MODULE II

A roadmap for care reform
for children

MODULE II

CONTENTS

ABOUT THIS PUBLICATION

This Module II (Beyond Institutionalisation: a roadmap for care reform for children) provides a practical roadmap to guide those planning to implement, fund or otherwise support a process of care reform. It includes an overview of the key steps and processes needed to embark on transforming care systems for children. This module is written for government officials, donors, civil society and any other stakeholder that seeks to better understand the care reform process.

Child institutionalisation is symptomatic of a child protection and care system that is not working. Using the care reform process as a way of understanding the root causes of the problem will identify and unlock what changes are needed to build stronger, more inclusive systems of support.

Context is essential. There is no *one-size-fits-all* blueprint for change, as the barriers and challenges faced in the system, the drivers of family separation, and their solutions, will be different. Regardless of these differences, it is essential to follow a well-planned and appropriately resourced process for care reform. As such, the **principles and processes presented in this Roadmap are intended to be adapted and translated to national contexts.**

Although care reform will look different depending on context and culture, based on experience, any process will need to:

- **Create the conditions for change:** identify and acknowledge the problem, make the case for change, mobilise and connect relevant sectors, create a unifying vision and strategy and build the evidence, capacity and resourcing needed to fuel the reform process.
- **Effectively implement change:** implement the safe, planned process of transforming care systems away from institutional models of care to strengthening families and communities.
- **Put in place cross-cutting elements to underpin and sustain change:** ensure that processes are in place to build and reinforce the new system, maintaining high quality, resourced programmes that can adapt to meet the needs of children and their families.

In every region of the world, evidence exists to demonstrate that national care reform is achievable, and that it delivers better outcomes for children and families.

HOPE AND HOMES FOR CHILDREN

ROADMAP FOR CHANGE

Care system reform

PHASE 1 CREATING THE CONDITIONS FOR CHANGE

1A. PREPARING THE GROUND

COMMON VISION

Develop common understanding of the harm of institutionalisation and create a unifying care reform vision, adopted by relevant sectors

GOVERNMENT LEADERSHIP AND CO-ORDINATION

Holistic assessment of relevant national policies, practices and resources. Secure cross-government, inter-ministerial collaboration

ACCOUNTABILITY, AGENCY AND PARTICIPATION

Build agency of children, young people, families, and civil society. Ensure care system is accountable to communities it serves

COMMIT TO INVEST IN CHILDREN

Topline analysis of costs of system and long-term benefits of reform. Secure high-level commitment to invest

1B. STRUCTURAL CONDITIONS FOR CHANGE

POLITICAL WILL

Formalise commitment through national vision, strategy, plans and budget. Integrate care reform into relevant sectors

EVIDENCE AND UNDERSTANDING

Understand current situation of children in institutions. Identify forces that place children at risk of separation

DEMONSTRATION

Demonstrate institution closures and develop innovative practice

CAPABILITY AND CAPACITY

Build and continuously develop workforce capacity. Strengthen case management

SECURE LONG-TERM, SUSTAINABLE FUNDING

Care system funding analysis and modelling. Secure funding for transition costs. Estimate ongoing costs

TACKLING STIGMA AND DISCRIMINATION

Identify and tackle stigma and discrimination

PHASE 2 IMPLEMENTING CHANGE

STAKEHOLDER ENGAGEMENT

Engage local stakeholders in reforming system and closing institutions

NEEDS ASSESSMENT

Assess children in institutions and at risk. Map availability and quality of current services. Identify gaps and develop services

SERVICE DESIGN

Develop holistic, multi-agency response to strengthen services to support families. Develop prevention, gatekeeping and alternative care

SAFE, PHASED TRANSITION

Prepare children and families, and support transition. Shift resources from institutions to family and community-based services

SUPPORT, MONITORING AND EVALUATION

Post placement support and monitoring of children and families. Track progress and meaningful outcomes

- Preventing family-separation: Develop the range of services that can help prevent family-separation and institutionalisation.
- Strengthening family-based alternative care: Develop a suite of alternative family and community-based services for children.
- Dismantling the institutional system: Close all institutions in a safe, phased manner in parallel with the development of alternative family-based placements.

CROSS-CUTTING ELEMENTS

PERSONALISED APPROACH

Children placed at the centre; their perspective and outcomes inform process

LEAVE NO CHILD BEHIND

Reform process includes all children – prioritising those most vulnerable and marginalised

MONITOR, EVALUATE AND LEARN

Monitoring, evaluation and learning informs ongoing improvement, scale up, and builds in innovation

ENABLING ENVIRONMENT

Enshrine changes in legislation, underpinned by effective regulation and inspection

SAFEGUARDING

Shared understanding and commitment from all stakeholders

ACCOUNTABLE TO CHILDREN, YOUNG PEOPLE & FAMILIES

Involved in ongoing oversight, monitoring and delivery

SUSTAINABLE RESOURCING

Secure sustainable funding. Ensure resources from institutions are transferred to new system

PHASE I: CREATING THE CONDITIONS FOR CHANGE

1.1 Preparing the ground

This section outlines **key strategies to help create the foundations, and prepare key stakeholders, for the reform process**. Key stakeholders include those responsible for running the system, who can influence the system, and who use/or have used the system. This phase is critical in helping stakeholders reach a shared recognition and understanding of the problem, creating a common vision and language, and securing commitment to embark on a long-term reform process.

a) Common vision for care reform

b) Government leadership and coordination of relevant sectors

c) Strengthen accountability, agency and participation

d) The financial case for investing in children

To convince key stakeholders that reform is **possible and sustainable**, political commitment must be anchored in national context, framed in national priorities, underpinned by sound financial planning, informed by evidence from relevant countries, and follow the principles outlined in the UN Guidelines on Alternative Care[1], and other relevant global and regional human rights frameworks.

At this stage it is **critical to engage with sectors relevant to care reform** – such as health, education, social protection and early childhood development. These sectors will play a major role in tackling the drivers of family separation and institutionalisation.

a) Common vision for care reform

The care reform process should begin with **detailed analysis of the situation and challenges facing children separated from their families and at risk of separation**[2], based on the best available evidence. This will provide the foundations for shared understanding about the problem, and who needs to be involved in developing its solution.[3]

Understanding the **economic, social and environmental drivers of family separation, and how stigma and discrimination compound these challenges, provides an opportunity to engage with sectors that may not traditionally have had a role in care reform.** For example, there is a strong relationship between access to education and the institutionalisation of children with disabilities.[4] In some contexts, there is no inclusive education provision and discrimination in society against disability.

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1 UN General Assembly, Guidelines for the Alternative Care of Children: resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142, https://undocs.org/en/A/RES/64/142

2 For Example, Kenya National Care System Assessment: A participatory self-assessment of the formal care system of children living outside of family care and for the prevention of unnecessary separation of children from families. https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/kenya-national-care-system-assessment-a-participatory-self-assessment-of-the-formal-care-system-of

3 For example Situational Analysis Report for Children's Institutions in Five Counties: Kiambu, Kilif i, Kisumu, Murang'a and Nyamira Summary Report https://bettercarenetwork.org/library/the-continuum-of-care/residential-care/situational-analysis-report-for-childrens-institutions-in-five-counties-kiambu-kilif-i-kisumu-murang

4 Georgette Mulheir, Deinstitutionalisation–A human rights priority for children with disabilities. The Equal Rights Review 9 (2012): 117-137. https://www.equalrightstrust.org/ertdocumentbank/err9_mulheir.pdf Philip Goldman, Marian Bakermans-Kranenburg, and others, 'Institutionalisation and deinstitutionalisation of children 2: policy and practice recommendations for global, national, and local actors'. The Lancet Child & Adolescent Health, 4(8), 606-633 (2020) https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30060-2/fulltext Evie Browne, Children in care institutions, 2017. https://assets.publishing.service.gov.uk/media/5b9a43caed915d666f681e10/029_Children_in_Care_Institutions_v2.pdf Marinus van IJzendoorn, Marian Bakermans-Kranenburg, and others, 'Institutionalisation and Deinstitutionalisation of Children 1: A Systematic and Integrative Review of Evidence Regarding Effects on Development', Lancet Psychiatry, 7 (2020), 703–720 https://doi.org/10.1016/S2215-0366(19)30399-2

This can result in children with disabilities being segregated from society and placed in institutions to access education. Providing evidence to understand and tackle this issue allows care reform to bind to education policies and guidance, creating a holistic network of support for children and families. **This analysis can provide the basis for developing a shared vision for care reform.**

Do not underestimate the importance of key stakeholders agreeing on the concepts and terminology that underpin reform. For example, many countries use a plethora of different terms for an 'institution', or the concept of 'foster care' may not seem relevant in the context. This can create confusion and allow the 'care reform' agenda to be easily manipulated, which **risks certain groups of children being left behind**. Terminology, key concepts and approaches can be framed through the introduction of learning from global rights frameworks, standards and principles, and evidence from reform in relevant and influential countries.

Engaging with influential stakeholders from different sectors will help to identify some of the key barriers to the reform process, and how they can be addressed. Common barriers include:

- **Fear of change**: changing practice requires people to behave differently, which can threaten established ways of working. For example, institution staff may be concerned that they won't be able to develop the skills needed to work in the new system, or local authority officials may be nervous that the new system will deliver worse outcomes for children.
- **Stigma:** many stakeholders hold discriminatory views of children from certain communities, which places them at greater risk of institutionalisation. For example, children from certain ethnic backgrounds, such as Roma communities in Europe[5], are overrepresented in institutions. This can be due to racist attitudes and inadequate services that lead to the separation of children from their families.
- **Fear of loss**: of employment, of status, of purpose or loss of leverage and power among decision-makers, care providers and institutional managers and staff. For example, institutions can be one of the biggest employers in a community, so 'deinstitutionalisation' makes staff nervous for their jobs, and politicians may be fearful they will lose votes if they make an unpopular decision.
- **Lack of data:** it is difficult to establish the total number of institutions at a national level, let alone their capacity and funding streams. This challenge is compounded where institutions are privately run. For example, in many countries the majority of children in 'care' are in private institutions, which are not registered with the government, with limited government regulation, oversight or inspection. These are often in poorly-resourced care systems, where there is little capacity to monitor the situation of children.
- **Sector engagement:** in some countries it can be difficult to secure the buy-in and coordination of key sectors that need to be involved in the reform process. For example, in some countries, the responsibility for institutions is split across different ministries. In these situations, institutions for children with disabilities may sit under the health ministry, the ministry of social affairs may oversee institutions for children where there have been child protection concerns, and the ministry of immigration has oversight of institutions for refugee and migrant children. This can make it challenging to reach consensus on a national approach and secure cross-sector endorsement of the strategy.

5 European Roma Rights Centre, Blighted Lives: Romani Children in State Care, 2021, http://www.errc.org/uploads/upload_en/file/5284_file1_blighted-lives-romani-children-in-state-care.pdf

Politics and power preventing change: Nepal

In Nepal, there is often a close relationship between local politics and the placement of children in institutions, which can create challenges when embarking on the care reform process. For example, in 2022 two municipalities paused their plans to transition institutions as they feared it would be unpopular in advance of upcoming local elections.

Loss of livelihood from institution closure: **Nepal**

A significant number of institutions in Nepal are run as family businesses. These institutions are mainly run for profit; some make money by trafficking children from poor, families in remote areas. Such operators are resistant to change due to the fear of damaging their livelihoods, shame, losing prestige in their local community, and a lack of understanding and skills of how to repurpose their work.

OUR LEARNING:
LONG TERM VISION

Care reform is marathon not a sprint, therefore a long-term vision and crystal-clear clarity of all its components define the chances for success. It is key to ensure all actors share the same understanding and commitment to the vision, which includes developing and adopting a common language.

CHECKLIST

- ✓ Evidence-based understanding of the current care system
- ✓ Common understanding that the transition from institutions to family-based care will be a key driver of the care system reform process
- ✓ Clearly articulated vision for the care reform process
- ✓ Shared understanding of key concepts and principles that should underpin reform
- ✓ Secured engagement with sectors that influence the economic, social and environmental drivers of family separation

b) Government leadership and coordination of relevant sectors

Care reform requires **strong government leadership to champion and maintain the long-term, complex reform process**.

A multisectoral approach is essential. Mapping all government ministries and national agencies working with children and families and forming an **inter-ministerial working group** – or placement in an existing, relevant working group – can drive the vision, planning and delivery of reform. Key domains to include in this cross-government leadership group are set out in the box below and should be adapted to the national context.

Government leadership: Key domains

Beyond the leadership and services provided by the ministry in charge of child protection and child welfare, other domains should be included in the inter-ministerial working group for care reform:

Health – pre-natal and post-natal services, specialist medical support to children with disabilities, and early childhood development strategies play an important role in preventing family separation.

Education – early childhood development programmes, access to pre-school and inclusive education services for all children.

Social Protection –social protection is a fundamental factor in reducing unnecessary separation of families in crisis. Strategies for social protection should be aligned with those for child protection and care.

Judicial sector – final decisions about children's placements in family and alternative care are often made by judicial or administrative bodies. National and local judiciary need to understand how to make decisions in the best interests of the child.

Finance – funding mechanisms can contribute to children being separated from families or they can support families and best practices in alternative care. Care reform requires a fundamental shift in the way funding for family strengthening and alternative care is allocated. The money should follow the child.

Other ministerial functions and services might play a significant role in the working group. Include all relevant agencies.

Each ministry should explore their own policies and practices, identifying the role they can play in strengthening the capacity of children, families and communities. **A sense of collective responsibility across different thematic areas requires time to come together.** This is a worthwhile investment, as laying the groundwork in this way strengthens collective vision and builds the shared responsibility needed to embark on the care reform process.

It should be noted that in some contexts, civil society and/or faith actors are the main providers of social services, operating in parallel to, or instead of, the government. In addition, international donors may have a very strong influence on the care system. In these situations, **even when strong government commitment is in place, its impact may be limited if private partners are not included**. Care needs to be taken to ensure that key actors involved in the care system are involved in the process, and recognise the essential role the government must play in the long-term, in taking responsibility for supporting children and families.

Inter-ministerial working group: Bulgaria

In 2010, Bulgaria launched its child protection and care system reform strategy, *Vision for De-institutionalisation of Children in the Republic of Bulgaria*.

The strategy's first Action Plan laid down the management and coordination structure needed to drive reform and overcome initial resistance. An interdepartmental management and coordination working group was established at the highest political level to manage, monitor and co-ordinate the implementation of the specific activities and projects under the Action Plan. Working Group members included the Minister for the management of the EU Funds, two Ministry of Labour and Social Policy Deputy Ministers, the Deputy Minister of Regional Development and Public Works, the Deputy Minister of Health, the Deputy Minister of Finance, the Deputy Minister of Education, Youth and Science, the Chair of the State Agency of Child Protection, the Executive Director of the Ministry of Foreign Affairs, two advisors from the Political Office of the Prime Minister and the Head of Office of the Deputy Prime Minister. This Working Group met four times a year in order to monitor and evaluate the progress of the strategy.

OUR LEARNING: FOCUS ON THE 'WHY'

Technical issues, professional jargon, complexities of care reform sometimes become a real barrier for actors outside the immediate circle of child care and professional specialists. It is critical to develop a shared understanding of why care reform is needed and urgent. Countries that engage in national discussions and explore why children need families, why institutionalisation is not acceptable, and what the solutions are, are most successful in broadly enrolling stakeholders and changing their paradigm for the care of children.

CHECKLIST

- ✓ Inclusive process and mechanisms established to build the agency and participation of children, young people and families
- ✓ Mechanisms developed to ensure the care reform process is accountable to children, young people and families
- ✓ Civil society involvement actively encouraged, supported and, where needed, capacity developed

c) Strengthen accountability, agency and participation

It is essential that children, young people, families and civil society play a central role in the reform process. The care system must be **accountable to the communities it seeks to serve**. This means that the care reform process must strengthen and support their agency, build capacity and create opportunities to influence decisions.

Ensuring a meaningful role for users of the system and civil society means challenging the status quo. It involves identifying power dynamics, and putting in place a sensitive plan to shift the balance of power so that users of the system and civil society have a role in defining success, and what is needed to get there. This can be uncomfortable for decision makers and existing hierarchies and so a respectful strategy needs to be put in place to support this process.

Users of the system and civil society contribute **valuable perspectives, evidence, ideas and resources to engage, inform and influence the change process – how it is designed, implemented and monitored**.

National and regional coalitions or alliances can be invaluable. They **keep pressure on governments to maintain and strengthen the reform process, particularly when political will, political parties and leadership change**. In addition, civil society can often play a 'watchdog' role over the process - ensuring that strategies are adequately implemented, and continue promoting the highest human rights standards, which is **key to identifying and tackling stigma and discrimination in the system**.

The importance of accountability, agency and child and youth participation:

A system must be accountable to the communities it serves: the care reform process must ensure it meets the needs of children and young people, families and the workforce, among others. It must be designed so that it is responsible to these communities and what matters most to them.

Children and young people must have agency in the care reform process: the process must build children and young people's sense of agency so they have faith that they can influence decisions that affect them, and provide opportunities to exercise this agency, in the knowledge that it will be acted on.

Agency strengthens accountability: understanding your rights, learning participation skills, acquiring confidence in using and gathering information, engaging in dialogues with others and understanding where power lies and who is responsible for what, strengthens capacity to hold others to account.

Participation leads to better decision-making and outcomes: Adults do not always have sufficient insight into children's lives to be able to make informed and efficient decisions on the legislation, policies and programmes that affect them. Children have a unique body of knowledge, about their lives, needs and concerns, together with ideas and views based on their direct experience. Decisions informed by children's own perspectives will be more relevant, effective and sustainable.

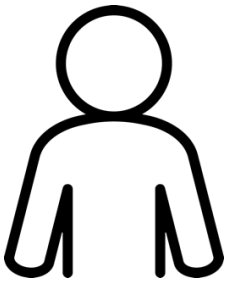
Agency better protects children: The right to express views and have them taken seriously is a **powerful tool to challenge situations of violence, abuse, threat, injustice or discrimination.**

Participation contributes to personal development: It develops self-esteem, cognitive abilities, social skills and respect for others. When children and young people learn to communicate opinions, take responsibility and make decisions, they develop a sense of belonging, justice, responsibility and solidarity.

Including children, families and care leavers is critical. This must be an inclusive process so that all groups affected are involved in the process, including persons with disabilities and ethnic minorities. **This can help to capture an accurate picture of the lived experiences of children and families.** Governments should develop a simple and transparent process to consult and communicate with key constituencies at all stages of the reform process.

Children can form and express views from an early age, and the nature of their participation, and the range of decisions in which they are involved, will increase in accordance with their age and evolving capacities. **It is important that children of all ages are given an opportunity to express their feelings, needs and preferences.** Even with very young children, communication techniques can be used that can help to understand their emotions, likes and dislikes. This can be essential information in helping to develop the right future plans for children.

As children grow older and their capacities develop, their horizons broaden, and they can be involved in a wider range of issues that affect them, ranging from their immediate family to the international level.



Youth-led advocacy: Argentina, Bolivia, Brazil, Colombia, Mexico, and Peru

A 2020 study, 'More Independence, More Rights'[6], captured the experiences of 100 young people who have already left or are preparing to leave care in Argentina, Bolivia, Brazil, Colombia, Mexico, and Peru. The research highlighted that young people are often discharged from care because of their age, not to restore their rights, or because they are ready to live independently in the community. The report recommended that public policies should be developed to support the transition to independent living; highlighting what is needed to reform care and child protection systems to better realise young people's rights. This evidence is informing policy makers nationally and contributing to growing momentum across the continent.

d) Financial case for investing in children

Having a **solid financial case to underpin the care reform process increases the likelihood of it being adopted and implemented**.[7]

While many stakeholders may agree on the harm of institutions, and the importance of family, they may be **sceptical of the affordability and financial benefits of care reform**.

It is important that the reform process makes the case that supporting children in families and not institutions is part of a broader social investment agenda, that can result in economic improvements and **unlocks wide-ranging benefits in areas such as education, health and child protection, among others.**

Unnecessary separation of children from their families, lengthy stays in institutions and the long-term harm caused by institutionalisation **lead to very high costs and long-term social and economic**

6 Doncel, Research on methods of supporting the transition of adolescents and young people from the alternative care system to independent living in six Latin American countries Argentina, Bolivia, Brazil, Colombia, Mexico and Peru, 2019, https://doncel.org.ar/wp-content/uploads/2020/10/Resumen-English-Version.pdf

7 Adrian Gheorghe , Joanna Rogers and others, Childonomics–Methodology for appraising the return on investment of social services for children and families, 2017, https://www.eurochild.org/initiative/childonomics/

loss. Early investment in children's health, education, and development have **benefits that compound throughout the child's lifetime, for their future children, and society as a whole**.[8]

Childonomics

The Childonomics project in 2017 developed an instrument for use in measuring the long-term social and economic value of investing in children. There are five key policy take-aways:

1. Child and family policies must be evidence-informed
2. Be clear on expected outcomes and put in place effective feedback mechanisms
3. Strive for more and better data
4. Economic modelling is both possible and necessary
5. Take a systems-wide approach since children's outcomes depend on multiple policy areas and how they intersect

8 Helen Clark, Awa Marie Coll-Seck, and others, 2020. A Future for the World's Children? A WHO-UNICEF-Lancet Commission, Lancet, 395.10224: 605–58 https://doi.org/10.1016/S0140-6736(19)32540-1

Selected evidence on the financial impact of institutions:

- Data suggests that institutions are less cost-effective than foster care[9]
- Statutory residential care in South Africa is eight times more expensive than providing support to families to meet their basic needs[10]
- In Bulgaria, the annual cost of keeping a child in an institution for infants was estimated at €14,837, compared with €1,907 for foster care[11]
- In Haiti, a study estimated that over US$100m of private funding supported institutions in the country in 2017. This is approximately 130 times greater than the budget for the country's child protection agency and 50% of the planned US foreign aid budget that year[12]

Hope and Homes for Children's ACTIVE Family Support programme, delivered in partnership with local authorities, cost €441,560 over 7 years, or an average of €921 per child (including staff salaries, overheads, and direct support), to keep 479 children safe at home with their families. Had an estimated 32% of those children been placed in an institution, the cost would have been an estimated €4,123,250 – **9.33 times more expensive than the cost of the programme**.[13]

An initial analysis of the financing of the current system can act as **a persuasive tool to make the case for reform and illustrate where there are gaps in knowledge**, even if it is based on basic and incomplete data. Later down the line in the reform process, more detailed financial modelling will take place, which will provide the foundations for planning and resourcing the process.

9 Marinus Van IJzendoorn, Marian Bakermans-Kranenburg and others, 'Institutionalisation and Deinstitutionalisation of Children 1: A Systematic and Integrative Review of Evidence Regarding Effects on Development', *Lancet Psychiatry*, 7 (2020), 703–720 https://doi.org/10.1016/S2215-0366(19)30399-2

10 Chris Desmond and Jeff Gow. *The Cost-effectiveness of six models of care for orphans and vulnerable children in South Africa*. United Nations Children's Fund (UNICEF), 2001, https://asksource.info/resources/cost-effectiveness-six-models-care-orphans-and-vulnerable-children-south-africa

11 Lumos. Ending institutionalisation: an analysis of the financing of the deinstitutionalisation process in Bulgaria. 2015. Lumos, https://bettercarenetwork.org/sites/default/files/Finance_BG_online_final_2.pdf

12 Lumos. Funding Haitian orphanages at the cost of children's rights. 2017, https://www.wearelumos.org/resources/funding-haitian-orphanages-cost-childrens-rights/

13 Hope and Homes for Children, Preventing the Separation of Children from their Families in Bosnia and Herzegovina, 2012, https://www.hopeandhomes.org/publications/active-family-support-prevents-institutionalisation-bosnia/

CHECKLIST

- ✓ Conducted top-line analysis of the current financing of the care system – including public and private funding sources
- ✓ Understood the long-term social and economic value of investing in care reform, in line with the national agenda and priorities
- ✓ High-level commitment from different sectors to invest in the reform process and longer-term system funding

1.2 Structural conditions for change

In this phase, the care reform process begins to take shape, **where high-level commitments translate into tangible signs of political will and leadership,** such as the development of a strategy, action plan and budget.

Evidence needs to be generated to ensure that **national plans are developed on the basis of local and national need**. This evidence will start to uncover where the capacity of the system needs to be developed and the likely resources needed to achieve it. In addition, it is essential that this stage identifies the role of economic, social and environmental forces, and stigma and discrimination in the system, so they can be factored into the plans of all relevant agencies.

Demonstration projects can be established, designed to generate expertise and evidence, inform policy and funding, and create an understanding of the time, resources and capacity requirements needed to implement reform at scale.

a) Political will

b) Evidence and understanding of the system

c) Demonstration projects

d) Capability and capacity to deliver

e) Financial modelling and securing long-term, sustainable resourcing

a) Political will

Strong national leadership and a long-term vision shared across political parties is essential. Political commitment will help tackle vested interests and resistance, and sustain the process beyond the life span of political and electoral cycles.

The **care reform vision developed in *phase 1b preparing the ground* should outline the future aspiration and goals of the care system**. This must be simple and clear, enabling a broad range of stakeholders to understand and identify with the ambition of the process. As familiarity and acceptance of the vision grows, it needs to be supported by more detail.

A **care reform mission should outline the purpose of the care reform process, and how it will be achieved.** This provides topline detail which underpins the vision, giving confidence and clarity to the care reform process.

High-level **commitments need to be formalised and translated into tangible examples of political will**, which can include: establishing an inter-ministerial working group; enshrining the long-term vision into a national strategy; developing a costed budget and initial action plan, and outlining key milestones.

A **national strategy for children and families** can cement the role of deinstitutionalisation as a key driver in reforming the care system. Attention should also be paid to **setting an explicit objective relating to the progressive transition from institutions to family and community-based care**. Governments should set or reaffirm their vision, establish a tangible mission (ideally within a set timeframe, for example a 5- or 10-year goal) and commit to a set of values to underpin the implementation of the strategy. A **national action plan** for care reform must include financial plans and how resources will be allocated.

Building political will: Rwanda

The Government of Rwanda is pursuing a comprehensive vision for all children to grow up in families. It formally committed to this through its *Strategy for National Child Care Reform,* approved by the Cabinet in 2012[14], under the leadership of the Ministry of Gender and Family Promotion (MIGEPROF).

The long-term aims of Rwanda's Strategy for National Child Care Reform strategy are to:

i. Transform Rwanda's current child care and protection system into a family-based, family strengthening system whose resources (both human and financial) are primarily targeted at supporting vulnerable families to remain together.

ii. Promote positive Rwandan social values that encourage all Rwandans to take responsibility for vulnerable children.

The strategy has an explicit focus on transforming the child care system away from institutions, towards family and community based care.

Rwanda's national strategy is supported by national coordination mechanisms, budget allocation and detailed action plans. The Tubarerere Mu Muryangyo! (Let's Raise Our Children in Families!) programme was designed as the guiding framework for the implementation of the first phase of care reform.

Phase 1 ran from May 2013 until September 2017. It focused on developing the capacity of the National Commission for Children, building the social workforce, closing or transforming institutions, and establishing a programme of family reintegration and support.[15]

Key successes from the first phase included[16]: a dramatic reduction in the number of children in institutions; stronger government agencies; a more professionalised social workforce; capacity building of a cadre of 29,674 child protection community volunteers; support to children's biological families and foster carers to enable safer reintegration into families and communities; and successfully preventing entry into institutions through improved gatekeeping and case management, awareness raising, and the development of emergency foster care. Many institutions have closed and others have been transformed into schools or centres for family support.

These initial reform efforts included those children with disabilities living in residential institutions for children without parental care but did not cover children living in specialised institutions for children with disabilities. New evidence and evaluations have since informed the second phase of reform which includes an explicit focus on inclusion of children with disabilities.

14 Government of Rwanda, 2012. Strategy for National Child Care Reform. Cabinet Brief, http://197.243.22.137/ncc/fileadmin/templates/document/STRATEGY_FOR_NATIONAL_CHILD_CARE_REFORM.pdf

15 Government of Rwanda, NCC, UNICEF, USAID: Care Reform in Rwanda, Process and Lessons Learned 2012-2018, https://bettercarenetwork.org/sites/default/files/2019-08/Process%20and%20Lessons%20Learnt%20on%20Care%20Reform%202012-2018.pdf

16 UNICEF/ Primson Management Services, 2018). Summative Evaluation of the Tubarerere Mu Muryango / Lets Raise Children in Families (TMM) Phase 1 Programme in Rwanda. Rwanda: UNICEF, https://bettercarenetwork.org/sites/default/files/2019-08/TMM%20Summary%20Evaluation%20Phase%20I.pdf

Building political will: Kenya

In 2015, Kenya was estimated to have **3.6 million orphans and vulnerable children; about 10% of its total child population**.[17] There are over 40,000 children living in approximately 830 institutions[18], and 15,752 children in street-connected situations.[19] The majority of institutions in Kenya are privately run; only 26 are administered by public authorities. The number of unregistered institutions remains unknown, while there are no clear figures on children in other alternative care arrangements. Most orphans and vulnerable children are supported informally through kinship care, often with minimal or no support from the government.[20]

Kenya has increasingly **demonstrated political commitment towards care reform, with a strong focus on deinstitutionalisation**. This includes enacting legislative and policy changes that encourage family-based care (such as the 2014 Guidelines for the Alternative Family Care of Children in Kenya) and suspending the registration of new Charitable Children's Institutions (CCIs) in 2017. Furthermore, in 2019 it committed to scaling up deinstitutionalisation and promoting family-based care.[21] This included implementing a number of initiatives aimed at strengthening families and preventing children from entering institutions (such as cash transfers, presidential bursaries and hunger safety net programmes[22]). Kenya launched its new National Care Reform Strategy in 2022.[23]

To ensure that political will is **sustainable and transcends changes in government, plans should explicitly go beyond the next election with cross-party support**. External support from development partners such as UN agencies, donors and representatives of the international community should be engaged to support, advise and maintain continuity of the process. **Children and young people should be actively engaged in developing the vision, strategy and action plans for care reform.**

It is essential to outline clear roles and responsibilities for different ministries, agencies, civil society and users of the system. **It has to be clear who is accountable, and to whom.** This is particularly important in situations where different ministries – of different sizes and levels of influence – are participating. The power dynamics need to be recognised and tackled in a formal structure to ensure that all parties are working in unison to support children, rather than their own internal stakeholders.

17 39.782M children (2018) https://data.worldbank.org/indicator/SP.POP.0014.TO.ZS?locations=KE
18 Government of Kenya, UNICEF and Global Affairs Canada (2015) https://bettercarenetwork.org/sites/default/files/2020-08/Kenya_CP_system_case_study.pdf
19 2018 National Census of Street Families Report https://www.socialprotection.go.ke/wp-content/uploads/2020/11/National-Census-of-Street-Families-Report-.pdf
20 Advancing the rights of children deprived of parental care: Domestic adoption of children in Kenya (2012) https://resourcecentre.savethechildren.net/pdf/dstuckenbruck_domestic_adoption_of_children_in_kenya_jun20131.pdf/
21 May 2019 Cabinet Secretary Statement State reforms on child welfare, adoption and child protection
22 Inua Jamii is Kenya's flagship National Safety Net Program for the beneficiaries of: i. cash transfer for orphans and vulnerable children, ii. older persons cash transfer, iii. persons with severe disabilities cash transfer, iv. hunger safety net programme. The objective of Inua Jamii is to uplift the lives of poor and vulnerable citizens of Kenya through regular and reliable bi-monthly cash transfers. https://www.socialprotection.go.ke/wp-content/uploads/2019/10/SOCIAL-ASSISTANCE-UNIT-SAU-FREQUENTLY-ASKED-QUESTIONS-converted.pdf
23 The National Care Reform Strategy for Children in Kenya 2022 – 2023, https://www.socialprotection.go.ke/wp-content/uploads/2022/06/The-National-Care-Reform-Strategy-for-Children-in-Kenya-2022-2032.pdf

OUR LEARNING:
EVIDENCE-BASED POLICY

The evidence base must be used accurately and wisely to inform policy and enable contextualisation. Policy must be appropriate to the local context and meet the needs and challenges demonstrated by research, analysis and evidence in that particular context. Legislation on alternative care and its gaps need to be analysed at the beginning of a process so that useful evidence can be generated to ensure comprehensive policy.

CHECKLIST

- ✓ Agreed long-term care reform vision and mission
- ✓ Signed-off strategy for care reform and national action plan
- ✓ Roles, responsibilities and accountability of key stakeholders formalised
- ✓ Engagement with influential stakeholder groups, including cross-party support, development partners and involvement of children, young people and families, to ensure long-term sustainability of process

OUR LEARNING:
GUIDING FRAMEWORKS

Policy for child protection and care reform should be underpinned by the UNCRC, UNCRPD and UN Guidelines on Alternative Care for Children. These are the guiding frameworks that states have ratified and are responsible for upholding. The critical directions and standards within these should be the fundamental basis for any review or reform of policy and procedures.

b) Evidence and understanding of the system

It is **essential that the care reform process is underpinned by the best available data and evidence** on the situation of children in institutions, separated from their families, and at risk.

Data is needed to identify the characteristics of these children, **who they are and how they ended up in this situation, and their needs.** By collecting and analysing this information, the care reform process captures insight into the most vulnerable and marginalised populations in society. The very process of collecting this data will **strengthen the case for reform, provide a baseline assessment that can be tracked, and strengthen government oversight and regulation of the system – and therefore accountability. It will also provide the foundations for planning the reform process**.

In parallel, **a mapping exercise should be undertaken to identify the current services and assets available in the system**. This process should be a holistic assessment of the policies that aim to support, and the services available to, families and children at risk.

Tracking progress: Costa Rica

As part of its care system reform process, the Government of Costa Rica aimed to assess its progress towards the UN Guidelines for the Alternative Care of Children.[24] Influenced by recommendations from the Committee on the Rights of the Child, the Patronato Nacional de la Infancia (PANI) sought evidence on the extent to which alternative care for children and young people is available, and to identify needs and priorities for change. Using an interagency Tracking Progress Tool, the comprehensive data and analysis generated by this assessment enabled PANI to develop activities to strengthen the child care and protection system. This included identifying: the need to develop an intersectoral strategy for care reform; the political and legal frameworks required for deinstitutionalisation; what prevention, family strengthening and alternative care services are needed; and to transition financial resources in line with national strategy.

It is important to note that this exercise isn't just about identifying where services *aren't* working, but also uncovering good practice that can be built on. The overwhelming proportion of 'orphans' around the world, do not end up in institutions. According to UNICEF, there are approximately 140 million 'orphans' in the world who have lost 1 parent and at least 15.1 million of them have lost both parents.[25] Yet we know that approximately 5.4 million children are living in institutions.[26] This highlights that most 'orphans' in the world are in some form of non-institutional placement. This can range from formal family-based care placements, to kinship care, to more informal community-based foster care. **Examples of contextualised 'success stories' are a strong way to demonstrate that reform is achievable.**

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24 Patronato Nacional de la Infancia, PANI y UNICEF Costa Rica (2019) Diagnóstico sobre el progreso de Costa Rica en la implementación de las Directrices sobre las modalidades alternativas de cuidado de los niños. (Diagnosis of progress in Costa Rica towards the implementation of the UN Guidelines on the Alternative Care of Children) https://bettercarenetwork.org/sites/default/files/2020-08/11.%20Diagno%CC%81stico%20Pai%CC%81s%20DSMAC.pdf

25 UNICEF, 'For Every Child, End AIDS –Seventh Stocktaking Report,' UNICEF, New York, December 2016. https://www.unicef.org/reports/every-child-end-aids-seventh-stocktaking-report-2016. Analysis and citation in: Christian Alliance for Orphans, 'Understanding of Orphan Statistics' https://cafo.org/wp-content/uploads/2017/10/Orphan-Statistics-Web-06.2018.pdf

26 Chris Desmond, and others, 'Prevalence and Number of Children Living in Institutional Care: Global, Regional, and Country Estimates', The Lancet, Child & Adolescent Health, 4.5 (2020), 370–377 https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30022-5/fulltext?rss=yes

Capturing data and evidence is critically important in contexts where **many institutions are privately financed, and/or unregistered, or where many services are informal.** It can strengthen the government's understanding and ownership over the system, and ensures that the most vulnerable and invisible children are not left behind.

Mapping should cover:

- All current services and initiatives aimed at delivering family strengthening and prevention of separation, including social protection, early childhood development, parenting support and specialist services for children with special needs
- All known examples of coordinated efforts to prevent institutionalisation and referrals to family-based alternative care
- All current services and initiatives to deliver alternative care. Include informal and formal – everything from kinship care, to foster care and other specialist services across the child protection and care system. It is key to also map residential care delivered at the local level and all forms of residential care organised nationally. This must include all institutions for children, including specialist institutions for children with disabilities and unregistered institutions
- All existing policies and standards regulating and framing alternative care, social protection and other situations involving children without parental care
- All registration and accreditation systems
- The capacity and capabilities of the national social workforce, including the workforce in prevention and gatekeeping services, institutions and alternative care services, and case management capacity and practices
- All resources currently placed in the system including, human, material and financial

Evidence gathered in this process will help identify the interplay between:

- The **social, economic and environmental forces** that drive institutionalisation and family separation, and the role of these sectors in the reform process.
- How stigma and discrimination lead to the marginalisation of some communities and increase the risk of separation.
- The **child protection risks** that can place children at risk and lead to family separation.

This evidence helps identify the gaps and areas requiring development, and should **inform the development of the national strategy and action plan** for care reform.

The very process of mapping services and gathering evidence can help secure buy-in and commitment from key stakeholders. Involving them directly in the research can help them go through a process of personal and professional transformation and, in some cases, will identify champions that can lead transformation.

Assessment of institutions influencing government commitment: Rwanda

Hope and Homes for Children, in partnership with the Ministry of Gender and Family Promotion (MIGEPROF), conducted a national survey of residential institutions for children in Rwanda in 2012.[27] Due to the lack of data on children's institutions and the children residing within them, evidence had to be generated to inform national care reform strategy and planning.

The survey gathered comprehensive data about children living in institutions for children without parental care. Using questionnaires, interviews and focus group discussions, the assessment found that 3,323 children and young adults lived in 33 institutions. Residents' age ranged from 0 to 43 years old, with 37% aged 0-3 at the time of placement, and 30% had already spent more than 10 years there. Approximately one third of children were reported as having regular contact with their parents and relatives.

The assessment revealed the perceived attractiveness of services offered by institutions, noting: "*the very existence of an institution increased the likelihood of a child from that neighbourhood to be placed in an institution*." It highlighted that, when there are no residential care facilities nearby, families find other care options such as kinship or informal foster care.

The findings and recommendations significantly informed and influenced the current care reform process in Rwanda[28], forming the basis for planning the Government of Rwanda's Strategy for National Child Care Reform[29] and its implementation.

27 Hope and Homes for Children, Ministry of Gender and Family Promotion (MIGEPROF), National Survey of Institutions for Children in Rwanda, 2012, https://bettercarenetwork.org/library/the-continuum-of-care/residential-care/national-survey-of-institutions-for-children-in-rwanda

28 Better Care Network, UNICEF, and others, Country Care Profile, Rwanda. https://bettercarenetwork.org/sites/default/files/Country%20Care%20Profile%20-%20Rwanda_0.pdf

29 Government of Rwanda, 2012. Strategy for National Child Care Reform. Cabinet Brief. http://197.243.22.137/ncc/fileadmin/templates/document/STRATEGY_FOR_NATIONAL_CHILD_CARE_REFORM.pdf

How a Hope and Homes for Children study informed the child protection system: Ukraine

Over 2015-16, Hope and Homes for Children conducted a study of the care system in Ukraine. To ensure comprehensiveness, the study included components focused on different levels of the child protection system (national, regional and local), and combined both quantitative and qualitative approaches and methods.

The study focused on children in institutions. The findings revealed that, in many cases, reform has simply meant renaming an institution without changing how it operates. In addition, there was evidence of institutions being artificially 'filled' with children to preserve their funding.

The study identified that there were no clear roles and responsibilities for the different state agencies responsible for child protection and care. This made it challenging to assess the validity of decisions relating to a child.

The institutionalisation of a significant number of children could have been avoided if a local infrastructure of support services for children and families was in place. The analysis confirmed that the number of child protection specialists, and their professional capacity, was very low and insufficient to prevent institutionalisation and to provide support to children and their families.[30]

30 Hope and Homes for Children, The Illusion of Protection: An Analytical Report Based on the Findings of a Comprehensive Study of the Child Protection System in Ukraine, 2016, https://bettercarenetwork.org/sites/default/files/2022-03/The-illusion-of-protection_eng.pdf

OUR LEARNING:
MAXIMISING AND IMPLEMENTING EXISTING POLICY AND LAW

Existing policies and programmes should be maximised, regardless of where they sit. Education, health, social protection, and employment policy are just some of the tools that can support family strengthening, gatekeeping, alternative care and the rights of children in any care setting. Whilst specific new policies may be needed for new services, strong inter-ministerial coordination can mainstream the needs of children at risk of separation and living in alternative care within other relevant policy areas such as health and education. Application of the law is also critical. Child and family courts need adequate training and capacity to apply the law, recognising the context and achieving best interests of the child. Paper-based policies need to be brought to life through dissemination, training and practice-based learning so that the social welfare and legal workforce can apply the theory to real life actions and decisions.

CHECKLIST

- ✓ National mapping of situation and characteristics of children in institutions, separated from their families and at risk
- ✓ National mapping of current family-strengthening and alternative care services
- ✓ Inventory and analysis of current laws, policies and standards
- ✓ Good practice examples of sustainable processes identified

c) Demonstration projects

Investment in care reform demonstration projects can help **develop the evidence base and expertise to underpin a broader national care reform implementation plan.** Experience highlights that the **transition away from institutions often needs to be witnessed first-hand in the context where reform is being targeted**.

When deciding on a demonstration project site, it is **important to consider the following factors**: how influential and relevant the site is to other locations and/or stakeholders nationally; how realistic and achievable the reform process will be in this site as an 'early' example of reform; and the capacity and openness to change of key stakeholders and staff in the system.

Lessons learned, evidence and skills developed through demonstration projects will provide critical insight and understanding on **what resources, capacity, planning and oversight are needed to deliver care reform at scale**.

Demonstrating that change is possible: Rwanda

The first comprehensive and successful closure of an institution in Rwanda was the Mpore Pefa institution, which closed in 2012. In order to pilot care reform and deinstitutionalisation at a local level, Hope and Homes for Children, with the support and oversight of Rwandan national and district government authorities, ensured the transition of every child residing in the institution into family- and community-based care.

This enabled the complete closure of the institution, with all 51 children transitioned into family and community-based care, and services in place to prevent new children from being institutionalised, by supporting families at risk and developing alternative care services.

The successful closure of Mpore Pefa institution served as a defining demonstration project, providing both *"proof that a transition to family care is possible, and a model for others to follow"*[31]. The model, lessons learned and team involved in the project, directly informed Rwanda's Strategy for National Child Care Reform and its implementation.[32]

Crucially, practice and skills developed in demonstration projects will **build a cadre of practitioners and policy makers who can champion the reform process, and influence and support their peers at scale**.

The presence of demonstration projects also helps to bring care reform to life. Resistant stakeholders can be taken to see examples of change *in action,* providing a compelling way to tackle bias and overcome barriers. In addition, through learning exchanges within or between countries, key stakeholders can question and learn from their peers who are at a different stage of reform – **providing a unique opportunity to visualise change, and what is needed to get there**.

31 Government of Rwanda, NCC, UNICEF, USAID: Care Reform in Rwanda, Process and Lessons Learned 2012-2018, https://bettercarenetwork.org/sites/default/files/2019-08/Process%20and%20Lessons%20Learnt%20on%20Care%20Reform%202012-2018.pdf
32 Better Care Network, UNICEF, and others, Country Care Profile, Rwanda, https://bettercarenetwork.org/sites/default/files/Country%20Care%20Profile%20-%20Rwanda_0.pdf

The impact of a learning exchange with key decision makers: India to Romania

To inform and strengthen care reform in India, a delegation of key members of the Indian Judiciary and UNICEF travelled to Romania for a learning exchange. The exchange provided an opportunity for very senior decision makers (including a Judge from the Supreme Court of India) from the two countries to share learning, with a particular focus on the challenges, lessons learned and success stories of child care reform in Romania. A critical element throughout the exchange was to ensure that examples of reform in Romania were framed to ensure their relevancy to an Indian context.

Engaging with their peers from Government, as well as witnessing first-hand how the reformed system functions, was highly influential for the delegation from India, their views on institutions and understanding of the care reform process;

"Institutions should be a thing of the past" - Mr. Justice Deepak Gupta – former Senior Supreme Court Judge

OUR LEARNING: INNOVATION

Innovation is fundamental to change the status quo. It is key to experiment at small scale and collect evidence from pilots to inform policy. Policy should not be rushed, as innovative approaches need time to take shape and generate models and learning that can inform strong and relevant policy.

CHECKLIST

- ✓ Demonstration project identified, designed and implemented
- ✓ Learning and evidence from demonstration projects is captured and disseminated
- ✓ Care reform 'champions' from demonstration projects are identified and supported to influence their peers in other locations and sectors

d) Capability and capacity to deliver

A care system designed to meet the needs of children, families and communities requires a **skilled and trained workforce, with adequate supervision and support in place,** including the full mix of formal and informal practitioners that support children.

Countries that have relied heavily on an institutional system of care often operate on a 'one-size-fits-all' model of support. This can mean that whatever the challenge a child or family is facing – ranging from a parent struggling to provide enough food for their child, a child being at risk of being recruited into a gang, or evidence of child abuse – an institutional placement is deemed the appropriate place to support a child. **The time and investment needed to develop the skills and mindsets of practitioners away from institutional models of care, to focusing on quality family- and community-based support and family-based alternative care, should not be underestimated.** This is particularly acute when tackling entrenched stigma and discrimination in the system.

It is crucial to **take stock of existing capacity and identify examples of good practice that can be built on**. This can be inspiring and build confidence that reform is possible. This assessment should include an overview of the skills and status of the national social workforce – both formal and informal (for example, community volunteers, leaders, para-social, community workers, etc.); and an assessment of the workforce in relevant social, economic and environmental sectors, which can play a key role in preventing separation.

This assessment should also map **service provision by civil society organisations in order to produce an inventory of skills and capabilities available** at national and local levels. This assessment will also help to uncover not only *what* is needed, but *where* capacity strengthening should be targeted, to ensure that the right people are in the right places.

This assessment will help to **uncover current capabilities, capacity and identify stigma and discrimination in the system that needs to be addressed**. This should be built into a workforce development plan, supported by formal education and additional professional training.

In parallel with the assessment of the capacity of the workforce, **the current case management process must be analysed and, where required, strengthened**.

'Case management' is the process followed by case workers to understand, organise and implement changes needed to **support the needs of an individual child or their family** – in a consistent, timely and systematic way.[33]

The case management process typically identifies vulnerable children/families, assesses their needs, creates goals, sets individual case plans to meet the goals, and then implements and monitors their progress until the case is ready to be closed. This involves identifying and coordinating different services to refer children and families to, a skilled and supervised workforce, and an information management system to track the process. Following an established, monitored and transparent case management process **also builds in accountability of the implementing case management agencies**.

It is essential that this process, and the team implementing it, recognises the individual needs of children and families, so that any support provided is inclusive and prioritises the best interests of the child. **Children's meaningful participation, and family empowerment,** should be built in throughout the process so that their perspective, and their rights, remain paramount.

Building the capacity of the workforce and strengthening the case management system in parallel reinforces the essential relationship between a skilled workforce *and* a clear and effective system.

33 HHC Standard Operating Procedures – Case Management (internal)

Capacity building the social welfare workforce: Rwanda

In order to implement the *Strategy for National Child Care Reform*, UNICEF and the Rwanda National Commission for Children (NCC) initiated the *Tubarerere Mu Muryango!* (TMM) programme. A major component of the TMM programme is to build and strengthen the capacity of the social welfare workforce to deliver and coordinate decentralised childcare services. In order to meet the demands of care reform, 28 social workers and psychologists were recruited in the first year of the programme, and deployed to institutions across three districts.[34]

Tulane University and Hope and Homes for Children developed an innovative capacity development programme combining practical knowledge and experience in deinstitutionalisation and child and family welfare practice. The project achieved three broad outcomes:

1. Strengthened the capacity of Rwanda's social workforce to deliver childcare and protection services at sub-national levels and implement national childcare system reform.
2. Strengthened the capacity of local institutions and the NCC to monitor social workforce performance at sub-national levels relative to desired training outputs and outcomes.
3. Strengthened the capacity of local institutions and the NCC to deliver training to the social workforce on childcare and protection services at national and sub-national levels.

34 UNICEF and Rwanda National Commission for Children (nd). *Tubarerere Mu Muryango!* (Let's Raise Children in Families!): Child Care Reform Programme, Rwanda.
https://bettercarenetwork.org/sites/default/files/2019-08/TMM%20Summary%20Evaluation%20Phase%20I.pdf

CHECKLIST

- ✓ Analysis of capacity and development needs of workforce and relevant (formal and informal) services
- ✓ Capacity building plan in place, with resourcing commitments ensured
- ✓ Assessment of current case management system
- ✓ Recommendations to improve case management system

e) Financial modelling, and securing long-term, sustainable resourcing

The institutionalisation of children is more expensive than supporting children, family and community-based systems of care, and delivers worse outcomes for children. However, while the care reform process can deliver a more efficient, cost-effective system – reaching more children and delivering better outcomes, in the short- and long-term – it should not be seen as a cost-cutting exercise.

As the reliance on institutions starts to reduce, there is a risk that the resources locked up in institutions are seen as 'financial savings', rather than essential funds that need to be reinvested in developing and sustaining the new system. **If that money is lost and not reinvested, then the reform process will not be able to adequately tackle the drivers of family separation, resulting in major risks for children and families.**

The transition from a care system dominated by institutions, to a family and community-based system, must be underpinned by the development of services, skills and infrastructure. This requires additional funding on top of the costs of running institutions because, for a time, the old and new services must run in parallel to enable a safe and phased transition between systems. As the reliance on the old system reduces, resources unlocked from institutions should be ringfenced and reallocated to the new system – where possible, through legislation. This process of transferring resources can be complicated and requires cross-ministerial agreement. For example, institutions run by the Ministry of Health may be replaced by community-based support run by the Ministry of Social Affairs.

To ensure an accurate estimate of the level of funding that will be needed, **governments need to undertake detailed costing and modelling – of the current system, transition costs, and the level of finance required for the new system**.

Mapping exercises should gather **financial information available across all service types and include public and private funding sources**. In contexts where many institutions are privately financed and a significant proportion are unregistered, mapping the costs and funding sources is more challenging. Actors can consider alternative methodologies, such as working with estimates based on the institutions for which reliable financial data is available.

An accurate estimate of the financial costs is needed to secure buy-in from key ministries and stakeholders, in addition to potential international donors – who may be able to provide financial support for the transition. It can be challenging to secure upfront, full funding for a long-term reform process as it will span different election cycles and require the buy-in from many different stakeholders. However, **this should not be used as an argument not to commit to reform**. Once a clear understanding of the estimated cost of reform has been reached, the reform process can be built into phases which can be reviewed and re-phased based on the financial situation. Phasing the process in this manner will enable confidence in the process to be built, in addition to ensuring that key processes are only started when there is confidence that they can be completed.

In addition, it is **important to understand the capacity-building requirements for financing the new system**. In general, it is much easier to plan for, and provide resources to, an institutional system. Resources are often allocated on a 'per-head' or 'per-bed' basis, with simple ratios used to calculate resource needs, which often focus on 'inputs' and do not reflect any additional requirements for some children. Resourcing a system of care that focuses on strengthening families and preventing separation can be complicated and difficult to predict – especially in the short term. It is **essential that budgeting and financing of the care system is linked to the needs of children and families, the best approaches to meeting them, and the outcomes that they produce.**[35] This helps to create an efficient care system that directs its resources to approaches that work best, **prioritising outcomes rather than inputs**. Consequently, a capacity building plan should be developed to help the workforce

35 See also. Changing the Way We Care "Public Expenditure and Children's Care – A Guidance Note" https://bettercarenetwork.org/library/social-welfare-systems/cost-of-care-and-redirection-of-resources/public-expenditure-and-children%E2%80%99s-care-guidance-note

to accurately plan for, and allocate resources to, the new system – this can be informed by the reform process in other countries with similar care systems.

OUR LEARNING:
FINANCING COMMUNITY-BASED SERVICES

Money should follow the children, not the other way around. Systemic care and protection reform enables the reallocation of resources to follow children and secure their access to universal and specialist services: across protection and care, education, health and social protection. It is critical to ensure that children with disabilities, when reaching adulthood, are not returning to institutions because funding is not following them in adulthood.

CHECKLIST

- ✓ Mapped current funding to the care system (both public and private), ensuring a focus on different funding streams
- ✓ Detailed costing and modelling – of the current system, transition costs, and the level of finance required for the new system
- ✓ Estimated budget for different phases of the reform process
- ✓ Secured funds for initial phases of reform, and commitment to longer term funding
- ✓ Estimates for cost of sustaining the system

f) Tackling discrimination and stigma

Through the range of activities undertaken to prepare the ground and the structural conditions for change, it will be evident what role stigma and discrimination play in driving family separation, institutionalisation and placing children at risk. If **stigma and discrimination in the system are not recognised and addressed in the reform process, it will seriously hamper its effectiveness, running the risk that certain groups of children and families continue to be left behind**.

Convening a diverse working group, with **high-level political leadership and buy-in with the mandate to tackle stigma and discrimination in the system,** can help to address this issue. It is important that people with lived experience of the system are included so they can provide their expertise and perspective throughout the process. Crucially, this group must build in the perspective of children who have been stigmatised and discriminated against so that they can play a key role in **ensuring that the reform process overcomes the dehumanising shadow of an institutional system, and empathises, respects and prioritises the views of those often marginalised and less heard.**

In some countries, **the role of faith actors in tackling stigma and discrimination is critical**. Faith actors often play a key role in shaping the beliefs, attitudes and behaviours in a community – and therefore, their engagement in understanding the problem, and commitment to tackling it, can be influential.

Through analysis of the data and evidence gathered through the process, **barriers and opportunities to tackling stigma and discrimination can be identified** – both at structural and community levels. Depending on the challenges, key actions may include the development of behavioural change communications, training with frontline staff, establishing reporting/helpline mechanisms for groups commonly discriminated against, in addition to strengthening policies and guidance.

CHECKLIST

- ✓ Established working group to tackle stigma and discrimination – both at structural and community levels
- ✓ Uncovered examples of stigma and discrimination in the system; where they are happening, how they are being enabled and who is accountable
- ✓ Developed and implemented multi-sectoral plan to respond to stigma and discrimination in the system

PHASE II: IMPLEMENTING CHANGE

The first phase of the roadmap focuses on creating the conditions for change, which will enable and facilitate implementation. Although there is no *one-size-fits-all* care reform process, Phase II outlines key elements that can be considered, adapted and included.

In summary, any reform process should include the following elements. **Their significance and phasing in the process will vary based on need, context and capacity**. However, the development of 'demonstration projects' outlined in section 1b will provide valuable examples of locally relevant approaches and learning, which can be expanded on to plan and implement reform at scale.

- **Preventing family separation:** Develop the range of services that can help prevent family separation and institutionalisation. Based on the contextual drivers of separation, this is likely to include engaging with social, economic and environmental sectors to ensure, for example, that quality and inclusive health care and education is available in the community. In addition, the care system needs to ensure preventative gatekeeping mechanisms are in place and limit the use of residential care. This may also require changes in legislation, regulation and inspection to cut out informal and/or illegal routes into institutions. This is a long-term process which serves a critical role in reducing the number of children entering the care system.
- **Strengthening family-based alternative care:** To be able to safely move away from institutions, and ensure that children at risk are supported, a suite of alternative, family and community-based services need to be developed. It is important that a diverse range of locally-developed services are built, reflecting cultural norms, which can be adapted to the different needs of children and families. These services must connect with policy and legal changes and should inform further adaptation and creation of norms and regulation, such as quality standards.
- **Dismantling the institutional system:** Plans must be put in place and implemented to close all institutions in a safe, phased manner. This has to be done in parallel with the development of alternative family-based placements for children and be strictly monitored. It is essential that this process leaves no child behind and ensures that those children most in need, and most affected by institutionalisation, are prioritised and protected.

The following components are important to consider in the implementation phase:

i. Stakeholder engagement and strategic communications
ii. Assessing the needs of children, families and communities
iii. Service design and capacity development
iv. Safe, phased transition of systems
v. Support, monitoring and evaluation

2.1 Stakeholder engagement and strategic communications

Engagement with key stakeholders is a critical and constant feature throughout the process of transitioning away from institutions due to the complex change involved for children, families, staff and communities.

Care reform requires major upheaval in systems and **can be daunting or worrying for those involved**. Rumours and mistruths can spread easily in the absence of clearly articulated and communicated plans.

Throughout implementation, the purpose, key strategies and expected outcomes of care reform must be communicated. Language needs to be sensitive and appropriate to the many different audiences that need to be engaged with. Directness and open dialogue are important from the outset to foster trust in working relationships. **Engagement means listening as well as communicating. This is especially true when involving children and young people as key actors in the process, rather than simply passive beneficiaries.** Children and young people must be put first, and their voices must be actively sought out, encouraged and heard.

Engagement with children in institutions, staff, parents, relevant professionals, local and national authorities and the wider public can ensure **collaboration, coordination and clear expectations, and help secure formal working and collaboration agreements**. Through careful engagement, resistance to change can be identified and tackled.

Influential **champions and leaders can become figureheads and supportive actors** on this journey, influencing the behaviour of those who actively support institutions – for example, current managers of institutions, their staff, and private donors.

Sensitive engagement is especially important around the time of setting up a demonstration project and actively entering a phase of closing institutions. **A solid engagement strategy will help to minimise anxiety and further trauma for the children.**

OUR LEARNING: ATTITUDE CHANGE

The mindset of all stakeholders is critical to driving and enabling change, in each level of the chain and in all branches. High level authorities, judges, prosecutors, police, teachers, social workers, carers, volunteers, unions, researchers, private donors, and the general public all need to be engaged and brought on a journey for reform to take root. Policy cannot only be paper based, but requires broad consultation and a deliberate effort to identify, understand and change the attitudes that have sustained the child protection and care system to date.

FOUR CORNERSTONE STORIES THAT ENABLE CHANGE

1. **Children and youth who are living or grew up in an institution.** Few stories about the impact of institutional care have the emotional appeal of accounts of children and youth, who grew up in institutions.
2. **Parents whose children were taken to an institution.** Giving voice to parents who were separated from rather than being supported to care for their children, can help to counter the narrative around 'poor parenting'.
3. **Service providers that change their mindset.** Peers, who approach the issue with similar motivations and concerns, are likely to be among the most effective messengers to other care providers.
4. **Faith leaders who can speak from their tradition about the importance of family.** There are already some strong faith leaders on this issue, but more are needed.

CHECKLIST

- ✓ Developed stakeholder engagement plan, outlining key audiences and power dynamics
- ✓ Put children and young people first and ensured their voices are heard
- ✓ Invested in targeted communication and outreach to minimise and respond to concerns and resistance, and build support for the process-based services

OUR LEARNING:
CONTEXT IS CRITICAL

Examples of success should be tailored for the audience, context specific, and present information on how the audience can act to support the work.

Work with communications specialists to ensure that formats are easily accessible and visually engaging, particularly when communicating to non-technical audiences.

Build on the good work already done internationally: adapt to suit your audiences, develop and distribute a range of visual and instructional materials to illustrate that effective and practical solutions exist.

2.2 Assessing the needs of children, families and communities

During the implementation phase, **in-depth assessment at a granular, local level is needed to complete an accurate understanding of the situation and needs of children in institutions, separated from their families or at risk, and the prevention and alternative care service gaps at a local level**.

This **local specificity is critical in identifying needs, gaps and services provision requirements**. This will provide the evidence base to engage with those responsible for relevant social, economic and environmental sectors which will be key in creating holistic services to support children and families.

Institution and community mapping should take into account the situation of all children (in institutions and in the community) to understand areas of potential risk and vulnerability, as well as provide a picture of the resources available to deliver the transition and the services required in the new system. Such assessment should include:

- The reasons why children are placed in care or at risk
- Specific entry points to institutions
- Care provisions available (formal and informal)
- When children leave care and how
- Assets in the system

Individual assessments of every child in an institution need to be conducted by a team of relevant professionals which might include trained social workers, psychologists and education or health professionals. Children under the age of three and new entrants into an institution may be prioritised more urgently, however, plans should be made for every child. **No child can be left behind.** Child and family assessment tools should be standardised, and include interviews and consultation with the child and family themselves. This should follow established national assessment and case management protocols and allow an appropriate placement decision and transition plan to be made for every child living in the institution. **The purpose of assessment is to ensure that future care provision for the child meets their needs and rights.**

Understanding the needs of families and building them into care provision: Children in Need Institute, India

Archana was just five years old when she lost both parents. She was extremely vulnerable to being placed into an institution. Her grandmother took immediate care of Archana and her two elder sisters. However, she soon felt overburdened by the responsibility of caring for her three grandchildren.

It was decided that the home of the children's aunt, with whom Archana had a close and loving relationship, would be the best place for the children to be supported. In order to ensure that the aunt was able to support her nieces, they accessed a government programme to receive additional support.

Archana is now 12 years old and studying in school. She likes playing and dancing with her friends and regularly meets up with her grandmother. Her aunt and uncle love her like their own daughter. (CINI, India)[37]

37 https://www.hopeandhomes.org/what-we-do/how-we-work/project-partners/child-in-need-institute-cini-india/

CHECKLIST

- ✓ Understood the situation of children and the status of their rights at local level
- ✓ Assessed availability, quality of care services and the human resources across existing prevention and alternative care services in the community
- ✓ Conducted individual assessments of children in institutions, and of their families, to enable placement decisions in the best interest of each child

2.3 Service design and capacity development

Regardless of the scale or complexity of the transition process being planned, the following questions must be answered, based on the best available data; factoring in the perspectives of key stakeholders and prioritising the views of children and families:

- Where do we start?
- What types of services do we most need?
- Where are these services most needed?
- What are the likely numbers we need to plan for?

The answers to these questions will form detailed local plans for prevention, gatekeeping and alternative family-based care development. These are likely to cover:

- **Strengthening or establishing family-strengthening and prevention services.** This often includes family support in the domains of health, education, psychosocial support, housing and livelihoods / household economy, social protection, family planning and maternal health.
- **Strengthening or establishing gatekeeping mechanisms**. Starting at the local administrative level and ensuring strong coordination and funding available at district level to implement gatekeeping and ensure placement decisions are made in the best interest of the child. The following pages provide more detail about gatekeeping.
- **Strengthening or establishing alternative family-based care:** where children are not able to live with their birth parents, build family-based alternatives so all children have the chance to grow up in a family. Across the world, the overwhelming majority of children who don't live with their birth parents, live in families, not institutions. Countries and communities have experience and expertise in ensuring that children live in families, but the presence of institutions distorts this. This requires a targeted focus on those most often discriminated against and left behind, and an understanding of what services are needed to ensure they don't fall through the net and end up in institutions. During this process, it is **important to assess the role of residential care within the continuum of care provision, and gradually reduce reliance on this form of care**. In many countries there is an over-reliance on residential care – particularly for children with disabilities. If deemed necessary, residential care should be temporary, specialised and organised around the rights and needs of the child, in a small group setting as close as possible to a family, and for the shortest possible period of time, with the ultimate goal of finding longer term care in a family and community. Any care reform process should review the placement of every child in care, to ensure it is appropriate, time-bound and meets their needs and rights.

OUR LEARNING:

Often the closure of institutions is not followed by the reallocation of resources – financial and human – to newly developed services that are located in the community and are accessible to children and families. These resources are essential in the new system so that they can fuel the development of capacity at the local level to provide effective gatekeeping, including family strengthening, and alternative care.

CHECKLIST

- ✓ Designed and developed prevention services to support children and families
- ✓ Designed and developed gatekeeping mechanisms
- ✓ Designed and developed alternative family-based care services to meet the needs of children

GATEKEEPING: THE CRUCIAL DIFFERENCE IN CHILD PROTECTION AND CARE SYSTEMS

Applying the principles of necessity and suitability.
The key elements of ensuring alternative care is used only when necessary and appropriate for the child. (Cantwell et al, 2012.p23)

Q1 IS THE CARE GENUINELY NEEDED?

THE NECESSITY PRINCIPLE

Reduce the perceived need for formal alternative care

- Implement poverty alleviation programmes
- Address societal factors that can provoke family breakdown (e.g. discrimination, stigmatisation, marginalisation)
- Improve family support and strengthening services
- Provide day care and respite care opportunities
- Promote informal/customary coping strategies
- Consult with the child, parents and wider family to identify options
- Tackle avoidable relinquishment in a proactive manner
- Stop unwarranted decisions to remove a child from parental care

Discourage recourse to alternative care

- Ensure a robust gatekeeping system with decision-making authority
- Make available a range of effective advisory and practical resources to which parents in difficulty can be referred
- Prohibit the 'recruitment' of children for placement in care
- Eliminate systems for funding care settings that encourage unnecessary placements and/or retention of children in alternative care
- Regularly review whether or not each placement is still appropriate and needed

Q2 IS THE CARE APPROPRIATE FOR THE CHILD?

THE SUITABILITY PRINCIPLE

Ensure formal alternative care settings meet minimum standards

- Commit to compliance with human rights obligations
- Provide full access to basic services, especially healthcare and education
- Ensure adequate human resources (assessment, qualifications and motivation of carers)
- Promote and facilitate appropriate contact with parents/other family members
- Protect children from violence and exploitation
- Set in place mandatory registration and authorisation of all care providers, based on strict criteria to be fulfilled
- Prohibit care providers with primary goals of a political, religious or economic nature
- Establish an independent inspection mechanism carrying out regular and unannounced visits

Ensure that the care setting meets the needs of the child

- Foresee a full range of care options
- Assign gatekeeping tasks to qualified professionals who systematically assess which care setting is likely to cater best to a child's characteristics and situation
- Make certain that residential care is used only when it will provide the most constructive response
- Require the care provider's cooperation in finding an appropriate long-term solution for each child

A quality child protection system is defined by its ability to ensure that no children are unnecessarily separated from their families and by its capacity to provide suitable alternative family-based care for children, according to their needs, circumstances and in their best interest.

'Gatekeeping' is the broad term given to the set of systematic procedures aimed at ensuring that alternative care for children is used only when necessary, and that the type of care provided is suitable to the individual child.[38] It is a very helpful shorthand for the vitally important set of mechanisms that ensure governments can create child protection and care systems that apply the two principles of necessity and suitability.[39] Good gatekeeping[40] and preventative community services can ensure that families at risk become families who are supported to ensure their children can grow up safe in loving environments.

"Gatekeeping[41] requires an orientation that helps those involved focus on promoting family support and addressing underpinning issues of social exclusion and poverty."[42] A functional gatekeeping mechanism will effectively:

- Support the movement of children and young people out of institutions
- Prevent the unnecessary separation of children from families
- Support children in family-based alternative care

Importantly, gatekeeping involves making decisions about care in the best interests of children who are at risk of losing, or already without, adequate parental care. All actions and decisions taken during the gatekeeping process must be made in the best interest of the child.

Key strategies:

- Prioritise first the development of gatekeeping in 'sending' communities to help stem the flow of children into target institutions and facilitate the transition process

For gatekeeping to be successful the following key elements need to be in place:

- A collaborative platform across community stakeholders, authorities and other agencies and NGOs responsible for identification, referrals and decisions about children's care at the local level.
- A moratorium on placements in institutions. In other words, an agreement that no child can be placed in an institution and alternative care must be used.
- Community-driven resource centres focused on children, parents and communities.
- Appropriate family strengthening, prevention and alternative care services. Including emergency alternative care to ensure that no children are placed in institutions in situations where they have experienced separation or a child protection threat requiring immediate intervention. Emergency foster care is commonly most appropriate.
- Data collection and monitoring to ensure timely follow-up, monitoring of outcomes, and forward planning including for resource allocation, service development and consolidation of good practice.

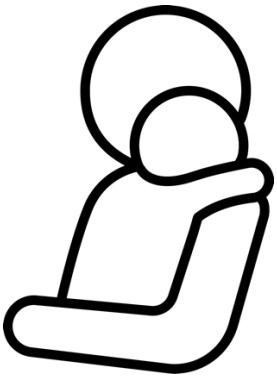
38 Changing the Way We Care, Gatekeeping Factsheet, 2021, https://bettercarenetwork.org/sites/default/files/2021-11/92.11_EN_%20What%20is%20Gatekeeping%20Factsheet.pdf

39 Neil Quinn, Jennifer Davidson and others, 'Moving Forward: Towards a rights-based paradigm for young people transitioning out of care' International Social Work, 60(1) 2012. https://doi.org/10.1177/0020872814547439

40 Andy Bilson and Cath Larkins. 2013. „Providing Alternatives to Infant Institutionalisation in Bulgaria: How Gatekeeping Can Benefit from a Social Development Orientation", Children and Youth Services Review, 35.9: 1566–75 https://doi.org/10.1016/j.childyouth.2013.06.008

41 Better Care Network, UNICEF, USAID 'PEPFAR Making Decisions for the Better Care of Children, the Role of Gatekeeping' https://bettercarenetwork.org/sites/default/files/Making%20Decisions%20for%20the%20Better%20Care%20of%20Children.pdf

42 Bilson and Larkins, 2013

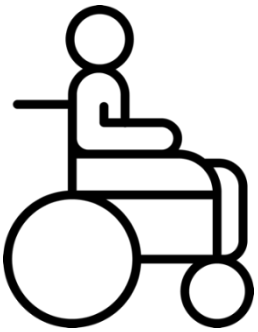


Case Study South Africa – Active Family Support Model

Parents and carers facing complex challenges do not always have the knowledge or confidence to seek support. Many fear they will be judged and that asking for help may increase their risk of being separated from their children.

Active Family Support is a model to identify children and families at risk and provide them with support to prevent family separation. Families are helped to assess their strengths and needs across six wellbeing domains: living conditions, family and social relationships, behaviour, physical and mental health, education, employment and household economy. Based on the outcomes of the assessment, families are engaged in developing a support plan and are assigned a support team consisting of social workers, pedagogues and psychologists who work intensively with the parents and the children for a set period of time.

From 2003 to 2010, the programme supported 845 people (479 children and 366 adults) from 245 families. The project team successfully prevented the separation of children from their families in 98% of cases.



Developing alternative family-based care: Rwanda

Rugwiro wanted to find a way to support children from vulnerable families. This led him to become a *friend of families* (Kinyarwanda Inshuti z' Umuryango – IZU). IZUs are community-based volunteers which aim to uphold child rights within their communities.

In his role as an IZU, Rugwiro undertook a range of activities to help keep families together, encourage children to stay at school, and improve child rights. However, he wanted to do more to protect children. It was then he decided to become a foster parent: *"I could not stand to see children suffering, they are our future as a country. When I was a child I was supported by someone from the community, he forged me into the person that I am today. It is my turn to give back the goodness I have received in my past*".

After a thorough assessment, Rugwiro's family was eligible to become a foster care family, and received training. The family was chosen and prepared to receive a young adult with disabilities. After an in-depth preparation process, Ndoli came into the family. He was 24 years old, and suffered from epilepsy and mental impairment.

When he arrived in the family, Ndoli was not very communicative and responsive. Gradually he learned new activities, such as helping to feed the family cow and working with his father in fields. This activity has awoken his cognitive abilities, his seizures have also significantly reduced. Rugwiro is a proud foster parent: *"We have to set examples, Ndoli is one of my greatest achievements. Neighbours always ask me how I do that. They are amazed by what we have achieved by receiving him into our family. We encourage others to support/receive vulnerable children, especially children with special needs."*

2.4 Safe, phased transition of systems

Care reform is a complex, multifactored process, which involves change across many levels. **It is essential to try to understand and manage what change looks like through the eyes of a child, or other service user, or the workforce**.

This is critically important at the point of transitioning children from institutions to family- and community-based care. Change can be difficult for anyone, but is particularly acute for children who have already experienced a lot of change in their lives, and have likely experienced trauma.

In preparing for a successful transition, **it is important to have the right people in place**. Trained social workers, psychologists, family support workers, community volunteers, community structures and other relevant caregivers with whom the child or the young person has a positive and trusting relationship, should form the team around the child, led by their case manager.

A realistic **schedule to balance trust-building with momentum** should be created. Planning requires an appreciation of two aspects of the process that may, at first, seem contradictory: on the one hand, professionals need to take enough time to build trust with children, young people, institution staff and local communities. On the other hand, the pace of change should be swift enough that assessments of children stay current, and momentum builds towards finding suitable placements for every child in the transitioning institution. From the beginning of assessment to the end of transition there should be a clear framework for action in place, scheduled to be implemented over a period of time.

Children must be prepared[43] so that trauma and upset are minimised. If children are not adequately prepared, they are very likely to be suspicious and resist the change, increasing the chances that transition will fail. Allowing children opportunities to question, to challenge, and even to initially resist the change is crucial. Some children may find that their birth families cannot be traced or that they cannot return to them, others may be anxious about leaving the institution they have lived in for so long. Children may have preferences about where they live and with whom, based on their family ties, violence or abuse in the home, education, friendships and aspirations among others. Specialist support should be provided to children and young people as part of the transition process. Young people who are ageing out of care and transitioning to independent living should be connected to all necessary forms of support appropriate to their needs and life goals.

43 For example https://www.wearelumos.org/resources/moving-my-new-home-0-14/

The principles that underpin a safe, successful transition

All agencies should agree to the following principles for transition:

- Acting in the best interests of the child and in accordance with the UNCRC and the UN Guidelines at all times is the guiding principle, to be prioritized over all others.
- No child should be moved from one institution to another unless this is in the best interest of the child and only as a temporary measure.
- As residential care services are closed, no children should be left behind. Every effort must be made to provide the most suitable alternative care for every child, of all ages and abilities.
- In seeking to provide alternatives to institutional care, every effort should first be made to reintegrate with their birth family, where this is safe and appropriate; where this is not possible, alternative family placements must be sought, first with extended family then in adoptive or foster care; for young people leaving care, transition services should be made available; children with disabilities should be provided with the appropriate level of support to enjoy their right to community and family living.
- Siblings should be reunited where possible and appropriate.
- Those buildings currently housing specialized institutions and targeted for closure during the programme should not be used for residential care for children.
- All interventions should do no harm and result in long-term benefits to families and communities.
- All interventions should make communities more resilient to hardship and disasters.
- Government authorities (f the Executive branch, the Legislative branch and the Judicial branch) and policy-makers are responsible for the improvement of child protection and care systems.

Promoting Resilience Informed Care is a useful **practical tool for anyone working with children at risk of entering, already living in, preparing to leave, or having already left, alternative care**. It explains some of the triggers of trauma and how it manifests itself before, during and after the move. It details how to support children who are at risk of, or who have already experienced adverse experiences, that might lead to distress or trauma.[44]

Staff employed by the institution must be actively involved in the transition process. Staff resistance is a common challenge, yet some staff go on to fulfil other important roles such as retraining as foster carers or taking roles in new community-based prevention services. Encouraging staff to participate in children's transition helps them to transition in their own approach to delivering care. Engagement with the entire community in and around an institution is critical to the success of transition; its importance cannot be overstated.

The preparation for transition may take longer in the case of some children and young people with disabilities and should be supported by trained specialist professionals.

44 CTWWC, Promoting Resilience-Informed Care: A practical guidance resource for frontline workers in family based care, 2021. https://bettercarenetwork.org/library/childrens-care-in-emergencies/preventing-separation/promoting-resilience-informed-care-a-practical-guidance-resource-for-frontline-workers-in-family

OUR LEARNING: TIMELINES

Care and protection system reform is a long term commitment, but children need clear timelines to manage the transition and clear communication. Time is of the essence for children without parental care to ensure they can experience the warmth and care of a family environment during their childhood.

CHECKLIST

- ✓ Comprehensive transition plans in place for children
- ✓ Ensured that children, families and services are adequately prepared and supported for the forthcoming changes in their lives
- ✓ Implemented the safe transition of children from institutions to family and community-based care, ensuring that resources are redirected from institutions to the new family and community based services

OUR LEARNING:
ENDING INSTITUTIONALISATION

Reducing the number of children in institutions must involve specifically planning for the repurposing or closure of these facilities. If this is not done, incentives will remain in place to replace the children who have left. Even if a reduction in the net number of children residing in institutions could be achieved in the short term, the financial mechanisms set up, usually on a cost/child allocation, will not allow for a significant change.

CHECKLIST

- ✓ Ongoing post-placement support and monitoring cases of all children and families
- ✓ Monitoring and evaluating cases to understand placement effectiveness and outcomes for each child
- ✓ Systems to gather and use learning to evaluate, scale and sustain change in place

2.5 Support, monitoring and evaluation

Post-placement support and monitoring is crucial to **ensure quality of care no matter the setting**. Once a child has made the transition out of an institution and into their prepared placement, or returned to their birth parents or extended families, **the focus of attention needs to shift towards post-placement support for the child, the family and/or the caregivers** in alternative family-based care settings.

Placement in family or alternative care is not enough by itself to overcome the challenges faced by the child and family, or to address all harm caused by institutionalisation. **The quality of the subsequent family environment – and enabling social, economic and environmental forces – are important factors in outcomes for children.** While placements in a supportive family can result in the formation of close attachments within that family unit, many children who grew up in institutions will still face challenges in interacting with peers and adults outside the family unit.

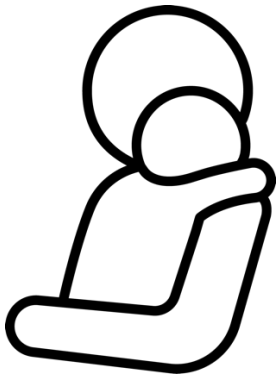
Processes should be established to enable **regular and sustained child and family visits; generating information and discussions which lead to supportive interventions for families and children**. This monitoring and support can be delivered by an appropriate mix of skilled professional social workers and trained community volunteers.

Monitoring a set of agreed indicators is a vital part of the post-placement programme. **A meaningful system of monitoring and evaluation will generate an understanding of the level of programme and placement effectiveness** for each child and overall, and data on the outcomes that are being achieved for children and families once they are back in their communities. This enables teams to learn from mistakes, from positive and negative experiences, and to put in place mechanisms for improvement in the future. In addition, an understanding of 'what works' should link into how resources are allocated – ensuring that promising and effective practices are prioritised, rather than just focussing on 'inputs'. Documenting what works, understanding where the gaps are and being willing to share these is key to the success of individual programmes and broader reform.

Case management systems should include a set of **agreed tools to collect data on a range of indicators about children's development, quality of life and the quality of family or alternative care provided to them**. These measures should then be monitored through the post-placement support phase and help conclude the intervention and close the case. Indicators should be independently collected by professionals and gathered through self-assessments and consultation with the children and their families.

Monitoring and evaluation should not be a tick-box exercise, or viewed too narrowly, as all learning is vital. This is particularly true when pioneering change, as the learnings will be valuable to others who wish to replicate, scale up and sustain change nationally. It supports the promotion of a child-centred focus across services and increases the likelihood of future reform programmes being initiated and maintained nationally and across regions if data is more widely shared. Local and regional systems of monitoring should therefore be designed with a view to integration with any existing national systems of data collection.

All data collected on individual cases should be **anonymised, collated and aggregated so that it can inform the oversight and development of the care system** at local and national levels. Management information systems provide those responsible for the care system with the ability to identify what is working, what needs improving, and where additional support is best directed. They are also key tools in **ensuring accountability of the care system to the people it serves**.



An evaluation of Rwanda's landmark TMM Programme[45]

The *Tubarerere Mu Muryango* / Let's Raise Children in Families (TMM) programme is described on page 19. Phase 1 of the programme was evaluated in 2017. The evaluation summarised the key achievements and lessons learned from the first phase of implementing national reform. It highlighted how the programme had led to dramatic decreases in the number of children in institutions and how government agencies had strengthened, among other areas. Crucially, the evaluation outlined remaining challenges and priority next steps that had to be factored into the next phase of reform. These included further support for children with disabilities and greater government ownership of care reform and child protection structures at a district level.

45 UNICEF/ Primson Management Services, 2018). Summative Evaluation of the Tubarerere Mu Muryango / Lets Raise Children in Families (TMM) Phase 1 Programme in Rwanda. Rwanda: UNICEF, https://bettercarenetwork.org/sites/default/files/2019-08/TMM%20Summary%20Evaluation%20Phase%201.pdf

CROSS-CUTTING ELEMENTS OF CARE REFORM

Phases I and II outline the steps needed to prepare for reform, the key structural conditions that must be in place, and present key stages and essential ingredients that must be incorporated in the reform process. This section highlights cross-cutting elements which will underpin any stage of the care reform process and, crucially, **sustain a transformed system**.

The key cross-cutting elements of the care reform process, which help underpin and sustain change are:

3a. Personalised approach to care

3b. Commitment to safeguarding children

3c. Leave no child behind

3d. Accountability to children, young people, families and civil society

3e. Monitoring, evaluating and learning

3f. Sustainable resourcing

3g. Supportive policy, legislative environment and leadership

3.1 Personalised approach to care

To ensure a quality care system that meets the evolving needs of children, families and communities, **children must be placed at the centre of the system**. This means that children's feedback and outcomes must drive the process, help shape the tools and inform practice so that no child is left behind and all children are supported to grow and thrive in safe and loving families. It also ensures that the care system is agile and can adapt as the needs of society, and the challenges they face, change.

3.2 Commitment to safeguarding children

Throughout the care reform process, **it is critical that all stages and stakeholders share a commitment to safeguarding children – this should be a common thread running through all activities associated with the care system, and its reform.**

A shared commitment to safeguarding means that stakeholders agree to: *prevent* children from experiencing harm and abuse; *protect* them from experiencing harm and abuse; ensure they grow up in *safe and effective care*; and *promote* their wellbeing and *take action* to ensure they have the best possible outcomes.

This is a comprehensive and complex commitment. It requires everyone to understand their role and responsibilities in safeguarding children: providing guidance and support; and establishing policies and procedures. In some contexts, there may already be strong safeguarding policies and procedures in place. In this situation, the reform process should raise visibility and accountability to existing frameworks. However, in other contexts, there may be a need to develop a new, shared approach to safeguarding.

Regardless of the level of existing safeguarding frameworks, it is **important that the care reform process builds a *culture* of safeguarding throughout all activities**. This means creating an environment where safeguarding is actively considered and prioritised and where all stakeholders involved – including children and staff – feel confident in raising concerns. As the care reform process develops, it is likely that power dynamics will evolve. Children and young people may feel more comfortable in challenging decision makers and holding them to account.

Safeguarding toolbox: Changing the Way We Care

The *Safeguarding Toolbox*[46] contains risk assessment tools, support and guidance for those who work with and for vulnerable children and adults, particularly those at risk of entering, or already living in, alternative care. This toolbox is intended to help:

- understand what protection and safeguarding means in a variety of contexts
- supplement and strengthen policies and procedures and align to global best practice standards
- implement and 'live' the policies
- build capacity and raise awareness around safeguarding and integrate an understanding of underlying causes of exclusion, discrimination, violence, abuse and exploitation in programme strategies

3.3 Leave no child behind

A strong care system must be inclusive of all children. This is in line with the Sustainable Development Goals agenda's aim to 'leave no one behind'. As highlighted previously, stigma and discrimination in the system often results in certain groups of children disproportionately being separated from their families, entering the care system, and being placed in institutions. Once in an institution, many groups of children, such as children with disabilities, and girls, are more likely to suffer harm. Even in countries that have started to transition away from care systems that rely on institutions, where stigma and discrimination have not been tackled, these groups of children remain on the margins, and are more likely to remain in institutions, or placed in alternative care that does not meet their needs.

It is essential to monitor the system to ensure that groups of children are not being left behind in reform efforts, and to **keep the pressure on relevant ministries or service providers to maintain momentum**.

3.4 Accountability to children, young people, families and civil society

Meaningful **participation of children is critical in ensuring that the best interests of the child are met** – this can range from individual placement decisions, right through to shaping national reform efforts.

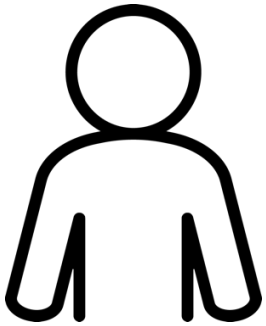
Participation is one of the core principles of the UN Convention on the Rights of the Child. Children – especially those living in care or at risk of separation from their families – must be given opportunities to influence decisions that affect their lives. **Mechanisms must be built that develop and support their agency, so that they can safely challenge decision makers and hold them to account.**

This will enable children and young people to play a **significant role as agents of transformation throughout all phases of reform**, from the initial preparatory stage through to implementation and monitoring, in accordance with their evolving capacities and gradually increasing autonomy. All

46 Changing the Way We Care, Safeguarding Toolbox: For organizations to develop & implement effective, relevant safeguarding policies and practices, 2022. https://bettercarenetwork.org/safeguarding-toolbox-for-organizations-to-develop-implement-effective-relevant-safeguarding-policies

children have the right to participation, and attention must be paid to ensure that children with disabilities and other children who may have been marginalised are encouraged and enabled to participate and have their voices heard.

In order to ensure a dynamic care system is in place that recognises and responds to the needs of children, families and communities, **it is important to ensure that the participative approach followed throughout the care reform process, is embedded in the 'new system'.** This means establishing mechanisms through which users of the system – such as children and families, and civil society groups – are able to play a watchdog role over the system, and have opportunities to continue to monitor, support and develop the strategy, plans and services.



Engaging and supporting young people leaving care: Kenya

The Kenya Society of Care-Leavers (KESCA)[47] was established by and for young people who have grown up, or spent part of their lives, in institutions in Kenya. It aims to promote the well-being of care-leavers and advocate for the rights of children in institutions. The organisation strives to enhance the social, psychological and economic coping mechanisms of youth by providing life skills and linking them to economic opportunities.

Activities to strengthen economic opportunities include: life skills and motivational training; supporting young women leaving care on relationships, sexual and reproductive health, and marriage issues; helping young women overcome trauma and violence in their lives; providing care leavers with life skills and building confidence; and supporting self-advocacy to shape policy and guidance.

3.5 Monitoring, evaluating and learning

Improved outcomes for children are the ultimate goal of care system reform. Properly planned and supported transition from institutions to family and community-based care, and successful interventions that prevent the need to separate children from their families, deliver positive outcomes for children. It is essential to gather evidence of the outcomes for children and families during all phases of reform to ensure it is delivering as intended, and to continue to inform practice and policy.

Systematic collection of data is critical at both national and local levels. This requires national data systems to explicitly target children separated from their families and at risk, and for relevant mechanisms, indicators, tools and data systems to be developed. There may be opportunities to integrate key indicators relating to the care system into existing national routine data collection systems – this can include data collection processes and periodic assessments, such as household surveys. **This will ensure that children are included in statistics that inform government policy, programmes and budgets.**

It is important to note that **the presence of evidence, however compelling, is not always enough to make a difference**. Attention must be paid to strengthening people's capacity to understand data, and how they can build it into their decision-making processes. This often requires targeted advocacy and support with decision makers so that they prioritise evidence-informed decision-making.

47 https://www.kesca.org/

DataCare: Better data for better child protection systems

Comprehensive mapping of child protection data systems across the 27 Member States of the EU by the DataCare project found 302,979 (40%) children in residential care out of a total of 758,018 children in alternative care across the EU.[48],[49]

The proportion of children placed in residential care compared to those placed in formal family-based care provides an instrumental indicator of the effectiveness of deinstitutionalisation and progress towards the goal of ensuring that children in alternative care receive high quality, inclusive, family and community-based care - in combination with other indicators including the reasons for placement and the later outcomes for children.

The DataCare project proposes a core set of four interlinked indicators at the national level to enable a transparent and common approach to data collection and monitoring of deinstitutionalisation and child care reform:

- The rate of children aged 0-17 in alternative care at a specific point in time (per 100,000)
- The rate of children aged 0-17 in residential care at a specific point in time (per 100,000)
- The rate of children aged 0-17 in formal family-based care at a specific point in time (per 100,000)
- The percentage of children aged 0-17 in residential care (of the total number of children aged 0-17 in alternative care at a specific point in time).

48 UNICEF and Eurochild, 'Children in alternative care: Comparable statistics to monitor progress on deinstitutionalisation across the European Union,' Policy brief on findings and recommendations from the DataCare project. 2021 https://www.unicef.org/eca/media/19756/file/UNICEF-DataCare%20Policy%20Brief.pdf

49 UNICEF and Eurochild, 'Better data for better child protection systems in Europe: Mapping how data on children in alternative care are collected, analysed and published across 28 European countries,' Technical Report of the DataCare project. 2021 https://www.unicef.org/eca/media/19761/file/UNICEF-DataCare%20Technical%20Report.pdf

OUR LEARNING:
WHAT GETS MEASURED, GETS VALUED

It is important to ensure countries build a strong baseline and measure quantitative and qualitative indicators to document progress and ensure the quality of all care provided to children. A strong monitoring and evaluation system is needed at a national level in addition to setting up 'learning from practice' mechanisms which document failures as well as successes. Real-time and historical data must be captured adequately and sensitively, analysed and used to inform the iterative process of planning and implementing the care reform.

3.6 Sustainable resourcing

As previously highlighted, **additional resources are always needed when transitioning a care system**. Typically, greater resources are needed when the old and the reformed systems are still running in parallel, and until resources locked into running institutions can be used to support children in their families and communities. **Transitional costs** include infrastructure, costs relating to service design and early delivery, training, capacity building and skills development.

The role of donors in supporting the transitional costs of reform: European Union

The transitional costs of the care reform process can be considerable and present a major barrier to countries embarking on the process at scale. In order to catalyse reform at a national level, and support this process, the European Union has played a major role in supporting care reform in Romania and Bulgaria.

The European Union's Structural Funds were provided to both countries at different stages of their reform processes and, crucially, they played a key role in supporting transitional costs. This enabled governments to plan and budget for the new 'transitioned' system of care, and reallocate funds invested in the old institutional system to the new system, without having to identify greater resources to manage and implement the change process. This enabled the European Union to help catalyse the transition, but also ensure that the process was led at a national level as Funds were directed to support transformation, rather than the ongoing running of the system.

An Example of Policy Commitment from a donor country, UK

At the 2018 UN Global Disability Summit, the UK government publicly committed to a new policy on children and young people in institutions, which noted the harm of institutionalisation and stated the government's commitment to ensuring that all children "realise their right to family care and that no child is left behind". It committed the UK government to tackling the underlying drivers of institutionalisation and working towards the long-term process of deinstitutionalisation globally.[50]

This declaration is an example of a donor country becoming a champion of global care reform. Its principles were later incorporated into the DfID (Department for International Development) strategy on disability inclusion and UK Aid Direct enacted a regulation against funding orphanages. At the 2022 Global Disability Summit the UK restated this commitment as part of its new FCDO (Foreign Commonwealth and Development Office) Disability Inclusion and Rights Strategy.[51] UK Aid has also set a promising example through its own direct work, by funding programmes to combat institutionalisation, strengthen families and social services and reform child protection systems in several countries. In addition, in October 2019, the UK joined other countries in changing its

50 https://www.internationaldisabilityalliance.org/commitments/stakeholder/united-kingdom-department-international-development
51 https://www.gov.uk/government/publications/fcdo-disability-inclusion-and-rights-strategy-2022-to-2030

travel advice for citizens to recognise the harm that can be caused by orphanage volunteering.[52]

An Example of Strategic Support for Care Reform from a Global Partner: the European Union

The European Union (EU) plays a leading role in catalyzing care reform within its borders, by striving to ensure that no EU investment goes to institutions and by supporting its member states in the transition towards family- and community-based care.[53]

More recently, the issue of child institutionalisation was firmly placed on the EU's global agenda. The new **Neighbourhood, Development and International Cooperation Instrument**[54], which entered into force in June 2021, has included the promotion of 'the transition from institutional to community-based care for children' as an area of cooperation and intervention, for both its geographic and thematic programmes.

This priority also features in the global dimension of the **EU Strategy on the Rights of the Child**[55], where the European Commission committed to "invest in the development of quality alternative care and the transition from institution-based to quality family- and community-based care for children without parental care and children with disabilities".

In turn, these commitments are reflected in the **EU Action Plan on Human Rights and Democracy 2020-2024**[56], which includes a strong call to action to support care reform globally, "Promote measures to prevent, combat and respond to all forms of violence against children. Assist partner countries in building and strengthening child protection systems. Support the development of quality alternative care and the transition from institution-based to quality family- and community-based care for children without parental care."

Successful transition programmes should leave a legacy of well-run preventative, family strengthening and alternative care services in local communities. **A vital part of sustaining change at any level is ensuring continuous, adequate investment to maintain these services in the communities and sustain the workforce and services.**

It is **crucial for governments to take up responsibility for the system in the long term, to ensure national ownership and the overall sustainability of reform**. By carefully planning the investment in

52 https://www.gov.uk/guidance/safer-adventure-travel-and-volunteering-overseas
53 The EU has mainly been promoting the transition from institutional to family- and community-based care through the European Structural and Investment Funds. For more information see: Community Living for Europe: Structural Funds Watch (2018). *Inclusion for all: achievements and challenges in using EU funds to support community living.* https://eustructuralfundswatchdotcom.files.wordpress.com/2019/09/strucutral-funds-watch_inclusion-for-all.pdf [accessed 27 September 2021].
54 Regulation (EU) 2021/947 Of the European Parliament and of the Council of 9 June 2021 Establishing the Neighbourhood, Development and International Cooperation Instrument – Global Europe. https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32021R0947&from=EN
55 Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions - EU Strategy on the Rights of the Child. March.2021. https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:52021DC0142&from=en
56 EU Action Plan on Human Rights and Democracy 2020 – 2024. https://www.eeas.europa.eu/sites/default/files/eu_action_plan_on_human_rights_and_democracy_2020-2024.pdf

transition and the sustained funding of the care system, authorities can reinforce their authority and oversight over the care system and improve regulation.

This requires governments to develop robust financial plans for the real need in local communities and secure the necessary budget at national and local levels.

This can be challenging in contexts which rely heavily on private funding, such as from NGOs or faith-based organisations - **redirecting these resources from institutional to family and community-based care is complicated and resource intensive, but essential in sustaining the reformed system.** For example, donations previously targeting institutions could be invested in setting up alternative care services (seed capital), educational support services, help to access medical and health services, and community hubs with services like day care, after school programmes and early intervention.

Our learning: It is important that the care reform process is future-proofed with sustainable funding at its heart. There should be checks and balances in place to ensure that services identified as essential in the process of transition are maintained in perpetuity. In some cases, austerity measures or cuts in other budgets after the process of transition have seen essential services cut.

3.7 Supportive policy, legislative environment and leadership

Legislation and regulation that underpin and enshrine reform are essential. Yet, while a conducive policy and legislative framework is important, it has to be translated into action. Aspects such as **national service standards and guidance – with an effective inspection process,** help to formalise reform and create a system that strives for continuous improvement.

OUR LEARNING:

It is important that the care reform process is future-proofed with sustainable funding at its heart. There should be checks and balances in place to ensure that services identified as essential in the process of transition are maintained in perpetuity. In some cases, austerity measures or cuts in other budgets after the process of transition have seen essential services cut.

OUR LEARNING:

It is also important to note the invaluable role that leadership plays in sustaining and championing reform. Government and civil service leadership is particularly critical, and the agency leading the reform should have the mandate, vision and capacity to drive and coordinate change across a broad and diverse sector. The institutional design of the agency in charge of the reform is very relevant. Globally there are examples of inter-agency coordination formats with mixed results. Sometimes a central authority overseas the whole process. In any case, there must be a lead agency, with enough legal, administrative and symbolic authority that can take decisions, move with dynamism and lead the rest of the agencies towards the changes and ensure sustainable change at all levels.

EXAMPLES OF CARE REFORM FROM AROUND THE WORLD

In every region of the world, evidence exists that care reform is possible, and that it delivers better outcomes for children. This section provides topline summaries of care reform progress in some countries where Hope and Homes for Children works.

The examples provided are intended to illustrate how different countries organised their care reform processes, the notable achievements, and the timescale followed.

Care Reform in Romania – Timeline of System Achievements

1997-2001
A new SW force is developed with the new generation of Social workers and Psychologists graduating for the first time after 1970s and the creation of the regional authorities for child care and protection (the country Child Directorates).

2005
First comprehensive legislation for promoting and protecting children's rights is implemented in Romania, with a specific focus on children in care (Law 242/20014).

2014
State ban introduced on the institutionalisation of children under 3 (excluding children with severe special needs). By cutting the entry point for institutionalisation, the system started to collapse.

2019
All children under 3 are no longer placed in residential care. A ban is introduced on placing children under 7 in residential care (with the exception of severe special needs).

1989
Journalists discover more than 100,000 children starving, naked, with shaved heads in "orphanages".

1991-1996
Government attempts refurbishing institutions, hoping for a quick solution. Unfortunately, refurbishing delivers no change.

2001-2004
First attempts to pilot reform and systemic change. Romania is under pressure from the EU to implement significant changes for children.

2007-2014
Reform is spear-headed by CSOs in partnership with state authorities continuing with demonstrations of systemic change at county/regional level and pushing for a clear political agenda for transformation.

2019
Government legislation sets January 2021 as the date for eliminating all large scale institutions. Concerns are raised regarding the safe transition of children.

Care Reform in Bulgaria – Timeline of System Achievements

Institutional care system for children part of the socialist past.

In the turbulent 90s an estimated 30,000 children in institutions. Institutions were divided among MoH, MLSP and MoE.

Bulgaria ratifies the UNCRC.

First alternative care services are piloted by NGOs, mostly day care for children with disabilities.

2003
Institutions for children with disabilities transferred to municipalities but finance from national level.

Child Protection Act adopted Child Protection Departments (gatekeeping).

2004
First regulation of foster care introduced voluntary FC.

2005
First 10 Complexes of Social Services open under a national World Bank project: family counselling and support, services for street children, emergency placement units, mother and baby centres.

2007
Second regulation allowed both voluntary and remunerated FC. Foster care seriously underdeveloped.

2009
133 foster families, 112 children placed.

Starting point 2010 (137 institutions; 7716 children)
Government national strategy 'Vision for Deinstitutionalising the Children in Republic of Bulgaria' for the closure of all institutions for children by 2015.

2007
Institutions for school age children transferred to municipalities but finance from national level.

By 2010, NGOs led the pilot closures of 4 institutions of different type.

First Action Plan 2020-2015
Closure of all 25 institutions for children with disabilities. Closure of the first 8 institutions for children under 3 managed by the Ministry of Health. Development of national scale foster care. Building infrastructure for alternative services and care. Capacity building of the social workforce. Legislative changes.

2017
Executive Order prevents typical children of any age being placed in institutions.

2016 Updated Action Plan
By end of 2020 closed all institutions for children without parental care. By 2020 closed further 13 institutions for under 3. Only 4 remaining with 200 children.

2020
New Law of Social Services came into force promising quality improvement

2021
Increased allowances for babies and children with disabilities in foster care.

Care Reform in Moldova – Timeline of System Achievements

17,000 children in residential institutions (1995)

11,554 children in residential institutions 6,562 children in family based care (2007)

1,365 children in residential institutions 11,115 children in family based care (end 2016)

1995

Dependency on residential care system

1996-2006

First social assistants and foster carers trained and employed

Active/ Intensive advocacy and awareness raising

2007-2010

Regulations for gatekeeping, foster care, community social assistance (CSA) services, supervision, referral, and services quality standards.

CSA network.

Child Safety Service set up within the Ministry of Interior

2011-2012

Regulation for the reallocation of financial resources in the deinstitutionalisation process to social and education services

National Programme on Inclusive Education 2011-2020

National Council for the Reform of Child Care residential system and development of inclusive education

Intersectoral cooperation mechanism for the prevention and reduction of infant mortality and mortality of children under 5 at home

2013-2016

Regulations on family support service, early intervention (health sector), and psycho-pedagogical assistance services.

Piloting of an inclusive education model for children with severe disabilities..

Child protection included in the curriculum of the police academy.

Inclusive education included in the university curriculum.

Automatic Information System Social Assistance.

2017

Piloting of new interagency cooperation models focused on primary prevention, early intervention, and timely intervention to ensure child wellbeing (National Model of Practice, home visiting).

Efforts for ensuring better coverage of high-quality alternative services.

Minimum package of social services guaranteed by the state (in development).

1995

Community based services are non existent.

Poverty and social norms are the main reasons for child institution-alisation.

1996-2006

Education for All strategy adopted..

Established the first directorates for the protection of children's rights.

First foster care placements.

Residential system assessment.

Piloting of a model for the reorganisation of the residential system.

2007-2010

National Strategy & Action Plan for the Reform of the Residential Childcare System 2007-2012

National Programme on Integrated System of Social Services

Strategy for Social Inclusion of Persons with Disabilities 2010-13

2011-2012

Introduction of support teacher position in schools.

Piloting of an inclusive education model and inclusion of special schools in the reorganisation process.

Promotion of child participation in policy development and service delivery; piloting of child participation programs.

2013-2016

Child Protection Strategy and Action Plan 2014-2020.

Law on special protection of children and subsequent adjustment of the regulatory framework in line with the new law and United Nations alternative care guidelines.

Inter-sectoral cooperation mechanism for the identification, evaluation, referral, assistance, and monitoring of children who are victims or potential victims of violence, neglect, exploitation, and trafficking.

Education code; Education 2020.

Strategy for development parental skills and competences 2016-2022.

Fund for inclusive education.

2017

Testing of a modernized version of the Automatic Information System Social Assistance (full operation in the fall of 2017).

Moratorium for the prevention of institutionalisation of children under 3 (under discussion).

Initial continuous training system for workforce in social assistance (first phase) to provide more child-centred and family-focused services.

Care Reform in Rwanda – Timeline of System Achievements

37 residential care facilities for 4,800 children informal FC

1994-1995
Genocide against Tutsi. 70 residential facilities for 12,700 children. Foster care promoted by government.

57 residential facilities with 6620 children. Guidelines to regulate residential care.

Law 27-2001 on the rights of the child and protection of children against violence.

2003-2007
National policy and strategic plan for orphans and vulnerable children Malaika Mulinzi (Guardian Angel).

2010-
Moratorium on inter-country adoption. Solemn launch of DI project Integrated Child Rights Policy.

2012
National survey of institutions – 33 facilities with 3,323 children Tubarere Mu Muryango (TMM) child care reform implementation framework

2011-
National commission for children established. First ECD policy

Moratorium on ICO lifted TMM phase 2 Law 71/2018 on protection of child

IZU (friend of family structure) National Council for Persons with Disabilities Law 32/2016 governing persons and family

2019-2020
Pilot Closure of first institution for children with disabilities

2021
Survey on residential institutions for children with disabilities. 12 institutions to close, including 8 for children with disabilities

2019-2020
Government guidance on inclusive reintegration

WHAT NEXT?

Hope and Homes for Children fights for a world where children no longer suffer in institutions. By 2031, we aim for institutions to be seen as an unacceptable way of caring for children, and consigned to the past.

This involves Hope and Homes for Children leading and supporting national reform in the countries we work in to demonstrate that reform is possible, achievable and, critically, delivers better outcomes for children, families and communities.

We will continue to work alongside our partners to shape the global, regional and national prioritisation of care reform. This means ensuring that policies, practice and funding are pivoted away from institutions, towards the kind of family- and community-based support which will enable children to thrive.

For every child to feel the love of a safe, supported family, we need a global coalition of partners aligned to the same vision; reflecting the countries, cultures, knowledge and expertise needed to transform diverse care systems around the world.

This roadmap shares what we have learned, and is intended to support local leadership of reform efforts at a national level. We encourage stakeholders interested in care reform to come together and discuss this publication, its ideas, suggestions and advice – interrogating how it can be adapted to the needs of their national contexts. There are many excellent partner organisations and resources devoted to care reform, and we have included a selection of links at the end of this document.

As the world evolves, and priorities change, the need for a child to grow up within a family will never change. The care system is like a living organism; it evolves based on the changing complexion and needs of society. As such, new approaches and learning must, and always will, emerge. Please share any feedback about this publication, how you are using it, and what else can support your efforts.

We want to inspire, partner with, and learn from organisations with the same aspirations. Together, united, we can create a better future for children. **Always Families. Never Institutions.**

USEFUL RESOURCES

Berens A., Nelson, C. ' The science of early adversity: is there a role for large institutions in the care of vulnerable children?' The Lancet, 386 (2015) https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61131-4/fulltext

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Schoenmaker, C., Juffer, F., van IJzendoorn, M. H., Bakermans-Kranenburg. M. J., 'Does Family Matter? The Well-Being of Children Growing Up in Institutions, Foster Care and Adoption' In Handbook of Child Well-Being ed. by Ben-Arieh A., Casas F., Frønes I., Korbin J. (Springer, Dordrech, 2014) https://doi.org/10.1007/978-90-481-9063-8_179

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A useful selection of publications and resources can be found on the following websites of Hope and Homes for Children and the partner organisations who kindly reviewed this publication.

Hope and Homes for Children: www.hopeandhomes.org/what-we-do/publications

Better Care Network: https://bettercarenetwork.org/library/library-of-documents

Changing the Way We Care: https://www.changingthewaywecare.org/results-and-impact/

Lumos: https://www.wearelumos.org/resources/

Save the Children: https://resourcecentre.savethechildren.net/