HOPE AND HOMES FOR CHILDREN, RWANDA

This document presents key models used by Hope and Homes for Children (HHC) in Rwanda with regards to deinstitutionalisation and child protection system reform, particularly regarding closure of institutions, development of alternative care and prevention of family separation and institutionalisation. Elements of our work related to decision making for children, prevention and care placements are included. Specifically, this includes a short case study of the pilot institutional closure in Kigali, our Community Hub model, ACTIVE family support, and the emerging Child Care Networks model which was piloted in Kigali and is now being scaled up in partnership with the National Commission for Children.

1. CLOSURE OF INSTITUTIONS: THE MPORE PEFA INSTITUTION, KIGALI

Deinstitutionalisation is the process of eradicating institutional care through the development of prevention and family support services and family based alternative care. HHC's model focuses on the targeted closure of children's institutions alongside the development of appropriate services and building the capacity to sustain a family-based care system. HHC piloted this model in Rwanda through the closure of Mpore PEFA institution in partnership with the Ministry of Gender and Family Promotion (MIGEPROF) in 2011/2012. The aim was to find a permanent family for every child living in the institution, enabling complete closure of this institution, and to prevent new children from being placed in institutional care.

After undertaking an initial assessment of the institution, HHC undertook a series of interconnected steps to close Mpore PEFA:

- Assessment of children and families, including family tracing
- Individual care plans, placement decisions and preparation of children and families
- Recruitment, training and preparation of alternative families (including foster and kinship care)
- Establishing a Child Care Network to prevent abandonment and institutionalisation and support alternative care
- Gradual transition of children into family placement or independent living
- Post-placement monitoring and support
- Development of community-based services aimed at family strengthening and child protection, including a Community Hub.

Social workers and psychologists from HHC undertook a complex process to ensure the most appropriate placement in the best interests of each child. When HHC closes an institution, a family-based solution is found for every child. No child is left behind. Children were consulted and

engaged in decisions about their placement, and their own wishes and views were taken into account. Each child and family were thoroughly prepared and supported for gradual transition into the family, and each placement was celebrated to mark the positive change in a child's life.

Hope and Homes for Children staff, who are professional social workers and psychologists, led the assessment, care planning, placement and monitoring process for each child in collaboration with relevant local stakeholders including local authorities at village, cell, sector and district level as well as teachers, health care staff, churches and other community-based actors who could provide relevant information, opinion or support services.

As a result, 51 children were moved out of Mpore PEFA and each one now has the opportunity to live in a loving family, or has the skills to live independently. Of these, 16 children were reintegrated with their birth parents, 10 children were reintegrated with their extended families or placed in kinship care within their communities, 20 children were placed in foster families and 5 young adults were supported to live independently

A bespoke package of support was provided to assist the placement of each child into family-based care. This support was offered to each family in lines with their needs, based on the five core domains of HHC's ACTIVE Family Support programme; living conditions, health, education, family and social relationships, and household economy[1]. This could include, but is not limited to; psychological support and counselling, parenting skills, payment of school fees, health insurance, nutritional support, shelter and accommodation, livelihoods support and income generating activities, and skills development and support for young adults embarking upon independent living.

Every child in Mpore PEFA institution now lives in a loving family, and a range of services are in place to strengthen families and communities and prevent institutionalisation in Kicukiro, Kigali.
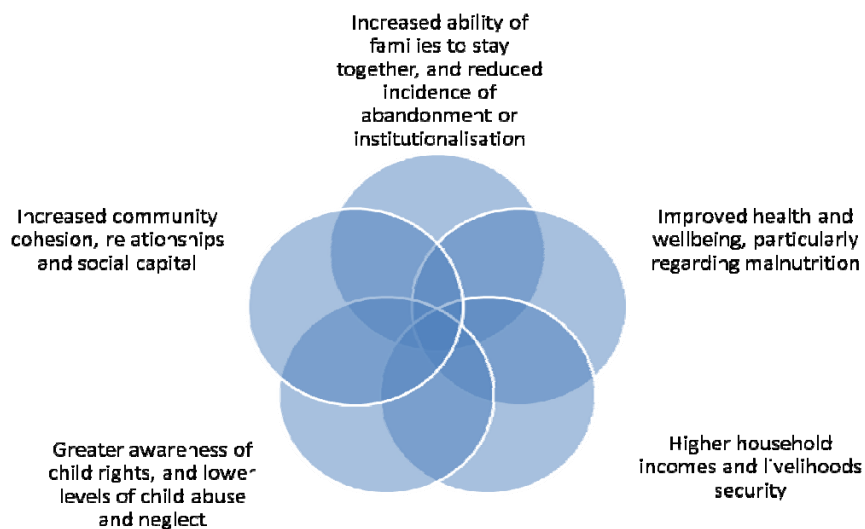

2. COMMUNITY HUBS

HHC has developed its Community Hub model to provide integrated child protection and family strengthening services in Rwanda. A Community Hub is a child friendly community resource centre that serves children, parents and communities through a range of diversified services which aim to strengthen communities, prevent family breakdown and abandonment, and provides oversight and monitoring for vulnerable children returned from institutions or cared for in their families who have received children home. The exact nature of services run from each Community Hub is determined by a community assessment. Core services typically run from the Community Hub are:

- **Early childhood development and day care** for young children aged 3-6. Crucially, this enables parents to work and earn.

- **Livelihoods support and income generation** programmes, including small business development workshops, training for cooperatives, and microfinance

- **Community education** workshops on issues such as children's rights, HIV/AIDS and family planning.

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[1] Hope and Homes for Children's model of ACTIVE Family Support has been used to support vulnerable children and families in the community across three districts, and was expanded to support the placement of children into families from the Mpore Pefa institution. This flexible and holistic model of family support, aimed at achieving self-reliance, provides support in five core domains: health, education, family and social relationships, living conditions and family economy.

- **Counselling** to support families at risk of breakdown or those who have been reunited with children who were previously living in institutions.

- **Health care,** including nutritional support for young children, health checks and access to information about disease, nutrition and hygiene.

- **After-school programme and child right's education**, through workshops, after school clubs and community-led initiatives

- **Child protection**; children are able to report abuse and access support from trusted adults.

- **Outreach service** to vulnerable families who are not easily able to reach the hub, utilising a network of community volunteers

Community Hubs have a transformative impact on communities and families, and play a core role in prevention of abandonment and institutionalisation. Children, families and communities receive holistic support through the Community Hub which addresses multiple needs from income to living conditions and psychosocial wellbeing. Core outcomes are shown in the diagram below.

Increased ability of families to stay together, and reduced incidence of abandonment or institutionalisation

Increased community cohesion, relationships and social capital

Improved health and wellbeing, particularly regarding malnutrition

Greater awareness of child rights, and lower levels of child abuse and neglect

Higher household incomes and livelihoods security

Community volunteers play a core role in supporting families through the Community Hubs. HHC has developed a network of over 370 volunteers trained and skilled to support most vulnerable families, and able to monitor and intervene when parents or carers require. Volunteers can take different roles from facilitators and protectors in the case of children in child-headed households, to counsellor and advisors for inexperienced parents, to promoters of economic development coordinating small business associations or cooperatives.

To ensure sustainability, Community Hubs are owned and managed by the community, via a local Management Committee. Each service is developed in partnership with local government (e.g. land donated by local authorities) and planned with exit and financial sustainability in mind, for example through income generation channels and small service fees

3. ACTIVE FAMILY SUPPORT

ACTIVE Family Support is a flexible and holistic model used to provide protection and support to vulnerable children and families in the community, particularly children in care and those at risk of separation from families. Developed by HHC in Rwanda from 2004, it aims at supporting vulnerable children to develop their potential and self-esteem and live in a safe and nurturing family environment. It is a comprehensive model which builds upon protective factors and mitigates risk factors to ensure resilience, self-sufficiency and sustainable change.

Core values of the model are:

- **Appropriate:** Interventions always take into account the history, socio-political, economic and cultural context of the country and communities where we work.

- **Community**: Community participation in the design and delivery of interventions ensures relevance, ownership and sustainability.

- **Targeted**: Clearly set criteria, procedures and tools ensure clarity of focus and targeted interventions which are appropriate, measurable and have the highest impact.

- **Independence:** Promoting independence and self-sufficiency for children and families, ensuring that interventions contribute to self-reliance of families and sustainable community development rather than dependency

- **Value**: Ensuring cost effective, efficient and high quality support for children and families.

- **Effects**: Intensive and high quality support aims to effect change and transform lives in a defined period of time, enabling the programme to benefit more vulnerable children and families.

The model consists of five core components:

1. **Living Conditions** Including: assistance in finding adequate and secure housing; house repairs; assistance in accessing electricity and running water; purchase of furniture, household appliances and equipment; payment of rent and household bills; purchase of food and other household supplies for a short period

2. **Health.** Including: support to access primary health care services; support to access specialised medical services; access to family planning and counselling; support to access medical insurance; purchase of medicines for a short period of time

3. **Education** Including: purchase of school supplies; purchase of educational toys; direct educational support to children through payment of school fees or referal to such organisations; involvement of children in extra-curricular activities; access funding for children's transport to school; access funding for vocational training or adult education

4. **Family and social relationship.** Including: establishing or improving contact with relatives; provision of counselling; develop support network within local community; referral to community-based programmes

5. **Household Economy.** Including: support to access state benefits; assistance to understand budgeting and saving; support to obtain employment; support for income generation activities, small business creation, training and small grants or loans

Based on these principles and components, ACTIVE Family Support follows a simple process to ensure that families are strengthened and all children are able to live in a safe and nurturing environment:

1. Families at risk are referred to HHC by the Local Authorities, based on their vulnerability criteria. In particular, this includes children who are abandoned or at risk of separation from their families and those children who are on the brink of entering institutional care.

2. A comprehensive assessment of child and family is undertaken. This includes its current situation, strengths and potential, difficulties and challenges, and the risk factors and protective factors present

3. A support plan is developed together with the family and others who have a role in support them. This support plan aims to build on the family's strengths and address their needs. It includes specific aims with agreed timeframes and roles, and is reviewed after three months with the aim of assessing progress so far and making any necessary changes

4. Support is delivered by HHC, community volunteers, local authorities, NGOs and other local stakeholders. We believe in working *with* families rather than *for* families. Family members are encouraged to be actively involved and to take responsibility for carrying out interventions wherever possible, with support where necessary. Regular visits to the family home are vital for ongoing monitoring and support.

5. When the family is self-reliant and able to function independently, Hope and Homes for Children's support ends. The duration of work with families is based on their specific situation and needs

As a result, the following outcomes for vulnerable families are achieved:

- Secure housing and adequate living conditions

- Access to health services

- Access to education

- Strong relationships between siblings and relatives

- Social skills and integration into the community (including contribution to, and negotiation with, the community)

- Improved financial situation

Hope and Homes for Children's model of ACTIVE Family Support has been highly appreciated by MINALOC, MIGEPROF, the districts, and local authorities at sector, cell and village level as well as the local communities. It plays a vital role in the prevention of separation and institutionalisation, and works alongside other prevention and family strengthening initiatives to ensure that children can remain in safe, loving families wherever possible.
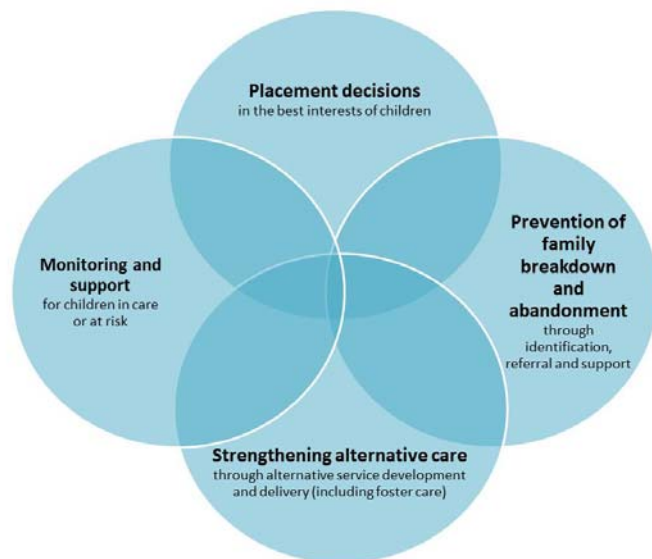
4. CHILD CARE NETWORKS

Gatekeeping is a vital aspect of deinstitutionalisation and child protection system reform, and involves a robust decision-making process to ensure that appropriate family placement decisions are made in the best interests of the child and that no child is unnecessarily placed in institutional

care. It is vital at the point of referral and also in the coordination of child assessments and care planning, service planning and provision, and information management.

HHC piloted the Child Care Network model during the closure of the Mpore PEFA institution in Kigali, with the aim of developing a stronger system of prevention and alternative care in Kicukiro. It had a gatekeeping role to ensure that there were no unnecessary placements in institutional care, and all members of the network were trained to support family strengthening and alternative care. Evidence from Mpore PEFA showed that over 70% of abandonment cases came from three specific sectors of the District; Gatenga, Gikondo and Kigarama. Sector-specific Child Care Networks were therefore set up within those three high-risk sectors and they were also combined in a zonal network for collaboration. The networks involved local leaders at district, sector and cell levels; community police, church leaders, primary and secondary schools and health centers. Facilitated by HHC, members of the network initially met once every two months to establish the network, build the capacity of members on child protection and develop strategies to prevent family separation and institutionalization. District-level meetings were organised, which led to the creation of. The sector-level network meets whenever a need arises to address an issue of a vulnerable child and prevent family separation. The zonal network meets once a quarter to share achievements, developed solutions to challenges and lessons learnt by each sector. To date, these networks have prevented over 73 cases of abandonment and institutionalization and developed alternative services to support families at high risk of child abandonment and family breakdown.

Since then, the establishment of Childcare Networks has been accepted by NCC and UNICEF as a vital element to support the closure of institutions and strengthening of the child protection system. It is an innovative model for intersectoral state and community collaboration, harnessing local resources to ensure that evidence based and appropriate decisions can be made in the best interests of the child.

Child Care Networks are composed of people who directly or indirectly assist vulnerable children and families. Local leaders, professionals and civil society are instrumental in supporting prevention of children's separation from their families, given their role in the community – and the networks engage those who have been directly involved in previously placing children into institutions to instead prevent new entries into institutions. Specifically, Childcare Networks are currently designed to serve a gatekeeping function in each sector to: provide multi-disciplinary support to ensure appropriate placement decisions are made in the best interests of each child; prevent family breakdown and abandonment of children through identification, referral and support to vulnerable children, families and communities; seek alternative care where separation cannot be prevented, including through foster care; and monitor and support children in care or at risk in the community including those who are placed out of institutions. This is illustrated in the diagram, above.

Child Care Networks take advantage of the available local resources, skills, knowledge, expertise and opportunities within the community and the involvement of local stakeholders ensures that child protection and family-based care will be locally owned and successfully implemented. Childcare Networks form the bedrock for gatekeeping in the current phase of the National Strategy for Child Care Reform and it is envisaged that, over time, their roles and responsibilities will expand at the core of the child protection system.