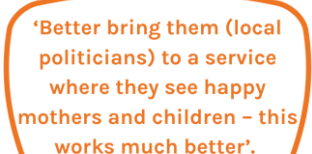### 5.3.3 Challenges, gaps and opportunities in measurement in ECD/ECEC

We asked the interviewees to reflect on where mistakes had been made in the ECD/ECEC sector in measurement and in trying to bring about system change and what the Children's Care sector could learn from these.

Not a priority in a poorly resourced sector

There was a general sense that measuring and evaluation was not a priority, especially for those working directly with children, and those who are training educators. Neither is it a priority for small NGOs who are implementing programmes. A director of a national NGO noted that measurement in her country is quite weak, as it was in NGOs in her country in general. This she put down to a general lack of capacity and the fact that ECEC sector is underfinanced. The tendency amongst NGOs is to use meagre resources on something considered more urgent.

However, there was also a feeling amongst some of the interviewees who were from donor organisations, that you cannot serve children and families well without information (data) – this is how they justified their organisation's investment in training staff to use standardised M&E tools properly. On the other hand, many of the interviewees from all sectors (donors, INGOs, NGOs) mentioned that feedback loops, which allows lessons learned from data collected to inform practice and improvements are often not there. In fact, often data being required to be collected were not deemed relevant or useful.

'Better bring them (local politicians) to a service where they see happy mothers and children – this works much better'.

Indeed, from an educators' point of view, a constant focus on measuring (children's outcomes) is not motivating. A better investment is to provide educators with the conditions
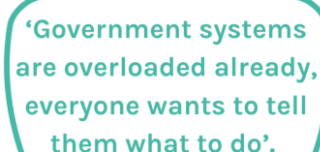
and supports to do their job. The similarities with the Children's Care sector in this regard are striking.

Political will, leadership and collaboration

An interesting point raised in the course of the interviews was that decision makers often don't make decisions on the basis of data. One interviewee representing a donor organisation reflected that first-hand experience through a visit to the service was often more effective.

Political savvy and awareness of what was deemed important politically was necessary in order to navigate and lobby for ECEC system change locally from both an NGO and donor perspective.   More than one interviewee spoke about the competing interests and motivations in local politicians' decision-making processes when supporting or blocking system change and reform in ECEC. These included getting re-elected, ruling party priorities, or personal ambition.

A practical suggestion from an interviewee from a donor organisation was that it was important to be aware that governments may want something different from investment in measurement compared to donors, such as the setting up of a data monitoring system, compared to a donor or INGO.   Therefore, aligning government and donor needs and interests were important and sometimes compromises needed to be made. This interviewee also noted that it was advisable to integrate questions or indicators into already existing data collection systems in a country, rather than trying to impose a whole new system or tool. This, she remarked never works but is a mistake that is often made.

'Government systems are overloaded already, everyone wants to tell them what to do'.

Most interviewees mentioned that the Government should take the lead and be responsible for ECD/ECEC systems. Nevertheless, political will was not always present – or if it is present at national level, it may not be present at local level. On top of the question of willingness, was also the issue of competence. A few of the interviewees questioned if those responsible for ECD/ECEC in municipalities and government ministries had the knowledge, skills and competences to engage with the actors in the system, and to lead system reform in a collaborative fashion. One interviewee identified local government as the weakest link in this regard.

The starting point at country level should be intersectoral dialogue. This requires understanding multiple points of view, beliefs, intentions, goals and hidden agendas. In many countries, it was acknowledged that multi-sectoral dialogues and collaboration requires a different mindset and way of working. Furthermore, the more decentralized a country is, the more diverse policies and practices are, the more complicated this can be.

Social accountability – the power of personal stories

Although it is widely accepted that parents and children are crucial partners in ECD/ECEC, and research provides ample evidence that children's outcomes benefit from parental involvement, parents' contribution is not always valued when it comes to measuring or evaluating ECEC systems and indeed, designing those systems. Most of the ECEC interviewees talked about the value of listening to the voices of families at grassroots level to find out what they want and care for. These first-hand accounts and personal stories can be equally important in influencing agendas for change and reform.

Importance of competence at all levels of system

Another area where there was widespread agreement amongst all interviewees was the importance of core competences and attitudes at all levels if system change is to come about: at service/setting level, teacher education and local and national government. This is critical in preparing the ground for change.

> 'If the groundwork is not there, proposed changes seem artificial and not easily accepted'.

This means having a well–equipped workforce working directly with children and families. 'Otherwise, you are just, at best, scaling up low quality'. Provision of bachelor's degree level initial training, as well as ongoing continuous professional development was deemed crucial. Time and resources for joint discussion and reflection on practice under the guidance of a pedagogical coach or mentor was advocated as most effective. Educating decision makers about ECD/ECEC was also vital. As noted by one interviewee with a senior role in an international body, whilst there was lot of knowledge 'out there' about ECD, it was not always in the hands of policy makers.

Agreeing a professional competence profile and training profile was also highlighted by a number of interviewees (see CORE project, Chapter 3). It was also felt that current professional preparation is very much focussed on working with children, and less on working with families and communities and hardly at all on working with other stakeholders in the system. This applies at all levels.

> 'We lack the skills for systemic thinking, but also for systemic acting'.

Furthermore, for accountability and also to be sure that measurement approaches are 'fit for purpose', policymakers at service, community, regional and national levels, and practitioners, and donor organisations all need to have competencies to understand how to use the measurement and evaluation tools that apply to their role in the system.

Role of consultants and the measurement 'industry'

We asked the interviewees about the standout learning for them in relation to measurement and evaluation. One person noted that it is hard to overcome the deeply rooted desire to have a score or a tangible result, when trying to demonstrate that programmes and services are in the best interest for all children and their families. Coupled with this desire is the need to acknowledge the industry behind measurement in all levels of education including in ECEC, and the links between commercial interest, consultancy firms and how decisions are made about measurement, an issue we discussed at the end of Chapter 3.

> 'To be of real value, and have any chance of being used 'the quality framework needs to be constructed by the people themselves in the country, not just imported from another country or organisation'.
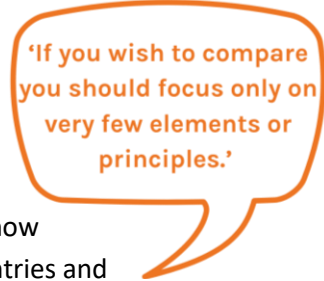
One interviewee, with experience as consultant, noted that middle income countries are currently investing a lot of money in developing quality frameworks for their ECEC sector with support of INGOs, who in turn may subcontract a consultancy firm or an individual consultant, who will try 'to sell their own model for measuring'. 'We are still too imperialistic about this', he remarked.

Yet, the corporate and private sector continue to be involved and to influence ECD/ECEC – Two examples were the sponsorship of 2017 Lancet Series and the relationship between PEARSON education and international PISA education studies.

5.4 Perspectives on a common measurement framework for ECD/ECEC

There were a variety of views on the form a common global measurement framework should take, and if it was actually necessary at all. Many interviewees remarked that a global measurement framework would require cooper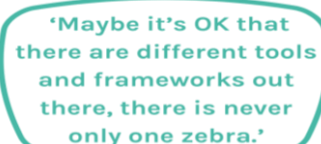ation of many entities, political will and agreement on, at least a small number of goals. However, there was doubt whether such an agreement would be possible, given the competing national versus global interests. It was mentioned for instance, that the UN has its own agenda, and would not suddenly take on board another framework. It was also felt that comparing across countries is impossible due to the variation in how aspects of children's development are viewed and valued across countries and cultures.

'If you wish to compare you should focus only on very few elements or principles.'

A majority of the interviewees felt that a common framework was definitely not useful and would not help create system change at country level, since each system has its own drivers of change. Rather, it would be more interesting and useful to be able to understand, in an indepth manner, the trends and patterns in a country. For this it is essential to get to know the different histories and people involved, 'to immerse yourself in the local context'.

One alternative perspective proposed was a global evaluation framework that carefully considers the complexity of the system. The goal would not be to measure, compare, or rank countries, showing up one country as "better" than another in ECD/ECEC. Rather the focus should be on learning from each other – a sort of peer evaluation mechanism. Importantly, this should not be viewed as the global south learning from countries of the global north. Indeed, more than one interviewee noted that it was time to move away from the chauvinism about quality assuming that that assumed that ECD/ECEC in high-income countries was always of higher quality.

'Maybe it's OK that there are different tools and frameworks out there, there is never only one zebra.'

Advising against furthering the search for a common measurement framework, one interviewee representing a donor organisation concluded philosophically that having a choice of tools was also ok.

Still, a belief in measurement in some shape or form persists. One interviewee summarized it as follows: 'What we don't measure, we don't do.' (we will get back to this in Chapter 6).

The authors of the World Bank/Strategic Impact Evaluation Fund Toolkit have put their faith in the promise of technology. They write, whilst no current test meets the 10 criteria of an ideal ECD assessment for LMIC, 'technological advances are rapidly changing the range of possibilities, expect to see immense progress towards the ideal' (Fernald et al. 2017).

What the COVID-19 pandemic has revealed about ECD/ECEC systems

The timing of our interviews with the ECD/ECEC experts in May 2020 provided an opportunity to reflect on the strengths, weaknesses and responsiveness of ECD/ECEC systems in different parts of the world. The global priority clearly and understandably was on public health and emergency health care systems. Financial and economic systems followed swiftly. However, serious attention to education and social care needs, particularly for the most marginalized, the very young and the very old and most vulnerable, were conspicuous by their absence. This has led to tragic consequences, such as the very high number of deaths of older people in care homes, the increase in cases of domestic violence including child abuse and neglect, and the increase in child marriages in some regions of the world.

In general interviewees felt that the ECD/ECEC system response to the pandemic revealed more weaknesses than strengths. Firstly, it served to magnify already existing inequalities in the system. Where the family unit failed (due to loss of job, income, too small living space, etc.), children suffered. Also, the most vulnerable young children were excluded from benefitting from online activities provided by ECEC and primary schools, because families lacked laptops, IPads, smart phones, and parents were not in a position to support their children to engage with the online learning activities.

*Interviewees noted that in some countries ECEC services for very young children (0-3/4 years) completely shut down. Parents of these children were therefore left unsupported by the ECEC system. This was particularly the case in countries that rely more on market-driven ECEC. Countries that did better in responding to children's and families needs during the pandemic, were those that were able to adapt centre-based provisions to bring ECD/ECEC 'to the doorstep'. Interviewees also referred to bottom-up responses which helped build family and community resilience. **Overall, the COVID-19 pandemic brought with it the realisation that ECEC is an essential service, with a fundamental contribution to a society.***

For this review it was too late to ask people from the Children's Care sector similar questions, although it is clear from all kinds of reports and social media publications that this sector also has a mixed track record to show how it was able to respond to COVID-19. Nevertheless, it should be acknowledged that the Better Care Network and many other players have provided valuable support. As with most of the issues described in this Chapter, the similarities between the ECD/ECEC and Children's Care sectors in this respect are again striking.

5.5 Summary findings on measurement frameworks in ECD/ECEC

- The quality of an ECD/ECEC system should be evaluated from all stakeholders' perspectives, including children's and parents'. This is a prerequisite to being able to align expectations and work towards a common goal.

- Be clear at the outset why you are measuring, for what purpose, and whose interests are being served.
- Cultivate a culture of critical reflection, openness and a willingness to learn at every level of the system: amongst groups of educators, amongst professionals from different sectors, and amongst policy makers in order to be able to measure and evaluate in meaningful way.
- Prepare the ground for system change. Invest in initial teacher training and continuous professional development. Build on experiences and accept the slow pace of change. Remember, 'Policies should be the endgame, not the start'.
- Rigid, complex quantitative data collection is counterproductive. The more difficult a measurement system is, the more difficult it will be to use, the more likely it will not be used, or not in a proper way. Better to focus on measuring quality of systems at country level, than focussing on measuring individual child outcomes in early childhood at a population level.
- If measurement tools are to be used they should be easy to use, low cost, require a low administrative and training load, and not take too much time.

CHAPTER 6: A (common) measurement framework for Children's Care – Discussion and key messages

6.1 Introduction

As stated in Chapter 1, a focus on child well-being and the best interests of the child, supported by evidence-based practice in a diversity of contexts, is the way forward in giving strong direction to Children's Care reform. The purpose of this study was to review monitoring and evaluation frameworks, which have been developed for the field of Children's Care and to analyze the potential for a common measurement framework.

This chapter represents our assessment of the most salient findings of the study, which consisted of a literature review focused on the current 'state of play' with regard to Children's Care system reform and interviews with 33 expert informants from Children's Care and for comparison, the ECE/ECEC sector. Based on all the findings, we discuss the feasibility and desirability of (common) measurement frameworks, both at global and country level. We also present a tentative roadmap leading to a country specific measurement framework and conclude with some points for reflection for donors. Throughout the chapter we have highlighted key messages. The chapter, and indeed the whole study is meant to inspire and spark (further) discussion and reflection amongst relevant stakeholders. In this way we hope it can contribute to and further efforts in Children's Care reform.

We begin with the 'million dollar question' (and arguably the main question underlying the current review): to support this effort, is a common, maybe even a global measurement framework for Children's Care[23] possible, and is it actually something to work towards to?

Before we try to answer this question it is probably good to first remember where and how it originated: Children's Care (or maybe broader: the child protection system or even the social welfare system) everywhere around the world has historically been somewhat of a 'neglected child'. Meaning that it was usually mainly voluntarily, received little government funding, oversight and regulation, and was not much on the radar of the media and the general public. Although this has changed in many countries, with professionalization taking shape at all levels, in many other, lower income countries, it is still often a sector that is in the initial stages of development. With increased professionalization and (public and government) attention, the desire for measurement and monitoring has gained traction.

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[23] In this chapter when we talk about a 'measurement framework' we mean an integrated M & E framework that looks at (aspects of) system change and outcomes on child well-being, as discussed in Section 4.4.1

The findings from the literature study and from the interviews point to some of the main drivers behind this increased need and demand for measurement frameworks in Children's Care:

- Demands by governments towards the sector for data to be used for policy, budgetary and inspection purposes.
- Demands by beneficiaries and the general public for accountability and transparency of the sector.
- Demands by donors who want to see impact of their investments.
- Needs and wishes of stakeholders in the sector to see results of their work and to have opportunities for knowledge exchange (about how to improve their work).
- Demands for inter-sectoral cooperation, to increase effectiveness.

The above in a way already highlights one of the main obstacles towards developing (common) measurement frameworks: the perspectives of the different stakeholders vary quite a lot and are not necessarily easy to combine within one and the same framework. This also explains much of a problem that some interviewees expressed: a continuous fervor among many agencies and organizations to develop and implement their own frameworks.

Key message 1: It is important to distinguish between a measurement framework that would apply to one Children's Care system in a certain country and one that would be more global, to be used across countries and regions, as both are being developed/sought after by different actors. They entail very different processes, have different goals and serve different interests.

6.2 A common global measurement framework?

The desirability and feasibility of a common global measurement framework was questioned by most of the people we interviewed. The necessity for contextualization and the complexity of Children's Care in general were viewed as major hurdles, leading to, as one respondent said, 'a framework that is too broad or one that allows for too much contextual nuances, either way leaving the whole thing rather meaningless'. It's also good to note that several global measurement frameworks focused on children's well-being already exist, such as the UNICEF Annual State of the World's Children Report or Save the Children's Global Childhood Report. Although Children's Care is not the main focus of any of these, indicators about Children's Care are sometimes included. They do say quite a lot about the overall child rights and child well-being situation in any given country, which is indicative of the Children's Care sector in those countries too.

For Children's Care specifically, the Country Snapshots developed by the Better Care Network could possibly already serve as a kind of global measurement framework, as these snapshots give regularly updated information on common indicators in each country surveyed. Next to this there is the Committee on the Rights of the Child (CRC)[24] that monitors implementation of the Convention on the Rights of the Child by State parties (which includes if and how governments are implementing proper child protection and Children's Care measures). These

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[24] https://www.ohchr.org/en/hrbodies/crc/pages/crcindex.aspx

should be able to function, to a large extent, as tools to gauge global progress on Children's Care reform and to hold governments accountable.

Many of the people we interviewed instead stressed the importance of joint learning within a 'community' that has a common, shared vision on Children's Care (reform). What was expressed was that there was not so much a need for a common measurement framework, but a need for a common set of principles or values (this was also highlighted in the Shawar & Shifman report). A lot has already been achieved in this respect, culminating in the Guidelines on Alternative Care, which most stakeholders globally now seem to endorse. This has promoted collaboration between the different players (local organizations, donors, governments, etc.) and is seen as having a very important, positive contribution to the improvement of Children's Care in many countries.

Key message 2: On the basis of the interviews conducted for this review, it can be concluded that there is considerable support for a common, global set of principles and values for Children's Care, but much less support for an (elaborate, complicated) common, global measurement framework that is monitoring its actual implementation.

To emphasize: we don't want to imply that no attention should be given to the development and implementation of certain globally applicable indicators on Children's Care (see Table 4 below for some examples of such possible indicators). We merely argue that all this does not imply the need to develop a global measurement framework solely focused on Children's Care[25].

Table 4: Examples of globally applicable indicators on Children's Care

Number of children living in institutional forms of Children's Care
Number of children reintegrated from institutional care into family care
Percentage of staff in Children's Care with minimum professional qualifications
Existence of a legal and policy framework for Children's Care

Given the other priorities in Children's Care system change and reform that came to the fore in the interviews (see Chapter 4), investing in and searching for a global common measurement framework at this juncture would be a waste of time and resources.

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[25] We also don't want to imply that for individual organisations, programmes or projects it is not useful to have effective M & E frameworks in place (those frameworks can be useful for all kinds of reasons, but their biggest contribution lies in their ability to inform and stimulate actual improvements in the care and support for children and families). But we do question a bit if the allocation of finances and human resources that are now directed towards M & E by many donors and INGOs is really justified. Some interviewees acknowledged that the M & E 'industry' that has sprung up around the social and development aid sectors is a perpetuating factor in this.

6.3 Towards country specific measurement frameworks

But what about a measurement framework for Children's Care in a certain country? It is clear from both sets of interviews and the literature review that these are definitely feasible and, when certain conditions are met, also desirable.

To answer the last aspect first: a measurement framework is desirable because it will allow all stakeholders in a country to gauge progress and increase each stakeholder's accountability, and sense of collective responsibility, and thus will undoubtedly contribute to achievement of the goals and objectives that have been jointly set. In other words: it will contribute to improvements in Children's Care and to children's well-being.

Based on the literature review and interviews, it can be concluded that the following are the most important ingredients:

(Pre-)conditions:

- Identification of key persons and organisations, who are willing and able to implement and sustain system change efforts.
- Governmental leadership and coordination of the process that the common measurement framework will be used for.
- A common vision and agenda on Children's Care (reform), with realistic goals and objectives, as discussed and agreed upon by all major stakeholders (including, very importantly, children, youth and families), focused on the best interests of children.
- Professional workforce development through continuous training, qualification and learning platforms, which also involves agreeing on a professional competence profile and training profile.
- Cultivate a culture of critical reflection, openness and a willingness to learn at every level of the system: amongst groups of Children's Care practitioners, amongst professionals from different sectors (primary health care, ECD/ECEC, education, family and parenting support, housing and social welfare) and amongst policy makers, both at local and at national level, in order to be able to measure and evaluate in a meaningful way.
- Adequate resourcing by government and/or donors, who are willing to cooperate and commit to be in it for the long haul.

To ensure that the necessary (pre-)conditions are realized, we propose the following "roadmap" when developing a country specific measurement framework for Children's Care (which should be situated in a larger Social Care system, as depicted in Figure 1, Chapter 1, page 4).

Development process

- The starting point should again be discussions and agreement amongst all major stakeholders as to what should be measured in a common framework: the what, the how, the who, and the why.
- Next (and again involving all stakeholders) an agreement should be reached on how different components of the measurement framework should be used, when, by whom, and especially important: how results and information from the framework
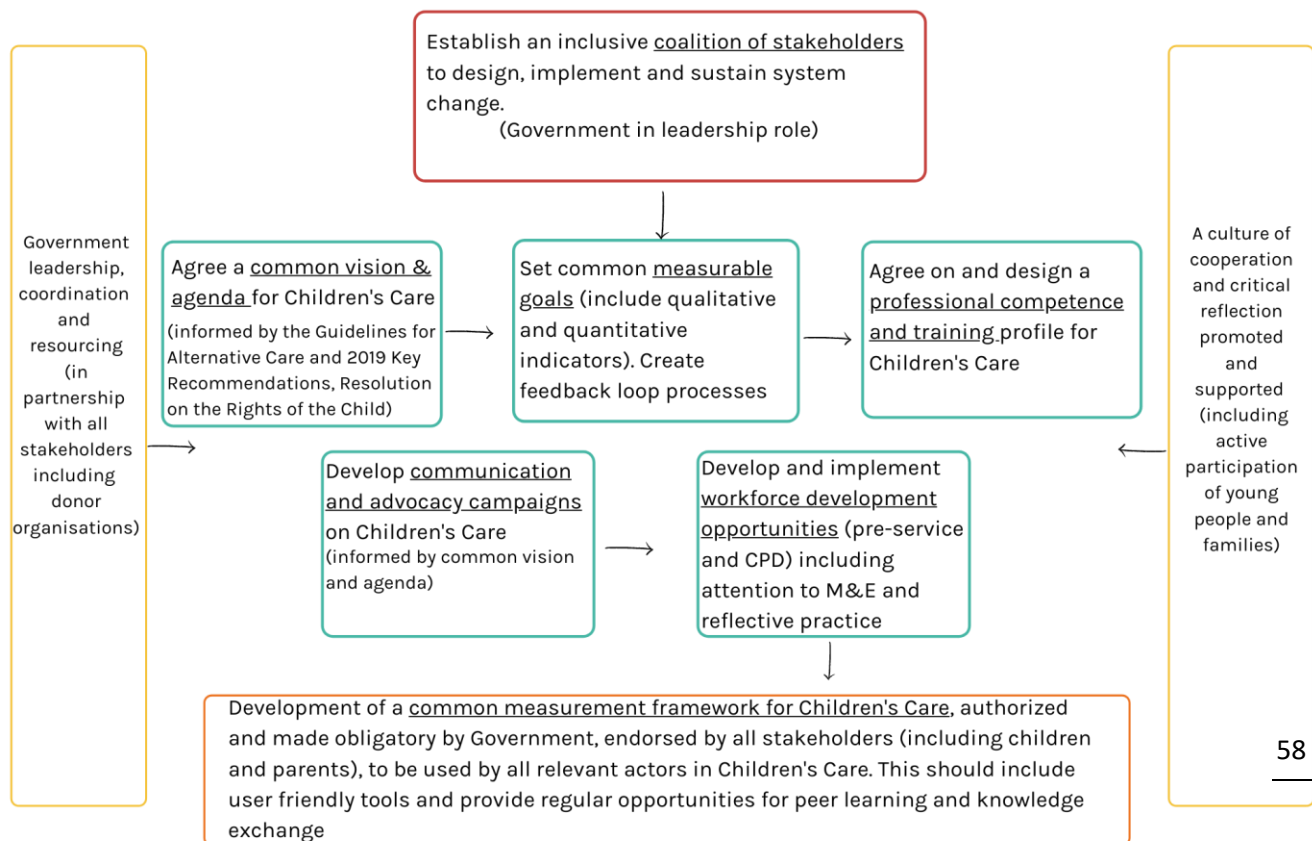
should inform policies and practice. The governmental leads should play an important part here, as a measurement framework will only have real use when the information it yields has actual consequences. A framework without clear agreed upon feedback loops will have at best some symbolic function.

- The process of then developing the actual framework can be left to certain consultants or researchers (preferably local ones), or better a smaller working group comprising practitioner representatives and researchers from higher education institutions. However, here too the involvement of the different stakeholders at various stages remains important. The final version of the framework and its practical aspects should have wide support and 'buy in' amongst the stakeholders locally and nationally before implementation starts.
- The final framework, or measurement tool, should be easy to use. This will be a challenge, because what is being measured might be quite complex (important is therefore again that first it has to have been established what needs to be measured). A mix of both qualitative and quantitative indicators is desirable, and even if system change is the main focus, children's experiences and outcomes should be incorporated. The final framework or tool should be tested quite thoroughly before being implemented across the system.
- Public presentation, dissemination and celebration of results of the framework at regular intervals (annually for example), also using public campaigns, should be an important means to reflect on, improve and sustain the use of a common measurement framework. Results should include medium term outcomes that are tangible and can be easily made visible.
- At every stage in the process there needs to be built-in feedback loops in order to improve ongoing implementation efforts.

Figure 2 presents a possible roadmap for the development of a country level measurement framework which is based on the findings of this study. It captures the necessary synergy between the different aspects of the system i.e. common vision, multiple stakeholder involvement, attention to training and continuous professional development, communication and advocacy, government leadership etc., all of which are required to improve a Children's Care system in a country.

Figure 2: A roadmap towards a measurement framework for Children's Care at country level

Establish an inclusive coalition of stakeholders to design, implement and sustain system change.
(Government in leadership role)

Government leadership, coordination and resourcing (in partnership with all stakeholders including donor organisations)

Agree a common vision & agenda for Children's Care
(informed by the Guidelines for Alternative Care and 2019 Key Recommendations, Resolution on the Rights of the Child)

Set common measurable goals (include qualitative and quantitative indicators). Create feedback loop processes

Agree on and design a professional competence and training profile for Children's Care

A culture of cooperation and critical reflection promoted and supported (including active participation of young people and families)

Develop communication and advocacy campaigns on Children's Care
(informed by common vision and agenda)

Develop and implement workforce development opportunities (pre-service and CPD) including attention to M&E and reflective practice

Development of a common measurement framework for Children's Care, authorized and made obligatory by Government, endorsed by all stakeholders (including children and parents), to be used by all relevant actors in Children's Care. This should include user friendly tools and provide regular opportunities for peer learning and knowledge exchange

Key message 3: Investing in the development and implementation of a country specific measurement framework has little or no added value, nor real chance of succeeding, without the necessary (pre-)conditions in place.

6.4 Points for reflection for donors

We conclude this study with a few points for reflection for donor organisations active internationally in the field of Children's Care. This only seems fitting, as this review was initiated by two important donors.

Is donor investment in elaborate M&E systems yielding desired affects?

It is completely understandable that donors want to see a return on the investments they make to improve care (systems) for children and families in need. This desire for impact however can sometimes cloud a bit the judgement on what is actually most needed. The underlying error in thinking here seems to be: change is change only (and only possible) when it is measured. This is negating the fact that most (meaningful) change in social care systems (or even bigger: in societies at large) has not come about because of or with elaborate M & E frameworks being in place. Changes occur when there are tipping points, moments in which (hopefully) positive trends or movements gain momentum, often initiated by dedicated persons and organisations. This may seem obvious, but if it so obvious, why then are so many human and financial resources directed towards developing such frameworks? Is this drive towards M & E, now common among many social work sectors (such as Children's Care and ECD/ECEC), maybe also caused by an attitude or desire to judge things through a narrow cost-efficiency lens ('it's only worth it, if it has economical value')? If so, this would largely ignore the fact that most human interactions and support efforts are driven by other, much deeper needs, concerns and emotions.

We realize that the above sounds maybe a bit 'lofty' and could therefore easily be discarded as being idealistic and unrealistic. There are other, more clearcut reasons why (too) much focus on developing common measurement frameworks (by donors) is not yielding the desired affects. When it comes to Children's Care, one of the reasons often cited why data collection is necessary, is because 'we don't know the extent of the problem and therefore we don't know where and how to intervene'. First of all: this is not true. In all parts of the world it is quite clear what drives child abuse and neglect and family separation. We may not know the exact numbers or extent of certain issues, but what we do know is that the main underlying causes are similar across many contexts and are mostly connected to poverty and social exclusion of certain groups. You don't have to have an elaborate measurement framework first to know your starting point.

What is worth investing resources in?

As highlighted in the Road Map for a Country-level Framework for Children's Care (Figure 2), in almost any given context worthwhile areas of intervention would be: workforce development (Continuous Professional Development opportunities); policy (advocacy to improve laws and regulations, based on the Guidelines for Alternative Care; promote more budget allocation by governments); professional certifications for the sector (making working in the sector more attractive to quality staff), organising campaigns on the importance of family based care amongst the general public (to create support for care reforms), and introducing and contextualizing child friendly methods for prevention (family strengthening)
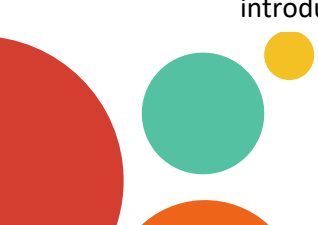
and care (promoting cross sectoral cooperation and local, community driven solutions). These are the most pressing needs and areas of attention with regards to Children's Care in almost any given low-income country (and in most higher income countries too!). Why not first invest in making change possible, and in tandem with this work towards a common measurement framework as a means to support and sustain change, with active participation of a coalition of stakeholders? In this regard it is important to note, as reported in Chapter 4, that M & E frameworks that are introduced by international organisations tend to not become really integrated into the work of relevant stakeholders and are stopped being used as soon as funding ends.

This does of course raise other important questions: how do we know when the 'system' is ready for the development of a common measurement framework? Don't we need to have some clear indicators on where we are vis-à-vis the afore mentioned pre-conditions, before we ('we' preferably in the broadest sense of all stakeholders involved) can decide to start the process of developing such a framework? These are valid questions, but this is not exact science by any means. Because of all the country specific contexts and challenges involved, it is impossible to propose some kind of checklist that would facilitate making a completely informed, well balanced decision on whether or not the time is right to start developing a common measurement framework for Children's Care. However, we hope that the road map presented in the previous section can be helpful in gauging whether or not the ground is sufficiently prepared.

Taking into account steady, but slow progress

It is also important to realize that we are talking, in all likelihood, about slow, not very spectacular progress. Slow change by nature is more difficult to measure, seldom leads to very attractive statistics and information, and therefore will hardly satisfy the desire to see impact. Measurement frameworks can hardly be expected to alleviate this problem, begging again the question: why invest so much (and especially: so much, so early) in their development?

That donors are investing in Children's Care system change or care reform makes total sense (especially if done with a long term commitment and in a coordinated manner; this was not questioned by the interviewees). In fact, donors funding such processes is probably much more effective and efficient than the, now still very common, scattered kind of support they are giving to local projects and organisations (although the immediate impact on child-well being will be much less tangible). As stated earlier, measurement frameworks can, at country level, have added value in improving Children's Care systems. But the emphasis has to be on 'added', in themselves they have little power in initiating or sustaining care reform (although of course they can have utility in informing care reform and tracking progress). Should therefore the focus of those involved in improving Children's Care not be first on improving other aspects of the system? This implies meaningful participation by donors with all local stakeholders, including children, families and professionals working at the local, practical level. And it implies that donors would be advised to encourage grantee partners to think of their work as being part of a greater effort to change and improve the Children's Care system, and not simply 'projects' to solve certain problems. Once the foundations are laid, the development of a country level measurement framework is more meaningful and feasible. Just don't expect too much, too soon.

Key message 4: Donors should invest in the most pressing needs for Children's Care reform in a country first, before investing in (development of) country specific common measurement frameworks (and try not to burden grantees with too much M & E).

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Annexes

Annex 1: Glossary of Terms and Definitions

Abandonment

Act by which the child has been left with no care whatsoever, for example on the street or in an empty dwelling. Often colloquially used as a synonymous of relinquishment, i.e. the act by which the child has been surrendered to the care of others, for example in a maternity hospital.[26] (See also **Separation**).

Adequate care

Adequate care is where a child's basic physical, emotional, intellectual and social needs are met by his or her caregivers and the child is developing according to his or her potential[27]. In an emergency context this means an absence of abuse, neglect, exploitation, or violence and the use of available resources to enable the child's healthy development.

Alternative care

Alternative care includes formal and informal care of children outside of parental care. When alternative care is offered as a temporary measure whilst permanent solutions are sought it should have the clear purpose of offering children a protective, nurturing environment whilst efforts are made to find them permanent homes. Alternative care includes kinship care, foster care, supervised independent living and residential care.[28]

Best interests of the child

In relation to children's care specifically, the Guidelines for the Alternative Care of Children articulate several factors that need to be taken into consideration in determining best interests, including:

- the importance of understanding and meeting universal child rights (as articulated by the UNCRC) and the specific needs of individual children;
- balancing children's immediate safety and well-being with their medium and longer term care and development needs;
- recognizing the problems associated with frequent placement changes, and the importance of achieving permanency in care relationships;
- a consideration of children's attachments to family and communities, including the importance of keeping siblings together;

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[26] UNICEF, At Home or in a Home? Formal Care and Adoption of Children in Eastern Europe and Central Asia, 2010, pp. 52- 53.
[27] Tolfree, D (2007) Protection Fact Sheet: Child protection and care related definitions, Save the Children
[28] UN General Assembly (2010) Guidelines for the Alternative Care of Children, GA Res 142, UNGAOR, Sixtyfourth Session, Supplement No. 49, Vol.I, (A/64/49 (2010)) 376. New York: United Nations.

- the problems associated with care in large-scale institutions.

In assessing best interests, it is important to consider the strengths, as well as the weaknesses, of families, to ensure that maximum efforts are made to build upon strengths. This includes an assessment of relationships and not just a consideration of material needs.[29]

Best Interest Determination

A formal process with strict procedural safeguards designed to determine the child's best interests for particularly important decisions affecting the child. It should facilitate adequate child participation without discrimination, involve decision-makers with relevant areas of expertise and balance all relevant factors in order to identify and recommend the best option.[30]

Care planning

A care plan is the documentation of the goals and next steps for a child and family based on a comprehensive assessment. On the basis of this assessment, the care plan should outline what is needed, who will meet those needs, what the follow-up should be and the appropriate time frame for each action. Immediate and longer-term goals should be identified. Care planning should involve the participation of children, parents and other relevant stakeholders and should be a written document which is regularly updated and reviewed by all those involved in the plan.

Case management

Case management is the method of assessing the needs of the child and the child's family and current caregiver, advocating for, arranging, coordinating, monitoring and following up on both direct services and referrals required to meet the child's complex needs.[31]

Children's Care

The range of systems and services that support children who are without adequate care by their biological parents, or who are at risk of becoming so. This includes preventive interventions such as family strengthening support where children are at risk of becoming separated from their parents, as well as more curative, alternative care interventions such as family type based care, kinship care, foster care or residential care, family reintegration efforts, as well as de-institutionalization processes.

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[29] UN General Assembly (2010) Guidelines for the Alternative Care of Children, GA Res 142, UNGAOR, Sixtyfourth Session, Supplement No. 49, Vol.I, (A/64/49 (2010)) 376. New York: United Nations.
[30] UNHCR (2008) Guidelines on determining the best interests of the child. Geneva: UNHCR.
[31] Adapted from the National Association Definition of Social Work, http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp#def

Child protection

Measures and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children. The goal of child protection is to promote, protect and fulfil children's rights to protection from abuse, neglect, exploitation and violence as expressed in the UN Convention on the Rights of the Child (UNCRC) and other human rights, humanitarian and refugee treaties and conventions, as well as national laws[32].

Community-based child protection mechanism

A community-based child protection mechanism is a network or group of individuals at the community level who work in a coordinated way to ensure the protection and wellbeing of children in a village, urban neighborhood or other community.[33] These groups operate at the grassroots level (such as a village) or district level, although they are often linked to groups at the national level.[34] They may be called a child protection committee, child welfare committee or other such group. Not all of these groups focus solely on child protection issues or call their work 'child protection'.

De-institutionalization of children (DI)

Policy-driven process of reforming a country's alternative care system, which primarily aims at: decreasing reliance on institutional and residential care with a complementary increase in family and community-based care and services; Preventing separation of children from their parents by providing adequate support to children, families and communities; Preparing the process of leaving care, ensuring social inclusion for care leavers and a smooth transition towards independent living.

Family

Families take on many different forms and may include children living with one or both of their biological or adoptive parents, children living with step parents, children living with extended family members, such as grandparents, aunts or uncles or adult siblings, and children living with families who are part of wider kinship networks.[35]

Family-based care

A form of alternative care in which the child is placed with a family other than his/her family of origin (e.g. kinship care, foster care).

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[32] Derived from Save the Children, https://resourcecentre.savethechildren.net/library/save-childrens-definition-child-protection
[33] Minimum Standards for Child Protection in Humanitarian Action. Global Protection Cluster: Child Protection, Child Protection Working Group, 2012
[34] Wessells, M (2009) What we are learning about Protecting Children in the Community? An inter-agency review of the evidence on community-based child protection mechanisms, Save the Children on behalf of the inter-agency group
[35] Family for Every Child (2014) Towards a family for every child: A conceptual framework. London: Family for Every Child.

Formal care

Formal care includes all care provided in a family environment (see definition above of family-based care for examples) that has been ordered by a competent administrative body or judicial authority, and all care provided in a residential environment, including private facilities, whether or not as a result of administrative or judicial measures.[36]

Foster care

Situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care.[37] Foster care placements can respond to a number of diverse situations (e.g. emergency foster care, temporary foster care, long-term foster care, therapeutic foster care, parent and child foster care, etc.).

Gatekeeping

Set of measures put in place to effectively divert children from unnecessary initial entry into alternative care or, if already in care, from entry into an institution[38] (e.g. family support as a prerequisite for the placement of children in alternative care, legal bans, moratoria and economic disincentives for institutionalization, etc.).

Informal care

Any private arrangement provided in a family environment whereby the child is looked after on an ongoing or indefinite basis by relatives, friends or others in their individual capacity, on the initiative of the child, his or her parents and other people, without this arrangement having been ordered by an administrative or judicial authority or accredited body.[39]

Institutional care

Care taking place in (often large) residential settings that are not built around the needs of the child nor close to a family or small-group situation, and display the characteristics typical of institutional culture (depersonalization, rigidity of routine, block treatment, social distance, dependence, lack of accountability, etc.).

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[36] United Nations (2009) Article 29 (b), Guidelines for the Alternative Care of Children, United Nations
[37] See UN Guidelines for the Alternative Care of Children, June 2009, par. 29
[38] See UNICEF, At Home or in a Home? Formal Care and Adoption of Children in Eastern Europe and Central Asia, 2010. See also Better Care Network website
[39] United Nations (2009) Article 29 (b), Guidelines for the Alternative Care of Children, United Nations

Kinship care

Family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.[40]

Looked after child

The term 'looked after child' was introduced in the Children's Act 1989, England – applies to children who are the subject of care orders and those children who are accommodated. A looked after children can be voluntarily accommodated by the local authority through parental request or can be looked after and subject to a care order. 'Looked after children' and 'children in care' used interchangeable in policy and literature stemming from England.

Prevention

Intervention in the family or community that enables children to stay in their families as an outcome[41], if this is in their best interest. Support can be provided in several areas such as living conditions, family and social relationships, education, physical and mental health, household economy, etc.

Reintegration

The process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life.[42]

Residential care

Care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes.[43]

Respite care

Planned, short-term care of a child, usually based on foster or residential care, to give the child's family a break from caring for them.[44]

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[40] UN Guidelines for the Alternative Care of Children, June 2009, par. 29.
[41] See Hope and Homes for Children Romania, HOW TO DEINSTITUTIONALISE? HHC model for DI – brief description of process, 2012.
[42] See BCN et al. (2013) for further discussion of this definition. It should be noted that reintegration is different from 'reunification' which refers only to the physical return of the child.
[43] UN Guidelines for the Alternative Care of Children, June 2009, par. 29
[44] Tolfree, D. (2007) Child protection and care related definitions. London: Save the Children.

Reunification

The physical reuniting of a child and his or her family or previous caregiver with the objective of this placement becoming permanent.

Separation

Separation (removal) of children from their parents following a decision from a competent authority or agency when there are reasonable grounds to believe the child is at risk45. In non-functional systems, parents in difficulty might decide to entrust their children to the care of the State due to insufficient help or support (e.g. inability to cover food- or clothes-related expenses, pay rent in order to avoid eviction or bills for water, gas and electricity, etc.)46. In such circumstances, the term 'separation' is preferable to the term 'abandonment', since the latter 'tends to imply that these children have been completely deserted by their family and have little or no hope of being reunited with their parents'[47].

Separated children

Children separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. Separated children therefore may include children accompanied by other adult family members.[48]

- Primary separation is when a child is separated from his or her caregiver as a direct result of the crisis or emergency.
- Secondary separation occurs after the crisis when children who are not separated during the emergency become separated during the aftermath. Secondary separation is usually a consequence of the impact of the emergency on the protective structures that were in place prior to the crisis and of the deteriorated economic circumstances of a family or community.[49]

Small group home

A type of residential care in which a small group of children live in a house in the community, and are cared for in an environment that is as family-like as possible.[50]

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[45] UN Guidelines for the Alternative Care of Children, June 2009, par. 39.

[46] See Hope and Homes for Children Romania, Best Practice Guide for the Prevention of Child Separation from Families, 2012, p 6.

[47] See UNICEF, At Home or in a Home? Formal Care and Adoption of Children in Eastern Europe and Central Asia, 2010, p. 7.

[48] ICRC (2004) Interagency Guiding Principles on Unaccompanied and Separated Children, ICRC, IRC, Save the Children, UNICEF, UNHCR and World Vision

[49] Uppard, S (2012) Unaccompanied and Separated Children – Field Handbook (Draft), Interagency Working Group for Unaccompanied and Separated Children

[50] See Save the Children UK, Child protection and Care Related Definitions, October 2007.

Vulnerable children

Children who, because of a particular situation or context, or because of their own individual circumstances, are deemed to be more at risk of harm than other children. There are many categories or situations that can make children more vulnerable, but it is important to assess the situation to determine which children are the most at risk in any given context. A child's level of vulnerability is usually determined through an assessment of the child, their family and individual circumstances, taking into consideration that the level of vulnerability can change, according to the context, time and access to available services.[51]

Common categories of vulnerability include: children who are unaccompanied or separated, poor, abused, neglected or lacking access to basic services, ill, or living with disabilities, as well as children whose parents are ill, who are affected by fighting forces or who are in conflict with the law. Being in one these categories or living in a specific situation does not automatically mean that the child is more vulnerable, and this illustrates the importance of individualized assessments and responses.

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[51] Tolfree, D (2007) Protection Fact Sheet: Child protection and care related definitions, Save the Children

Annex 2: List of Abbreviations and Acronyms

BCN   **Better Care Network** - The information hub and global convener to influence action for children without adequate family care.

CELCIS   **Centre for Excellence for Children's Care and Protection -** The lead author on the handbook 'Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children'.

CPC   **The Child Protection in Crisis Learning Network** - An inter-agency, multi-country initiative that seeks to build the evidence base to strengthen and systematize Children's Care and protection.

CP MERG   **The Child Protection Monitoring and Evaluation Reference Group** - a global forum for collaboration, coordination and shared learning on child protection monitoring, evaluation and research.

CRC   **UN Committee on the Rights of the Child**

CTWWC   **Changing The Way We Care**

ECFG   **Elevate Children Funders Group**

FCF   **Family Care First Global Partnership, facilitated by Save the Children, Cambodia**

Annex 3: Key Recommendations for the 2019 UNGA Resolution on the Rights of the Child with a focus on children without parental care

1. States should fully implement their international legal obligations, including by strengthening national legislation and pol**icies, to protect the rights of children without parental care, prioritize the primary role of the family in protecting children and providing care and ensure that all decisions are taken on the basis of the best interests of the child.**

2. States should take action to improve data collection, information management and reporting systems related to children without parental care in order to close existing data gaps, develop global and national baselines and invest in quality, accessible, timely and reliable disaggregated data.

3. States should address the root causes of the separation of children from their families or the delayed reintegration of separated children with their families or caregivers.

4. States should strengthen child welfare and child protection systems and improve care reform efforts.

5. States should end the institutionalization of children and prioritize investments in child protection services and social services to support families and communities in order to prevent the separation of children from their families.

6. States should strengthen regulation, including the licensing, oversight and monitoring of alternative care settings and kinship care settings.

7. Increasing the focus on the quality of alternative care for children should be a priority for all States and other relevant actors.

8. States and other actors should establish and strengthen mechanisms to ensure the full and meaningful participation of children and young people without parental care in decisions about policy reform and about their own care arrangements.

9. Public and private donors should work to ensure the availability of adequate resources for programmes that support all children without parental care, including children with disabilities and those at risk of family separation. (UNGA, 2019, p.15-17).

https://bettercarenetwork.org/sites/default/files/2019-12/English%20Key%20Recommendations%20for%20UNGA%202019.pdf

Annex 4: The ECD/ECEC system and its measurement: an historical perspective

An understanding that a particular approach and environment is needed for the nurturance and education of young children has a very long history. A clearly defined system for the care and education of young children outside the family home can be traced to known 19th century reformers of education such as: Friedrich Froebel (founder of the Kindergarten) and Maria Montessori (the Montessori Method).

Throughout the 20th century ideas about the care and education of young children were oren differentiated depending on whether the mission was 'child saving' of poor children, with a focus on health, welfare, cleanliness, or nurturing children's learning and development by stimulating play and curiosity. Interestingly, continuity and alignment between learning the environments offered by the home and the early years' setting (whether a kindergarten, crèche, day nursery, preschool, state run or charitable) was and continues to be an ongoing concern.

Political interest in the potential of ECEC to help equalize life chances for children from poor backgrounds became prominent from the 1960s. There were a number of large early intervention programmes and longitudinal studies to assess their impact, such as the frequently cited Perry Preschool Study in the US and later the 3-phase cross-national IEA Preprimary Project in 15 countries (Weikart, 1999).

At the same time, support for ECEC educators and programmes came from international bodies and networks such as OMEP (World Organisation for Early Childhood Education), the International Step by Step Association (ISSA), and later in Asia and the Pacific, the Asia-Pacific Regional Network for Early Childhood (ARNEC) and in Africa, the African Early Childhood Network (AfECN). These organisations played and continue to play an important knowledge-sharing and advocacy role for the sector through publications and hosting of conferences and training events.

A growing interest in research designed to inform and be informed by practice and policy development in ECEC was also evident in the last decades of the 20th century. This is illustrated by the rapid growth of research associations such as the European Early Childhood Research Association (EECERA) and an increase in journals focussed on the young child. Whilst child development and developmental psychology research from the Global North (especially United States and Europe) dominated for much of 20th century, research in ECEC became more multi-disciplinary and critical by the end of that century. A huge focus of both research and policy at this time, especially in higher income countries was in defining what constitutes quality in ECEC and how to assess quality and, to a lesser extent, the notion of children's rights in early childhood. When the OECD published the first of a series of resources titled Starting Strong in 2001, it stated that improving the quality of, and access to, ECEC had become a major policy priority amongst OECD Member Countries (OECD, 2001).

By the start of the new millennium, global commitment to the education and care of young children was signaled at a policy level through the incorporation of ECEC as Goal 1 within the Education for All (EFA) policy (UNESCO, 2000). At the same time there was a rapid expansion

of programmes throughout the world focusing on the care and education of young children (Siraj-Blatchford & Woodhead 2009) and a search for global quality standards for ECD/ECEC and a growing interest in donor organizations in supporting these efforts.

The neglect of early childhood in country reports to the Committee of the Rights of the Child (CRC) prompted a Day of General Discussion on early childhood and the subsequent publication of General Comment No. 7: Implementing Child Rights in Early Childhood' (CRC, 2005). This advocated comprehensive rights-based multi-sectoral strategies specially for the most vulnerable groups, including community-based services, both for children and for their caregivers.

The first decade of 21st Century also saw a much more proactive involvement by bodies such as UNICEF, INGOs and donors in promoting the healthy development and care of young children in the first two years of life, beginning in pregnancy, especially in low and middle income countries (LMIC). These programmes often refer to 'the first 1000 Days in a child's life'. Indeed, the relative influence of the home child-rearing environment and the ECEC and pre-primary school setting in term of impact on outcomes of children has generated a huge research investment in all parts of the world. Much of this research has focused on the unraveling of the complex interactions between structural and process factors of ECEC environments and child outcomes. One of the conclusions has been that 'only high quality ECEC can protect children against the negative effects of low quality home environments, whereas low quality can increase the negative outcomes for children from disadvantaged homes' (Watamura et al. 2011 cited in Leseman & Slot, 2014: 317).

Another strand of research, although given much less attention in policy and measurement is to better understand the local, and nuances of child's rights in early childhood in different circumstances and contexts. This strand of research gives attention to the place of local knowledge and child-rearing practices and intergenerational relationships and learning (see chapters in edited books by Kjorholt & Penn, 2019 and Kernan & Cortellesi, 2020).

As noted above, the spotlight too has been put on the first three years of life as the formative years for basic cognitive and emotional skills, which depend strongly on the quality of the child-rearing environment. Such findings have given renewed impetus to policy interventions designed to support parents and prospective parents in an effort to address childhood inequalities. An integrated and holistic systemic approach to ECD, which bridges health, education, child protection, infant and maternal mental health is becoming evident and is reflected in the 'Nurturing Care for Early Childhood Development Framework'.

Table 5 (below) provides a summary of the most significant international instruments and policy documents concerning ECD/ECEC system reform between 2000 and 2020.

Table 5: International instruments, policies and resources concerning ECD/ECEC System Reform

Instrument/Policy	Date	Purpose, primary audience and other comments	More Information
Starting Strong Early Childhood Education and Care *OECD*	2001	Provided comparative analysis of major policy developments and issues in ECEC in 12 OECD countries. Proposed 8 key elements of successful policy for decision makers seeking to promote equitable access to quality ECEC.	Starting Strong Early Childhood Education and Care
Implementing Child Rights in Early Childhood, General Comment 7 *UN Committee on the Rights of the Child*	2005	Goal of General Comment 7 was to promote recognition that young children are holders of all rights enshrined in the UNCRC and that early childhood is a critical period for the realization of these rights.	Implementing Child Rights in Early Childhood, General Comment 7
Starting Strong II: Early Childhood Education and Care *OECD*	2006	Reviewed ECEC in twenty OECD countries describing the social, economic, conceptual and research factors that influence early childhood policy.	Starting Strong II: Early Childhood Education and Care
Starting Strong III: A Quality Toolbox for Early Childhood Education and Care *OECD*	2012	Outlined five policy levers that can enhance ECEC. Also included practical tools for policy makers: research briefs, international comparisons, country examples, self-reflection sheets, to implement these policy levers.	Starting Strong III - A Quality Toolbox for Early Childhood Education and Care
Quality Framework for Early Childhood Education and Care *EC Working Group on ECEC*	2014	Set of 10 Principles of a Quality Framework for ECEC, which were proposed by the Working Group on ECEC made up of representatives of 27 EU Member States.	Quality Framework for Early Childhood Education and Care
Sustainable Development Goals, Target 4.2 *United Nations*	2015	Included a specific target (Target 4.2) on ECD/ECEC. Calls upon nations to 'ensure that all girls and boys have access to quality early childhood development, care, and pre-primary education' by 2030.	Sustainable Development Goals, Target 4.2
Advancing Early Childhood Development, From Science to Scale. *The Lancet Series*	2016	Proposed pathways for implementation of ECD at scale. Emphasised "nurturing care", especially of children below three years and multi-sectoral	Advancing Early Childhood Development, From Science to Scale

		interventions starting with health and nutrition.	
Nurturing Care for Early Childhood Development Framework *(WHO, UNICEF, the World Bank, Partnership for Maternal, Newborn & Child Health, ECDAN)*	2018	Framework sets out best practices, based on effective programmes in improving ECD in high-, middle and low-income countries. Includes five strategic actions, accompanied by national and global milestones to 2023.	Nurturing Care for Early Childhood Development Framework

Annex 5: Interview questions

Interview questions

Interview begins with preamble, questions about interviewees background, current role

1. We observe that people working in this sector may have a different understanding of what the Children's Care sector entails. How would you define it?

2. Can you tell us about your experience of working collaboratively in field of Children's Care when monitoring, or trying to bring about system change, both at a national or international level?

3. What do you think is most critical to initiate and sustain system change?

4. What kinds of approaches do you use to measure impact of your work?

How were these developed? By whom? Stakeholders involved? Statutory or not?

Were children and youth involved in development?

How do they take account of local context?

Are these approaches part of an overall measurement framework?

How does data collected inform practice (what feedback loops exist)?)

5. Quite some time and investment has already been spent in developing and piloting international measurement tools to measure both system change in Children's Care as well as individual children's wellbeing by various organisations *(list examples)* but much less effort has been invested in actually using these tools. Why do you think this is?

6. *Question added after first batch of interviews:* Our interviews so far, are also highlighting that the capacity of Children's Care workforce - both the practitioners working in the field, as well as those responsible for policy development and strategy at local and national government level may be lacking. What is your view on this issue?

7. What in your view, is missing in terms of measurement of how the system is functioning?

Which aspects would you want to include in a framework or tool?

Why do you think this/these aspect(s) are currently missing?

8. What is your view about the value of using common measurement frameworks that are broadly applicable across diverse contexts to measure impact in Child Care

9. What has been standout learning for you on the issue of ….(*ask in relation to issue that has come up in interview about particular challenge or success*)

Interviewee then given opportunity to address any issue that didn't come up, but that was viewed as important, or to ask any questions. To close, information then shared about follow up process.

International Child Development Initiatives (ICDI) is a knowledge organization in psychosocial development of children and young people growing up in difficult circumstances.

ICDI believes in the power of children and young people, supporting their rights and addressing the underlying causes for the problems they face.

We aim to improve policies and practices by building the skills of: children, mothers, fathers, families, communities, local organizations, and authorities. ICDI also works with and for bigger international child rights organizations, supporting knowledge transfer through training, research and advice.

From Nepal to Nicaragua, and from Kiev to Katwijk, our dream is 'a happy life for all children'. Serious and sincere, academic and practical, small and with major impact, ICDI has been promoting psychosocial well-being of children and young people for more than twenty years.