

Formative Evaluation of the Family-Based Care Component within the UNICEF Croatia Country Programme (2017-2020)

December 2020

This report was produced by Emily Delap and Branka Peurača of Child Frontiers for UNICEF Croatia, supported by Dr Chrissie Gale of Child Frontiers. The opinions and statements presented here do not necessarily represent those of UNICEF.

Child Frontiers Ltd.

Suite A 15/F | Hillier Commercial Building
65-67 Bonham Strand East
Sheung Wan, Hong Kong

Child Frontiers is a registered company (No. 1275515)



GLOSSARY OF KEY TERMS	5
ACRONYMS	6
LIST OF FIGURES AND TABLES	6
EXECUTIVE SUMMARY	7
1. INTRODUCTION	13
2. BACKGROUND	13
2.1 Context	13
2.1.1 The political, economic and social context	13
2.1.2 The child protection and care system in Croatia	15
2.2 Description of the ‘For a stronger family’ programme	15
2.2.1 Overview	15
2.2.2 Description of the programme components	16
3. EVALUATION PURPOSE, OBJECTIVES AND SCOPE	18
3.1 Evaluation purpose and objectives	18
3.2 The scope of the evaluation	18
3.3 The evaluation questions and framework	18
4. EVALUATION METHODOLOGY	19
4.1 Methodology	19
4.1.1 Selection of methods	19
4.1.2 Qualitative methods	19
4.1.3 Quantitative methods	20
4.2 Evaluation sample, sampling procedure and level of participation of stakeholders	20
4.3 Data analysis	21
4.4 Limitations	22
4.5 Ethics and gender in the evaluation	22
5. EVALUATION FINDINGS	23
5.1 Design	23
5.1.1 Relevance to the needs and rights of children in Croatia	23
5.1.2 Consultation in programme design	26
5.1.3 Relevance to national and regional policies, and UNICEF priorities	27
5.1.4 The logic of the programme design	28

5.1.5 Efforts to address coherence and sustainability in programme design	28
5.1.6 Gender, equity and regional spread in programme design	29
5.2 Delivery	31
5.2.1 Carrying out activities to plan	31
5.2.2 Risk management and adjusting to change	32
5.2.3 Efficiency in programme delivery	34
5.2.4 Resourcing the programme	34
5.2.5 Coherence and sustainability in programme delivery	35
5.2.6 Participation and contextual relevance in programme delivery	36
5.2.7 Gender and equity in programme delivery	38
5.3 Results	39
5.3.1 Monitoring programme results	39
5.3.2 Progress towards outputs	40
5.3.3 Progress towards outcomes and programme contributions to equity	49
5.3.4 Unintended or negative results	51
5.3.5 The sustainability and coherence of results	51
5.3.6 Summary of factors that affected programme results	53
6. CONCLUSIONS, LESSONS LEARNT AND RECOMMENDATIONS	55
6.1 Conclusions	55
6.2 Lessons learnt	56
6.3 Recommendations	57
6.3.1 Over-arching recommendations	57
6.3.2 Recommendations relating to each of the programme streams	59
ANNEXES (available on request)	
Annexe 1: Evaluation TOR	
Annexe 2: Logic model and Theory of Change	
Annexe 3: Progress against workplans	
Annexe 4: Details of each of the programme components	
Annexe 5: Evaluation matrix	
Annexe 6: Data collection instruments	
Annexe 7: List of documents reviewed	
Annexe 8: Further details of ethics and gender in the evaluation	
Annexe 9: Record of ethical approval	
Annexe 10: Further details of the survey findings	

Glossary of key terms

Term	Definitions
Alternative care	The formal and informal care of children outside of parental care. Children outside of parental care are children not in the overnight care of at least one of their parents, as parents are unwilling or unable to care for children. ¹ The Guidelines for the Alternative Care of Children outline several different forms of formal and informal alternative care including kinship care, residential care and foster care. ²
Residential care	Care provided in any non family-based group setting. ³ A distinction is often made between different forms of residential care. For example: <ul style="list-style-type: none"> • <i>Institutional care</i>. Large-scale facilities where children are cared for in large groups, usually involving shift-systems, a common set of rules, children sleeping in dormitories, and isolation from wider communities. ▪ <i>Small group homes</i>. Children cared for in small groups, usually with one or two carers, in specially designed and designated facilities.⁴
Family-based care	Care in a family environment. Family-based care includes kinship and foster care (see below for definitions) and care by the child's biological or adoptive parents.
Kinship care	Family-based care within the child's own extended family or with close friends of the family known to the child. ⁵
Foster care	Foster care is a formal arrangement whereby a competent authority places children in the domestic environment of a family other than the child's own that has been selected, qualified and approved for providing such care. ⁶
Gatekeeping	"A recognised and systematic procedure to ensure that alternative care for children is used only when necessary and that the child receives the most suitable support to meet their individual needs". ⁷

¹ United Nations General Assembly, *Guidelines for the alternative care of children GA Res 142, UNGAOR, 64th session, supplement number 49, Vol.1 (A/64/49 2010)*, New York: United Nations, 2010.

² Ibid.

³ Ibid.

⁴ Family for Every Child *Towards a family for every child. Conceptual Framework* London: Family for Every Child, 2012

⁵ United Nations General Assembly, *Guidelines for the alternative care of children GA Res 142, UNGAOR, 64th session, supplement number 49, Vol.1 (A/64/49 2010)*, New York: United Nations, 2010.

⁶ Ibid.

⁷ Better Care Network *Making decisions for the better care of children. The role of gatekeeping in strengthening family based care and reforming alternative care systems* New York: UNICEF and the Better Care Network, 2015

Acronyms

EU	European Union
LGBT	Lesbian, gay, bisexual and transgender
NGOs	Non-governmental organisations
MDFYSP	Ministry of Demography, Family, Youth and Social Policy
MLPSFSP	Ministry of Labour, Pension System, Family and Social Policy
OECD-DAC	The Organisation for Economic Cooperation and Development - Development Assistance Committee
TOR	Terms of Reference
UN	United Nations
UNICEF	United Nations Children's Fund

List of figures and tables

- Figure 1: Percentage of the budget allocated to the different streams of the programme
- Figure 2: Number of project activities by rates of poverty
- Table 1: Number of participants by category
- Table 2: Number of programme activities by county
- Table 3: Degree to which risk mitigation measures were implemented
- Table 4: Extent to which assumptions about the programme have held true

Executive summary

Introduction

This report provides an evaluation of the family-based care component of UNICEF Croatia's country programme, commonly referred to as the 'For a stronger family programme.' The programme was carried out jointly with UNICEF and the Ministry of Demography, Family, Youth and Social Policy (MDFYSP), which was restructured as the Ministry of Labour, Pension System, Family and Social Policy (MLPSFSP) partway through the evaluation. The evaluation is a formative evaluation that was carried out in the final year of the three-year programme. It was designed to shape remaining programme activities, and future strategic direction of UNICEF and MLPSFSP's work on alternative care. The evaluation took place during the COVID-19 pandemic.

Description of the 'for a stronger family' programme

The 'For a stronger family programme' started in early 2017 and was due to end at the end of 2020, though some activities have been extended due to the COVID-19 pandemic. The overall aim of the programme is to ensure that children in Croatia grow-up safe and protected in families. There are three streams to the programme: the provision of parenting support; services for at-risk families, and foster care. The total budget for the programme is 8.1 million HRK (or USD 1.3 million), of which 6.3 million HRK (USD 1 million) had been spent. The programme includes the following activities.

- Developing and piloting three new parenting programmes and promoting two existing parenting programmes.
- Generating nine case management tools and building the capacity of 300 social workers and 285 family outreach workers.
- Improvements to the foster care system through:
 - Advocating for enhancements to the law on foster care;
 - Developing training curricula for foster carers;
 - tools for the assessment and monitoring of foster carers;
 - strengthening foster carers associations, and
 - a public information campaign on foster care.

Evaluation purpose, objectives and scope

The evaluation took place from March to October 2020, partway through the programme. Its recommendations will be used to shape the remainder of the programme and the strategic direction of UNICEF's work in the next planning cycle. The main end-user of the evaluation will be the UNICEF country office and the MDFYSP/ MLPSFSP. The evaluation covered all aspects of the family-based care component of UNICEF's programme from its start in 2017 to the beginning of data collection in Spring 2020. The programme took place at both the national and regional levels, and data was collected in Zagreb city and from all of the counties of Croatia.

Evaluation methodology

The evaluation used a combination of quantitative and qualitative methods, with qualitative methods involving both individual interviews and group discussions. This methodology was chosen considering the evaluation objectives and questions, the time available for data collection, and the views of UNICEF staff and implementation partners on appropriate and ethical methods for different stakeholders. Data collection took place during the COVID-19 pandemic and restrictions on movement, and the need for social distancing also had an impact on the methods chosen. The evaluation involved a total of 251 participants (see table 1).

Table 1: Number of participants by category

Category	Number
UNICEF staff	6
Government policymaker	3
Implementing partner staff	11
Child protection/ care sector expert	9
Frontline professional ⁸	188
Justice/ health expert	6
Parents and caregivers	7
Foster carers	17
Care leavers	4
Total	251

Key findings and conclusions

Design

The programme is highly relevant to the needs and rights of children in Croatia. Enabling children to grow up safe and protected in families reflects national, regional and global policies on the care of children. Institutional care is still being used in Croatia, and there are major deficiencies in the support offered to biological and foster families which the programme seeks to address.

However, while some children and families were involved in the design of tools and training, children, care leavers and caregivers were not consulted on their priorities to shape the strategic direction of the programme. The programme failed to plan for either an even spread across the country or activities targeted to regions likely to have larger proportions of vulnerable families and children. The programme has not yet addressed two key factors which impact on programme goals. First, the under-resourcing of the social welfare system and the

⁸150 social workers and 33 family outreach workers participated in the survey, and 30 frontline professionals were included in small group discussions or in-depth interviews. The survey was anonymous and it is not possible to determine if there is overlap between those that took part in the survey and those that took part in the small group discussions. The figure of 188 is therefore an estimate the total sample of frontline workers could be as high as 228.

services and supports offered to families by government. Second, some of the critical elements of the care system, including informal kinship care, reintegration and care leavers. These limitations are preventing the achievement of programme goals. There is a disconnect in the theory of change between the planned activities and outputs and the outcomes, and a need to either adjust strategies or revise goals so that they are more realistic.

Delivery

Most programme activities were completed on time and additional activities were added to the programme. Programme achievements were heightened by the strength and commitment of programme partners, including government, and the relationship between partners and UNICEF. Programme progress was monitored regularly, and adjustment made accordingly. There has been a high degree of flexibility in the programme and a willingness from all involved to respond to emerging challenges, including COVID-19. The development of tools and curricula in the programme involved the participation of frontline professionals and some consultation with children and caregivers.

The programme focused on the highly vulnerable by targeting children with inadequate parental care, at risk of losing parental care, or already without this care. Some attempts were made to consider the different needs of male and female caregivers and children, and particularly at-risk groups in programme delivery. However, this was not done systematically, and the programme did not routinely monitor progress to assess benefits to those most in need. An absence of indicators for monitoring some of the core areas of programme have made it hard to fully assess progress, especially in relation to improvements in care within families. The programme has also been constrained by a lack of consideration of internal coherence. There have been limited opportunities for programme partners to share knowledge and skills and create synergise to maximise change. This has affected the efficiency of the programme.

Results

Key programme results include the following.

- The parenting programmes for highly vulnerable parents has improved mothers' and fathers' child care skills.
- Tools for case management and the foster care system have been widely used by social workers, and generally been found to enhance work with caregivers.
- The training of frontline workers has enhanced assistance to vulnerable families and foster carers.
- Potential and existing foster carers have been supported through helplines, a campaign which has changed the image of foster care, and the strengthening of some foster carers associations.

There are promising indications to suggest that programme gains will be sustainable, including on-going government support; embedding programme activities in local NGOs that will outlive the programme and lasting changes to the skills of professionals and parents. However, some commitments from government are yet to be fully formalised.

Recommendations

Over-arching recommendations

1. UNICEF and MLPSFSP must ensure that work on family-based care continues after the end of the 'For a stronger family' programme.
2. UNICEF and MLPSFSP should focus on programme sustainability for the remainder of the programme, sharing learning and advocating for formalised commitments from the government to the guidance and training instigated by the programme.
3. UNICEF and MLPSFSP must provide immediate opportunities for programme partners to share learning and consider synergies. Coherence between different programme streams should be incorporated into future programme design. Partners must have regular opportunities to share learning and strategise together in the next phase of the programme (a developmental evaluation approach will be of benefit here – see below).
4. The next phase of the programme should be based on full problem analysis, a process that is led by government and supported by UNICEF but involves the participation of all programme partners. This should use the findings from professionals included in this evaluation and further consultations with children, care leavers and caregivers. This should involve a full analysis of:
 - The different needs of girls and boys, and male and female caregivers;
 - the requirements of particularly at-risk groups;
 - the regional spread of services and specific support needs by area of the country;
 - the relative importance of advocating for structural and policy change, and of piloting services and support;
 - the relative importance of the three programme streams and of any other areas of care reform that may be needed to promote stronger families, such as supports to kinship carers or care leavers, and
 - the assumptions underlying the programme.
5. UNICEF and MLPSFSP should ensure that the programme planning and M and E frameworks and strategies for the next phase of the programme:
 - Include realistic goals and outputs and indicators that cover all aspects of the programme.
 - Monitor if the programme addresses gender inequity and other forms of discrimination.
 - Measure how the different streams of the programme are working together to achieve change.
 - Assess the impact of the services and support developed by the programme on children and families.

- Consider the use of a developmental evaluation approach. This approach uses real-time monitoring to assess progress, consider learning, and generate recommendations for iterations of programmes.⁹

Whilst all of these recommendations are considered to be important, recommendation four is the most crucial for promoting effective family based care in Croatia.

Recommendations relating to each of the programme streams

Improvements are needed across all three streams of the programme. In line with global guidance priority should be given to prevention and family strengthening. More attention should therefore be paid to improvements in parenting and services for at-risk families than to foster care.

Parenting

UNICEF, MLPSFSP and Growing up Together should:

- Advocate for investment in on-going support groups for parents, and in better supports and services, including social protection, mental health services and assistance with drug and alcohol abuse.
- Monitor the long-term benefits from the parenting programme and make any necessary adjustments to the programme.
- Continue to promote all of the parenting programmes, and strategise on ways to ensure the sustainability of the programme.

These recommendations are listed in order of importance.

Services for at-risk families

UNICEF, MLPSFSP and the Society for Psychological Assistance should:

- Lobby the government to increase resource allocations to social work and reduce caseloads.
- Continue to promote the case management tools already developed through the programme.
- Advocate for systematic and regular supervision and training of social workers and family outreach workers.
- Use feedback already provided by training and supervision participants to improve capacity building. This includes a stronger focus on practical examples and opportunities for exchange between practitioners.
- Complete planned work to promote inter-sector cooperation.

⁹ See: https://www.betterevaluation.org/en/plan/approach/developmental_evaluation .This approach would be particularly valuable for this programme as it is responding to a complex problem and has required frequent adjustments to achieve results. This approach would allow frequent sharing of learning between partners/ streams of the programme. UNICEF Croatia's funding strategy means it has the flexibility to use this model.

The first recommendation listed above is most important, with the remaining four recommendations of similar significance.

Foster care

UNICEF, MLPSFSP and Sirius should:

- Monitor the impacts of the new law on foster care and consider gaps in support for foster care which require more advocacy and investment.
- Promote the greater use of the tools developed through the programme and advocate to ensure that the training and guidance developed is mandatory.

UNICEF and MLPSFSP should:

- Assess the capacity the Forum for Quality Foster care and of local foster carers associations.
- Use this assessment to identify appropriate and realistic roles for each of these organisations in the reform of the foster care system, and to tailor future support to these agencies.

The first of the four recommendations listed above is most important.

1. Introduction

This report provides a formative evaluation of the family-based care component of UNICEF Croatia's country programme, commonly referred to as 'the for a stronger family programme.' The programme was carried out jointly with UNICEF and the Ministry of Demography, Family, Youth and Social Policy (MDFYSP), which was restructured as the Ministry of Labour, Pension System, Family and Social Policy (MLPSFSP) partway through the evaluation. The programme comprises of several initiatives that aim to strengthen the capacity of families to care for children well, prevent unnecessary family separation, and promote foster care as an alternative to institutional care. Most programme activities had been completed at the time of the evaluation except for activities focused on ensuring the longer-term sustainability of programme gains.

The report has six sections.

- Introduction
- Background, covering context and a description of the programme
- Evaluation purpose, objectives and scope
- Evaluation methodology
- Evaluation findings
- Conclusions, lessons learnt and recommendations

Evaluation findings are split into three categories: design, delivery and results. Across the categories, the evaluation suggests four core themes that will have an impact on the future strategic direction the work of the MDFYSP/ MLPSFSP and UNICEF on children's care. First, the degree to which macro-level factors relating to poverty and equitable access to services must be addressed to achieve gains in family strengthening. Second, the importance of a coherent approach in terms of uniting the different streams of the programme, regional spread and focus, and inter-sector cooperation. Third, the need to both reach the most vulnerable groups and recognise difference within these groups, particularly in relation to gender and ethnicity. Fourth, the resourcing, capacity and flexibility of programme partners. These themes are considered throughout the presentation of findings and form the focus of lessons learnt and recommendations.

The Terms of Reference (TOR) for the evaluation is included in Annexe 1.

2. Background

2.1 Context

2.1.1 The political, economic and social context

The review of the literature and interviews carried out for this evaluation suggest several factors in the political, economic and social context that affect the provision of family-based care, including the following.

- **Poverty and unemployment.** The Croatian economy has grown since a recession ended in 2014, and unemployment has fallen.¹⁰ 19.7 per cent of children are at risk of poverty, close to the European Union (EU) averages.¹¹ However, there are still substantial numbers of children living in poverty, and those that enter poverty tend to remain in poverty for long periods.¹² Croatia has one of the highest rates of unemployment of any country in the EU, and some groups within the country are discriminated against and remain particularly vulnerable to unemployment, including women and Roma.¹³ Social protection measures have both low coverage and provide inadequate income.¹⁴ Children in poverty often lack access to services and grow-up in environments not conducive to their development.¹⁵
- **Economic and social inequity.** There are regional disparities concerning poverty and service provision, and some groups, including Roma, children and adults with disabilities, and lesbian, gay, bisexual and transgender (LGBT) families, are discriminated against.¹⁶ Socially disadvantaged groups require particular support in enabling children to reach their full potential.¹⁷ There is a lack of early diagnosis and intervention for children with disabilities, and parents and other caregivers do not receive sufficient supports.¹⁸
- **The growing politicisation of the family in the face of demographic change.** Croatia has experienced falling birth rates, and rising outmigration, with 220,000 Croatians moving out of the country from 2013-2016.¹⁹ This has led to concerns about an ageing population, which in turn has generated policies encouraging women to have more children, with suggestions that this is related to a drive towards a return to traditional gender roles. Some have argued that a preoccupation with the demographic revival is preventing a focus on the needs of low-income families.²⁰
- **An established but imperfect social welfare system.** The social welfare system has advanced primary legislation and a substantial workforce. However, this system is poorly structured, and investment in social welfare is below EU averages.²¹ The system is frequently restructured but is not yet fully functional.²²

¹⁰ UNICEF (2019b) *Croatia Data profile trends - key data relevant for the Croatia CP 2017-2021 and beyond* Croatia: UNICEF

¹¹ UNICEF (2019a) *Country Office Annual Report 2019* Croatia: UNICEF

¹² Stubbs, P, Ledic, M, Rubil, I and Zrinscal, S (2017) *Child Poverty and household coping strategies in Croatia* Croatia: The institute of Economics, Zagreb and Adris Foundation

¹³ European Parliament (2019) *The employment and social situation in Croatia* Brussels: EU

¹⁴ Ibid. UNICEF (2015b) *Poverty and welfare of preschool aged children in the Republic of Croatia* Zagreb: UNICEF

¹⁵ Ibid.

¹⁶ UNICEF (2019a)

¹⁷ For example, research shows that Roma children experience higher levels of poverty and are more likely to live in substandard housing and are less likely to have access to services and support. Children growing up in Roma households are also less likely to be involved in parental interactions that encourage development. UNICEF (2015b); UNICEF (2015a) *Situation analysis Croatia*: UNICEF

¹⁸ UNICEF (2015a)

¹⁹ UNICEF (2019a)

²⁰ European Parliament (2019)

²¹ UNICEF (2016a); UNICEF (2019a); Martinovic, S (2019) *Seminar on "children without adequate parental care moving towards life in the community" Thematic discussion paper - Croatia* Brussels: European Commission

²² UNICEF (2018f) *Strategy note. Croatia child protection programme component 2017-2021* Croatia: UNICEF p.3

2.1.2 The child protection and care system in Croatia

Child protection services in Croatia are largely delivered through the 81 government run Centres for Social Welfare located throughout the country. These employ teams of social workers, psychologists and other professionals to provide social welfare support to vulnerable children and adults in the community. Social workers operating out of Centres for Social Welfare are responsible for the case management of children in child protection proceedings and for oversight of the foster care system.²³ There are 19 Family Centres within Centres for Social Welfare that assist vulnerable families, children reintegrating from institutional care and foster carers.²⁴ Community Service Centres also provide some support to foster carers.

Family outreach workers are contracted by Centres for Social Welfare to provide support to vulnerable families in the community. These are full-time professionals who hold jobs in teaching or the charitable sectors and provide this support on a part-time basis. Family outreach workers do not have the same powers as social workers and cannot make decisions about children's care or support needs.

In addition to these government run services, NGOs, play a crucial role in the child protection system, carrying out research, offering policy guidance, and delivering capacity building and other services. The services provided by the child welfare system in Croatia are outlined in a number of pieces of legislation the most relevant of which are the Social Welfare Act of 2013 and the Law on Foster Care of 2018.

Croatia used to have substantial numbers of children in institutional care, but the use of these facilities has gradually reduced in recognition of the harm caused to children.²⁵ There are currently 1182 children in residential care in the country, compared with 2244 in foster care.²⁶ A further description of the needs of children separated from the families or at risk of separation (the target group of the programme) is provided in section 5.1.1.

2.2 Description of the 'For a stronger family' programme

2.2.1 Overview

The 'For a stronger family programme' started in early 2017 and was due to end at the end of 2020, though some activities have been extended due to the COVID-19 pandemic. The overall aim of the programme is to ensure that children in Croatia grow-up safe and protected in families. There are three streams to the programme: the provision of parenting support; services for at-risk families, and foster care. The total budget for the programme is 8.1 million HRK (or USD 1.3 million), with the services for at-risk families stream receiving slightly more than the other two streams (see figure 1). At the time of the evaluation, 6.3 million HRK (USD 1 million) had been spent, representing eight per cent of the total expenditure of the UNICEF

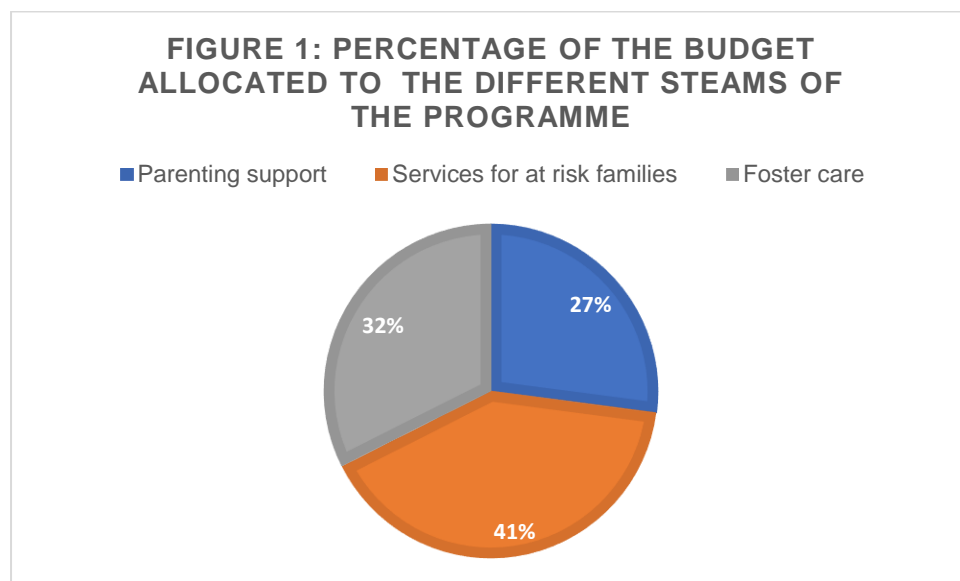
²³ All information in this paragraph is from: Ministry of Demography, Family, Youth and Social Policy (2018) *Plan for de-institutionalisation, transformation, prevention of institutionalisation* Zagreb: Government of Croatia

²⁴ Ibid.

²⁵ UNICEF (2019a); UNICEF (2019b); Martinovic, S (2019)

²⁶ UNICEF (2019c) *Croatia data profile* Croatia: UNICEF

country programme during the reporting period, and 30 per cent of the total spend on child protection.



Croatia has 21 administrative areas (Zagreb city and 20 counties), and at least one programme activity has taken place in each of these areas. Tools and policies have also been developed which affect provision across the whole country. Section 5.1.6 provides further details on the regional spread of the programme and the characteristics of the programme sites.

A range of stakeholders supported the implementation of the programme. UNICEF carried out all the programme jointly with the MDFYSP/ MLPSFSP, and with the support of the Croatian Association of Social Workers. Six Non-Governmental Organisation (NGO) partners were involved in the implementation of the programme (the name and roles of each of these agencies is listed in 2.2.2 and more details provided in Annexe 4). The programme theory of change and the logic model are included in Annexe 2. Annexe 3 outlines progress against programme activities.

2.2.2 Description of the programme components

This section contains a short summary of each of the three programme components. Further details, including the geographical spread of the programme, and activities and expenditure to date and outstanding can be found in Annexe 4. The programme was shaped by national, regional and global guidance on alternative care (see section 5.1.3 for a description of this guidance).

2.2.2.1 Parenting stream of the programme

The parenting stream of the programme targeted vulnerable parents and their children to improve parental and child interactions in families where there is a high risk of separation. Evidence suggests that these households need support with parenting alongside a range of other practical support and services (see Section 5.1.1). The NGO Growing up Together

developed and tested three new parenting programmes for vulnerable parents, fathers and not-resident fathers across the country.²⁷ They have also promoted two existing parenting programmes: a generic programme for the parents of young children, and a programme for children with disabilities. The association Union societies Our Children have supported the promotion of these two parenting programmes. This stream of the programme has included the training of 85 professionals in the use of parenting programmes, and the piloting of these programmes with 335 parents and 220 children.

2.2.2.2 Services for at risk families stream of the programme

This stream of the programme targets social workers and family outreach workers, both of which require more systematic training and case management guidance (see Section 5.1.1). The NGO Society for Psychological Assistance has developed nine new case management tools for work with at risk families, which are in use across the country. They have trained nearly 300 social workers in case management and the use of these tools out of 11,475 social workers. 285 family outreach workers have also received training and supervision out of 1,251 family outreach workers in the country. Training for social workers took place through regional seminars in Zagreb city and five counties, and for family outreach workers in Zagreb city and 11 counties.

2.2.2.3 Quality foster care for children

The foster care component of the programme targets foster carers, with evidence suggesting that this group require enhanced supports and motivations (see Section 5.1.1). UNICEF and NGO programme partners worked with government on the new law on foster care which was passed at the end of 2018. The NGO Sirius developed training to be used with all foster carers in Croatia. This has been piloted with 49 new and 85 existing foster carers in Zagreb city and 12 counties. Sirius also developed protocols for the assessment and monitoring of foster carers which are being rolled out across the country. UNICEF worked with the Forum for Quality Foster Care, the national foster carers association, to strengthen the Forum and eight local foster cares associations in six counties. The Foundation Croatia for Children distributed material support raised through a UNICEF fundraising 'Milky Way Run' to 140 foster families providing care for very young children and will continue to provide support to foster families. UNICEF, the MDFYSP/ MLPSFSP and programme partners worked together on a campaign to promote foster care. This included a helpline which attracted calls from 580 new and existing foster carers.

²⁷ The new parenting programme was tested in Zagreb city and 19 of the 20 counties in Croatia. The universal programme for fathers was tested in Zagreb city and two counties, and the programme for non-resident fathers was tested in four counties. The round table discussions on the universal model took place in nine locations across the country.

3. Evaluation purpose, objectives and scope

3.1 Evaluation purpose and objectives

The evaluation took place partway through the programme, and its recommendations will be used to shape the remainder of the programme and the strategic direction of UNICEF's work in the next planning cycle. The main end-user of the evaluation will be the UNICEF country office and the MDFYSP/ MLPSFSP.

As per the TOR (see Annexe 1), the evaluation objectives were to:

1. Provide evidence on the achieved programme results and answer whether the concept, structure and activities of programmes/activities within the initiative "For a Stronger Family" are relevant, efficient and effective against the defined programmes/projects objectives.
2. Assess if equity and gender lenses are adequately applied in the development and implementation of programmes.
3. Assess the management and coordination mechanisms of the programmes/projects, including the role of the relevant Ministry, the Croatian Association of Social Workers, implementing partners, Centres for Social Welfare, Family Centres other involved institutions/organisations and UNICEF.
4. Analyse programmes recognition, role and contribution within the social welfare system, in order to assess programme relevance as a ground for sustainability at the national level.
5. Provide recommendations for programmes/activities improvements and scaling up by the government to be regularly implemented in Centres for Social Welfare, Family Centres and other potential organisations within the social welfare system (e.g. institutions transformed into centres for community-based services).

3.2 The scope of the evaluation

The evaluation covered all aspects of the family-based care component of UNICEF's programme from its start in 2017 to the beginning of data collection in Spring 2020. The programme took place at both the national and regional levels, and data was collected in Zagreb city and from all of the counties of Croatia.

3.3 The evaluation questions and framework

The evaluation questions and framework are included in Annexe 5, which provides a matrix for the evaluation covering the evaluation criteria, evaluation questions, indicators, methods and data sources, and stakeholders consulted. As with all UNICEF evaluations, the evaluation uses the OECD-DAC criteria.²⁸

- **Relevance:** The extent to which the intervention objectives and design respond to beneficiaries, global, country, and partner/institution needs, policies, and priorities, and continue to do so if circumstances change.

²⁸ <https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

- **Coherence:** The compatibility of the intervention with other interventions in a country, sector or institution.
- **Effectiveness:** The extent to which the intervention achieved, or is expected to perform, its objectives, and its results, including any differential effects across groups.
- **Efficiency:** The extent to which the intervention delivers, or is likely to deliver, results in an economical and timely way.
- **Impact:** The extent to which the intervention has generated or is expected to create significant positive or negative, intended or unintended, higher-level effects.
- **Sustainability:** The extent to which the net benefits of the intervention continue or are likely to continue.

Although the evaluation covers all six criteria, at this point in the programme, evidence on impact is limited. As outlined in the original TOR, the evaluation also focused on cross-cutting issues of participation, gender and equity.²⁹ The evaluation objectives, questions and framework are informed by the Convention on the Rights of Child and particular efforts have been made to explore the extent to which the programme has addressed rights to care and protection, participation and non-discrimination.

Some changes were made to the evaluation questions in the original TOR. These changes were made to: provide more detail and clarity to the original questions; adjust to revised OECD-DAC criteria, and ensure that emerging issues identified during the inception phase were covered in full. The changes are outlined in full in Annexe 5.

4. Evaluation methodology

4.1 Methodology

4.1.1 Selection of methods

The evaluation used a combination of quantitative and qualitative methods, with qualitative methods involving both individual interviews and group discussions. This methodology was chosen considering the evaluation objectives and questions, the time available for data collection, and the views of UNICEF staff and implementation partners on appropriate and ethical methods for different stakeholders. Data collection took place from March to October 2020. Data collection was carried out during the COVID-19 pandemic and restrictions on movement, and the need for social distancing also had an impact on the methods chosen.

4.1.2 Qualitative methods

Qualitative methods were used to enable an in-depth understanding of stakeholder perspectives and an exploration of the many sensitive issues associated with the family-based care of vulnerable children. Most of the data collection took place using video conferencing to avoid face to face contact as a result of COVID-19 restrictions. This use of remote data

²⁹ Several changes were made to the evaluation questions included in the original TOR for the evaluation. These changes were made in order to provide a more detailed examination of key issues that emerged from the inception phase and to include the newly revised OECD-DAC criteria.

collection was not felt to limit findings. Video conferencing was used so that facial expressions could still be read, and efforts were made to ensure that participants had somewhere private to speak. Participants were generally forthcoming and frank. In some cases, the use of remote rather than face to face data collection enhanced dialogue as it allowed stakeholders from different parts of the country to be easily brought together. This prompted interesting comparisons and exchanges of experiences. In-person discussions were held with parents as this group were not felt to have sufficient privacy in their homes or access to suitable devices to carry out virtual conversations.

A combination of one to one interviews and small group discussions were used. Small group discussions meant that two to five individuals from the same category of stakeholder could be spoken to together to cover a broader range of individuals and allow the sharing of views. One to one interviews allowed more in-depth discussions. They were particularly helpful for speaking to senior experts whose presence may have been intimidating for junior professionals in a group setting. The evaluation team had originally planned to also use larger focus groups, but this proved logistically and ethically problematic during the COVID-19 pandemic. Annexe 6 provides qualitative data collection tools.

4.1.3 Quantitative methods

In addition to the interviews and small group discussions, social welfare workers were also asked to complete a short online survey. This tool was selected to ensure a broad understanding of nationwide interventions. A comprehensive review of the literature was also carried out. Annexe 6 provides the survey, and Annexe 7 a list of the documents reviewed.

4.2 Evaluation sample, sampling procedure and level of participation of stakeholders

The evaluation involved a total of 251 participants (see table 1). A convenience sampling approach was used, which involve sending out invitations to all stakeholders from a particular category and collecting data from all of those that responded within a given timeframe. The COVID-19 pandemic meant that many stakeholders became busy or hard to contact as workloads increased, and many frontline workers could not go to their offices. A convenience sampling approach allowed the evaluation team to reach a substantial number of stakeholders despite these limitations. Social distancing measures also meant that data had to be collected online enabling the inclusion of participants from across the country, rather than in three selected regions as had been planned initially. The sample was predominantly female, reflecting the larger number of women than men working in the social welfare sector. Both male and female foster carers and parents were included. Further details of the 188 survey participants can be found in Annexe 10.

Table 1: Number of participants by category

Category	Number
UNICEF staff	6
Government policymaker	3
Implementing partner staff	11
Child protection/ care sector expert	9
Frontline professional ³⁰	188
Justice/ health expert	6
Parents and caregivers	7
Foster carers	17
Care leavers	4
Total	251

Overall, the sample provided an opportunity for most key stakeholders to be consulted as part of the evaluation, though as outlined in section 4.4, owing to the COVID-19 pandemic, there were insufficient opportunities for parents, care leavers and children to engage. In addition to engagement in interviews and small group discussion, government policy makers and implementing partner staff were also given an opportunity to discuss the TOR for the evaluation and to comment on the inception report and draft reports for the evaluation.

4.3 Data analysis

Data was analysed against the evaluation matrix (see Annexe 5) and data on each evaluation questions was collected from multiple sources using a range of methods. During analysis, comparisons were made to triangulate findings. For qualitative data analysis, a grounded theory approach was used. This involved: identifying themes as they emerged from the data; coding these themes and establishing links between them, and then establishing explanatory relationships across themes and categories. The themes were originally organised according the six OECD-DAC evaluation criteria (see Section 3.3). To avoid repetition and ensure a more coherent narrative, these themes were reorganised according to the three categories of design, delivery and results. Gender, equity, coherence and sustainability were considered across each of these categories.

Quantitative data collection involved a simple online survey. For closed ended questions, results were tabulated against the options offered by the survey. Some survey questions used a sliding scale to indicate degrees of prioritisation of a particular form of support or the importance of factors to child or family wellbeing. In these cases, a mean score was provided to allow for a clearer interpretation of results. The survey also included some open-ended

³⁰150 social workers and 33 family outreach workers participated in the survey, and 30 frontline professionals were included in small group discussions or in-depth interviews. The survey was anonymous and it is not possible to determine if there is overlap between those that took part in the survey and those that took part in the small group discussions. The figure of 188 is therefore an estimate the total sample of frontline workers could be as high as 228.

questions. Results of these questions were analysed to identify the commonality of responses.

4.4 Limitations

The evaluation has three limitations.

- **The sample included only seven parents.** As noted above, the evaluation team decided that it would not be appropriate to speak with parents remotely. The seven parents who were interviewed in person were in parts of the country where COVID-19 infection rates were low and were interviewed at a time when restrictions on social distancing were relaxed. During the data collection period, infection rates started to rise, making further face to face data collection too risky for evaluators and participants.
- **The sample included only four care leavers and no children.** Children were not spoken to as this group is highly vulnerable, and remote discussions were felt to place them at risk as their privacy could not be guaranteed. Face to face discussions were not appropriate due to the risks related to COVID-19. Efforts were made to reach out to young people who had left care and could participate safely in remote discussions. However, the team had to rely on implementing partners to establish connections with these participants. Due to the COVID crisis, NGOs were too busy to arrange a substantial number of these meetings in the time available. It is recommended that in the future efforts are made to consult more extensively with children and young people.
- **It was not possible to disaggregate findings by gender or to explore equity fully.** As there were so few parents and young people included in the evaluation, it was not possible to disaggregate findings by gender, or to fully explore if the needs of all vulnerable groups had been met by the programme.

4.5 Ethics and gender in the evaluation

The ethical protocol for the evaluation is provided in Annexe 7. This outlines the key ethical considerations and how these were addressed and follows the UN evaluation group norms and standards and ethical guidelines for evaluation.³¹ The ethical protocol includes a consideration of the obligations of evaluators to act independently, impartially and with credibility and accountability, and of mechanisms to safeguard both the evaluation team and the participants.³² The ethical protocol also covers the steps to minimise risk to participants and team members during the COVID-19 pandemic.

Ethical approval was sought from the Ethical Review Board of Montenegro as UNICEF Croatia did not have a national ethical review board at the start of the evaluation process, and Montenegro offers a similar context to Croatia. The evaluation also followed the National Code of Ethics for Research with Children in Croatia, and ethical clearance was sought and given by the Faculty of Law in Zagreb. Proof of ethical approval is provided in Annexe 8. The

³¹ <http://www.unevaluation.org/document/detail/1914>

<http://www.unevaluation.org/ethicalguidelines>

³² There were no conflicts of interest and the evaluation team were able to operate with independence and impartiality.

evaluation follows the guidance offered by UNICEF on gender integrated evaluation as summarised in Annexe 7.³³

5. Evaluation findings

The evaluation findings are presented below in three sections covering the design of the programme, the delivery of activities, and results from the interventions. At the start of each sub-section, a table is provided which summarises findings against the indicators from the evaluation matrix (see Annexe 4). A system of colour coding is used as follows.

	No or minimal efforts have been made in this area.
	Some efforts have been made in this area, but more needs to be done.
	This area has been adequately addressed.
	Inadequate information obtained.

Further details of the findings from the survey with social workers and family outreach workers are in Annexe 8.

5.1 Design

5.1.1 Relevance to the needs and rights of children in Croatia

Indicator	Summary finding
1.3.1 The degree to which stakeholders perceive that the programme will improve access to family-based care	Stakeholders mainly perceive that the programme will improve access to family-based care (though some argue that other interventions should be prioritised)
1.3.3 The extent to which children and families perceive that the programme will protect children and improve child rights	As explained in section 4.4, only seven parents, four care leavers and no children were included in the evaluation due to COVID-19 restrictions making it hard to draw firm conclusions on this indicator. needs.

Whilst progress has been made in promoting family-based care in Croatia; there remains a substantial number of children still growing up in institutional care.³⁴ This, combined with a rising number of reports of violence within families and a lack of community-based services for families,³⁵ suggests a clear ongoing need for work on family strengthening and the development of family-based alternative care. Young people, parents and foster carers confirmed the need for children to grow up in safe and loving families.

³³ UNICEF (2019d) *UNICEF guidance on gender integration in evaluation* New York: UNICEF

³⁴ Martinovic, S (2019); UNICEF (2019c); UNICEF (2018e)

³⁵ UNICEF 2018e; Martinovic 2019

“I think that children in [residential care] homes suffer the most. It was too much of a shock to me when I moved from a [residential care] home with thirty children to a family of four. But it was much easier for me, I managed better, and I got that kind of confidence in myself. I became more open living in a small environment with people I knew I could rely on. Unfortunately, children in [residential care] homes do not have that.” (Young person who grew up in foster care talking about her experience moving between residential and foster care)

The literature review, interviews and survey show that all three strands of the programme are essential for promoting family-based care in Croatia. Policymakers, sector experts, social workers, kindergarten teachers, young people and parents and caregivers all highlighted the importance of parental competency for ensuring that children are well cared for in families.³⁶ This area was generally ranked as highly important by social workers and family outreach in the survey (see tables 2 and 3 in Annexe 10).

“Support can help parents provide their child with enough of the love, warmth, and sense of security needed for development. Parents are the closest and therefore the most important: if their actions do not work well, they can be supported so that they can have a positive effect on the child.” (Psychologist)

The services for vulnerable families stream of the programme addresses several deficiencies in the social work system, including a need for more consistent case management procedures, better training and support for social workers and family outreach workers, and the importance of inter-sector cooperation.³⁷ Social workers and family outreach workers generally ranked these issues as necessary for supporting family-based care in the survey (see tables 2 and 3 in Annexe 10). Both the services for vulnerable family and parenting streams of the programme aim to strengthen families, and global guidance indicates that such prevention services should be prioritised.³⁸ Devoting 68 per cent of programme budget to family supports and 32 per cent to alternative care is appropriate.

Foster care was described by many of those interviewed as a vital alternative to institutional care and in need of further support and development. The programme sought to address multiple challenges in the foster care system including a shortage of foster carers, inadequate assessment of new foster carers, sporadic and poor-quality training of foster carers, and the lack of effective and sustainable foster carers associations that can offer peer to peer supports.³⁹ All of these areas were ranked as mostly or very important for supporting the foster care system by social workers in the survey (see table 4 in Annexe 10).

“We advocate the view that much more is needed: more support to foster parents, a lot more professional support, education so that it then they could still take care of children who came to the family wounded by the experience of institutionalisation.” (Child rights sector expert)

³⁶ In relation to the universal model and model for parents of children with disabilities, which were developed prior to the period covered by the evaluation but continued to be promoted during this period, the relevance of the parenting programme was confirmed by an evaluation carried out in 2016 (Sirius 2016)

³⁷ Martinovic 2019; UNICEF (2017a) *Theory of Change – Family-based care Croatia*: UNICEF UNICEF (2016a) UNICEF (2019a)

³⁸ UN GA (2010)

³⁹ Martinovic 2019

Whilst participants in the evaluation generally confirmed the relevance of the three programme areas, some of those interviewed or surveyed flagged other actions that are needed to ensure stronger families in Croatia. For example, it was argued that the parenting support component places the onus on parents to change their behaviour when poverty, unemployment, drug and alcohol abuse, and mental health problems often lie at the root of poor parenting.⁴⁰

The services for vulnerable families stream of the programme focuses on capacity building and tools for social workers. Many social workers and other experts interviewed felt the social work system problems lay primarily in uneven coverage of services, low pay, large caseloads, high staff turnover and a lack of trust in social workers. This was confirmed by the literature review⁴¹ and comments made in the survey (see tables 5 and 6 in Annexe 10).

“I fear that the methodical supervision [offered by the programme] will become a panacea for problems that cannot be solved by it. These problems are in the system: caseloads, lack of systematic opportunities to support and ensure the quality of work.” (Social worker)

“Legislation is almost unenforceable (regular visits and the like) if one social worker performs work for over 200 families.” (Social worker)

“I consider it a waste of time of utopian education that we hope for some ideal methods and possibilities if the basic problems that currently make our work difficult are not solved beforehand. For example: chronic shortage of experts in certain centres (in our centre, for example, according to the specification, six and a half employees are missing).” (Social worker)

Some of those interviewed questioned if foster care is the most important alternative to institutional care and requested more support to informal kinship care and family reintegration. Campaigns to recruit foster carers were described as being less critical in building the number of foster carers than properly financing foster care. This resourcing includes ensuring that all foster carers have sufficient equipment and income to care for children well and that social workers have the time and skills to support foster carers. Numerous challenges in the foster care system that the programme is not addressing were highlighted by social workers, care leavers and foster carers, including social workers that responded to the survey (see table 4 in Annexe 10 and the comments following this table).⁴² The relevance of supporting foster carers associations was also questioned by some who argued that the limits of these small, local, voluntary organisations must be acknowledged, and that they cannot be expected to transform the system alone.

“I have to buy my child every sneaker, every T-shirt every toy. I get 2,000 Kuna [allowance per month], and the orphanage gets 10,000. These are the areas where perhaps UNICEF should turn the story around a bit.” (Foster carer)

⁴⁰ The importance of addressing drug and alcohol addiction was particularly highlighted in the survey with social workers and family outreach workers consistently ranking this as very important (see Annexe 9).

⁴¹ Martinovic 2019

⁴² These included: the way that foster care is managed within the Centres for Social Development rather than independently, the needs for specialised, emergency and respite foster care, the importance of addressing the stigma and discrimination that children in foster care face, frequent placement changes, the importance of addressing relationships between foster carers and other children in the household, managing relationships with biological parents, more help dealing with traumatised children, and better matching of foster carers with children.

“The foster carer is there for help, accommodation, upbringing, to be present in the child's life, to encourage him, to be at his service. But the costs should be taken care of by the state, not the foster parent.” (Foster carer)

“Here, when this started with the Corona virus, they called me from the ministry [of education] and asked what I needed.... I said I need at least three tablets so the kids can follow classes. "Yes, Yes, Yes. Sorry. We can not. Good bye. Good night. " – that was the answer. Now you manage as best you can and as you know. Why did they even ask?” (Foster carer)

Young people and foster carers called for more attention to be paid to young people leaving care, and care leavers wanted children's voices to be heard throughout their time in care.

“It happened to me that I was left to fend for myself when I came out of a foster family. The social welfare centre was no longer interested in me either. No one asked where you were or how you were. And these first two years [at college in a new town], during the holidays, I have nowhere to go. I'm not in contact with a foster family and I can't be with my parents either. I'm left alone.” (Young care leaver)

“It was hard for me that my opinion was not sought, even when it was a decision about me - I had no rights; no one asked me what I thought about it. That freedom of choice and the ability to negotiate things that concern us is important, but it bypasses us. I think that's a big problem.” (Young care leaver)

Justice professionals also reported that judges lack the competencies to make informed decisions about children's placements into care. As shown below in section 5.3.2, a failure to address some the issues left out of the programme, particularly the more macro, structural problems, is having an impact on programme effectiveness and the achievement of programme goals.

5.1.2 Consultation in programme design

Indicator	Summary finding	
7.1.1 The degree to which stakeholders, including vulnerable children and families, have had the opportunity to participate in programme design. ⁴³		Some degree of stakeholder engagement in determining the detail of the programme, but limited efforts to involve stakeholders in shaping strategic direction.

Government, implementing partners and sector experts were involved in decisions within each of the three streams of the programme. However, less examples were provided on opportunities for these stakeholders to determine overall strategic direction. Similarly, parents and children were involved in shaping training and tools (see 5.2.6). No evidence was found of extensive consultations with children and families on their priority needs concerning family strengthening.

⁴³ Also: 1.3.2 The degree to which children and families have been consulted in programme design

5.1.3 Relevance to national and regional policies, and UNICEF priorities

Indicator	Summary finding
1.1.1 The extent to which programme goals reflect national policies	The programme fully reflects national policies.
1.2.1 The extent to which programme goals reflect UNICEF strategic priorities	The programme fully reflects UNICEF strategic priorities.
2.2.1 The degree to which programme goals reflect relevant global and regional guidance, including the Guidelines for the Alternative Care of Children and EU policies	The programme reflects the Guidelines for the Alternative care of Children and EU policies.

The programme is strongly aligned to government policies which emphasise reducing the number of children in institutional care, supporting the use of foster care, and strengthening families. This is reflected in the Social Welfare Act, the National Plan for De-Institutionalisation, the National Strategy for Combatting Poverty and Social Exclusion and the Law on Foster Care.⁴⁴

The Government of Croatia have ratified the UN Convention on the Rights of Child, and this framework also forms the basis of all of UNICEF’s work. The importance of family-based care is highlighted in the Convention, with the preamble stating that:

*“The child, for the full and harmonious development of his or her personality should grow up in a family environment in an atmosphere of happiness, love and understanding.”*⁴⁵

The value of family-based care has been further articulated in regional policies and the Guidelines for the Alternative Care of Children, welcomed by the UN in 2009.⁴⁶ The programme reflects several of the articles in the Guidelines, including those relating to the prevention of family separation, the provision of alternative care and decision making around care. Most importantly, the programme prioritises preventing family separation, with approximately two-thirds of the programme budget and activities devoted to this area.

The programme was in part developed in response to the 2014 concluding observations of the Committee on the Rights of the Child on Croatia. The Committee raised concerns about the continued use of institutional care, and deficiencies in the foster care system.⁴⁷ The

⁴⁴ Government of Croatia (2018) *The law on foster care* Croatia: The Government of Croatia. Government of Croatia (2013) *Social Welfare Act* Croatia: The Government of Croatia. Government of Croatia (2014) *The National Strategy for Combatting Poverty and Social Exclusion (2014-2020)* Croatia: Government of Croatia. Ministry of Demography, Family, Youth and Social Policy (2018) Cited also in Martinovic 2019.

⁴⁵ UN (1989) *The United Nations Convention on the rights of the child (preamble)* New York: UN

⁴⁶ UN General Assembly (2010) *Guidelines for the alternative care of children, GA Res 142, UNGAOR, 64th Session, Supplement No.49, Vol. I (A/64/49 (2010) 376* New York: UN. Council of Europe (2016) *Council of Europe Strategy for the Rights of the Child 2016-2021* Brussels: Council of Europe

⁴⁷ UNICEF (2017f) *Programme document. Quality improvements in foster care for children - developing and improving processes and professional mechanisms for quality provision of foster care in Croatia. Agreement with Sirius* Croatia: UNICEF

programme forms a central component of the UNICEF country programme, clearly contributing to the goals of the wider child protection and country programme.⁴⁸

5.1.4 The logic of the programme design

Indicator	Summary finding	
1.4.1 The extent to which programme interventions/ strategies contribute to the achievement of programme goals		Programme interventions and strategies do contribute to programme goals, but additional interventions are required if these goals are to be achieved.

The outputs in programme log-frame indicate four strategies for achieving the programme outcome of enhanced family-based care (see Annexe 2 for details).

- The development of legislation.
- Parenting support services.
- Capacity building for social welfare professionals, including in case management, inter-sector cooperation and foster care.
- Capacity building for foster carers.

All of these strategies are likely to contribute to the programme outcome. However, as noted in section 5.1.1 it is unlikely that the outcome will be achieved without also addressing some additional issues, such as poverty alleviation for vulnerable families, or more effective resourcing of social services and foster care.⁴⁹ This suggests that the next phase of the programme must either ensure that the outcome is more realistic or expand the strategies covered by the outputs.

5.1.5 Efforts to address coherence and sustainability in programme design

Indicator	Summary finding	
2.1.1 The extent to which the Theory of Change demonstrates how programme components interact and reinforce one another.		Programme design, including the Theory of Change, does not adequately consider how the components of the programme can interact and reinforce one another.
6.1.1 The extent to which sustainability has been extensively considered in programme design.		Sustainability was integrated extensively into programme design.

There are two forms of coherence relevant to the design of this programme. First, in terms of the extent to which the programme sought to address coherence within government policy and practice. Efforts to promote coherence within government centred mainly on attempts to

⁴⁸ UNICEF (2016a)

⁴⁹ It is noted that the theory of change does recognise some of these factors in the narrative description of the problem, it just does not address them in the logic model (UNICEF 2017a).

ensure better cross-sector working, an area described as a priority by many of the participants in the interviews and survey (see tables 5 and 6 in Annexe 10).

Second, the extent to which programme components interact with and reinforce one another. The theory of change lacks horizontal linkages between the components of the programme, and little consideration is given to how the different streams of the programme could interact and reinforce one another. The programme included multiple efforts to ensure sustainability, including working closely with government and local NGOs, aiming to ensure that changes proposed by the programme are enshrined in policies, and a strong focus on capacity building.

5.1.6 Gender, equity and regional spread in programme design

Indicator	Summary finding	
1.8.1 The degree to which programme objectives and strategies specify the importance of reaching the most vulnerable groups. ⁵⁰		The programme was designed to reach excluded, abused and neglected children. Still more efforts are needed to prioritise especially vulnerable categories within this broad group.
1.4.2 The extent to which the programme combines policy change at the national level with piloting and implementation at the regional level.		The programme combined work at the national and regional level. However, work at the local level has not been planned to ensure even spread a focus on the most impoverished regions.
1.7.1 The degree to which specific consideration has been given to gender in the design of the programme.		Gender was considered in programme planning, but inconsistently. The programme design was gender-responsive rather than gender-transformative.
7.2.1 The extent to which the programme is gender-responsive or gender transformative.		

The programme seeks to reach some of the most vulnerable children in Croatia. The parenting component focuses on support for poor and excluded families.⁵¹ The services for at-risk families stream is aimed at children at high risk of abuse, neglect and separation, and the foster care component reaches those who have already been separated. There is some recognition of difference within this broad group of vulnerable children in programme design, with strategies designed to meet the specific needs of children under three, migrant children and children with behavioural difficulties. Many of those involved in the programme felt that more could have been done. The literature review and the interviews showed that Roma children and those with disabilities are particularly vulnerable to discrimination and a loss of parental care.⁵² This vulnerability is acknowledged in some programme documents,⁵³ but not considered in depth in programme design.

⁵⁰ Also highlighted in: 7.3.1 The degree to which the programme has been designed to reach particularly vulnerable groups.

⁵¹ This shift was made in response to recommendations regarding relevance from a previous evaluation – Sirius 2016

⁵² UNICEF (2019a); European Parliament (2019); UNICEF (2015b).

⁵³ UNICEF (2017a). UNICEF (2017f)

The literature review showed great inequity by region within Croatia, with higher rates of poverty and lower access to services in some parts of the country.⁵⁴ The programme combines work at the national level to change policies and introduce guidance, with numerous activities at the regional level. Work in the regions was not planned to ensure either an even regional spread or that the areas with the highest rates of vulnerability were prioritised. As a result, activities are concentrated in some counties, with six counties having 6-8 programme activities and eight counties having under three programme activities (see table 2). Many of the counties with the largest number of activities have lower rates of poverty, a key driver of abuse, neglect and family separation (see figure 2).⁵⁵

Some areas of the country have specific needs concerning family-based care. For example, foster care is weak in the coastal part of the country where families prefer to use spare rooms to accommodate tourists. Some areas have weak or no foster care associations, resulting in poor support and advocacy for fosters carers. Some counties have a high concentration of Roma, which also affects support needs for family-based care. Several participants argued that the programme should have had more flexibility to adjust for these regional differences.

“Croatia is, in fact, a very heterogeneous country in every respect. Regional differences are large. There are great differences between urban and rural areas. Some of them have problems with the availability of services that are guaranteed in national level regulations to be available to all citizens of Croatia.” (Implementing partner)

Table 2: Number of programme activities⁵⁶ by county

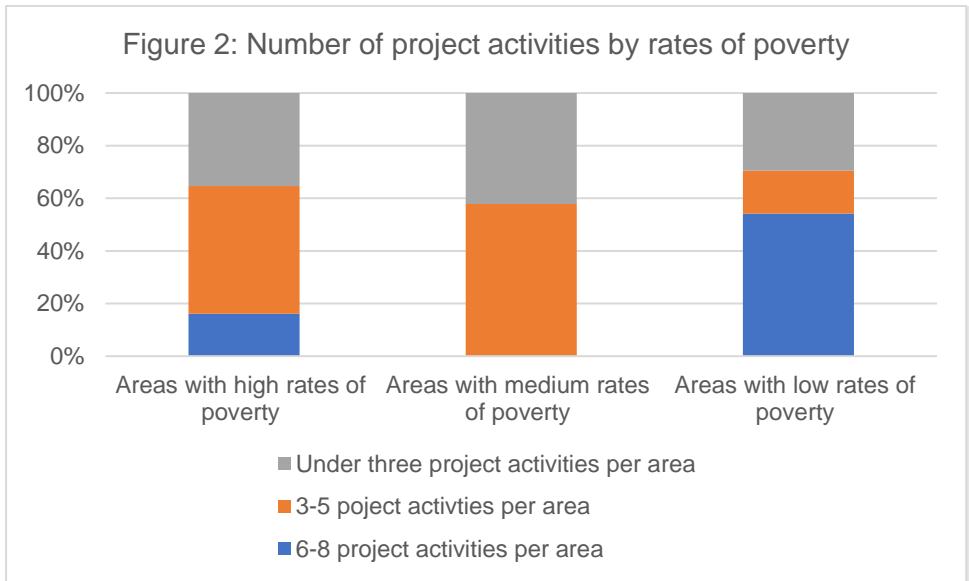
Number of programme activities	Counties
6-8	<ul style="list-style-type: none"> ▪ City of Zagreb ▪ Istria ▪ Primorje-Gorski Kotar ▪ Spit-Dalmatia ▪ Varaždin ▪ Vukovar-Srijem
3-5	<ul style="list-style-type: none"> ▪ Međimurje ▪ Bjelovar-Bilogora ▪ Krapina-Zagorje ▪ Virovitica-Podravina ▪ Zagreb County
Under 3	<ul style="list-style-type: none"> ▪ Karlovac ▪ Krapina-Zagorje ▪ Osijek-Baranja ▪ Sisak-Moslavina ▪ Zadar ▪ Lika-Senj

⁵⁴ UNICEF (2015b); UNICEF (2019a)

⁵⁵ Figures from: <http://pubdocs.worldbank.org/en/532091476877696072/cro-pov-maps-ig-full.pdf>

⁵⁶ The following activities were counted as a single activity in this table: testing of a round of a parenting programme; case management seminars; supervision of family outreach or social workers; training of trainers in foster care; training of foster carers; support to a foster carers association.

	<ul style="list-style-type: none"> ■ Požega-Slavonia ■ Šibenik-Knin
--	---



Although gender is recognised in some programme planning documents,⁵⁷ it is not consistently considered. When gender is identified, it tends to be in a gender-sensitive or responsive rather than gender-transformative manner, acknowledging the different needs of males or females but not actively seeking to address the causes of inequity.

5.2 Delivery

5.2.1 Carrying out activities to plan

Indicator	Summary finding
3.1.1 The degree to which activities have been completed on time or are on track to be completed on time.	Most activities have been carried out to plan, and any delays have been for good reasons. Delays in one area are concerning.
4.2.1 The degree to which there has been a strong reason for delays and efforts made to reduce the impact of delays.	

⁵⁷ For example, partnership agreements with Growing up Together include a gender sensitive approach to parenting programmes, and an additional component working directly with fathers was added to address the low participation rate of men in parenting programmes (UNICEF (2017c) *Programme document: Systematic Provision of Parenting Support (including Appendix 1: Detailed description of activities)* Croatia: UNICEF. Plans for improving risk assessments of families include reference to the different roles played by mothers and fathers (UNICEF (2017i) *Programme document: Services for families at risk: Assessment and mitigation risk for wellbeing of children* Croatia: UNICEF.). See also: UNICEF (2017f)

Annexe 3 shows progress against the activities listed in work-plans. Most activities have been or will be completed to plan. A few activities have been delayed. Delays have primarily been either to enable time for better products or processes or because needed government policies or actions have been postponed or not forthcoming. For example, additional time was required to finalise the new parenting programme for vulnerable families to ensure that it was a high-quality product. Some activities related to foster care were postponed to ensure that they could be aligned with the new law on foster care, which took longer to be passed than anticipated.

Although there are strong reasons for most of the delays, repeated delays in one area are concerning and suggest that a change in approach may be required moving ahead. Work to build the capacity of foster carers associations has often been slow due to a lack of capacity in Forum for Quality Foster Care, the national foster carers association. Stakeholders report that Forum lacks the time or organisational skills to deliver project activities.

5.2.2 Risk management and adjusting to change

Indicator	Summary finding	
3.5.1 The degree to which risk has been identified and efforts made to minimise risk.		Efforts have been made to identify and minimise risk.
3.6.1 The degree to which effort has been made to reflect on changes to the programme to ensure on-going effectiveness. ⁵⁸		The programme is highly flexible and adjusts to ensure ongoing relevance.

The theory of change and other programme planning documents include analysis of risk and strategies to mitigate risk were made throughout the programme. Table 3 shows the risk mitigation strategies included in the theory of change (see Annexe 2). There were only two areas where insufficient risk mitigation activities were carried out (highlighted in grey in the table).

Table 3: Degree to which risk mitigation measures were implemented

Mitigation measures included in theory of change	Degree to which efforts were made to mitigate risk
Provide continuous technical support in implementation, frequent exchange of information and reconfirmation on the agreements.	Capacity building provided and agreements reconfigured when necessary
Initiate frequent joint discussions, meetings and other forms of exchange of information among all relevant stakeholders.	Lack of exchange between programme partners (see 5.2.5)
Build capacities of IPs and provide technical support if/when required.	Partners reported strong support and capacity building from UNICEF.

⁵⁸ See also: 1.6.1 The extent to which efforts have been to reflect on progress and to adjust the programme to ensure ongoing relevance.

Encourage participatory approach in developing and implementing initiatives to ensure that planned improvements match the actual needs of professionals.	A participatory approach was used.
In cooperation with the relevant ministry inform and prepare the management of social welfare organisations for implementation.	Work was done with the ministry to prepare social welfare organisations.
In cooperation with implementing partners, positive promotion of the parents' right to support, focus on strengths and capacities of parents vs. weaknesses and mistakes.	Efforts were made to motivate parents by implementing partners.
Consider various promotional channels, support local promotional activities as a supplement to national campaign on foster care.	Local promotional activities carried out in cities and towns.
Jointly plan actions and initiatives with government, clearly associate to the national priorities	Joint planning carried out with government, and activities linked to national priorities.
Determine joint objectives and clarify roles and responsibilities - through written agreements, signed by all relevant parties.	Agreements developed.
Provide continuous technical assistance and support, maintain focus and reconfirm priorities. Continuously advocate for diversity and accessibility of services and service providers in support to children and families, within the implementation of the join initiatives, and within the legislative processes.	Did advocate for reform but some criticism that more could have been done (5.3.5).
Emphasise positive aspects of the family support, focus on strengths and capacities vs. weaknesses and mistakes.	Use of strengths-based approaches in several programme components.
Continuously advocate and promote family-based care and the importance of supporting families in providing care for children and prevent family separation, as well as prioritisation of the family placement to institutional.	Strong emphasis on the benefits of family-based care throughout the programme

The programme was highly flexible and able to adjust to changing needs or develop new approaches to overcome challenges. For example, new activities were added to provide additional parenting supports to fathers; deal with high conflict divorces;⁵⁹ respond to an influx of unaccompanied migrant children, and address the needs of children under three.⁶⁰ Most recently, the programme has had to adjust to the COVID-19 pandemic by providing additional support and guidance to parents, foster carers and professionals, including through a helpline for foster carers. The flexibility of the programme is enhanced by the strong working relationship UNICEF have with their implementing partners and the freedom they are given to experiment.

“UNICEF gave us a contractors complete freedom in subjects and methods of delivering change to colleagues in the field.” (Implementing partner)

⁵⁹ UNICEF (2017i)

⁶⁰ From interviews and UNICEF (2018c) *Amended - Programme document. Quality improvements in foster care for children - developing and improving processes and professional mechanisms for quality provision of foster care in Croatia. Agreement with Sirius Croatia: UNICEF*

5.2.3 Efficiency in programme delivery

Indicator	Summary finding	
4.3.2 The extent to which efforts were made to select the most cost-efficient strategies.		The model of family-based care is cost-effective, and efforts were made to select cost-efficient strategies. However, a lack of sharing of learning and resources between partners is likely to have diminished efficiency.

Evidence from across the world has demonstrated that a model of family-based care is more cost-effective than institutional care,⁶¹ and stakeholders stated that this is also the case in Croatia. Within the programme, several strategies were deployed to ensure efficiency, including the following.

- Detailed budgeting with partners and budget reviews by a programme committee.
- Using government employees and other experts to deliver the programme with no additional payments. For example, social workers and kindergarten teachers facilitated the parenting programmes, and a range of experts joined committees to support the development of tools.
- Careful monitoring of programme activities (see section 5.3.1).
- Partnerships with the private sector to provide services or goods for free or at reduced rates.

Issues around a lack of internal coherence in the programme (see sections 5.1.5 and 5.2.5) is likely to have affected efficiency as programme partners did not routinely share learning or resources in a way that could have led to savings.⁶²

5.2.4 Resourcing the programme

Indicator	Summary finding	
4.1.1 The degree to which the allocation of human, financial and technical resources is appropriate for achieving programme goals.		UNICEF has allocated enough resources to the programme, but the government have not.
4.3.1 The extent to which a strategy has been put in place to fundraise for the programme which has generated sufficient resources.		Fundraising from the corporate sector and the public has generated sufficient resources to fund UNICEF's input to the programme and helped enable programme flexibility.

⁶¹ EveryChild (2011) *Scaling down. Reducing, reshaping and improving residential care around the world* London: EveryChild

⁶² It should be noted that it was not possible to carry out a comparison with similar interventions to test cost-effectiveness as a) there are no similar other similar interventions in this context, and b) it is hard to determine both full cost and effectiveness/ results of the programme at this point.

The UNICEF team considered the allocation of resources to be sufficient for delivering programme goals, with enough staff with the rights skills to manage the programme, and adequate resources allocated to partners. Stakeholders involved in the programme also felt that UNICEF had enough resources to manage the programme well but argued that the programme relied too extensively on the goodwill and unpaid work of frontline workers. For example, social workers and kindergarten teachers involved in facilitating training for the parenting programme often had to print materials themselves and deliver the training on top of their regular work with no extra payment. In some cases, they also had to persuade managers to allow them to work flexible hours so they could be available for the training. These are long term costs that should have been met by the government, and more work is needed to advocate for this support if the programme is to be sustainable.

UNICEF Croatia is funded by corporate donors and members of the public. This strategy has been chosen as there are few institutional donor grants available to Croatia, and UNICEF's areas of work are popular with the corporate sector and the public. Supporting children to grow up within a family has proven to be particularly attractive to UNICEF's funding base, and UNICEF has managed to fundraise effectively for the programme. The fundraising model has the added advantage of enabling a high degree of flexibility as UNICEF do not have to adhere to pre-determined agreements with institutional donors. Fundraising in this way does require some additional work to provide stories to share with the corporate sector and the public. However, the need to generate these case studies does not appear to have shaped UNICEF's priorities in child protection or created substantial extra work.

5.2.5 Coherence and sustainability in programme delivery

Indicator		Summary finding
2.1.2 The extent to which during the programme efforts have been made to ensure interaction between different components of the programme to leverage change.		Limited efforts have been made to promote interaction between the components of the programme despite there being several areas where partners could have learnt from one another.
2.3.1 The extent to which the family-based care programme coordinates with other UNICEF programmes to leverage results.		Sufficient work has been done with other teams in the country office.
6.1.1 The extent to which sustainability has been considered in programme implementation.		Extensive efforts were made to consider sustainability in programme delivery.

As noted above, coherence within the programme refers to both promoting more coherent care reform efforts through coordination and collaboration between stakeholders, and ensuring synergies between programme components. UNICEF is reported by many of the stakeholders interviewed to have a strong reputation, good relationships with both MDFYSP/MLPSFSP and national NGOs, the ability to bring actors together for care reform. This convening power was used to establish the programme, and to problem solve within each of the programme streams. However, during the programme, implementing partners reported minimal opportunities to engage with one another. Joint meetings that were held at the start

of the programme ceased. Even within the foster care component of the programme where there were three programme partners, there was a lack of collaboration and exchange. This was a fundamental weakness of the programme, and there were many areas where greater internal coherence could have been beneficial. For example, the parenting and services for vulnerable families streams both worked with families. They could have made referrals or exchanged expertise in areas such as the use of strength-based approaches. Both the parenting and foster care streams were training and supporting caregivers and exchanging tools and methodologies may have been useful.

“I have constant contact with foster carers, and I am constantly thinking about how wonderful it [the parenting programme] would be for foster carers as well.” (Parenting programme trainer)

Interviews suggest that this weakness may be attributed to programme management failing to prioritise coherence, the busyness of programme partners, and the proprietorial nature of civil society in Croatia which does not always encourage collaboration and exchange.

The programme was more successful in engaging with other aspects of the UNICEF country programme. UNICEF staff report effective collaboration between the programme and the communications, fundraising and education teams.

Sustainability was considered extensively in programme delivery, with multiple attempts made to ensure that gains from the programme would last. This area is discussed in detail in section 5.3.5.

5.2.6 Participation and contextual relevance in programme delivery

Indicator	Summary finding	
3.7.2 The extent to which children and families have been consulted in programme delivery		Some consultations were carried out, and the level of participation was appropriate to the type of intervention and stage of the programme.
1.5.1 The extent to which programme interventions have been designed with specific consideration of the Croatian context ⁶³		Extensive consideration has been given to the Croatian context in the development of interventions.

Across all three streams of the programme, social workers, other professionals and parents and caregivers were involved in the development of tools and training. Professionals who helped to develop the Growing up Together parenting programmes were able to cite examples of where their views had led to changes. They felt a strong sense of ownership and consequent commitment to the models.

⁶³ This has been included here rather than under programme design because it refers to the design of specific interventions (such as training or the development of tools) during the course of the programme, rather than to the design of the programme overall.

“Something is created from below, in a very participatory process. Experts came together in a network that changed the system and even encouraged mutual cooperation.” (Professional involved in the development and piloting of the new parenting programme model)

Parental feedback was used to shape the models,⁶⁴ and the parenting programmes used participatory approaches.⁶⁵

“I think parents also want to share experiences with other parents.... They are structured so that they are not strictly educational, but interactive. I think interaction is what they need.” (Kindergarten teacher)

Over a hundred social workers were involved in the development of new case management tools, and social workers were consulted on the tools that needed to be developed. Parents and children were also consulted in the development of some of these tools.⁶⁶

A range of foster carers and professionals engaged in the design and delivery of foster care training. This training built on past research with children, and young people were also consulted on the required competencies to become a foster carer.⁶⁷

“Experts, foster parents and people from the Ministry were involved [in developing the foster care training]. These were fruitful meetings where the voice of practice was heard.” (Foster carer)

Children and young people did not participate in the development of all interventions. However, this was appropriate given highly technical nature of many activities. Whilst parents were consulted as part of the M and E processes; children were not. Again, this was appropriate as children affected by the programme were either very young (in the case of the parenting programme) or not yet directly impacted.

The programme has not relied on imported models or approaches and has tried to develop strategies that are relevant to the Croatian context. For example, there are numerous franchised parenting programme models that Growing up Together could have adopted. Instead, they developed their own programme based very much on local needs and priorities. Other streams of the programme have also sought to understand and respond to local need.

⁶⁴ From interviews and Sirius 2016

⁶⁵ Also found in the evaluation of the universal model and model for parents of children with disabilities (Sirius 2016).

⁶⁶ UNICEF (2017i)

⁶⁷ UNICEF (2017f)

5.2.7 Gender and equity in programme delivery

Indicator	Summary finding	
3.9.1 The extent to which gender has been considered in the delivery of the programme including consideration of the varying needs of vulnerable girls and boys, and male and female caregivers.		Minimal understanding of and attempts to address gender inequity.
3.10.1 The degree to which issues of equity have been considered in the delivery of the programme, including a consideration of the needs of particularly vulnerable groups such as Roma or children with disabilities.		Some measures to reach disadvantaged groups through the programme but more needs to be done.

There are some examples across the programme of the consideration of gender in programme delivery,⁶⁸ though generally understanding of and efforts to address gender was limited. Professionals involved in the programme almost universally responded to questions about gender by stating that all children are equal and should be treated equally. They were not able to provide examples of how gender might affect family separation or experiences in foster care, and the programme did not routinely seek to explore or respond to gender inequity.

Equity was considered more deeply during programme delivery than gender. The parenting programme provided child care and transport and adapted the language used to make the course more accessible to the most vulnerable.⁶⁹ Before the reporting period, a model for the parents of children with disabilities had been developed. This model continued to be promoted during this phase of the programme. The new model for vulnerable parents was piloted in a Roma settlement and adjusted to meet the specific needs of this group. Training on foster care included modules on inter-cultural foster care with a particular emphasis on encouraging the fostering of Roma children and children with disabilities.

“We have a lot of Roma children, and sometimes there is resistance from foster parents when they are placed. That is why we have a workshop on this topic. After the workshop, although they previously said they would not take [Roma] children they do.” (Implementing partner)

Many of those interviewed provided examples of other areas where equity could have been more rigorously promoted by the programme. These included ensuring that foster carers respect religious difference and do not discriminate against the Serb population and considering the needs of LGBT couples or individuals fostering or adopting.

⁶⁸ The parenting programme recognised the need to work differently with mothers and fathers. The gender of staff was considered in developing effective supervision tools and methods for social workers and family outreach workers. Foster care training used case studies involving both male and female fosters carers and children. Both the foster care training and the campaign to recruit new foster carers avoided gender stereotypes when portraying foster care.

⁶⁹ UNICEF (2017c)

“Our foster parents, in the vast majority of cases, pass on a lot of their religious, political and worldviews to their children, wanting children to be what they are. I don’t think enough is being done on education. You should not force a child of Muslim faith to go to Church....It will happen sooner that they teach us how to feed a three year old child than they educate us for life situations appropriate to our times.” (Foster carer)

5.3 Results

5.3.1 Monitoring programme results

Indicator	Summary finding	
3.7.1 The extent to which efforts have been made to reflect on and respond to factors that influence the achievement of programme objectives. ⁷⁰		Monitoring data has been used to reflect on and to respond to challenges.
5.3.1 The degree to which findings on results are disaggregated by gender. ⁷¹		Some indicators in the log-frame are disaggregated by gender, but this is not done routinely.
5.4.1 The degree to which, where relevant, findings on programme results are disaggregated to show the effects of the programme on vulnerable groups. ⁷²		Some but little efforts made to assess if the most vulnerable groups are being reached by the programme.
7.1.1 The degree to which stakeholders, including vulnerable children and parents, have had an opportunity to participate in programme monitoring.		Level of participation of parents and children in monitoring were appropriate. Other stakeholders were also involved in monitoring.

The programme outcome focuses on reducing the number of children in institutional care and increasing the proportion of children in care who are in foster care (see Annexe 2). The outcome and associated indicators do not measure the extent to which families are adequately supported to care for children or the degree to which violence, abuse and neglect in the home have diminished. This omission is unfortunate as it means that the indicators fail to assess a core strength of the programme. Globally, many interventions on alternative care start with the formal alternative care system, and in particular, the need to remove children from institutional care and place them in other forms of alternative care. This programme takes the family as its starting point, trying to reach children before they enter care, and make sure that they are not just in families but are well cared for in these homes. Including indicators on areas such as levels violence, abuse and neglect, and the proportion of vulnerable families

⁷⁰ Also: 5.2.1 The degree to which efforts have been made to reflect on factors that affect impact and to incorporate this into programme strategies.

⁷¹ Also: 3.9.2 The degree to which, where relevant, findings related to output level indicators are disaggregated by gender.

⁷² Also: 3.10.2 The degree to which, where relevant, findings related to output level indicators are disaggregated to show the effects of the programme on particularly vulnerable groups.

that receive support from social services or government would help to better measure these critical outcomes.

The programme log-frame also lacks indicators and targets on other vital areas of the programme. For example, indicators on the parenting support stream focus only on the new parenting programme, and not on the large body of work to promote the two parenting programmes developed before the reporting period. There are no indicators to measure the success or otherwise of the foster care campaign and other efforts to recruit new foster carers, or on support to foster carers associations.

The programme uses quarterly reports from programme partners to monitor progress. These reports contain much useful information and numerous cases where programme partners have carried out additional monitoring activities, such as assessing training programmes.⁷³ UNICEF and implementing partner agency staff provided examples of how the programme changed as a result of monitoring, and this is confirmed in monitoring reports. The level of participation of adult and child beneficiaries in monitoring is felt to be appropriate at this stage (see Section 5.2.6). As the tools and capacity building generated by the programme starts to impact on the services and support received by children and families, it will be essential to consult with these groups further.

The monitoring frameworks for the programme reflects its vertical structure (see sections 5.1.5 and 5.2.5), with a lack of assessment of how change within one area may affect another aspect of the programme. The monitoring framework makes only limited efforts to disaggregate results by gender or determine whether the most vulnerable groups are being reached by the programme. Some of the implementing partners own evaluations of components of the programme do assess the degree to which ethnic minorities or particularly vulnerable families are being reached by the programme.⁷⁴

5.6.2 Progress towards outputs

Overall, the social workers and family outreach workers who took part in the survey had a good impression of the 'For a stronger family programme.' Sixty-two per cent of the social workers and 90 per cent of the family outreach workers had heard of the programme. Of the social workers who were aware of the programme, 85 per cent felt the programme made a significant contribution and only 6.5 per cent thought that the programme made a minor or no contribution or the situation worse (the remainder did not know). Of the 29 family outreach workers that answered this question, 17 felt that the programme had made an important contribution and seven that it had made a minor contribution (five don't know).

⁷³ See also for example:

Pećnik, N (2019) *Evaluation of the first education for workshop facilitators Croatia: Growing up Together*. Pećnik, N, Modić Stanke, K and Bušljeta, K (2019) *Conclusions of the impact analysis of other pilot implementations of support programmes for parents and children Croatia: Growing up Together*. Pećnik, N, Špaček, M and Bušljeta, K (2020) *Evaluation of the outcomes of the first and second pilot implementation of the Growing up Together program Croatia: Growing up Together*. Sirius (2016); Society for Psychological Assistance (2019-2020) *Various documents - Evaluation of training for case managers and family outreach workers Croatia: Society for Psychological Assistance*

⁷⁴A poster summarising the Growing up Together programme pilots for the programme for vulnerable families showed that 10% of participants came from Roma or Kosovan backgrounds, 35% were receiving financial aid, 42% had supervision orders or counselling, and 8% were users of domestic violence shelters for women.

5.3.2.1 Parenting support

Indicator		Summary finding
3.2.1 Number of social welfare professionals with knowledge and skills to conduct new parenting support programme for vulnerable parents (target: 70)		Target exceeded – 75 professionals received training in the new model.
3.2.1 Targeted parents/ primary caregivers reached by the programme addressing child-rearing practices (target: 250)		Target exceeded – 268 parents reached.
3.2.1 The extent to which vulnerable parents who have participated in the parenting programme feel that their child-rearing practices have been enhanced.		Feedback from parents is mainly positive, but there are some indicators that change is not long term. This is likely to be linked to the need for on-going support, and to the broader structural factors, such as poverty, that affect parenting.
3.2.1 The extent to which social welfare, education and health professionals feel that their capacities have been enhanced as a result of programme interventions.		Mostly positive feedback from the training provided on the parenting programme and participants felt that their capacities had been enhanced.

In the results framework (Annexe 2), output 4 of the programme describes the provision of parenting support for highly vulnerable families through the training of social welfare professionals to deliver a parenting programme. The parenting support stream of the programme started with the training of 75 facilitators in the new parenting programme for vulnerable families. Assessments carried out by Growing up Together,⁷⁵ and discussions with the facilitators suggest that this training was mostly successful. Participants reported an increased understanding of how to run a parenting programme and a high level of satisfaction in the training process. Some complained that the workshops were complicated and intense and tried to cover too much in the three day training period.

Growing up Together asked parents to complete questionnaires before and after the piloting of the new parenting programme. Parents expressed high levels of satisfaction in the programme.⁷⁶ Those that completed the programme were less stressed, worried and lonely, had improved relationships with their children and were less likely to threaten or beat them.⁷⁷ These positive findings were confirmed by parenting programme facilitators and by the seven parents who were interviewed for this evaluation. Parents gained from the opportunity to share experiences with other parents and had improved interactions with their children.

⁷⁵ Pećnik, N, (2019)

⁷⁶ Pećnik, N, Modić Stanke, K and Bušljeta, K (2019)

⁷⁷ Ibid.

“The interaction between the child and the parents, in the beginning, was almost non-existent, and later it became smooth and it is seen that the parents connect with their children. Then, they transfer tools from this relationship to some other relationship. New perspectives open up for them, and they become aware of the possibility of managing their lives.” (Workshop facilitator)

“With the help of the centre and that workshop, I realised that love is important.” (Mother who took part in parenting programme)

“After two or three workshops, they relax: they start sharing experiences; understand that others have the same problems and experiences; discover how we are here to find solutions in the best interests of the child. They happen to get very connected and start hanging out; they even invite us to informal gatherings.” (Workshop facilitator)

“It meant a lot to me to see that there were others in similar problems.” (Mother who took part in parenting programme)

Growing up Together have spoken with ten of the parents who took part in the training for vulnerable parents 18 months after the end of the programme.⁷⁸ Most of the parents continued to feel that the programme was helpful to them, and some benefits had been maintained. However, threats or use of violence against children were starting to increase. These findings were confirmed by the seven parents spoken to for this evaluation who said that they needed follow-up support to ensure that could continue to apply all that they had learnt, particularly as their children grew older, with changing needs and demands.

“The problem is that we are so bombarded with information. At that point, it all makes sense, but it’s like school. You study, you do your homework, but it evaporates after a while.” (Father who took part in parenting programme)

The sample of parents for the assessment carried out by Growing up Together, and this evaluation was small, and further research is needed. If findings are confirmed, this could suggest that either more follow-up parenting support is required or that parents need additional kinds of help to make lasting change. Parenting programme facilitators would like to have the resources to establish support groups for parents, and to be able to make referrals for social protection and social services support. Parents also wanted an opportunity for some one-to-one support to resolve specific dilemmas that they faced and suggested that work with mothers and fathers be done in parallel to maximise results. Many of those interviewed felt that results in this area could be enhanced if parents had additional supports to address the extreme poverty, poor housing, mental health problems and alcohol abuse that is often at the root of poor parenting.

The parenting support stream also benefits the professionals who take part in the programmes, changing their attitudes and capacities with implications for all of the families

⁷⁸ Pećnik, N, Špaček, M and Bušljeta, K (2020)

that they work with. Workshop facilitators reported being better able to communicate with their clients and taking a more strength-based approach to their work.

“We, the facilitators, have learned a model of communication that I try to transfer to working with parents who have not attended the Growing Up Together workshops. This benefit is spreading to people who were not participants in the workshops. This is also noticed by colleagues who are not workshop leaders.” (Workshop facilitator)

The parenting programmes included some workshops with children under five, which were run in parallel with the workshops with parents. Although not as thoroughly evaluated at the workshops with parents, results are promising. Facilitators and parents reported that children enjoyed the workshops, found new ways to express their emotions, gained from experiencing structure and routine often for the first time, and grew in confidence. Results from the programme with fathers and the programme involving separated couples are yet to be fully collated, but again, according to facilitators, suggest positive outcomes.

An evaluation of the two parenting programmes developed before the reporting period but still being promoted as part of this programme found similarly largely positive results. Parents who had completed these programmes, including the parents of children with disabilities, felt more confident and were less likely to engage in adverse parenting behaviours.⁷⁹

5.3.2.2 Services for at-risk families

Indicator	Summary finding	
3.2.1 The number of child care professionals with increased knowledge and skills for working with families at risk gained through training and programmes supported by UNICEF (target: 300 social workers; 300 family outreach workers, 400 health, education and justice professionals)		The first two targets have also been met (trained 296 social welfare professionals, 285 family outreach workers and provided supervision to 231 of these professionals). It will not be possible to complete the final target by the planned end date of the programme due to challenges in work requiring inter-sector cooperation and a no-cost-extension has been issued.
3.2.1 The extent to which social welfare, education and health professionals feel that their capacities have been enhanced as a result of programme interventions.		Feedback on the training and supervision in this area of the programme was mostly positive.

In the results framework for the programme (see Annexe 2), output 3 refers to a core aim of the programme as ensuring that:

“Social welfare, education and health professionals have enhanced capacities for provision of inclusive family and community based services for the most vulnerable children.”

⁷⁹ Sirius (2016)

This output was addressed through case management tools and training of the child welfare workforce. The development of case management tools as part of the services for at-risk families stream of the programme continues several years of UNICEF supported work in this area. Social workers, family outreach workers and sector experts interviewed for this evaluation all felt that this work had led to a more systematic and effective case management system. The survey suggests that the tools developed through the programme are being used, with five of the tools used by 60-90 per cent of respondents, and the remaining four tools used by 42-45 per cent of those surveyed (see table 7 in Annexe 10).⁸⁰

Social workers who responded to the survey generally reported that the tools made their work easier (see table 7 in Annexe 10). Those interviewed for the evaluation also often described the tools positively. For example, tools for family assessment were seen to encourage more objective, comprehensive and consistent assessments, and more intensive and strength-based work with families.

“Assessment is crucial in working with families, and with these assessment tools, they have become significantly empowered. This then makes the service faster. Experts did not bother with the question of whether a parent has competence before, but with these tools, they can now make more confident assessments. Finally, it improves the team approach to work.”
(Sector expert)

Not all of those interviewed were fully supportive of the tools. Some social workers felt that the tools used for use in high conflict divorce cases were too complex. Social workers located in areas with large populations of Roma had reservations about the applicability of assessment tools to this group. They argued that the new tool could lead to an increase in separations as poverty and illiteracy in Roma populations meant they could not meet the requirements for adequate care suggested by the tool. The tools were also hard to use with a population that does not speak Croatian and has low levels of literacy.

“According to the results of the assessment tool, we would need buses to take away children in Roma settlements. I don't think these instruments are suitable for the Roma minority. In high-risk environments, the instruments do not differentiate.” (Social worker)

Although the government has already stated that frontline workers must use the tools, many of the professionals interviewed argued that huge caseloads would severely constrain their capacity to do so as they do not have enough time with each family to apply the tools properly.

During the programme, 296 social workers and 285 family outreach workers received training in case management and the new case management tools. Those that took part in the survey who had received this training generally found it to be helpful (see Annexe 10).⁸¹ Evaluations carried out by the Society of Psychological Assistance immediately after the training showed

⁸⁰ It is not clear why some tools have been used more than others. This could be linked to the tools being obligatory as opposed to recommended, how recently the tools were introduced, or how widely the tools were publicised.

⁸¹ 44 respondents of the 150 social workers who responded to the survey had attended the case management training. Of those that attended, 43% (19) found the training to be very helpful and 50% (22) that it was mostly helpful. The remainder did not know or did not answer this question.

positive results, with statistically significant changes in knowledge.⁸² Interviews with social workers, family outreach workers and sector experts confirmed these findings. The training for family outreach workers was described as leading to particularly important benefits as it was the first time that this group had been systematically trained. Family outreach workers said that this training helped them to work more effectively with children and have a clearer understanding of mental health issues.

Results from the Society of Psychological Assistance own assessments, and from the social workers that took part in the survey, suggest that the training was too intense and should have provided more opportunity to reflect on practical examples of work with families.

Two hundred thirty-one of the professionals who were trained were also supervised for six months. Forty of the social workers and family outreach workers that took part in the survey had received supervision, and all but two found this to be helpful. The assessment carried out by the Society for Psychological Assistance showed that social workers and family outreach workers gained from the supervision and liked that the way that it was organised.⁸³ Supervision increased their understanding of how to work effectively with families and improve their communication skills.⁸⁴ Supervisors, frontline workers and sector experts interviewed for this evaluation primarily confirmed these findings. Supervision was seen to be highly valuable in supporting often young and inexperienced social workers and family outreach workers. Participants called for this supervision to be offered to social workers and family outreach workers across the country, and to be provided consistently rather than just for the short six-month course offered during the programme.

“I benefited a lot from supervision. For all the cases I led I got a new dimension... I am telling you, the six of us there looking at one case, and it was great that we could express what was bothering us, with a drawing or a picture and see if we were spinning in a circle of if we could break through that circle.” (Family outreach worker)

There were also some critiques of the supervision. The assessment carried out by the Society for Psychological Assistance⁸⁵ found that frontline workers wanted supervision to be offered more frequently and for meetings to be longer. They also wanted further support in particular areas, including effective teamwork, assessing children’s relationship with parents, working with aggressive clients and report writing. Some of those interviewed for this evaluation felt that the particular method of supervision offered through the programme was not appropriate for inexperienced social workers and family outreach workers. It was also argued that more attention needed to be paid to how social workers and family outreach workers could work effectively together, including through some joint supervision.

The programme was supposed to develop protocols and training to encourage inter-sector cooperation. Some progress has been made with the establishment of reference groups who have initiated this work, but as noted above, there have been delays (see 5.2.1), and results are limited in this area.

⁸² Society for Psychological Assistance (2019-2020) *Various documents - Evaluation of training for case managers and family outreach workers* Croatia: Society for Psychological Assistance

⁸³ Ibid

⁸⁴ Ibid.

⁸⁵ Ibid.

Although it is too early to assess the impact of tools and capacity building on children and families, many of those interviewed were hopeful that this would lead to positive change. For example, problems being identified sooner and dealt with more effectively, preventing separation. However, further assessment is needed before firm conclusions can be drawn here.

5.3.2.3 Foster care

Indicator	Summary finding	
3.2.1 Improvements in the regulatory framework related to foster care in regards to: <ul style="list-style-type: none"> ▪ Licensing procedures and the status of foster parents. ▪ Standardised education and support to foster families. ▪ Standardised monitoring tools and improvements for monitoring the quality of foster care 		Regulatory framework improved through the introduction of the new law on foster care. Licensing procedures and the status of foster carers improved somewhat. Standardised training and assessment tools have been passed in bylaws, but monitoring tools are still in the process of being finalised and incorporated into legislation.
3.2.1 The number of foster care support services and supervision mechanisms in place for foster parents (target: three education programmes, and instruments for the quality monitoring of foster care)		Three training programmes have been developed. Instruments for assessment and monitoring the quality of foster care have also been developed.
3.2.1 The number of foster care providers trained each year (target: 100 each year starting from 2019)		Target met for 2019 (training piloted with 85 existing and 49 potential foster carers).

In the results framework for the programme (see Annexe 2) output 1 shows that the programmed aimed to provide evidence and technical support for legislation, with the indicators associated with this output highlighting a focus on foster care legislation. As part of the programme, UNICEF and Sirius collaborated with the MDFYSP on the new law on foster care, helping to ensure that principles related to licencing and support for foster carers were incorporated. Alongside the development of the law, UNICEF and Sirius worked on tools and training programmes that align with the legislation. Although most stakeholders felt that the law would lead to improvements in foster care, some foster carers said it did not go far enough, particularly in relation to the provision of benefits such as a pension or proper financial support.

Six tools have been developed for the assessment of new foster carers and for monitoring the quality of foster care. The survey of 43 social workers suggests that these tools are being used by just under half of social workers and that a majority of those using the tools found them to be helpful (see table 8 in Annexe 10). The social workers interviewed for this

evaluation had mixed views about the likely impact of the new tools, arguing that they already carried out sufficient assessments and monitoring and that they lacked time to use the tools well.

“I wouldn’t say we need more tools. We need to work with fewer foster carers so that we can devote more time to them. The current standard is 100 foster carers each, and I think that is too much.” (Social worker)

Other experts provided a different perspective, stating that the new tools would allow for more systematic assessment and monitoring, ultimately improving the quality of foster care.

“Thanks to this project, we managed to ensure that certain instruments of social work are applied in the assessment of foster families, which have not been applied so far, that is, they have not been used in our practice. We have set a different standard that reduces the possibility of error and professional omission in that work.” (Sector expert)

Three training programmes have been developed: one generic programme for all foster carers, and two specialised programmes on foster care for children with behavioural difficulties and migrant children. These training programmes have been piloted with 49 new foster carers and 85 existing foster carers.

Sirius evaluated the generic training with foster carers and received mostly positive results from the 112 foster carers that completed their survey. Around 90 per cent of these foster carers said that the content of the workshop was good or very good, and a similar number found it to be very or extremely useful. Eighty-seven percent felt that the workshop was clear or extremely clear, and lecturers were generally rated as good or very good. Foster carer knowledge was tested before and after the workshop and found to have improved.⁸⁶

Only five of the foster carers that participated in the evaluation had taken part in the training. They provided largely positive feedback, particularly about the opportunity to speak with and learn from other foster carers. Some of the foster carers found it hard to get childcare or time off work to attend the training.

“We talked slowly, without a strict program. I mostly listened to foster parents who had more experience. I still remember some examples today.” (Foster carer that took part in the training)

“This really benefitted us because we were given the opportunity to talk to each other about the problems we are facing and how to deal with foster care.” (Foster carer that took part in the training)

The programme included a public information campaign designed to address the shortage of foster carers. According to MDFSY/ MLPSFSP figures, 119 new foster carers were registered following this campaign, though no comparative figures were provided on normal levels of recruitment.⁸⁷ Most of those interviewed were disappointed that the campaign had

⁸⁶ From programme monitoring reports.

⁸⁷ UNICEF (2019a)

led to only a very modest increase in the number of foster carers.⁸⁸ Several reasons were suggested for the limited impact of the campaign. Many social workers and foster carers felt that a campaign could never fully work when there were so many fundamental problems with the foster care system, including the lack of benefits and supports to foster carers. Some also felt that the campaign was too short in length to see results.

“I don’t know how to motivate new foster carers. I think some things should be resolved first: legal benefits, the issue of sick leave and maternity leave, and other things that would make it easier for parents to engage in foster care. The campaign alone cannot solve this.” (Foster carer)

“Sharing flyers and balloons is not a good approach for our environment. People are not so familiar with foster care and have a lot of prejudices.... The approach to foster care needs to change radically.” (Foster carer)

Although the campaign did not lead to the expected rise in foster carer applications, it did have other benefits. Many of those interviewed said that it helped to raise the profile of foster care and change common misconceptions that foster carers are motivated primarily by money. Some were hopeful that even if it did not lead to an increase in foster care, it would help stop existing foster carers from leaving. As part of the campaign, a helpline was established for foster carers which received 580 calls.

“In this campaign, as a foster parent, I have received full recognition for the work I do. It empowered us, the foster parents. I hope we have encouraged others with our life stories. We didn’t highlight the ugly and weaker sides of foster care, but portrayed it realistically: what we deal with and what it looks like in our families.” (Foster carer)

During the programme, 140 foster carers fostering 180 young children received assistance through the provision of equipment such as cots and highchairs. Social workers supporting foster carers observed that the provision of equipment was helpful, but that this was unlikely to make a decisive difference in foster carers ability to care for babies. They argued that paid maternity leave would make more of an impact.

“For foster parents who are not employed and who can accept a small child, this equipment will be of help to them. But I don’t think it’s decisive. It’s not something that will attract people to engage in foster care for young children.”

I agree. I think far more important for the period of adaptation is the possibility of them staying at home for a month or two. Most of our parents are employed, and it is difficult to take a small child without that possibility.” (Two social workers)

The programme included support to Forum for Quality Foster care, the national umbrella organisation for foster carers associations,⁸⁹ and to eight local foster carer associations. Foster carers found that these associations offered a crucial source of support and solidarity.

⁸⁸ For example, social workers reported that a previous campaign had led to them being inundated with request from prospective foster carers, whilst this campaign resulted in hardly any such calls. Implementing partners and UNICEF staff made similar observations.

⁸⁹ It should be noted that not all foster care NGOs in Croatia belong to the Forum for Quality Foster care.

Some staff and volunteers from the associations that received support through the programme said that it was useful and had helped them to organise and fundraise effectively.

“When the association was formed, we could meet, get to know each other, exchange experiences. We solved administrative barriers more easily: we defined needs, we knew whom to turn to. There was a place where you could solve a problem, find out your rights.” (Foster care)

“I liked that they were people from different parts of Croatia. Together with [the trainer], we developed project ideas, concrete examples. Everyone could hear each other. Some of their problems were similar. And some associations have already solved some problems so they could learn from each other. An atmosphere of networking has been created which I consider good.” (Foster carer)

However, other stakeholders questioned the impacts of this support, arguing that both Forum for Quality Foster Care and some of the smaller local foster care associations lacked the basic organisational and management capacity to benefit from some of the areas of support. Some of the foster carers working for these associations felt that effective fundraising and advocacy required professional staff as that they did not have the time to engage in such activities, regardless of the training they received.

“But the problem is many roles: being a foster parent, running an association, writing a project - it’s no small thing and administrative support is key.” (Foster carer)

Most results from this component of the programme related to new policies and guidance or to the knowledge of foster carers. It was not possible to determine if these changes have led to higher quality foster care with benefits for children. In most cases, it is too soon to see an impact on children. It was also not possible to explore this fully due to the small sample size of children and young people (see 4.4 for an explanation).

5.3.3 Progress towards outcomes and programme contributions to equity

Indicator	Summary finding
5.1 Percentage of children and youth deprived of parental care who are in foster care, out of all children in formal care (target: 85%)	By the end of 2018 there were 1182 children in residential care compared with 2244 children in foster care. This represents progress as numbers in residential care are falling (from 1578 in 2014 and 1147 in 2017) but does not meet the target as 66 per cent of children in formal care are in foster care. ⁹⁰
5.1 Children aged 0-17 years living in residential care (target: 300 children without adequate parental care - 160 male and 140 female; 300 children with disabilities – 170 male and 130 female).	Targets were not met though the overall number of children in residential care is falling. Of the 1182 children in residential care in 2018, 563 were children without adequate parental care (roughly equal boys and girls), and 336 were children with

⁹⁰ UNICEF (2019a)

		disabilities (around twice as many boys than girls). ⁹¹
5.3.2 The extent to which impacts benefit both boys and girls and contribute to a reduction in gender discrimination.		Inadequate evidence on the impacts of the programme on male and female beneficiaries.
3.10.3 The degree to which results indicate that the most vulnerable have benefitted from the programme		Results were not generally disaggregated by the degree of vulnerability.

The programme outcome as described in the results framework (see Annexe 2) suggests that the programme should provide:

- Quality child-focused family and community-based services in support to biological families to prevent child separation.
- Quality foster care to enable family-based placements for children deprived of adequate parental care.
- Improved and equitable policy for prevention and response to violence, abuse, exploitation and exclusion of the most vulnerable children.

Indicators against outcomes show that the programme should also lead to a decline in the use of residential care and a rise in the relative use of foster care for children in alternative care.

Evidence presented in section 5.3.2 suggests that the programme has enhanced family and community-based services for biological families. It is hard to ascertain if this is leading to increased prevention of separation, or adequate responses to violence, abuse and exploitation within families as this was not monitored by the programme and was beyond the scope of the evaluation to assess.

There has been a small decline in the use of residential care since the programme started, though targets set by the programme have not been met. It is also difficult to determine how much the programme was responsible for this fall. The programme did not directly campaign to reduce the use of residential care, though activities to prevent separation and enhance foster care are likely to have contributed. There are also a number of other interventions in this area which the programme is not engaged with which may be responsible for this trend, including the transformation of residential care homes to centres for community outreach by government.

The programme has contributed to the enhancement of the quality of foster care by improving training, assessment and monitoring, and the support offered through foster carers associations. The use of foster care as a proportion of all formal care is increasing, though programme targets have not been met. Advocacy around the Foster Care Act may lead to increases in the use of foster care in the future, though it is currently too early to tell. The foster care campaign has led to some increases in the number of foster carers, though less than was hoped for.

⁹¹ UNICEF (2019c)

Data on programme outcomes and outputs were generally not disaggregated by gender, disability, ethnicity, level of poverty or another indicator of vulnerability. It is therefore very hard to tell if all beneficiaries gained equally from the programme. Participants were asked questions about gender and equity in relation to results, but most were unable to provide information, stating only that everyone in the programme was treated the same. As noted above, this indicates a low level of understanding of issues of gender and diversity.

5.3.4 Unintended or negative results

Indicator	Summary finding
3.4.1 The extent of negative results from the programme and/ or the degree to which efforts have been to respond to negative results to minimise impact.	No evidence of negative or unintended results from the programme.

There was no evidence of negative or unintended positive results from the programme.

5.3.5 The sustainability and coherence of results

Indicator	Summary finding
2.4.1 The extent to which platforms and mechanisms have been established during the programme to promote coherence in government interventions related to family-based care.	Work on cross-sector collaboration has been particularly challenging and is an area where results have been limited.
2.5.1 The extent to which platforms and mechanisms have been established during the programme to coordinate with other actors	Some inter-agency/ inter-departmental groups have been established to develop tools and training. It is unlikely these will continue beyond the end of the programme.
6.2.1 The extent to which government have expressed commitment to finance programme activities or embed these strategies in policy.	The government have expressed commitment to the programme, including scaling up of training and tools piloted by the programme, and the financing of some activities. This commitment has not been yet formalised through laws and policies in all cases.
6.4.1 The degree to which government of other stakeholders have expressed a commitment to continue or scale-up activities piloted by the programme.	
6.3.1 The degree to which the programme is embedded in institutional structures (such as NGOs or government departments)	The programme is embedded in strong national NGOs, and in government agencies that will continue beyond the programme.

that will continue to exist once the programme comes to an end.		
6.5.1 The extent to which training evaluations show enhanced knowledge and/ or changed behaviour as a result of training instigated by the programme.		Training and supervision have increased the capacity of professionals.

As noted in section 5.3.2 efforts to promote coherence through greater inter-sector cooperation did not lead to intended results, primarily due to a lack of willingness of government ministries to engage. Some multi-agency tasks forces were developed through the programme to develop tools and processes. However, it is unlikely that these will continue once beyond the programme as they have been established for specific purposes and will disband once these tasks have been achieved. One sector expert argued that the programme had failed to develop platforms that engaged the full range of civil society actors. They stated that there is a tendency to work with a relatively small pool of NGOs on care issues in Croatia, and a failure to draw in broader expertise.

Three key factors have enhanced the sustainability of the programme. First, government commitment to the programme, with the willingness of MDFYSP/ MLPSFSP to promote care reform described as greater during this reporting period than previously. This commitment was demonstrated by:

- Publicly stated support to the programme (e.g. through press conferences), including a commitment to scale up piloted models of training and support;
- adding tools and training developed by the programme to laws and policies (e.g. case management protocols and the foster care instruments are included or being included in bylaws); and
- integrating principles from the training developed by the programme into a national social work curriculum.

Second, the programme is very much embedded in agencies that will outlast the programme. With the possible exception of Forum for Quality Foster Care, all of the NGO implementing partners are highly capable. They have demonstrated a long-term commitment delivering the activities initiated by the programme. Extensive efforts have been made to engage government agencies at the national level (the MDFYSP/ MLPSFSP) and the local level (e.g. Centres for Social Welfare and Family Centres). For the parenting support stream, professional development centres have been established which provide training and oversight of the parenting programmes.

Third, the training delivered by the programme has built capacity that will outlive the programme (see 5.3.2 for examples).

Participants also raised some concerns about the sustainability of the programme. Not all of the training and case management tools developed through the programme are mandatory under the law. For example, not all aspects of the systematic training and supervision of foster carers and social workers promoted by the programme have been made fully obligatory under the law.

“If this is not built into the system, it will remain at the level of altruism and the will of individuals.” (Social work supervisor)

Sustainability is a particular issue in the parenting stream of the programme. Although initially supportive, the Ministry of Science and Education declined to endorse or promote the first two parenting programmes developed by Growing up Together, despite repeated efforts by UNICEF and programme partners. This means that kindergartens struggle to find a budget to pay for this service, and kindergarten teachers do not get time off their regular work to facilitate the sessions. UNICEF and Growing up Together have decided that a change of tactics is required and have partnered with an association of NGOs, Union of societies Our Children to include the programme in its work on promoting child-friendly municipalities.⁹² It remains to be seen if this strategy will be sufficient. UNICEF and Growing up Together hope that the MLPSFSP will fund the new parenting programme for vulnerable families but they have not yet committed to this.

“Our ministry declaratively supports everything, but when the time comes for concrete implementation - it turns out that they did not fully understand the goals or what resources are needed.... It seems to me that there is a lack of deeper understanding from which real support emerges.” (Parenting programme workshop facilitators)

Comments from some of those interviewed suggest that UNICEF may be at times replacing rather than supporting the role of government. This has implications for the sustainability of the programme.

“I have to praise UNICEF. It has done a lot for us in the last ten years. And now our eyes are on UNICEF instead of our ministry. We see that, unfortunately, there will be nothing from the Ministry.” (Foster carer)

“I, in fact, do not know at all what the role of the Ministry is. All I know is that they got the finished materials, that an institution like UNICEF did the work for them.” (Stakeholder involved in the development tools)

Some also stated that UNICEF take too soft an approach to advocacy with government to ensure that they adhere to their commitments.

“They [UNICEF] are wise and gentle in their advocating messages but sometimes do not push enough” (Implementing partner)

The programme has not yet come to an end, and UNICEF acknowledges that issues around ensuring sustainability must be a priority for the remaining months of the programme.

5.3.6 Summary of factors that affected programme results

Summarising from the information provided throughout this section, the following factors positively affected lasting programme results.

⁹² Each year the most child friendly areas are awarded prizes, and it is hoped that this will encourage local level decision makers to use the programme.

- The high degree of flexibility of UNICEF, government and programme partners to respond to emerging needs and adjust to a changing context.
- The participation of frontline professionals in the design and delivery of training and the development of contextually relevant solutions.
- Strong partnerships with the social welfare agency in government and with implementing partners.
- A focus on capacity building of professionals and parents, and on embedding models, tools and training in policies.

The following factors negatively affected lasting programme results.

- Challenges working with government agencies outside of the social welfare sector.
- Inadequate consideration of macro-economic and social factors and the resourcing of the social welfare sector on desired programme outcomes.
- The lack coherence of the programme and the linkages between programme partners.
- The management capacity of foster carers associations.

Table 4 outlines assumptions about the programme made in the theory of change (see Annexe 2) at the design phase. It analyses the extent to which these have held true during the programme, with the grey cells including assumptions which have not proven to be fully correct. These incorrect assumptions are all associated with limitations in programme results. This suggest that assumptions must be checked carefully in any future programme design.

Table 4: Extent to which assumptions about the programme have held true

Assumptions	Degree to which assumption has held true
Designated officials in the relevant ministries will be actively engaged and committed to the realisation of the agreed objectives.	Government officials from social welfare ministries were committed to reform, but not from other ministries.
Implementing partners will have adequate capacities to conduct activities/programmes.	Most implementing partners had adequate capacities but there was a lack of capacity in some foster carers associations.
Service providers and professionals are motivated and open to new norms, approaches, services.	Service providers were generally open to new norms, approaches and services.
Parents / foster parents are willing to acquire more knowledge and information and to better protect children within their families, both biological and foster families.	Both parents and foster carers were open to the training they received.
National campaigns reach and motivate citizens.	The national campaign on foster care had limited success.
Implementation of family and community-based services, including parenting support, remain among key national priorities.	Promoting family-based care remains a core government strategy, though the lack of resources devoted to the social welfare sector suggests a low prioritisation of this sector.
Stable Government.	Government has remained largely stable, though an election towards the end of the programme has led to a restructuring of the

	social welfare ministry which may impact on programme results.
There is a clear idea on the priorities and required improvements within the child care system.	There is a clear idea amongst stakeholders on the priorities needed to improve the child care system. These do not always match the programme priorities.
Professional community and general public recognise the importance of the caring family environment for the child's overall growth and development.	There is a general recognition from those consulted for this evaluation of the importance of family-based care.
Parents are more open to receiving professional assistance in their parenting.	Parents that took part in the parenting programme were open to receiving professional assistance.
Government continues to increase budget allocations for family and community-based services, with emphasis to the most vulnerable children and families within the social welfare system.	See above – limited budget allocations to social welfare ministries have hindered programme results.

6. Conclusions, lessons learnt and recommendations

6.1 Conclusions

Enabling children to grow up safe and protected in families reflects national, regional and global policies on the care of children. Institutional care is still being used in Croatia, and there are major deficiencies in the support offered to biological and foster families. The 'For a stronger family' programme has helped to address these challenges through the following.

- The introduction of parenting programmes for highly vulnerable parents which have improved mothers' and fathers' skills to care for children well.
- The development of tools for case management and the foster care system. These tools have been widely used by social workers, and generally been found to enhance work with caregivers.
- The effective training of frontline workers in case management and support to vulnerable families and foster carers.
- Advocating for new legislation on foster care.
- Assistance to potential and existing foster carers through helplines, a campaign which has changed the image of foster care, and the strengthening of some foster carers associations.

There are many promising indications to suggest that programme gains will be sustainable, including on-going government support; embedding programme activities in local NGOs that will outlive the programme and lasting changes to the skills of professionals and parents. These achievements have been heightened by the strength and commitment of programme partners, including government, and the relationship between partners and UNICEF. There has been a high degree of flexibility in the programme and a willingness from all involved to respond to emerging challenges, including COVID-19. As a result, most programme activities were completed on time, and in many cases, additional activities were added.

There are some limitations to the lasting impacts of the programme, which are linked to three factors. First, the under-resourcing of the social welfare system and the services and supports offered to families by government. Second, the lack of fully formalised commitments by the government to all areas piloted by the programme, often linked to limited support from government departments outside of the social welfare sector. Third, inadequate consideration of some of the critical elements of the care system, including informal kinship caregivers, reintegration and care leavers. These limitations are likely to prevent the programme from fully achieving goals related to reductions in institutional care, increases in foster care, and improvements in care within families. There is a need to either adjust strategies or revise goals so that they are more realistic. UNICEF may also want to consider if they are getting the balance right between boosting and replacing support that should be provided by the government.

The programme has also been constrained by a lack of consideration of internal coherence. There have been limited opportunities for programme partners to share knowledge and skills and create synergies to maximise change. This has affected the efficiency of the programme.

The programme focused on the highly vulnerable by targeting children with inadequate parental care, at risk of losing parental care, or already without this care. Some attempts were made to consider the different needs of male and female caregivers and children, and particularly at-risk groups. However, this was not done systematically, and the programme did not routinely monitor progress to assess benefits to those most in need. The programme failed to plan for either an even spread across the country or activities targeted to regions likely to have larger proportions of vulnerable families and children.

The development of tools and curricula in the programme involved a high degree of participation from frontline professionals and some consultation with children and caregivers. Programme progress was monitored regularly and adjustment made accordingly. However, children, care leavers and caregivers were not consulted on their priorities to shape the strategic direction of the programme. An absence of indicators for monitoring some of the core areas of programme have made it hard to fully assess progress, especially in relation to improvements in care within families.

These findings suggest that for the remainder of the programme it will be important to focus on evidence collection on the effectiveness of on-going interventions, establishing linkages between programme partners, and ensuring the sustainability of programme results. The programme should continue as there is a clear ongoing need for work to strengthen families within Croatia. However, aspects of the programme may need to be redesigned following a thorough and participatory problem analysis.

6.2 Lessons learnt

The programme has generated several vital lessons on strengthening family-based care.

1. **It is valuable to emphasise strengthening families, rather than merely reducing the use of institutional care.** Care reform must involve careful consideration of the needs of families and how they can be supported to care for children well. Success should be

measured in terms of the number of children in families and reductions in violence, abuse and neglect in homes. This is likely to yield better results than focusing only on closing or transforming institutions and reducing the number of children in these facilities.

2. **It is strategic to work with children and families facing different degrees of risk of abuse, neglect and separation.** Parenting programmes benefit families at risk of neglect or violence, preventing the need for costly child protection interventions. Work with social services is needed to reduce abuse in families and avoid separation. Strengthening foster care helps those children who require time apart from their families.
3. **It is essential to fully understand and consider root causes of inadequate family-based care.** Case management and training of professionals and caregivers can only ever address part of the reasons why children cannot be cared for well in families. It is vital to consider structural root causes, such as poverty and inequality, and the under-resourcing of services. Families, children, care leavers and professionals need to be consulted to understand priorities for reform.
4. **Strengthening families takes time and long-term commitment.** Reform requires a shift in mindset and the reallocation of resources from one area of the care system to another, both of which take time. Time is needed to work with each family to allow for deeply engrained problems to be addressed.
5. **Collaboration and coordination between sectors and agencies is vital for promoting stronger families.** Children and families have a range of needs that can only ever be addressed through the combined interventions of the social welfare, education, justice, health and other sectors. There are many overlaps in the services and support offered by agencies working on different aspects of family-strengthening. Opportunities must be provided for coordination, collaboration and the sharing of learning.

6.3 Recommendations

Recommendations were developed based on an analysis of findings and suggestions from key stakeholders during data collection and the provisional presentations of findings.⁹³

6.3.1 Over-arching recommendations

1. UNICEF and MLPSFSP must ensure that work on family-based care continues after the end of the 'For a stronger family' programme.
2. UNICEF and MLPSFSP should focus on programme sustainability for the remainder of the programme, sharing learning and advocating for formalised commitments from the government to the guidance and training instigated by the programme.

⁹³ A short presentation of provisional findings was given to UNICEF staff prior to writing the first draft of the report. A longer presentation of provisional findings was given to all key stakeholders after draft one of the report had been produced. Stakeholders were given an opportunity to comment on and suggest recommendations during both of these discussions.

3. UNICEF and MLPSFSP must provide immediate opportunities for programme partners to share learning and consider synergies. Coherence between different programme streams should be incorporated into future programme design. Partners must have regular opportunities to share learning and strategise together in the next phase of the programme (a developmental evaluation approach will be of benefit here – see below).
4. The next phase of the programme should be based on full problem analysis, a process that led by government and supported by UNICEF but involves the participation of all programme partners. This should use the findings from professionals included in this evaluation and further consultations with children, care leavers and caregivers. This should involve a full analysis of:
 - The different needs of girls and boys, and male and female caregivers;
 - the requirements of particularly at-risk groups;
 - the regional spread of services and specific support needs by area of the country;
 - the relative importance of advocating for structural and policy change, and of piloting services and support;
 - the relative importance of the three programme streams and of any other areas of care reform that may be needed to promote stronger families, such as supports to kinship carers or care leavers, and
 - the assumptions underlying the programme.
5. UNICEF and MLPSFSP should ensure that the programme planning and M and E frameworks and strategies for the next phase of the programme:
 - Include realistic goals and outputs and indicators that cover all aspects of the programme.
 - Monitor if the programme addresses gender inequity and other forms of discrimination.
 - Measure how the different stream of the programme are working together to achieve change.
 - Assess the impact of the services and support developed by the programme on children and families.
 - Consider the use of a developmental evaluation approach. This approach uses real-time monitoring to assess progress, consider learning, and generate recommendations for iterations of programmes.⁹⁴

Recommendation two and three are crucial for improving the remainder of the programme, which is the immediate priority of the programme. Recommendation four is vital for ensuring that the relevance and effectiveness of the next phase of the programme. Recommendation one ensures that work on family-based care continues and recommendation five that this work is effectively monitored and adjusted to meet children's needs. As such, these recommendations are inter-dependent.

⁹⁴ See: https://www.betterevaluation.org/en/plan/approach/developmental_evaluation .This approach would be particularly valuable for this programme as it is responding to a complex problem and has required frequent adjustments to achieve results. This approach would allow frequent sharing of learning between partners/ streams of the programme. UNICEF Croatia's funding strategy means it has the flexibility to use this model.

6.3.2 Recommendations relating to each of the programme streams

Improvements are needed across all three streams of the programme. In line with global guidance priority should be given to prevention and family strengthening. More attention should therefore be paid to improvements in parenting and services for at-risk families than to foster care.

6.3.2.1 Parenting

UNICEF, MLPSFSP and Growing up Together should:

- Advocate for investment in on-going support groups for parents, and in better supports and services, including social protection, mental health services and assistance with drug and alcohol abuse.
- Monitor the long-term benefits from the parenting programme and make any necessary adjustments to the programme.
- Continue to promote all of the parenting programmes, and strategise on ways to ensure the sustainability of the programme.

These recommendations are listed in order of importance.

6.3.2.2 Services for at-risk families

UNICEF, MLPSFSP and the Society for Psychological Assistance should:

- Lobby the government to increase resource allocations to social work and reduce caseloads.
- Continue to promote the case management tools already developed through the programme.
- Advocate for systematic and regular supervision and training of social workers and family outreach workers.
- Use feedback already provided by training and supervision participants to improve capacity building. This includes a stronger focus on practical examples and opportunities for exchange between practitioners.
- Complete planned work to promote inter-sector cooperation.

The first recommendation listed above is most important, with the remaining four recommendations of similar significance.

6.3.2.3 Foster care

UNICEF, MLPSFSP and Sirius should:

- Monitor the impacts of the new law on foster care and consider gaps in support for foster care which require more advocacy and investment.
- Promote the greater use of the tools developed through the programme and advocate to ensure that the training and guidance developed is mandatory.

UNICEF and MLPSFSP should:

- Assess the capacity the Forum for Quality Foster care and of local foster carers associations.
- Use this assessment to identify appropriate and realistic roles for each of these organisations in the reform of the foster care system, and to tailor future support to these agencies.

The first of the four recommendations listed above is most important.