

Transitioning to Family Care for Children:

A GUIDANCE MANUAL



THE FAITH TO ACTION INITIATIVE, 2016

This *Guidance Manual* provides helpful information and tools for churches, faith-based organizations, donors, and others who are transitioning children's care away from residential care to care within families. Based on evidence-based research, the experiences and lessons learned from practitioners around the world, and international principles of best practice in the care of orphans and vulnerable children, this resource provides an introduction to and overview of the key steps in transitioning to family care. It has been developed along with a companion *Transitioning to Family Care for Children Tool Kit* to support efforts to ensure that children grow up in the love and care of families.

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Introduction

The purpose of the *Transitioning to Family Care for Children: A Guidance Manual* is to provide helpful information and tools for churches, faith-based organizations, donors, and others who are transitioning children's* care away from residential care to care within families. This resource aims to come alongside you so that your work is aligned with biblical principles, a strong evidence base, and a growing movement within the Church that affirms the importance of family in every child's life.

While an all-inclusive "how-to" is beyond the scope of this manual, this guide strives to provide an introduction to and overview of the key concepts and steps that are important to a successful transition process. The manual aims to complement—and not to substitute for—the professional practices, national policies, and international standards necessary for the healthy and safe support of children transitioning from residential to family care. The identified resources and global guidance highlighted throughout this manual will support you as you implement your transition. The guidance offered is not a "one size fits all" solution, as any transition requires careful planning, assessment, and adaptation based on its unique circumstances and context.

The information and resources in this manual are presented in seven chapters:

Chapter 1 provides a framework for understanding the transition to family care. *Why transition to family care? What are some of the core principles to keep in mind throughout the process?*

Chapter 2 offers key considerations as you plan your transition. *What are the steps in transitioning to family care? How will your unique context shape your approach? How will you raise awareness to bring others along?*

Chapter 3 explores how working in partnership with others supports family strengthening. *How are staff members and various partners engaged in the transition process? What are some of the child and family services needed and how will these be provided?*

Chapter 4 focuses on some of the ways that transitioning care can mean a shift in your business model. *How will you cultivate resources that fund the cost of your transition? How will you reallocate your current assets in support of your goals?*

Chapter 5 provides an introduction to child-centered case management. *What gatekeeping mechanisms will you use to ensure appropriate family placements? What are the underlying principles and key steps in determining placements, developing individual care plans, and preparing children and families for transition?*

* The term children is used throughout this document to refer to all young people from birth through adolescence.

Chapter 6 explores the “continuum of care” as a range of family-based options for child placement, including family reintegration, kinship care, adoption, and foster care. *What are the main considerations when you are selecting the most appropriate type of care for a child? When is community-based care needed?*

Chapter 7 covers tools and concepts for monitoring and evaluation. *How will you know if children are safe and cared for in their family placements? What is the impact of your transition process?*

To help you get the most out of the manual, the following symbols are used throughout to direct you to further reading, resources, illustrative case studies, practical tools, and suggested action items:



Links reader to highly useful information, resources, and tools within the online Tool Kit



Illustrates a story of practice (additional stories are available on the Faith to Action website)



Refers reader to another helpful section of this *Guidance Manual*



Presents an opportunity for application or further reflection

All the suggested resources listed in this manual are available online at the following website: <http://www.faithtoaction.org/resources/transitioning-to-care-for-children/>.

In addition, the Faith to Action Initiative *Transitioning to Family Care for Children Tool Kit* offers an in-depth web-based resource that serves as an important companion to this manual. It allows users to search by specific topics within the transitioning care process to access a range of useful tools, sample case studies, country-specific information, and other resources. This tool kit will be updated regularly as new materials become available.

Chapter 1: A Framework for Family Care

This chapter will help you to:

- ✓ Identify key concepts that form a framework for transitioning to family care;
- ✓ Articulate the biblical and evidence-based rationale for family care;
- ✓ Understand the centrality of gatekeeping, family strengthening, and the continuum of care to the transition.

Why Transition to Family Care?

If you are reading this manual, chances are you are already very aware of the importance of family care and the negative impacts associated with residential care. You likely know that transition to a new way of providing care for children—in families who are supported by services that help prevent further separation—is a tremendous change for everyone involved. This chapter affirms some of the compelling reasons for transitioning care, from both evidence-based and faith perspectives. It highlights some of the key findings and concepts that can help inform others who have invested their hearts, resources, and work in the current model of care and who will be participants in the transition process going forward.

Biblical and Evidence-Based Rationale

Within the global Church, a growing movement recognizes the importance of family in the life of every child and strives to ensure that children are cared for within families, rather than in institutions. This movement is rooted in Scripture: God calls us to have compassion, understanding, commitment, and care for the fatherless and the widowed (Deuteronomy 10:18; Psalm 10:14; Psalm 68:5–6)¹, and puts forth a special call to care for vulnerable children in both word and deed (Isaiah 1:17; James 1:27; Matthew 25:40)². However, in almost all instances, the Bible talks about protecting widows and fatherless children not as two separate categories but as one unit, as a family. The family mirrors our relationship with God and can nurture spiritual learning and formation. This biblical call to care for orphans, coupled with a theological framework of God's intentions for family, is what inspires Christians to care for all God's children within the context of families.

A scriptural basis for family care is bolstered by a strong academic evidence base, which consistently finds that children who are cared for by families are more likely to thrive than those in residential care.³ Residential care is often promoted as more adequately providing material needs than some families do, without recognizing the vital social and emotional role that family relationships play in a child's life. Regardless of the quality of care in residential settings, children often face isolation, loss of a sense of belonging, identity struggles, and difficulty maintaining connections given the lengthy periods of separation from their families. Youth who have left residential institutions often find themselves on their own and struggling to integrate into society.

Numerous studies, including longitudinal research and more recent neuroscience, have noted long-term, often irrecoverable, negative impacts on health; physical and brain growth; attachment; and language, cognitive, emotional, social developmental effects of institutional care:⁴ The severity of these effects increases with the size of the institution and the child's length of stay and are most critical in younger children, especially those under three years of age.⁵

Scripture and academic research agree: Children develop best in families. A family is the most important source of love, attention, emotional support, material sustenance, and moral and spiritual guidance in a child's life. Parents are a child's very first teachers, holding primary responsibility for child protection, growth, education, and development. Stable and responsive family environments, which provide young children with consistent, nurturing, and protective interactions with adults,⁶ are imperative to healthy development. In very important ways, family provides a lifelong sense of belonging and connection and sets the stage for stepping into new roles as parents and community members in adulthood.

Family Separation and Institutional Care

Family is so central to a child's healthy development, and yet family separation—the separating of a child from his or her family—happens for many different reasons. Children all over the world, in wealthy countries and poorly resourced countries, in stable communities and those in conflict, can be vulnerable to abuse, neglect, exploitation, and separation from family.

Poverty is a primary reason for children being placed in residential institutions in many countries around the world.⁷ Parents may see residential care as the only way to meet their children's basic material needs such as food and shelter, or provide them with access to an education and other services. In other instances, children cannot remain with their parents because the care provided is not adequate or safe. Disability and illness (on the part of parents or children), parental death, natural disaster, or conflict are other causes for separation. In these and other instances, services that address the root causes of vulnerability and separation can make the difference between a child remaining in his or her family or being placed in residential care.

A realistic look at children living in institutions reveals that:

- Between 2 to 8 million children around the world are living in institutions and away from their families and communities.⁸ The range of estimates is due in large part to the number of residential institutions that operate outside of registration systems or the lack of data systems to track the number of children living in care.
- Evidence suggests that the use of residential care for vulnerable children is on the rise in many countries, even while unnecessary and used in place of supporting family and community-based care.⁹
- Most children in residential care are not orphans; according to figures up to 90 percent of children in institutions worldwide have at least one living parent,¹⁰ and most children who have lost a parent are able to live with the surviving parent, primary family members (such as older siblings), or extended family (such as grandparents).

A sound transition process always begins with understanding the reasons that the children in residential care have been separated from their families. This is the first step toward developing an effective family care model.



Resources to better understand the need for family care:

- *Children, Orphanages, and Families: A Summary of Research to Help Guide Faith-Based Action* (Faith to Action)
- *On Understanding Orphan Statistics* (Christian Alliance for Orphans)
- *Families, Not Orphanages* (Better Care Network)
- Webinar series: *The Importance of Family* (Faith to Action)
- Video: *How to Engage Faith-Based Communities in the Transformation of Residential Care Institutions* (Christian Child Care Conference)
- Video: *Global Institutions are Not the Answer* (Bethany Christian Services)
- Video: *Children Need Families Not Orphanages* (Lumos)

What Is a Family Care Model?

Principles of better practice in caring for orphaned and vulnerable children:

- Families can be strengthened and separation can be prevented by building livelihoods, providing material support, and increasing access to basic services.
- Stigma, discrimination, and isolation (HIV, disability) must be addressed.
- Care and support services need to be aligned with the public child protection system and the priorities of the host government.
- Families need support services such as early childhood education, preschools, day care, after-school programs, parenting education, resource centers, youth programs, and temporary family shelters.
- Psychosocial and spiritual needs must be met as children return to families.
- Treat children as unique individuals and engage children and youth in decision making.
- Caring well for children requires a long-term commitment to each individual child.

A family-based model of children's care focuses on placing children into biological, foster, or adoptive families, while simultaneously strengthening families through educational, economic, material, and psychological support services in order to prevent separation. Family care also depends on effective "gatekeeping" to ensure that children are not unnecessarily removed from families and placed in institutions in the first place.

Models of family care will vary according to unique contexts, cultures, and needs. However, they are rooted in a common set of principles and best practices that place the long-term needs of each individual child at the heart of the transition process. A transition begins with an assessment of the root causes

of family separation for the children in residential care, and the raising of awareness about the importance of family care so as to reduce stigma and address common misconceptions. For example, families and communities may see residential care institutions as a solution to difficult circumstances, while local governments and communities might also see them as quicker and easier fixes. In some cases, lack of information and cultural stigma about things like disability and HIV status can prevent families and communities from stepping up to support integration into family care. For these and other reasons, raising awareness about the importance of family care, while working to understand and address the root causes of family separation, are vital steps to successful transformation.

At its core, a family care model always includes the following elements, each of which is elaborated upon throughout this *Guidance Manual*:

- Gatekeeping and needs assessment;
- Family strengthening services; and
- A continuum of family care placement options.

Gatekeeping

Family care requires an effective gatekeeping process, which is the assessment and decision-making process that ensures the prevention of inappropriate placement of children in institutions. Gatekeeping helps determine if a child needs to be separated from his or her family in the first place and, if so, what type of placement will best address his or her individual situation and needs. It prioritizes family-based care and includes a formal assessment of a child's physical, emotional, intellectual, and social needs. During the transition process, gatekeeping ensures that more children are not unnecessarily entering the institution as other children are being transitioned into families. It also refers to the assessment and decision-making process that is used to determine the best family placements for children leaving residential care.

Family Strengthening

Transitioning children to family care—and keeping children out of residential care in the first place—requires services that prevent separation and family breakdown, as well as a range of family-based services to ensure the health, safety, and wellbeing of each and every child. Evidence and experience show that without family-strengthening services, residential care can continue to “pull” children from families as a means of meeting basic needs that could, if supported, be provided at or close to home. Services may include economic or livelihood support, special services for children with disabilities, educational or after-school programs, specialized healthcare, or psychological support. While institutions tend to offer all services in-house, in a family care model many of these services will be offered by government, nonprofit, community, or church partners. With access to relevant family-strengthening support and services, in many cases families do have the capacity to create a home environment where children can thrive.



See **Chapter 5** for a closer look at gatekeeping and a child-centered approach to case management.



See **Chapter 3** for a more in-depth look at family strengthening and collaborating with key partners to provide family support services.

The Continuum of Care

Transitioning children out of residential care is possible only when there are families who are willing and able to provide loving and supportive care for them. Because every child's needs and circumstances are unique, this requires that there be a "continuum of care" offering a range of family-based options that are carefully matched to each child's best interests. These options include:

- Reintegration back into the family of origin, whenever possible;
- Care within extended family (kinship care);
- Foster care; and
- Adoption.

These options are not prescriptive, but depend on best practices related to child and family assessment, permanency planning, child-to-family matching and preparation, case management and monitoring, and linkages to other support services. Decisions regarding children's placements within the continuum of care should be informed by the participation of children themselves—engaging them in developmentally appropriate ways in the decisions impacting their lives.

While this manual focuses on family-based approaches within the continuum of care, other forms of alternative care include supported independent living and, sometimes, temporary shelters, respite care and transitional centers, or small group homes when family options have been explored and are not viable at the time. Large-scale institutions are not included anywhere on the continuum because they have been shown to fail to meet the needs of children.

Permanency requires establishing family connections and placement options for a child to provide a lifetime of commitment, continuity of care, a sense of belonging, and a legal and social status that goes beyond temporary placement.

Any placement along the continuum of care should include a plan for permanency. While some placements, such as adoption, assume permanency, others may be temporary while permanent families are identified. Like all family care options, a permanent placement is highly dependent on linking the family to supportive services

to meet the needs of both children and families.

Transitioning to a continuum of family care is part of a long-term process that begins many months before children are placed within families and continues for many months after the institution has closed or shifted to new family-strengthening services. The ultimate goal is for children to experience healthy development, emotional security, and the lifelong relationships and sense of belonging that come from living within a family.

Learn more about the continuum of family care:

- *A Continuum of Care for Orphans and Vulnerable Children* (Faith to Action)
- Webinar: *The Continuum of Care* (Faith to Action)
- *Permanency Planning: The Principles to Take into Account* (International Social Services)

See **Chapter 5** for a deeper understanding of making decisions regarding child placement, and **Chapter 6** for a closer look at each family-based option included within the continuum of care.



Chapter 2: Planning for the Transition

This chapter will help you to:

- ✓ Understand the steps in a transition process and develop a realistic timeline;
- ✓ Assess the national and local context in which you are operating;
- ✓ Raise awareness of family care among multiple stakeholders;
- ✓ Develop a vision and action plan.

The process of preparing to transition from residential to family care is rooted in prayer, vision, and effective planning to ensure the safe transition of children into strong families and engaged communities. Each transition is unique to its context and depends on the support and engagement of multiple stakeholders, including staff, donors, service providers, and the children and families themselves.

Understanding the Elements of a Transition

Transition takes time. Just as contexts vary widely, so too will the timeline and action plan for each transition process. While some residential care facilities take on average two years to transition children into families, others—for example, those located in areas with limited existing family or social services, or those who need more time to trace children’s families—may take longer. The process does not end with placement in families but continues with follow-up to ensure that children are safe and well cared for, and that families have access to the services they need. The time and resources required may seem daunting, but anything worth doing for children is worth doing well.

While each transition looks different, practitioners agree that several key elements are important to best practice for a good transition. These steps are strategic though not necessarily linear, as they are often interrelated and may occur simultaneously. All transitions begin with a common spark: a vision for your organization to transform its services so that children are cared for in families rather than in institutions.

The key steps or elements of a transition include:

- Understanding the primary causes of separation for the children in your care;
- Assessing the national policies and community contexts that inform your work;
- Raising awareness about family care with key stakeholders to reduce stigma, encourage family support, and identify those interested in serving as foster or adoptive families;
- Developing a clear vision and plan for your model of family care;
- Developing a new business plan to sustain the transition with adequate resources;
- Identifying and cultivating partnerships with individuals and organizations that will provide support services to children and families;

- Developing individualized care plans for each child and preparing children to join families;
- Tracing children’s families to determine if reintegration into biological families is possible;
- Recruiting and preparing families along the continuum of care (e.g., kinship, foster care, adoption);
- Transitioning each child into an appropriate placement option; and
- Monitoring children and families to ensure that their needs are being met.



For a more in-depth look at the transition process:

- *Changing Mindsets and Practice: Engaging Christian Faith-Based Actors in Deinstitutionalisation and Child Welfare Systems Reforms* (ACCI Relief)
- *Better Care Network Toolkit* (Better Care Network)
- *10 Steps Forward to Deinstitutionalization: Building Communities to Support Children’s Rights* (Save the Children)
- *Planning the Deinstitutionalization of Children Under 3: Guide of Contributions and Examples from Residential Care Institutions Experiences* (RELAF)
- Podcast: *Transitioning to Family Care* featuring Delia Pop (Faith to Action)

Assessing the Context

Transitioning to a new model of caring for orphaned and vulnerable children first requires a careful assessment of the national and community contexts in which you work. This stage is critical, as your vision, transition plan, and timeline will be developed in response to your unique context. The process reveals the underlying issues that cause family separation, gaps in protecting and caring for children, national policies to which your work should be aligned, and local community services that support families. The assessment also helps identify key stakeholders who should be included as partners in the transition.

Understanding the National Context

Child protection refers to the set of laws, services, policies, and processes that reduce a child’s risk of violence, exploitation, abuse, and family separation.

An in-depth understanding of national laws, procedures, resources, and services related to child protection reveals how systems are designed to care for children and what gaps exist within those systems. While many countries have made great strides toward developing policies

around childcare and protection, the actual implementation of these policies in the communities where transition occurs may vary widely.



See **Chapter 3** for more insights on collaborating with government partners to align your transition to family care with national policies.

Addressing the following questions helps build an understanding of the larger national context:

- Which national laws are in place to protect children and prevent family separation?
- Is there a national policy mandating the transition of children out of institutional care, and if so, what resources if any exist to inform and support this process?
- What national regulations regarding child placement will you need to follow?
- What national strategies are currently in place to respond to risks faced by children?
- Who at the national level is responsible for childcare and protection? What are their roles and responsibilities?
- What government services are functional and can be utilized? Where are they located? Who implements them?
- What public resources are available for childcare and protection?

In some cases, this information can be gathered from previously conducted research studies or other sources, such as country or regional child protection profiles prepared by local government or other agencies. You may also need to supplement this with your own research and analysis to systematically identify the laws, resources, and services already in place.



Gather information and/or conduct a formal analysis of the national context in which you work as relates to child protection laws, services, and resources. Possible sources include national and local government offices, online resources such as those offered by the Better Care Network, and the Faith to Action Initiative's *Transitioning to Family Care for Children Tool Kit*.



For more information on the national child protection context:

- [Child Protection Resource Guide and Webinar](#) (Christian Alliance for Orphans)
- [Child Protection Advocacy](#) (World Vision)
- [ADAPT for Child Protection](#) (World Vision)
- [Better Care Network](#) country-specific child protection information.
- [Child Protection Resource Pack: How to Plan, Monitor and Evaluate Child Protection Programs](#) (U.N. Children's Fund)

Understanding International Standards

National policies are typically tied to international standards. In most countries, governments have committed to ensuring and protecting children's rights under the *United Nations Convention on the Rights of the Child* (UNCRC) and to supporting, preserving or reestablishing the family unit through family support and reintegration as outlined in the *Guidelines for the Alternative Care of Children* ("Guidelines"). As these conventions typically guide national policies on care for children and shape family support services, it is important to have some understanding of the Guidelines. The UNCRC highlights the importance of family by stating, *"The child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding; the family being the fundamental group of society and the natural environment for the growth and well-being of all its members."*¹¹ The core principles outlined in the UNCRC include the child's best interests as a primary consideration, nondiscrimination, and the child's right to participate.

The Guidelines further specify the use of residential institutions only when appropriate, necessary, and in the child's best interests, so as to avoid unnecessary removal of children from families and ensure that the conditions of care are suitable for each individual child.



For more information on international child protection standards:

- [International Standards Summary](#) (complete list of UNCRC, Guidelines, and other key international conventions)

Understanding the Local Community

Just as the national context shapes the way a transition takes place, so too does the local community context. One of the very best ways to support orphans and vulnerable children is to recognize and support the vital roles that community members and groups can play in protecting children and strengthening families. Children and families do not exist in a vacuum; they exist in a community that often includes neighbors, markets, chiefs and other types of leaders, local government, schools, associations, service organizations, local churches, and faith groups. Communities have many strengths and assets that can help families raise healthy children. One of the identified challenges with residential care is that it tends to remove and isolate children from their communities. To successfully transition children back into families and communities, you will need to determine what services and support systems are in place, who provides them, and what gaps in services need to be filled prior to transition.

Community resource mapping is a recommended tool for understanding the local context and identifying strategic partners whose services will contribute to your transition plan. Whereas some forms of assessment emphasize the lack of resources, community mapping leverages the strengths and assets of communities to care well for their own children. Various stakeholders and community members should be involved in the mapping process to build community ownership for children's care and raise awareness of the importance of family care.

In a community resource–mapping exercise, community members work together to assess local resources and place them on a map, with special consideration given to the following questions:

- What risks do children in the community face? What challenges do families face?
- What risks does the community face that increase children’s vulnerability?
- How are orphaned and vulnerable children cared for in the community, either through existing institutions or alternative options? Who provides these services and how are they accessed?
- Who are the key players in the community as related to childcare and family services? What is their relationship to district (regional) and national offices (for example, that of a community child protection committee to a district social welfare office)?
- What types of child protection systems currently exist to report abuse, neglect, exploitation, and other forms of violence?
- What community services exist (schools, health services, community development, and economic empowerment, etc.)? Where are they located? Who implements them?
- What are the community organizations, churches, and other groups with an interest in childcare and protection?
- Who in the community feels responsible (formally or informally) for childcare and protection?
- What other community resources (financial, human, infrastructure) may be willing and able to support the transition process?



See **Chapter 3** to read more about engaging community partners in protecting children, strengthening families, preventing separation, and supporting the transition process.

An in-depth analysis of the local community context will allow you to identify key partners for the transition process and avoid potential duplication of services to steward your resources wisely. Local nonprofit and community-based partners will ultimately contribute many, if not most, of the family-strengthening services that support children being placed in families. In contexts with limited support services, your institution might transition to offering family-based services that fill in some of the gaps.

Community-level child and family services and systems (both formal and informal) can vary greatly by context, and in some cases local traditions or customs may actually create challenges for transitioning care (for example, if stigma prevents families from caring for children with disabilities). This points to the importance of identifying partners, such as the local church or community-based service providers, that can help raise awareness and build support for a successful transition.



Map and analyze the community’s assets and resources. With whom will children engage when they return to their community? Who provides support services for children and families, both formally and informally?



Understanding the Local Context: CRS in Zambia

With the intent to design programs for children residing in Catholic-affiliated residential care facilities to return to family-based care, [Catholic Relief Services \(CRS\)](#) understands that the process must be rooted in an understanding of the local Zambian context. Without an awareness of the complex cultural and community factors at play, such a transition would be futile.

CRS conducted research activities at the facility and community levels. The research design process included 10 community-level sensitization meetings that engaged key stakeholders, including social welfare officers, teachers, community leaders, faith leaders, police, village heads and facility directors. The meetings included dialogue about the perceived issues that cause family separation, particularly in light of their rapidly changing contexts. Much of the discussion revolved around how the traditional family support systems that typified Zambia for centuries have declined over the past 20 years, thus contributing to an increase in family separation. The implications of placing children into their respective communities were also discussed. From these larger community meetings, a total of 40 community leaders who best understand the factors for placement further participated in qualitative interviews that offered CRS even more insights into contextual dynamics.

Intentional engagement not only brought local stakeholders into dialogue about children's right to families, but is also undergirding CRS's plans for the reintegration of children from institutions into families. CRS is now able to utilize the services of government offices and Catholic organizations in Zambia to support children and families during the transition.



Learn more about community-based child protection:

- [Child Protection Advocacy: Effective Interventions for Strengthening the Child Protection System at the Local Level](#) (World Vision)
- [Child Protection Incident Preparedness Plan](#) (World Vision)
- [Video: Connecting the Dots: A Child Protection Model from Malawi](#) (Catholic Relief Services)
- [Working with Community-Based Child Protection Committees and Networks: Handbook for Facilitators from Child Frontiers](#) (Child Protection Working Group in Sudan)
- [Strong Communities for Strong Families: How Strong Social Networks Support Children and Their Families in Sub-Saharan Africa](#) (SOS Children's Villages)

Raising Awareness

In addition to assessing your context, managing a transition process well often starts with raising awareness and sharing a vision for what this change means for children, families, and communities. Not everyone will immediately understand or appreciate the need for or the reasons behind the decision. It is vital that those who will be impacted by the transition, as well as those who will be asked to participate in bringing the changes about, are engaged and informed from early on. This will include staff, donors, community members, and the children and families themselves. Making every effort to raise awareness with sensitivity and care for the people and perspectives involved will help lay the groundwork for transformation.

While the initial inspiration for transitioning to family care may have come from a board or staff member, a donor, or a partnering church, or by way of a government mandate, the transition itself will depend on an entire community of people working together throughout the various stages of the transition. Raising awareness not only increases people's receptivity to welcoming children back into their schools and communities, but also offers an opportunity to stir the hearts of those who might consider inviting a granddaughter, a nephew, a foster child, or an adoptive child into their homes.

At the heart of this process is sharing information that helps everyone appreciate how transforming care can better meet the needs of the children. This information may include:

- What has been learned about the limitations and detrimental effects of residential care (including the social costs on the larger community);
- The importance of family care to healthy development;
- The desires and rights of children to know and be cared for by their families; and
- A family's right to raise their children whenever possible.

In some parts of the world where it is not common to take care of children who are not biologically related, the concepts of foster and adoptive care may also need to be introduced. It is worth reiterating that the development of alternative family care options for children depends on the receptivity of families within the community.

While some staff, families, and community members may see the need for a transition right away, others may express fear and hesitancy. Resistance might come from a donor who hears his investment may not have been ideal for children, a staff member who is concerned about her livelihood, or community members worried about the health status of children coming from residential care. You can address such concerns and consistently engage people throughout the entire transition process by:

- Recognizing and affirming the good intentions of all involved;
- Having information readily available;
- Affirming the community's role in helping vulnerable families and preventing and reporting abuse;
- Offering forums for people to share their concerns and contribute ideas;



Raising Awareness of Family Care Options in Honduras

Tara Garcia began partnering with orphanages in Honduras with the best of intentions: to provide high-quality care for destitute children in a country she had come to know and love. However, after eight years working with various Honduran institutions, Tara and her husband Jorge developed an even deeper desire to see orphans placed within families. *Identity Mission* then began working alongside the government to promote adoption, support kinship care of orphaned children, and create and implement one of Honduras's first and largest foster care systems.

The organization's own transition is what drives *Identity Mission* to raise awareness about family-based models of care among key Honduran stakeholders. During its annual conference, directors and staff from Honduran orphanages and institutions are invited to learn about alternative care options and best practices. Participants receive practical information about how to improve care, meet individual children's needs, and make thoughtful steps toward family care. Stories from colleagues who have successfully transitioned from institutional to family care further inspire and raise awareness. Through advocacy, prayer, and relationship building, one couple's own journey of transition is now inspiring transformation of children's care throughout Honduras.

- Reducing stigma toward children with health issues, disabilities, and other vulnerabilities; and
- Highlighting the opportunities for new jobs related to family-strengthening services.

Practitioners use a variety of approaches to raising awareness and garnering community support. Strategies for outreach will differ depending on each target audience and context. For some, bringing in an outside consultant or sharing evidence-based guidelines provides legitimacy to your appeal. For others, sharing the biblical rationale for caring for orphans and vulnerable children within families may be the most compelling message. Know your audience: Some people and groups may be more convinced by data and research, while others may be compelled by stories of children whose lives were transformed in a family environment. Sharing case studies and examples from other residential care organizations that have successfully transitioned to family care helps illustrate principles and alleviate fear. Other means of raising awareness may include face-to-face meetings with management, staff, and donors; forums for asking questions; community sensitization campaigns through presentations or television, radio, and newspaper campaigns; and church engagement through Bible studies, sermons, and congregation-wide discussions about family care.



Working Groups for Effective Partnership in Myanmar

Pastors in Myanmar who are part of ACCI's [Kinnected Program](#) acknowledge that they cannot transition their orphanages on their own. The pastors, each of whom directs a Christian orphanage, are now meeting monthly through two working groups. A total of 19 orphanages are currently involved in the working groups, representing hundreds of children who will receive the support they need to be placed in families. Working group meetings last for a full day each month and are used to deliver training, discuss progress, and work on action items. The groups are now partnering with local social workers who join the meetings for collaboration. Key donors are also engaged so that, together, strong partnerships buttress the entire transition process.



What are your reasons for transitioning care and how will you share these reasons with your donors, staff, community members, and other stakeholders? What resources, tools, or information will be most helpful to you in the process of raising awareness to bring others along?

Envisioning a Model of Family Care

A transition is not the mere closing of residential care. It is a transformation into a new way of conducting business, providing care, and interacting with a community. For those in contexts with very limited family-strengthening services, a model of family care may mean transitioning your facility into a community center, daycare, or other form of support for children now living within families. For others, it may mean closing down your facility and supporting those existing services in your community that provide family-strengthening support. Developing a vision for your family care model based on your particular context will guide your action plan during the entire transition process.

Forming a “steering committee” composed of various stakeholders committed to ensuring the safe reintegration of children into families can be helpful in developing an agreed-upon vision statement and action plan and working collaboratively to see it through. Your community mapping assessment will reveal who should be included in the committee, such as residential care facility board or staff members, donors, local government or social service providers, and other representatives from the community.

In addition, developing a network or “working group” with other residential care organizations that are also engaged in transitioning to family care—either within your region or further afield—can provide you with opportunities for regular information sharing, problem solving, and mutual support. Residential care directors, staff, and other steering committee members can benefit from the sharing of ideas, resources, and “lessons learned.” When you walk alongside others who are going through a

similar transition process, the collective synergy compels all involved to continue moving forward toward their vision of family care.

Your vision and plan will be unique, as you respond to the call of James 1:27¹² within your own context and the unique stories of the children with whom you work. Children's safety and wellbeing depend upon a carefully thought-out plan and process. Due to the complexity of the process and the vulnerability of those involved, it is essential to anticipate what the key steps and challenges may be and to plan for how these will be addressed. Moreover, careful planning helps provide continuity for children by taking adequate time to prepare them for the adjustment and avoiding unnecessary disruption to their lives. Finally, a clear vision and action plan ensure the most efficient use of limited finances, time, and resources.

A written action plan will include each step in the transition, your means of partnering and communicating with all involved, and a plan for monitoring each child's placement and evaluating the overall impact of the transition based on specific, measurable objectives. The plan will also allow the steering committee to anticipate challenges, celebrate successes, and keep people engaged.



Write down an initial vision for your model of family care, and an outline of the steps your transition will require. As you read through this *Guidance Manual*, refine your vision and plan by filling in details and making note of any questions. After taking time to read and reflect on the entire manual (along with other resources), gather your steering committee to develop an agreed-upon vision and action plan.



Resources to help you envision and plan for your ministry:

- *Changing Mindsets and Practice: Engaging Christian Faith-Based Actors in Deinstitutionalisation and Child Welfare Systems Reforms* (ACCI Relief)
- *Replicable Models for Transition to Family-Based Care* (Christian Alliance for Orphans)
- Video: *A World Without Orphans: A Documentary Dialogue to Engage the Church in the Pursuit of a World Without Orphans* (World Without Orphans)
- *Good Practices Guide for Putting Development Programmes into Action* (World Vision)
- *Journeys of Faith: A Resource Guide for Orphan Care Ministries Helping Children in Africa & Beyond* (Faith to Action)

Chapter 3: Engaging People and Partnerships to Strengthen Families

This chapter will help you to:

- ✓ Define family strengthening as it undergirds the transition process and end goal;
- ✓ Engage children and families as key partners in the transition;
- ✓ Develop partnerships with government and nonprofit organizations, community members, and local churches whose services support children and families.

The work to transition care cannot be done by a single organization working alone. Shifting from a residential care model to family-based care requires collaboration between multiple stakeholders who will be impacted by or engaged in the process. This includes families, children, residential care staff, government partners, local nonprofit and community-based organizations, and churches. A network of family-strengthening partners equips families with the resources they need to care well for their children, while also preventing family separation. In this chapter, we look at the various roles that each partner can play in the process.

Understanding Family Strengthening

Family strengthening is the provision of services that meet economic, educational, psychological, and special needs to minimize family separation, while ensuring that children have the resources they need to thrive within families. One of the biggest differences between residential care and family care is how support services are provided. In residential care facilities, most if not all services are typically provided under one roof. In family care, a wider range of child and family services come from a variety of service providers in the community. It is not expected that the transitioning organization will provide all the services needed, but rather use the context assessment to identify and collaborate with different services and resources, then assist families to access them.

For these reasons, your transition to family care is highly dependent on identifying strong partners who provide support services to families and/or developing new family-strengthening services that meet the unique needs of the children leaving residential care. In fact, failure in transitioning children into families most often occurs when families do not have the resources and support systems in place to be successful.

Economic strengthening, material support, psychosocial services, healthcare, daycare, and parent support groups are just a few of the types of programs that can strengthen families and help to prevent separation. Family strengthening should be tailored to each individual family to prevent family breakdown, support reintegration, and address acute family crisis. Research shows that combining access to basic services with economic support (when needed) is fundamental to helping families stay together.¹³

Family strengthening helps build the capacity of biological, kinship, foster, and adoptive families to protect and care for children on three levels:

- Primary family strengthening prevents children from being placed in institutions in the first place by recognizing that all families benefit from increased resilience against risk factors.
- Secondary family strengthening targets families with higher risk factors but no apparent family breakdown and links them to social protection and parenting resources.
- Tertiary family strengthening identifies families at imminent risk of being separated due to child abuse or neglect and offers intensive family preservation services.

Examples of Services That Strengthen Families and Protect Children

FAMILY SERVICES	CHILD SERVICES
<ul style="list-style-type: none"> • Economic and material support • Economic strengthening and income generation • Housing and shelters • Employment support and skills training • Healthcare services • Recreational programs • Faith-based programs and groups • Childcare, early childhood, and preschool programs • Parenting education and parenting groups • Fatherhood programs • Mental health counseling and treatment • Family counseling • Information and referral services • Home visiting / parent aide programs • Support groups • Substance use / abuse treatment • Respite childcare • Domestic violence prevention / services • Life skills counseling 	<ul style="list-style-type: none"> • Childcare and day centers • Before- and after-school programs • Early childhood and preschool programs • Early identification of disability / early intervention • Therapeutic and rehabilitation services • Special education services / school integration • Psychosocial supports and counseling • Child and youth support groups • Faith-based programs and groups • Mentoring programs • Internships, apprenticeships, and skills training • Adolescent parent programs • Temporary shelters and emergency placements • Kinship care and foster families • Life skills training • Financial literacy • Supported independent living services

Family-strengthening services may be provided by government agencies, social workers (professional and paraprofessional), former residential care staff, nonprofit organizations, churches, school counselors, health officers, and other community members. The remainder of this chapter explores the unique contributions of these partners and how their services can be utilized to support the families into which children are being reintegrated. Children and families, too, are viewed as key collaborators in this process, so we will first identify ways that they can be engaged as partners.



For a deeper understanding of family strengthening and prevention:

- [Parenting Capacity Scale and Interventions Tool](#)
- [From Faith to Action: Strengthening Family and Community Care for Orphans and Vulnerable Children in Sub-Saharan Africa](#) (Faith to Action)
- [Webinar: Strategies for Strengthening Family Care](#) (Faith to Action)
- [Webinars: Empowering Caregivers: Practical Parenting Training: Babies & Young Children Edition and Adolescent Edition](#) (Christian Alliance for Orphans)
- [The Center for Study of Social Policy](#)

Partnering with Children and Families

In many ways, children and families are your most important partners, since they are the ones most directly impacted by the transition and are often best suited to identify their own strengths, needs, and desires. It is important for children and families to have a voice in the process, and to be given plenty of opportunities to raise their questions and concerns, as well as to share their preferences and hopes. This will be a tremendous change for everyone involved. Child and family alike need to understand what the transition process is about, why it is important, and how they will be engaged and supported before, during, and after placement.

Opportunities for child participation in the transition process will depend on each child's age and developmental capacity: While a younger child may have basic conversations or draw pictures to express his or her feelings about the transition, older children can more fully speak to their placement process and care plans. Children who are old enough to talk about their feelings can often provide great insight into what would make their transition easier. Meaningful participation goes beyond simply letting children express their views and opinions—it is engaging children and youth as active partners in the process. In all cases, careful consideration should be given to protecting the child's safety and rights to privacy and confidentiality.

Parents and families are likewise considered full partners in the transition, particularly since they will be the ones primarily responsible for raising children. They too can understand and speak to decisions affecting their child's care and protection. Careful consideration should also be given to siblings or other children already living in the household and other family members impacted by the transition: How will they be encouraged and enabled to participate? Beyond speaking to their individual transition needs, family members can offer real insight into the local attitudes and customs within their community that may need to be addressed to ensure a smooth transition process.



The Club for Healthy Changes: Promoting Positive Child Participation

For more than four years, Lumos has supported a child participation and advocacy group—the Club for Healthy Changes—for children with intellectual disabilities living in institutions, foster families, or other supported living arrangements. The project is to help children and youth learn how to recognize abuse and neglect, to know what to do if and when these things happen, and to speak out on the issues that matter most to them. The project also helps the participants to share their experience, knowledge, and viewpoints on these topics with other youth, as well as with professionals and service providers who work with children with intellectual disabilities, and politicians, who are also responsible for protecting children's rights.

To ensure voluntary and meaningful participation in these outreach activities, Lumos works to ensure that children know they can make their own choices about when and how to engage, that they feel safe and supported when sharing their opinions and share a mutual respect for each other, and that they feel that what they are doing is meaningful and beneficial to themselves and to other children. Youth-led outreach ranges from speaking to groups at home, school, or regional events, to presenting at international conferences. With the support of adults—parents, experts, and peers—the group overcomes challenges along the way, and with each challenge the confidence and abilities of the young people grows. The young advocates played a central role in the production of *Nobody is Allowed to Harm You*, a resource to help youth understand what abuse and neglect are, how they can protect themselves, and how to react if they find themselves in such situations. This book was translated into Braille.

Sources: *Self-Advocacy to Healthy Changes* and *The right to stand up for your life and childhood: how one 15 year old became a role model for child participation* (Lumos)

They can also help identify the services and support systems that exist or are needed to protect children and strengthen families in their communities.



More on a child and family-centered approach to transitioning children can be found in **Chapter 5**.

Strategies for engaging families as partners in the transition process include:

- Inviting family members to transition planning and working groups;
- Hosting forums for parents and other care providers to collectively explore community responses to family and child needs;
- Supporting networking opportunities among parents;
- Establishing advisory boards to engage families in program development and monitoring; and
- Utilizing methods such as family group decision making.



Learn more about child participation:

- [Guidelines on Child Participation](#) and [Children Make Their Voices Heard Manual](#) (World Vision)
- [The Article 15 Project](#) (Children’s Environments Research Group)
- [Children’s Participation in Decision Making: Why Do It, When to Do It, How to Do It](#) (Plan International)
- World Vision series of child-centered [Development Programming Guidance](#) tools, including [Understanding Government Contributions to Child Well-Being](#), [Identification of and Listening to the Most Vulnerable Children](#), and [Building Consensus](#)

Partnering with Residential Care Staff and Volunteers

Engaging residential care staff and volunteers as key partners is critical to an effective transition process. This engagement begins by actively including staff in awareness raising and planning groups. Staff and volunteers often care deeply for children and may be concerned about what transition means for children’s safety and wellbeing (especially in cases where previous abuse or neglect has occurred). It’s important to address these and any other concerns early on, as well as to give staff concrete ways to remain engaged and informed along the way. Their input provides key insight into how the process can be conducted smoothly. For example, those who have worked directly with children will usually have information to share regarding children’s individual backgrounds, needs, and preferences.

An important part of laying the groundwork for transitioning to family-based care will be ensuring that the right people are in place. This may require making some difficult decisions about which staff can transition into the new model of care, which may need to seek another line of work, and what new staff are needed. Staff whose jobs are being phased out often need additional support to come to terms with the changes. Handling this with sensitivity can reduce the potential for staff resistance—one of the most common obstacles to a smooth transition process. The starting point is providing the information and support for building consensus around why family-based care is the best choice for children. However, it’s also important to recognize the impact that transition can have on the livelihoods and families of staff members and to seek good alternatives for them as well.

Addressing staff concerns through the transition may include:

- Exercising transparency and working proactively to keep staff informed (for example, by including staff in planning groups and steering committees);
- Providing time and space for staff to express any fears or hesitations regarding the transition, and its impact on their professional, community, and personal lives;
- Offering access to supervision, mentoring, training events, and written resources, especially for staff transitioning into new roles;



Engaging Staff in Transitioning Buckner's Orphanage in Kenya

Having run orphanages for over a century, [Buckner International](#) (a global Christian ministry) made a slow but deliberate transition toward family-based models of care, beginning with their U.S. orphanages in 1990, and then with their Kenyan partners in early 2000. The first transition took over a decade to complete, allowing for a well-informed process that was supported by key stakeholders. The process of developing a vision and strategy for family care began with engaging local community members, government officials, educational partners, orphanage employees, donors, and volunteers. The transition plan was also informed by an analysis of the impact of other orphanages that had been shut down.

Buckner International worked closely alongside orphanage staff to, whenever possible, transition them into new roles that affirmed their desire to work alongside vulnerable children. Many employees became foster or adoptive parents. Others received professional training to become social workers. While not all staff members were able to transfer into new roles, the focus rested on the wellbeing of children.

- Linking staff to professional networks and other affinity groups; and
- Networking with alternative job placement opportunities such as community-based organizations, for those whose roles are being phased out.

Case studies from residential facilities that have transitioned to family care offer examples of how existing staff can be trained to fulfill new roles such as:

- Foster or adoptive families (especially for those used to caring directly for children);
- Community welfare workers; and
- Family-strengthening service providers (if the facility's use is reallocated as such).

Roles that may need to be filled by newly hired staff include professional university-trained social workers who conduct child and family assessments and provide support during the transition, paraprofessionals trained to do "social work" type work, and child protection officers.



The Better Care Network and Global Social Service Workforce Alliance offer numerous resources including childcare-related webinars, and their joint working paper, [The Role of Social Service Workforce Development in Care Reform](#).

Developing Strategic External Partnerships

The remainder of this chapter explores various external partners you can engage to ensure the best possible support for children who have been reintegrated into families. These partners include:

- Government agencies (such as local child protection offices, public care institutions, and social workers), particularly those with a legal mandate to protect children;
- Nongovernment organizations (NGOs) that provide high-quality services for children;
- Community members and community-based organizations serving children and families; and
- Local churches and ministries, which are well poised to raise awareness about family care, identify and respond to those in greatest need, and help recruit foster or adoptive families.

Government Partners

While parents have the primary responsibility to care for their children, governments also play an important role in protecting and caring for children. Understanding national policies as they relate to children and partnering with government bodies helps to ensure that what you do is appropriate, supports national strategies, and is aligned with country policies and standards. Even though you may not agree with government policies or decisions, it is essential to follow the laws in the countries where you work. Because the government has mandates to protect children from the national level down to the local level, it then becomes the responsibility of anyone providing care for children to know, be familiar with, coordinate, and ideally partner with the relevant government body.

Government agencies can contribute several key assets to family-strengthening services. First, they are charged with enforcing the standards for services provided to children and monitoring compliance to national policy. Second, government agencies may sometimes offer coordination structures at the national, district, and local levels that play key roles in gatekeeping and preventing separation. These are called different things in different countries and are sometimes referred to as “working groups” or “forums.” These groups typically meet regularly for sharing information about best practices of children’s care (such as foster care models), and making decisions related to children and families (such as gatekeeping commissions). Contacting and coordinating with such a group—if one exists in your region—can help inform and support your transition process.

Often it is nonprofit and community-based organizations that help to ensure that national policies are implemented at a local level. By working in partnership with government agencies and district offices, transitioning organizations can help build local capacity and strengthen compliance with regard to child-centered policy and practice.



Partnering with South Africa Government Officials: Bethany Global

The mission of **Bethany Christian Services Global** is to place children currently living in orphanages into permanent families. While being reintegrated into biological families is ideal, Bethany recognizes the need for foster and adoptive families in cases where this is not possible. In South Africa, a nation with commendable policies around child protection and alternative care, Bethany found that improved training in foster care and adoption was still needed. The best means of training child welfare professionals in this context was by partnering with the government.

In 2014, a group of Bethany professionals held a training on foster care and domestic adoption in South Africa. The first day, over 160 people, including government social workers, crammed into a local community center. The next day, 20 more joined. By the end of the week, over 200 local families and social workers had been trained. Now, rather than viewing Bethany as competition or a threat, local officials saw their efforts as adding value to their work. As a result of this training, a local organization called Setshabelo Family & Child Services (SFCS) was established in the community. SFCS is now a certified child protective organization and provides adoption and foster care placements locally (as children are referred to them by the government).

Bethany explains, “The government has a political and legal mandate, and we have a Divine one, but this does not separate our goals: together we serve the children who are in desperate need of loving homes and a brighter future.”

There are numerous ways to partner with local and national government bodies during your transition process. These include:

- Inviting government representatives to participate in your planning, program design, and monitoring processes;
- Sharing information through regular face-to-face meetings and printed materials and reports;
- Participating in working groups and committees;
- Attending conferences and meetings together;
- Coordinating on decision making involving the placement and/or movement of children; and
- Including government officers in training seminars and other capacity-building opportunities.

Nongovernment and Community-Based Partners

Nongovernment partners, including nongovernmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs), often play a vital role in developing and providing a range of family-strengthening services. Remember that it is not the role of the transitioning organization to provide all these services, but rather to build strategic partnerships that connect children and

families to existing services (and to work together to identify and address the gaps). These services may include healthcare; education and social protection; government employment and housing services; and specialized services such as childcare, disability services, mental health counseling, and substance use and abuse treatment.



Refer back to **Chapter 2** for information on identifying local organizations and services through community mapping.

NGOs, FBOs, and CBOs, along with community members themselves, have several unique assets to contribute to the transition process. First, they often have an intimate knowledge of the local context. This knowledge allows them to identify local families' and communities' needs and assets, then come up with creative solutions. Second, they often have the flexibility to pioneer innovative approaches to supporting children and families. Third, their contributions to the transition help ensure community initiative in caring for and protecting children. Being responsive to the priorities that are determined at the local level helps build community ownership, which in turn helps to ensure that funds and other resources are used in the best possible way and with the longest lasting results. Finally, nongovernment partners can help advocate for government support and address gaps in local implementation of national plans and policies.

Ways to partner with NGOs, FBOs, and CBOs ("nonprofits") during the transition process include:

- Including nonprofit partners in all planning and implementation stages of the transition (including community mapping to determine existing services and gaps);
- Utilizing partners' training and capacity-building services (for example, training foster families or community social workers); and
- Participating in working groups to strengthen and coordinate child protection and family support.

Beyond the more formal services provided by nonprofit organizations, community leaders, elders, teachers, pastors, and neighbors also have a responsibility to ensure the care and protection of children. Just as child protection and healthy development depend on the care provided by family, so too does a family's ability to provide care and protection depend on a safe and supportive community.

Community members' contributions to the transition process are twofold. First, they aid the transition process by creating opportunities for children to form (or re-form) bonds with friends, family, church, and school. These bonds provide informal, positive supports as a child adjusts to living outside a residential care facility. Second, they can serve in a "watchdog" role by raising awareness about child protection, reporting cases of abuse and neglect to authorities when necessary (and as required of citizens by law in some countries). Community members may also serve in formal roles such as leaders in family conflict interventions, community health volunteers, and members of local child protection or child rights committees. These are groups of individuals, including youth leaders, mandated with responsibilities for the protection and care of children and families, including gatekeeping, placement decision making, and family-strengthening activities. Nonprofit partners, community leaders, and church leadership can help to mobilize and engage these kinds of community-driven efforts.



Community-Based Services for Children: JeCCDO in Ethiopia

It was out of a desire to help children orphaned by Ethiopia's civil war and famine that Jerusalem Association Children's Homes established four orphanages during the 1980s. By 1996, the organization could no longer deny that, despite their most sincere efforts, the children in their care were alienated from the family and community networks that define Ethiopian society. Since that realization, the organization has redefined itself as JeCCDO (Jerusalem Children and Community Development Organization) and has successfully reintegrated over 1,000 children into biological, kinship, or foster families.

Twenty years after closing its first orphanage, JeCCDO's focus on child-centered community development has only become more refined. JeCCDO now partners with 137 community-based organizations throughout Ethiopia providing services to orphaned and vulnerable children. Their service sectors include education, healthcare, social enterprise, water and sanitation, and psychosocial support for children. By working alongside CBOs to build their capacity, JeCCDO is able to strengthen thousands of families who are caring for orphaned and vulnerable children.



Learn more about community partnerships:

- *Local Partnering in Practice* (World Vision)
- *Institute for Capacity Strengthening* (Catholic Relief Services)
- *Partnerships: Frameworks for Working Together and Promising Practices for Improving the Capacity of Faith- and Community-Based Organizations* (U.S. Department of Health and Human Services)
- *Guidelines and Programming Options for Protecting Vulnerable Children in Community-based Care and Support Programs* (FHI 360)

Local Church Partners

Local churches and their ministries are well positioned to identify and respond to children and families in greatest need and can play a unique and transformative role in supporting the transition process. In many regions where orphanages exist, the local church may already be engaged in supporting children in residential care. In cases where a local church runs an orphanage, their participation is integral to the transition. Churches in your community can also be engaged as partners in laying the groundwork for transition and strengthening family care.

Churches offer some of the most extensive, best-organized, and viable networks of community organizations administering to the spiritual, emotional, and material needs of children and families. Pastors, ministry leaders, and church members are in a tremendous position of responsibility and opportunity to inspire and mobilize their fellow church members and local communities to greater awareness and action on behalf of children and families. For example, where stigma or tradition prevents



Engaging the Burmese Church in Family-Based Care of Orphans

Ps Mynit Nwe, a pastor in Yangon, Myanmar, is actively engaging members of his congregation in transitioning his residential care facilities into community centers. As the children in these facilities are being reintegrated into families, Ps Mynit believes that the church is vital not only in offering spiritual and emotional support, but also in providing practical outreach alternatives for vulnerable children and families. One orphanage has already closed its doors and transitioned into a Family Health Clinic and Community Learning Center.

This transition would not have been possible apart from the time and skills of committed church members: A trained doctor provides medical support, a social worker visits and supports families with whom children have been placed, and other members run sewing and vocational training programs for youth. A small number of families from the church have also been screened and trained to provide temporary emergency foster care for children referred to them by authorities or community leaders while social workers work toward reunification. Orphaned and vulnerable children are now being cared for within families, while the church is—more than ever before—contributing its unique gifts and assets to strengthen the entire community.

families from welcoming nonrelated or disabled children into their homes, church leadership, through teaching and by example, can help address this. Family life is integral to church life, and for this reason, churches can also serve as partners in recruiting and supporting families interested in serving as foster or adoptive parents.

Specific opportunities for local churches to be involved in the transition include:

- Praying for children and families in the community;
- Identifying families or children at risk and helping to ensure that they access needed services;
- Offering spiritual, emotional, and material support to families;
- Preaching, teaching, and raising awareness about the centrality of family to child wellbeing;
- Addressing attitudes within the community that prevent families and communities from embracing and supporting transition;
- Recruiting and identifying families as potential foster or adoptive families; and
- Providing, volunteering for, and contributing financially to family-strengthening services.

Through formal or informal support systems, local churches have the opportunity to uplift families and extend God's love for children in very tangible ways.

Chapter 4: Resourcing and Sustaining the Transition

This chapter will help you to:

- ✓ Develop a new business model for allocating and accessing financial resources;
- ✓ Plan for reallocating the organization's land and assets;
- ✓ Collaborate with donors and ministry partners.

Transitioning to family care requires a new business model: a different way of serving beneficiaries, operating programs, and accessing and allocating financial resources. In conjunction with your plan and vision, this will require a careful assessment of your current financial and human resources, and those resources that will be needed to support and sustain the transition. Depending on what services and systems are already in place, this may involve reallocating funding, transforming land and buildings into alternative services, transitioning staff into new roles, and bringing in new financial support.

Developing a New Business Model

Family care is generally recognized as more cost effective than residential care. However, the process of transition itself will almost always require an investment of additional resources. The purpose of a new business model is to support the steps leading to the actual transition of children into families, and then going forward, to support any services that your facility might choose to provide once this transition has occurred.

Each step of the transition process has a direct impact on your business plan as it relates to budget allocations and funding needs. The following paragraphs provide examples.

There will likely be higher costs during an initial phase when residential care is still being provided at the same time that you are building your capacity for transitioning children to family care. This period often involves hiring specialized staff (e.g., social workers) and/or training existing staff to fill new roles. If children are no longer in touch with their parents or relatives, it may also involve the cost of staff time and travel to trace biological families to determine if reunification is an option. Depending on systems already in place, other new costs might include recruiting, assessing, and preparing families; laying the groundwork for family services; and strengthening gatekeeping to prevent new or returning children from being unnecessarily placed in residential care.

As transition to family care ramps up, there will likely be an overlapping phase during which some children remain in residential care until all have been transitioned into families. The length of this overlapping period depends on a range of factors, including staff capacity to support individualized case management, the availability

of a continuum of viable family care options (kinship, foster, adoptive families), and the presence of appropriate child and family services in the community. At this stage, there will be the cost of two programs operating simultaneously until the transition is complete. Monitoring and follow-up with children and families will continue even after children have left residential care.

If your transition plan culminates in new family-based services being offered through your organization, your business plan will need to address how you will financially sustain these services. What this looks like will be specific to your vision, plans, and context. You may determine that some type of emergency short-term residential care for children is still needed (for example, due to extreme abuse or neglect) to meet immediate needs as family placement options are assessed. However, in a family-based model, the goal is always to move as quickly and safely as possible back to some type of supportive family care.

One of the biggest changes in the shift from a residential to family care model is that the business of supporting children is no longer primarily conducted “under one roof.” As outlined in Chapter 3, meeting the needs of children in families requires a much more collaborative and decentralized approach, with different organizations ideally working in a coordinated way to provide an overall “safety net” of care through the range of services they offer. Working in partnership with others can also help offset the overall costs associated with family-based care, allowing you to focus on specific gaps or needs that might not otherwise be covered, and that are well suited to the strengths of your organization.

In many cases, a transition to family care will necessitate new funding arrangements with donors and/or new methods of fundraising, particularly if your previous business model depended on practices (such as short-term mission trips that offset orphanage costs) inconsistent with your new model. Later in this chapter, we look at ways to engage donors as partners in the transition process.

A new business model should take into consideration:

- Funding to build organizational capacity for transition (e.g., staffing, training, outreach to families);
- Transitional operating costs to cover the period when residential care is still being offered as children are gradually placed into families and family services are being coordinated and ramped up;
- Operating costs and capital investment requirements to create and sustain family support and any other services offered by your organization;
- Monetary value of any buildings, land, and other assets and whether to transition these to new services or transfer them to another organization;
- Current budget and funding arrangements, with an analysis of which funding sources can be transferred to the family care model; and
- Prospective sources for funding additional costs beyond your current budget.



Positive Partnerships to Support Family Care

Established in 1998, *Care for Children* grew out of a partnership between the British and Chinese governments. This partnership began as a pilot project in Shanghai with the goal of placing children in institutional care into families. At that time, there was no direct Mandarin translation for the term foster care. Initial steps included advocacy and creating awareness of family care in a system where even the terminology was uncommon. Moving from residential to family care required moving children from a closed to an open system. Institutions were isolated, and children were not part of society.

As children were moved into families, the building was repurposed into a children's resource center, offering prevention team, special education, and physical therapy services. Working in partnership with Shanghai Civil Affairs, Care for Children established a model of training local people to become family placement workers. They found the greatest success in retraining residential social workers, as they had the most relevant experience, framing it as career advancement. Training and advancement ensured that workers would continue to have employment and find value in the transition. Once trained, family placement workers then taught foster parents and people in other institutions about family care, which ultimately allowed children to be placed into local families.

Source: *Replicable Models for Transition to Family-Based Care* (Christian Alliance for Orphans)

Reallocating Your Building, Land, and Other Fixed Assets

While some transitioning organizations decide to shut down their facilities once the transition process is completed, others transform their facilities into services needed to support children and families. Buildings, land, and other fixed assets have the potential to be used for a wide range of alternative programs that help strengthen families, prevent separation, and empower communities. Your family care model determines whether you will transfer your organization's land, buildings, and other fixed assets (for example, to the state or another organization) or transform them into new kinds of services.

An assessment of your local context and the needs of families and communities will help determine alternative uses for your land and buildings, such as:

- Learning and rehabilitation centers for children with disabilities;
- Early learning and day care centers;
- Vocational training and employment support centers;
- Youth or kids clubs;
- Community centers or centers for economic empowerment;
- Hubs for social protection services;
- Parent resource and training centers;
- School facilities;

- Health clinics and health education centers; and
- Short-term emergency care as children are waiting for placement.

In addition, an inventory of your organization's assets and other strengths (with respect to management and leadership, staffing, and volunteer support, for example) will inform which post-transition opportunities and options are the best match for you. Your plan will also depend on access to continued and/or new financial resources to support your transformed services.

Engaging Donors, Ministry Partners, and Volunteers

Donors, international ministry partners, and volunteers play a critical role in the transition because they often provide the financial and human resources to help support it. In some cases, donors may be the ones who initiate the transition process. In others, engaging donors who have long supported residential care may require thoughtful planning and awareness raising. Some donors may be initially resistant to the change. They may be emotionally and spiritually invested in the current model of care, especially those who have directly engaged with children through short-term mission trips or as volunteers. For many residential care facilities, the income generated from these trips or from child sponsorships provides the bulk of the operational funds. Shifting to a family care model will require a shift in your approach to engaging donors: one that is better aligned with best practices in child development and in support of family-based care. Donors should be considered key partners in the transition, recognized for their support, and offered meaningful ways to remain involved without compromising the emotional health and protection of the children.

You can lay the groundwork for a new kind of partnership with donors by sharing resources, engaging in conversations that raise awareness about the importance of family, addressing questions and concerns as they arise, and inviting participation in concrete and specific ways. Perhaps not all donors will come along for the journey, but many will recognize that this is an opportunity to be part of an exciting process of transforming care for children. The bottom line is this: A child's need for family comes first. Donor preferences will vary, and you may find that you will need to recruit and engage some new donors and ministry partners to help you meet your goals.

Donors and ministry partners may consider contributing to the transition by:

- Offering ideas and support for the new vision and business model;
- Partnering with local churches and community organizations to promote family care and recruit foster or adoptive families;
- Helping develop and fund new projects that strengthen families and children;
- Creating meaningful ways to engage all children in the community through sports programs, workshops, educational events, or English language programs;



Inspiring Other Donors: Heaven's Family in Myanmar

As a donor to several orphanages in Myanmar, [Heaven's Family](#) began to develop a vision for seeing children placed in families. The organization had been developing relationships with the directors and staff of the orphanages they supported for years, and were thus able to discuss the shift to family care gradually. Through training and partnership with ACCI's Kinnected Program, Heaven's Family is already transitioning children from 15 of its orphanages into kinship care or foster families.

Heaven's Family recognizes that many donors do not yet know or understand the benefits of family care. Now that the directors of several of their orphanages are in full support of the transition, they are thoughtfully encouraging other donors to join them.

- Providing relevant technical expertise and training on social work, community child protection, case management, family strengthening, and economic empowerment; and
- Training and supporting other professionals in the community, such as teachers or doctors.

Transitioning to a model of family care is a unique opportunity to bring others along on the journey. Just as wise stewardship of financial resources is encouraged, so too is relational stewardship of the donors and partners who have supported your organization thus far, as well as those who are joining you as new partners in strengthening family care for children.



Resources for working with donors and volunteers:

- [Due Diligence Guidelines](#) (ACCI Relief)
- [Ethical Volunteering with Vulnerable Children](#) (ACCI Relief)
- [Twinning in the Best Interest of Children: Promoting Family Life not Orphanages](#) (Catholic Relief Services)
- [Better Volunteering, Better Care Initiative](#)
- Video: [How Volunteering Abroad in Orphanages is Harmful to Children](#) (globalsl.org)

Chapter 5: Preparing Children and Families for Transition

This chapter will help you to:

- ✓ Develop an individualized approach to case management;
- ✓ Develop effective gatekeeping mechanisms and sound child and family assessment procedures in order to make the best possible decisions regarding children's care and placement in families;
- ✓ Support children and families as they prepare for the transition.

At the heart of every transition process is an individualized approach to working with children and families, with the goal of supporting each child's placement in a family that can best meet his or her needs. Ensuring safe and appropriate family care requires that there be strong processes and procedures in place to assess and engage children and families, make sound decisions regarding timing and types of placements, and develop individualized care plans that link children and families to appropriate support services. Each of these interrelated functions goes hand in hand with your organizational planning and resourcing and may require strengthening or creating new systems, procedures, and areas of expertise.

The Role of Case Management

To keep children safe from harm and to avoid the potential trauma of multiple placements, it is important that each child's transition be planned, prepared, and managed carefully. Child-centered case work is an important approach to ensuring that this is done well. This refers to the individualized support provided by a case worker who is assigned to work closely with the child and family through each step of the transition process (in some cases there will be a separate case worker for the child and for the family). This not only provides children and families with a source of consistent and ongoing support, but also provides for the regular documentation of any assessments, records, and other information needed to make sound placement decisions and develop (as well as monitor and update) care plans based on the actual strengths, circumstances, and needs of individual children and families.

Keep in mind that this is a longer-term process that takes place over time and at a pace that will vary according to individual needs. While the key steps are common to all, the pacing is specific to the preparation and readiness of each child and family. The process should take into consideration all children who are in residential care, regardless of age or special care needs.

Ideally, child and family case management will be carried out by (or in conjunction with) professional social workers who are trained in the steps, methodologies, and tools that are integral to the transition process. In places where professional social workers are

few and far between, every effort should be made to bring in this expertise. In contexts where this is not feasible, the work may rely on trained case workers. It's important that case workers should have (or have the capacity to develop) trusting relationships with the children and families, coupled with a solid understanding of the community context, cultural customs, and local language, so families can receive support based on deep understanding of their unique needs.



Consider how you will link with and/or build capacity for the case work needed to support children and families through the transition process. What are the existing social care practices in your context? Are there professional social workers (or other professionals or paraprofessionals) who can provide this service directly or who can provide training to those who will?

Case managers are not expected to provide all the child and family support services themselves—but they do play a key role in identifying what services are needed and providing the necessary referrals and follow-up. At the core of this work is a child-centered focus that aims to engage children in age-appropriate ways, protect them from harm, and ensure that decisions are made in their very best interests, while also working closely with families and communities. Individual case management takes place within the broader framework of your overall transition plan, in collaboration with other partners and members of your transition team.

Resources on case management and social work:



- *Making Social Work Work: Improving Social Work for Vulnerable Families and Children Without Parental Care Around the World* (Family for Every Child)
- *Inter Agency Guidelines for Case Management and Child Protection* (U.S. Agency for International Development)
- *Child Protective Services: A Guide for Case Workers* (U.S. Department of Health and Human Services)
- *The Way We Care* (FHI 360)
- *Steps and Principles of Case Management Tool*

Conducting Child and Family Assessments

Conducting formal assessments of all children who will be transitioned into families, as well as all families in which children may be placed, allows care teams and case workers to identify the unique strengths and needs of each child and family. The assessment information will inform the development of the care plan for each child, the placement decision (either in the child's family of origin or alternative family placement), and will help to identify any special services that may be needed (for example, family support or special education). A good assessment process is key to ensuring a child's safety and protection, avoiding multiple placements, and preparing a child and family for transition.

Assessing Children

When assessing a child, it is important to remember that he or she is unique (even among siblings), with a distinct life history, identity, strengths, and needs. Successful transition into family care depends on the careful and informed consideration of all aspects of a child's wellbeing and development: physical, educational, behavioral, spiritual, social, and emotional.

Sources of information for the assessment include the child himself or herself, the social worker or case manager, current and previous care providers, teachers, health professionals, family members, community leaders, and others who know the child. Information can also be drawn from residential care records; existing case records, care plans, or other support plans (such as educational support plans); health, immunization, early education, and school records; and information from any specialized services. Build on any previous assessments that the child has on file. Formal child and family assessments should be completed by individuals who have training in the process and speak the same language as the children and families (and whenever possible are also from the same region).

The child should be fully involved in the process of assessment, as appropriate for his or her age and capacity. For older children in particular, this will open the conversation about their move out of residential care and help prepare them for placement in a family.

The child assessment will include:

- Basic biographical information;
- Previous placement history, including quality of relationships;
- Previous family contact history and all family information, including siblings;
- Developmental and behavioral observations, tests, and examinations;
- Any cognitive or physical disabilities, hearing or vision impairments, or special learning needs;
- Strengths and needs;
- Attachment, relationship, and abuse history;
- The child's feelings, desires, concerns, and opinions;
- Health history including illness, immunizations, wellness visits, and medications;
- Education history and information about learning style;
- Temperament, personality traits, likes and dislikes, and fears;
- Self-help and life skills; and
- Community and extended family connections.

Assessing Families

Together with child assessment, family assessment is essential to a successful transition, providing information needed to make appropriate placement decisions and care plans that include child and family-strengthening services matched to individual needs.

In all cases, before considering alternative family placements, every attempt should be made to locate and assess the child's family of origin, whether it be parents, other members of the immediate family, or extended family members. In cases where the child's family is known and in contact with the child, the family assessment may happen at the same time as the child assessment. In situations where the family's identity or location may not be known, the team must carry out extensive work to trace and locate the child's family to determine if reintegration is possible. This may include identifying family members in different areas or even different countries.

If at any stage it is determined that reintegration into a family of origin is not in a child's best interests, then the process of reintegration should be halted. Where it is in the child's best interests, staff should continue to facilitate contact with the family as far as possible, and may need to regularly assess whether to reconsider reintegration. Agencies should then turn to temporary alternative care arrangements (such as foster care or supervised independent living) and ultimately, if reintegration is ruled out, placement in more permanent, alternative family care, including adoption.

Like the child assessment, a formal assessment of family members directly and actively engages them in the process, affirming their unique strengths, capabilities, and opinions. Information can be gathered from family members as well as others who know the family well. Throughout the assessment, all families should be treated with dignity and respect by allowing them to clearly understand—and consent to—the placement process. Families should know that they have a choice and should not be forced to take children home if they are not ready. It's important that they have clear and accurate information, and open communication, to make informed and voluntary decisions.

Assessments of a child's immediate biological family, as well as of alternative family care options (e.g., extended family members, foster families, or adoptive families) should include the following elements:

- Basic biographical and location information, including all children and household members;
- Household income and employment;
- Parental educational history and schooling of children in household;
- Condition of the home and property;
- History of involvement with child protection services and involvement with community services;
- Observed quality of relationships, history of abuse, or domestic violence;
- Assessment of substance use or abuse;
- Previous contact with the child;
- Family health status and access to health services;
- Family strengths and any special needs (e.g., parental disability, housing, or parenting skills); and
- Community and extended family connections.



Including Children and Families in Assessment and Decision Making

As part of their process of transitioning children in Ethiopia from orphanages into families, [Bethany Christian Services Global](#) carefully assessed whether or not each child had living relatives with whom he or she could live. For those who did not, Bethany conducted a thorough assessment of families who expressed interest in adopting a child. This assessment included a background check via the local law enforcement, a mental and physical health assessment, a home study to evaluate the couple's marriage and personal history, and personal reference checks.

When the assessment deemed a family well equipped to adopt a child, Bethany's social workers then paired them with a child and allowed for supervised visits. When both the child and family verbalized interest, the child was then allowed to visit the family in their home. The adoption process proceeded only if and when the child expressed a desire to leave the orphanage and live with the family. In this way, both the child and the family are active participants and decision makers during the entire reintegration process.

It is important to keep in mind that family assessments may need to take place at multiple points throughout the reintegration process. For example, case workers and child protection officers must be prepared to investigate and take action regarding any allegations of violence or abuse. Only when the assessment determines a family to be safe and appropriate should a child be placed.



Some countries have established child and family assessment forms used by government social workers, and many community services also have models appropriate for the context. Identify those assessment tools and forms available for you to use. Please see the *Transitioning to Family Care for Children Tool Kit* for sample assessments.



Tools for assessment:

- *Guidelines on Determining the Best Interest of the Child* (U.N. Refugee Agency)
- *A Guide to Getting it Right for Every Child-My World Triangle* (Scottish Government)
- *Toolkit for Practitioners: Assessment Forms and Guidance* (Better Care Network)
- *The Lost Ones: Emergency Care and Family Tracing for Separated Children From Birth to Five Years* (U.N. Children's Fund)
- *Framework for Child Assessment Tool*

Gatekeeping and Child-Focused Decision Making

At its core, managing each child’s case as he or she transitions into a family requires effective gatekeeping. Gatekeeping in general refers to the decision-making processes and procedures that are put in place to ensure that care decisions for children who are separated (or at risk of separation) from family care are appropriate and based on the best interests of each child. Gatekeeping during or prior to separation plays a key role in preventing unnecessary placement in residential care. Once children have been placed in residential care, and during the transition process, the goal of gatekeeping is to ensure that decisions regarding children’s family placements (e.g., reunification or alternative family care) protect children and are well matched to their individual circumstances and needs.

How gatekeeping is managed—that is, who is engaged and in what ways—will look different in different contexts. In many places, placement decisions may require the involvement of legal decision-making bodies (such as in cases where a judicial process resulting in a legal decision is required). Ideally the gatekeeping process is overseen by government-appointed child protection professionals who work in conjunction with the residential care transition team. In contexts where a more formal government-mandated system is not yet functional or in place, gatekeeping may be overseen by allied professionals or trained paraprofessionals. While final decision-making authority and systems of external accountability can vary, gatekeeping is a group process. It brings together a range of people who can bring informed perspectives about child protection, the local context (including viable family options within the continuum of care), and the child as an individual with his or her own unique needs, preferences, capabilities, and opinions.

It is important that all people involved in the transition—including children (in accordance with their developmental capacities) and families—have a clear and common understanding of the procedures for making a placement decision. Throughout the decision-making process, maintaining a focus on the child helps ensure that placement decisions and corresponding family support plans provide the best possible outcomes for each child. The process is part of care planning and as such looks not only at the decision about who will care for the child and where, but also at what services will surround the child and family to provide safety, nurturance, and long-term commitment to the child.



Decide what gatekeeping procedures you will use and who is on your decision-making team.

What is the legal policy framework for gatekeeping in your context?

What is the role of child welfare or child protection in providing some level of oversight and external accountability?

Who is or will be charged with making decisions regarding children’s placement and care?

Gatekeeping procedures are used to make decisions about children’s care at multiple points:

- Before family separation, by assessing circumstances and needs and preventing separation when possible and appropriate through the provision of support services;
- After family separation, by identifying whether supported family reunification is possible, and if not, by determining best alternative care options, including alternative family care (thus preventing unnecessary placement in residential care);
- After placement in residential care and during the transition process, by determining the family-based care options best suited to children’s individual needs and circumstances.

Gatekeeping follows two key principles*:

The “necessity principle”—Make sure that alternative care is genuinely needed.

- Prevent situations that can lead to alternative care at as early a stage as possible. This means working with communities to think about the most common reasons for children to lose parental care, run away from home, be placed in institutional care, etc., and identifying ways to reach those families that are most likely to be vulnerable to stress.
- Make sure that there has been a full assessment of the family situation before a child is removed or reintegrated, to identify all possible means to keep the family together.

The “suitability principle”—Provide appropriate care for the individual child.

- Ensure that all forms of alternative care meet minimum standards, following guidelines, developing and adhering to standards, and informally monitoring care arrangements to ensure that children are cared for appropriately.
- Regularly check the child’s wellbeing until a permanent arrangement has been made.
- Decide on the placement for the child that is suitable at that time, realizing that it may change over time.

*Source: Government of Liberia, Ministry of Health and Social Welfare (2014). [Guidelines for Kinship Care, Foster Care and Supported Independent Living in Liberia](#).

Any decision-making process regarding child placement should consider:

- Information gathered from multiple sources (e.g., caregivers, residential care workers, health providers, families, and the child) as part of a thorough assessment process;
- The rights and legitimate interests of all parties, including parents, siblings, and extended family;

- The resources and services available to a child and family to ensure a safe and nurturing home;
- A preference toward reunification with a child’s family (immediate family or kinship care);
- A preference toward keeping sibling groups together;
- Alternative family placements that offer the greatest chance for permanency and improve child wellbeing, when family reunification is not possible; and
- Transparent decision making by a clearly identified team of people invested in the child’s wellbeing, along with any legal decision-making bodies in accordance with national policies, as most often placement decisions are the responsibility of government representatives.



Chapter 6 will provide further information about each of the family care placement options within the continuum of care.

The long-term goal of decisions regarding child placement is permanency. The concept of permanency refers to establishing family connections and placement options for a child to provide a lifetime of commitment, continuity of care, a sense of belonging, and a legal and social status that goes beyond the child’s temporary placement. Permanency provides children with the opportunity for attachment and bonding so critical to psychological, emotional, and social health. Permanency for children begins with working to stabilize families to prevent separation. Once separation has occurred, whenever possible and safe to do so, permanency efforts should focus on the return of a child to his or her family of origin. When reunification is not possible, other family care options are explored, with priority for those that can bring meaningful life-long connections with family, friends, and community members.



Tools for gatekeeping and child-focused decision making:

- *Making Decisions for the Better Care of Children: The role of gatekeeping in strengthening family-based care* (Better Care Network)
- Podcasts: *Gatekeeping* (Faith to Action)
- Webinar: *Gatekeeping* (Christian Alliance for Orphans)
- *Guidelines for Family Group Decision Making in Child Welfare* (American Humane)
- *Best Interests Determination for Children on the Move: A Toolkit for Decision-Making* (Save the Children UK South Africa Program)
- *Best Interests Determination Checklist Tool*

Developing Individual Care Plans

Planning for transition also includes developing an individualized and holistic care plan for each child as he or she transitions out of residential care. As with the decision-making process, the transition process should engage a team of people involved in the lives of the child and family.

A holistic care plan articulates the needs and assets of each child and family as revealed through the assessment process, then outlines a response to every aspect of a child’s development by identifying which support services and resources will

be needed. The goal of any care plan is to offer children the best possible care and protection as they transition into families.

Care plans are not static documents, but rather flexible plans that evolve as a child's situation changes. For example, the plan for a child placed in temporary foster care will change if and when the child moves toward adoption.

Plans should recognize that all children and families have strengths to contribute; and when appropriately supported, families and children can make well-informed decisions about child wellbeing and protection.¹⁵

Every child should have an individualized care plan that includes the following elements:

- The child's care placement along the continuum of care;
- The needs and supporting strengths of the child and family;
- Relevant support services that meet the individual needs of the child and family;
- Those individuals or organizations responsible for providing each service;
- A plan for the child's day care, school education or vocational training, and opportunities for peer engagement, with any special accommodations or support services needed for success;
- Specific, measureable, and time-bound goals and objectives to be monitored; and
- A plan for the child's permanent family placement if he or she is being temporarily placed.



Resources for care planning:

- *Care Planning and Family Reunification Forms and Guidance* (Better Care Network)
- *Principles of Placement in Alternative Care Tool*
- *Community Based Social Work with Children and Families: Manual on the Prevention and Reintegration* (Save the Children UK)
- *U.S. National Resource Center for Permanency and Family Connections*

Caring for Children with Special Needs

In some cases, individualized care plans will also need to include further considerations for children with special care needs. For example, children with learning challenges or physical disabilities may require additional support services both in the home and at school. Additional supports and services may also be necessary for children who entered residential care after experiencing trauma or exploitation in the form of trafficking, child labor, street living, natural disasters, conflicts, or forced migration. It is crucial to secure ongoing support services for children with special needs. These services can include:

- Trauma healing and psychological care;
- Assistance integrating into school;
- Special day services;

- Physical aids (for example wheelchairs, glasses, hearing aids);
- Training for families (e.g., sign language);
- Respite care for caregivers; and
- Equipment (e.g., wheelchair ramps for access to the home).



What are the special care needs that children in your residential care have? How might you adapt your work to ensure that programs are inclusive and that all children have equal access to family care?



Learn more about family care for children with disabilities and special needs:

- *Enabling Reform: Why Supporting Children with Disabilities Must Be at the Heart of Successful Child Care Reform* (Better Care Network and Family for Every Child)
- Video: *We All Need Families at the End of the Day – Special Care* (Better Care Network)
- *Psychosocial Support for Children with Disability and Their Carers* (Regional Psychosocial Support Initiative)
- *Reintegration Guidelines for Trafficked and Displaced Children Living in Institutions* (Next Generation Nepal)

Preparing Children and Families for Transition

A key responsibility of the case manager is preparing the child and family for placement. Placement preparation may include family visits and supported reconnection, counseling and psychosocial support, provision of material support and linkage to basic services (e.g., income, employment, housing), and preparation for community integration (e.g., schooling, day care, rehabilitation services, health services).

Every child and family needs proper preparation to:

- Minimize trauma and maximize the experience of positive change; and
- Increase placement success by helping children feel confident about the change.

The transition to family care can be an emotionally complex process for children. All children will need to be prepared with special consideration of their age and capacity, regardless of the type of family placement. Preparing children for placement should include adequate opportunities to explain the reason for the transition and to listen

to children's views, hopes, and hesitations. Books and storytelling may help younger children understand what is happening. Even for a child who is looking forward to placement, there will be aspects of adjustment and loss. Older children in particular will need time and space to ask questions and receive honest answers; they should also be given the opportunity to discuss what information they would like the family to know about them.



A memory box or book is a great way to make sure that children have personal mementoes from the residential care to take with them. Children take part by decorating their box or book, then choosing the photographs, cards, artwork, or other special items they want to fill it with.

Preparation of the family and caregiver

- Share any background information about the child with the caregiver that is relevant and that the child has agreed that you can share with the family or caregiver. Remind the caregiver that any sensitive information is confidential.
- Tell the caregiver what information has been given to the child about the household and their expectations.
- Confirm that the child will have his or her own place to sleep and keep belongings.
- Make sure that the child's dietary, health, education, and other care requirements are well understood and work with the family to plan how these should be met.
- Inform the caregiver of any arrangements that are being made for the child to access services and explain what is required of the caregiver to support the child's to access these.
- Make sure that family support needs have been assessed and are being addressed through referrals and access to appropriate services (e.g., economic support, day care, parenting groups).
- Confirm the date and time of the child's arrival (including any interim visits leading up to the actual transition). Ask the family to prepare a welcome for the child on the day of transition, or prepare a departure celebration if the child is being collected from residential care by the family.
- Inform the family that they should inform you of any important new information that the child gives them, any challenges or issues that come up, etc.
- Inform the caregiver how often you will visit them and when the first visit will be. Explain that you will always talk to the child in private.
- Advise the caregiver of how to contact you and whom to contact if you cannot be reached.

Adapted from [Alternative Care in Emergencies Toolkit](#) (Save the Children).



Retrak: Transitioning Children from the Streets into Families

Retrak is a faith-based charity that works alongside street children to offer viable alternatives to street life and, whenever possible, reunify them with their families. The journey of 17-year-old Melesse* from Ethiopia demonstrates Retrak's commitment to preparing both children and families for reunification when it is deemed safe, appropriate, and mutually desired. Having left home and lived on the streets of Addis Ababa since he was 11, Melesse gained glimpses of hope for his future when Retrak staff invited him to their drop-in center. Through their vocational training program, he was able to start a small business. Life skills boosted not only his income, but also his self-esteem so he could think about returning home. Conversations with and counseling from social workers allowed him to consider the implications of reuniting with his family, address his fears of rejection and stigmatization, and think through the logistical details of adjusting his small business to his home village.

Meanwhile, Retrak staff approached Melesse's mother, who was astounded to hear her son was still alive. Social workers met with her local village council and with neighbors to discern how Melesse might be received by the community. Finally, when placement day arrived, he was accompanied by Retrak's social workers on his return to his home village and was warmly welcomed. Retrak equipped him with a few basic necessities like a blanket and secondhand clothing. Even more, through careful counseling and preparation, he was equipped with the skills and confidence to again live with and contribute to his family. To ensure that success continues, Retrak continues to follow up with Melesse and his family, offering counseling and psychosocial support to ensure long-term wellbeing.

*Children's names in all stories have been changed for reasons of confidentiality.

When reintegrating a child back into his or her family of origin, work closely with the family to address both the causes of original separation and the impact of any harm caused by separation, and ensure that the child and the family will have access to all available forms of support necessary to ensure a safe and effective reintegration and help to prevent another separation.¹⁶

Families too need time and resources to prepare for a new child in their home. The process of preparing families for a child's placement should involve parents, siblings, and others in the household. Families need to know about the child's background and have a thorough understanding of the placement process and care plan, including identified support services and follow-up visits. They should have opportunities to ask questions and share information, and know whom to contact to share challenges, problems, questions, and success stories.

If the family has never cared for children before or has not parented in a long time, additional training in parenting skills may be necessary. Even a child's parents may need some training to be successful in caring for their child, especially those who have

special physical, behavioral, or emotional needs. Families should understand and be prepared for the fact that many children living in residential care have gone through trauma or abuse in addition to family separation. Children may not show these signs for months or even years, so preparing families to recognize and respond to signs of emotional distress when they arise is critical.

Both families and children—even infants and toddlers—benefit from supported visits prior to placement. These visits allow children and families to get to know (or become reacquainted with) each other, anticipate any adjustments that will need to be made, and actively engage in the decision-making and planning process.

One strategy for engaging and preparing family members for transition is family conferencing. This involves bringing family members (including extended family) together with members of the transition team (case manager, residential care staff, partners in the community) to discuss next steps, raise and address concerns, and refine care plans.



Workbooks for preparing children to transition into families:

- *Moving to My New Home: A book to help children get ready to move into their new home* and a version for 8-to 16-year-olds, *Moving to My New Home II: A book for children to explain what will happen during the time the institution is closing* (Lumos)

Chapter 6: The Continuum of Care

This chapter will help you to:

- ✓ Deepen your understanding of continuum of care options for children transitioning out of residential care;
- ✓ Access additional information on and resources for successful family reintegration, kinship care, foster care, adoption, and other models of care.

Transitioning children out of residential care requires that there be a robust continuum of care, offering a range of family placements and support services. Family-based care options within the continuum include reunification with birth families, kinship care, foster care, and adoption. Given the range of children's individual needs and circumstances, there is no "one size fits all" solution. For this reason, temporary and small group homes, as well as supported independent living, also have a place in the continuum. However, in keeping with best practice and evidence-based guidance from around the world, the continuum places highest priority on care of children within families.

Family Care Options

Family care is the short-term or long-term placement of a child into a family environment, with at least one consistent parent or caregiver. While children should always be reunified with birth families when safe and appropriate, alternative family care, such as care within the extended family (kinship care), adoption, and foster care, is needed when reunification is determined not to be an option.

All family placement options involve conducting family and child assessments, preparing the child and family for placement, linking the family to appropriate family-strengthening services and community support as described in the care plan, and monitoring child and family wellbeing through regular follow-up visits.

Resources for family care options:

- *A Continuum of Care for Orphans and Vulnerable Children* (Faith to Action)
- *Moving Forward: Implementing the 'Guidelines for Alternative Care for Children'* (Centre for Excellence for Looked After Children In Scotland)

Family Reunification and Reintegration

Most children in residential care globally have at least one parent or close family member who is still living. In many cases, these family members could care for their children if given the right support. Family reunification is the process of reintegrating a child back into his or her birth family. This also often involves returning the child to his or her community of origin. Reuniting children with their birth families is considered



See **Chapter 5** for more information on child and family assessment, placement, and preparation.



the best option for children leaving residential care—but only if and when it is deemed safe and appropriate.

Possible steps to reconnect children with their families

- **Enable remote contact through a letter or email, call, or video message:** This initial contact can help break down emotional barriers and enable children and families to get to know one another again. There may be a need for several letters or calls before face-to-face contact is made.
- **Short face-to-face meetings between parents and child:** These meetings should happen under the direct supervision of a case worker. Where feasible, the parents should travel to the child, which provides a clear indication of the parents' commitment to reintegration, even though the agency may fund the travel.
- **Longer, supervised visits at the parents' home:** The objective of these visits is to assess family functioning and the child's ability to readjust to the community and lifestyle. The case worker must be prepared to intervene at any time if the child is facing significant challenges.
- **Longer, unsupervised visits at the parents' home:** This type of meeting is performed only after a supervised visit has been successful. The case worker must be confident that the child will be able to readjust to the local lifestyle and that the parents are able to care for the child.

Source: [Guidelines on Children's Reintegration](#). Interagency group on children's reintegration; Emily Delap and Joanna Wedge (2016).

Child-centered reunification is multilayered and begins with assessing both the root causes of separation and the current circumstances of the family. In cases where residential care staff, case workers, and/or the child have lost contact with the family and the family's location is unknown, determining whether reunification is even a possibility may first involve a process of family tracing. It's important that strong efforts to locate and assess children's families are made before alternative placement options are considered.

Tracing families can sometimes be a labor-intensive process, involving outreach beyond the local region or even country. It may include interviewing government departments, village leaders, community members, members of the extended family, or former residential care staff. It will require the assistance of case workers or trained volunteers, sometimes working from different locations to minimize travel costs and ensure better familiarity with the location where the search is undertaken. In addition to direct individual outreach, other strategies such as targeted outreach through local radio, newspapers, TV or mobile phone texts, or posting notices where a child was initially separated or abandoned can yield results. A general guideline is that a concerted search effort could continue for at least several months or until a relevant authority has determined that the search is complete.

As with all family placement, the process of reunification is not a one-time event, but is made up of many different steps within a time frame that

Monitoring reunification: When concerns arise

- Is the child in imminent danger of serious harm or abuse? If so, an emergency placement must be organized and the relevant authorities should be contacted to arrange for the child to be removed immediately.
- Is the child being neglected or suffering less severe abuse (such as inappropriate forms of punishment)? If so, it is likely that a psychologist or therapist should begin to work immediately with the family to help them alter their behavior.
- Is the child failing to thrive or develop physically and psychologically as rapidly as would be expected? If so, it is important to ensure that the child is evaluated by an appropriate medical professional to identify or rule out any physical or psychiatric illnesses that may contribute to the child's difficulties.
- Is the child demonstrating a lack of attachment to the caregiver? If so, a psychologist or therapist should begin working with the caregiver in identifying methods to encourage attachment.
- Is the caregiver able to access all necessary services for the child? If not, practitioners should do everything possible to access relevant services.

Source: European Commission Daphne Program (2007). *Deinstitutionalizing and Transforming Children's Services: A Guide to Good Practice*.

is dependent on the individual situation. Family and child assessment of the needs, strengths, preferences, and situations of each child and family is paramount to good decision making. These assessments will help determine whether a child and his or her family are willing and able to reunite, and if so, what forms of support the family will need to fully protect and care for their child. In the many cases where children have been placed in orphanages to access education and other basic services, providing access to these services closer to home can make all the difference. Children should not be returned to homes where they experienced neglect or harm unless and until the issues are resolved. Whenever reunification is deemed to be in the best interest of a child, his or her return home should be carefully monitored and supported with a sound care plan, including access to services and follow-up visits by the child's case worker.

Follow-up support in reunification can include:

- Ongoing and new support to address the root causes of separation;
- Ensuring that children and families have ongoing access to health care, education, and other services that address their needs;
- Offering respite care when children and families may need short periods of time apart;
- Continuing to support efforts to address stigma and discrimination (sometimes a factor in initial separation) through work with the community, including religious leaders;

- Working to build on the strengths and resilience that children may have gained during their period of separation. Children may feel that the skills they have learned and the pride they have as a survivor contrasts with how they are perceived by their families or communities;
- Ensuring that children have a chance to discuss past experiences and to receive therapeutic support where necessary.¹⁷



See **Chapter 5** for more information on family assessment and on engaging and supporting children and families through transition.

In addition to regular home visits and ensuring access to support services, monitoring the reintegration for success may include regular team meetings that include the child and family to help them work on goals, and discussions with other community actors such as pastors, teachers, and service providers. Once things are stabilized, the frequency of visits by a case worker should decrease over time as long as there is a clear point of contact should problems arise. Because the child may have spent months or even years benefitting from the care and support within residential care and developed a close bond with specific workers, the child should be carefully informed when visits will cease.¹⁸

When reuniting a child with his or her family is determined to be unsafe or not in the best interests of a child at any stage in the process, then alternative forms of care—preferably family care—should be considered.

Reintegration for Children with Disabilities

As many children are placed in institutions by their families due to disabilities, it is important to note that special services, rehabilitation, therapies, and supported school integration are all important aspects of care planning, during all phases of the reintegration process. Families need to have sufficient community supports in place to care for children with disabilities or suffering trauma as a result of separation and institutionalization, which could make it difficult to form attachments.



Turn to **Chapter 7** for more information on monitoring placements through transition.

The *Guidelines on Children's Reintegration* encourage those who are engaging in reintegration of children with disabilities to:

- Map existing services and support and connect to local organizations working to support children with disabilities in their home communities. You may need to access physical aids (such as wheelchairs or hearing aids), train family members in children's care and support or teach them how to effectively communicate with children (e.g., sign language training), ensure that schools and homes are accessible; work to tackle discrimination, and promote integration into local schools.
- Link with community-based expertise and resources, in particular disabled people's organizations, which are run by and for persons with disabilities.
- Link parents of children with disabilities together. Peer-to-peer support can also be valuable for children with disabilities.
- Offer respite care to provide caregivers and children a break.



Mubera's Family: Hope Restored in Bosnia

After losing her husband during the war in Bosnia-Herzegovina, Mubera and her children lost their family home and were in a desperate situation. When her new partner, Rifat, left to serve a prison sentence, Mubera felt like she had no option but to send her five children to an institution. During their three years in an orphanage, Mubera regularly visited her children. A social worker took note and referred her case to [Hope and Homes for Children](#), a nonprofit organization that supports deinstitutionalization in Eastern Europe and Africa.

Hope and Homes facilitated the reintegration of Mubera's children back into her home by using their [ACTIVE Family Support](#) (AFS) model of care, which addressed the root causes of family separation in the first place. ACTIVE stands for Appropriate (relevant to the local culture and sociopolitical context), Community (in partnership with local actors), Targeted (specific to each family's needs), Independence (working toward families' self-sufficiency), Value (more financially sustainable than institutionalization), and Effective (improves child wellbeing and prevents family separation).

Hope and Homes helped the family find housing and assisted Rifat in finding employment. Now, six years later, the children are enrolled in school and thriving in their family. By addressing the family's needs in a targeted and appropriate manner, Hope and Homes helped Mubera's family remain intact.



Work with families to build upon their unique strengths. These strengths may include external factors like supportive neighbors or participation in community groups, and internal factors like a positive attitude and the ability to come up with solutions to problems.



Tools for reintegration:

- [Guidelines on Children's Reintegration](#) (Family for Every Child)
- [Standard Operating Procedures for Family Reintegration](#) (Retrak)
- [Reaching for Home: Global Learning on Family Reintegration in Low and Lower-Middle Income Countries](#) (Save the Children, et al.)
- Webinar: [Family Reintegration, Achieving Balance Between Empowering Families and Safeguarding Children](#) (Christian Alliance for Orphans)

Kinship Care

Kinship care is the full-time care, nurturing, and protection of a child by someone other than a parent who is related to the child by family ties or by a significant prior relationship (e.g., relatives, godparents, older siblings, close family friends). The vast majority of children living outside parental care live with their relatives and extended



Samnant's Story: Kinship Care in Cambodia

Already weakened by disease, baby Samnant's mother passed away just two weeks after her son was born. His father disappeared shortly afterward. Samnant was alone and in need of a family. Recognizing that God's design is for children to be cared for in families, [Children in Families](#) (CIF) works in Cambodia to find permanent homes for children like Samnant through kinship care and long-term foster care. The team was able to contact Samnant's mother's half-sister in a village on the outskirts of Phnom Penh.

To facilitate the reintegration of Samnant into kinship care, CIF helped support the family to establish sustainable sources of income generation. Samnant, now three years old, lives as a full member of the family and enjoys the laughter and antics that come with sibling relationships through his cousins. He is well fed, sheltered, and cared for within his own extended family.

family members. In most countries, care in extended family is the most long-standing and culturally acceptable form of alternative family care.

Although it can be formally arranged through judicial authority or social services, it is more commonly informal in nature—often a matter of parents reaching out to relatives and relatives stepping up to care for their loved ones. This form of care can be permanent or temporary (for example, when a child is waiting to be reunited with his or her parents), or informal (by private arrangement) or formal (ordered by an authorized body). Permanency within a foster family may be in the form of adoption, legal guardianship, or a less formalized agreement between the family and child. For families at risk of separation, efforts to identify kinship care options ahead of time can help ensure that family ties and care are sustained and protected.

Because caring for a child may put additional strain on relatives and aging grandparents already impacted by poverty or other issues, family members providing kinship care can benefit from a full package of support services and case management to ensure successful placement. Grandparents, for example, may need cash stipends or material assistance to adequately feed and clothe a grandchild. Some children in kinship care may need particular support with schooling, and both the caregivers and children will benefit from healthcare services and targeted psychosocial support.

Where kinship care is formalized, monitoring and ongoing follow-up support are necessary to prevent family breakdown and more instability for the child. Strengthening the family in kinship care looks much the same as it does in the family of origin and is just as important.

Tools for kinship care:



- *Family First: Prioritizing Support to Kinship Carers, Especially Older Carers* (Family for Every Child)
- *Myanmar Kinship Care Handbook* (Save the Children)

Foster Care

Foster care is the full-time care of a child within a nonrelated family who agrees to meet the developmental, psychosocial, medical, educational, and spiritual needs of a child who is not able to live with his or her own parents or extended family. Foster care systems vary widely throughout the world.

In some places, formal foster care is a growing, accepted alternative to residential care. In others, foster care remains informal (in the form of a private arrangement between families) or has not yet been introduced. In some cultures and countries, especially where adoption is not currently legally recognized, foster care can serve as a permanent family placement. Foster care can be either short-term or long-term, depending on the child's needs and circumstances.

Formal foster care is typically authorized and arranged by an administrative or judicial authority, which provides oversight of the family on a regular basis to make sure that the child's needs are being met. Other forms of foster care include:

- Specialized foster family care that provides for children with special needs.
- Crisis intervention or emergency foster family care where a child lives with a family until the crisis is over or another care plan is made for the child.
- Spontaneous fostering, where a family takes in a child without any prior arrangement. This is a frequent occurrence during emergencies and may involve families from a different community in the case of refugee children.

Foster parent recruitment, screening, assessment, and training are crucial to providing a safe, stable, and nurturing environment for a child. In some countries, this process, assessment, and the licensing of foster providers are outlined in law.

Proper screening of foster parents is crucial to providing a safe, stable, and nurturing environment for a child. The following are points to consider when assessing a foster care provider:

- Motivation for becoming foster parent;
- Willingness of the entire family to have another child live with them;
- Preference for profile of child(ren) to care for (e.g., gender, age, sibling group, disability);
- Information on marriage, family, traditions, customs;
- Parenting experience;
- Discipline techniques;
- Description of the home;
- Interviews with each child and adult living in the household;
- Copy of police clearance for all adults living in the household; and
- References.¹⁹

Once the screening process (including background checks) has been completed, foster parents can benefit from specific training, including training on child rights, children's

developmental needs, or caring for children who have experienced trauma. Make sure to share the child's individual needs with the foster family.

Like adoption, planning for foster placement involves an in-depth process of assessing the child's needs, finding and matching the child to a foster family whose attributes and resources meet those needs, linking the family to any services and supports they will need to care for the child (for example, a small stipend for food or assistance with education), and monitoring the family through follow-up visits to ensure that the child is adjusting and cared for well, and the foster care family is also supported.

Foster care planning also includes a plan for permanency. Ideally, returning a child to his or her community of origin should be pursued first when it is safe to do so.

Depending on the child's case, permanency plans might include:

- Temporary care while the possibility of family reintegration is explored;
- Foster care leading to adoption by the foster family, often called foster-to-adopt;
- Short-term or long-term care until the child is reunified or adopted by another family; or
- Long-term foster care until the child can live independently.

Foster care arrangements hold many of same benefits and risks of kinship care and can similarly benefit from family-strengthening services and support. Foster families need to be adequately prepared and supported, and have sufficient community services in place to care for children coming out of institutions.



Find out what kinds of foster care (if any) exist in your community. How can you access the foster care that is already developed? If there are no models of foster care, what kinds of care might your community be open to? Who can be involved in developing a system of care?



Foster care resources:

- *Strategies for Delivering Safe and Effective Foster Care* (Family for Every Child)
- *A Spotlight on Foster Care* (Family for Every Child)
- Video: *Foster Care* (ACCI Relief)
- Video: *The Importance of Family: A Church Perspective* (Child's I Foundation)



Care for Children in China through Foster Families

From the time he was born until he was four years old, Lu Lu lived in institutional care in the suburbs of Beijing. Like many children in China's orphanages, Lu Lu was diagnosed with a congenital health condition. Care for Children provides ongoing, high-quality foster care training and family placement services for the government staff at orphanages throughout Asia so they can help provide a positive transition for orphans into foster families.

When Care for Children began working with children in Lu Lu's orphanage, he was among those placed in a long-term foster family. At first, the transition was difficult. Lu Lu was withdrawn, had no interest in playing with toys, and would rarely speak. His foster mother received support and guidance from Care for Children, including training in building a secure base for children, child protection, child development, identity, and loss. She dedicated time and effort to understanding Lu Lu and discerning his personality. After living with his family for over three years, Lu Lu is flourishing.

Adoption

For children who have no possibility of remaining with or returning to their parents or relatives, adoption can provide a pathway to a permanent family. Adoption may become an option at the request of a child's birth family, or when a foster family or relative desires legal permanency, or for many children, it may be considered after a child spends time in an orphanage and reunification and kinship care are not viable options. Research has demonstrated that an adoptive family environment can support improved developmental outcomes for children, especially for young children transitioning from care within residential institutions.

Types of adoption include:

- Domestic (national) adoption, which involves adoptive parents who live in the same country as the child. Not all countries have legal pathways for domestic adoption.
- International or intercountry adoption, which involves adoptive parents who live in a different country from the child.
- Extra-judicial adoption, in which legal rights and duties are conferred to adoptive parents, but through a process that is not legal (for example, when adoptive parents accept someone else's child and register the child as though he or she were their birth child).

Given its permanency, adoption requires transparency and must be conducted ethically and in the child's best interest. It is essential that more than one level of gatekeeping be involved before it is determined that a child is available for adoption. It should also include the active engagement of social workers external to the orphanage and judicial authorities.

In certain parts of the world, domestic adoption has not yet been legally recognized or made available. Some countries are seeing a surge in domestic adoption through local promotion from government leaders and church leaders, and financial legal costs are being removed.

The legal adoption process typically includes the following steps:

- A home study, in which an in-depth review and report of the potential adoptive family are completed through home visits, interviews with all family members, background checks, and assessments of the family's finances, parenting style, family history, education, and other factors;
- A process of matching an adoptive family whose attributes and resources meet the specific needs of an individual child (this may include the child's foster family if they are interested in moving toward permanency);
- Family approval for adoption by social services and/or a court;
- Placement of a child into the adoptive family;
- Post-adoption services such as regular visits from a case worker to help the child and family with bonding, counseling, parenting education, and links to community supports and services, if needed; and
- Monitoring, as outlined in national adoption laws of each country, for an established period of time (often up to two years). Home visits help the child and family with bonding, ensuring connection to supports and resources, and providing support for difficulties.

When domestic adoption is not possible, intercountry adoption provides children with the opportunity to have a permanent family. Intercountry adoption is governed by both the laws of the country in which the child lives and the country in which the adoptive parents live.²⁰ In line with the [Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption](#), it is imperative that intercountry adoptions be authorized by competent authorities, guided by informed consent of all concerned, and that intercountry adoption enjoy the same safeguards and standards that apply in national adoptions to protect children, safeguard the rights of their birth parents, and provide assurance to prospective adoptive parents that their child has not been the subject of illegal practices.



Adoption resources:

- [Understanding the Hague Convention](#) (U.S. Department of State)
- [The Way Forward Project Report](#) (Congressional Coalition on Adoption Institute)

Other Models of Community-Based Care

Occasionally, alternative forms of community-based care may be necessary when youth are old enough to be phased out of residential care, or when children need temporary housing while waiting for family placement. These models utilize family-style systems of support, and are recommended over large-scale institutional facilities.

Supported Independent Living

Supported independent living provides for a young person's transition to adulthood as the young person becomes independent in his or her own home, a group home, or other form of supported accommodation. This may be a viable option for older youth who have developed a capacity to live more independently, or who have expressed a desire to be on their own.

As with children being placed in families, youth entering into supported independent living also require individualized care planning. Youth should be fully involved in developing their care plans, which are intended to identify solutions to any obstacles that need to be overcome for them to leave residential care and what will need to be in place for them to be successful.

Using a process of "positive youth assessment" builds an understanding of the capacities and strengths, needs, and rights of youth. The assessment covers physical, intellectual, emotional, social, and vocational needs that may need to be addressed for the young person to successfully leave residential care and live independently. A care plan developed in response to these needs may include assistance in strengthening life skills, budgeting, cooking, job seeking, and integration into the community.

Moving from residential care to independent living should happen only when the goals of the preparation process have been met. The role of the case manager or support workers is to offer assistance at planned intervals or as needed, supervise the transition (though in most situations youth won't be directly supervised once they are living independently), and monitor the situation to ensure that youth are adequately supported through their care plans.

Mentoring can be a very important part of youth living independently. Mentoring is matching a young person with a caring, responsible adult (often a volunteer). The adult is usually unrelated to the child and can be identified through the local church, community, school, or other program.



How can you use mentoring to ensure that youth leaving residential care are connected to guidance and support when needed?



Tools and resources for supported independent living:

- *Independent Living Review* (Retrak)
- *Preparation for Independent Living* (SOS Children's Villages)
- *Guidelines for Kinship Care, Foster Care and Supported Independent Living in Liberia* (Better Care Network)

Short-Term Care and Small Group Homes

While the primary focus of this *Guidance Manual* is transitioning to family care, given the unique nature of each child's situation, temporary, short-term care in group homes, shelters, or forms of respite care or rehabilitative services for children and families in crisis are also included in the continuum of care. This section provides a basic description of these types of care and helpful resources for these unique circumstances.

When separation from parents has occurred or is at risk of occurring, temporary residential care can provide services that evaluate and help address the immediate needs of the child and family, providing a framework for permanency planning through the possibility of reunification, or when this is not possible, supporting a child's transition into alternative family care.

Circumstances in which short-term group care may be necessary for a period of time include specialized care for a child experiencing disability, substance abuse, teen pregnancy, transition off the street, armed conflict or sex trafficking, and family separation during natural disasters or migration.

Ideally, this option is reserved only for times of transition, ultimately leading to family care. Proper assessment, gatekeeping, and child-centered decision-making processes are of utmost important when determining whether a child should be placed in a group care setting to prevent unnecessary long-term placement.

All too often in emergency contexts, children are separated from their families. Family tracing and reunification and alternative family care are much more effective responses than placement of children in residential care.

Types of group care include:

- Small group homes that offer formal residential care in groups of 5 to 14 children, under the care of consistent live-in care providers, and are intended to provide a more stable, family-like living environment. These homes should be located within the community and linked to community services, such as schools and health clinics, so children's needs are met within the context of normal community life. Small group homes can be particularly useful during the transitional period when older youth prepare for independent living, especially when coupled with mentorship and vocational training programs. Permanency planning is important in helping children reunite with their birth families or transitioning children to stable and safe alternative family care as soon as possible.

Turn to **Chapter 5** for information on gatekeeping, the principles of necessity, and suitability for determining whether placement in residential care is needed and appropriate.

- Safe houses and shelters are designed to provide a secure, often “closed” care environment (ideally in small group homes) for especially vulnerable children who require protection for a period of time. These children may be victims of trafficking, exploitation, or criminal activity.
- Short-break or respite care services offer overnight or short-term care for children to provide families (particularly foster or adoptive families) with a brief respite from caring for the child. This service can provide tremendous help to families caring for children with special needs and disabilities.
- Temporary residential care when kinship or foster care has been arranged but the family needs time to prepare.



Standards for residential care:

- *Scaling Down: Reducing, Reshaping and Improving Residential Care Around the World* (Family for Every Child)
- *Alternative Care in Emergencies Tool Kit* (Save the Children)
- Many countries have national standards on residential care:
 - *National Standards for Best Practices in Charitable Children’s Institutions* (Republic of Kenya)
 - *Minimum Standards of Care for Child Care Facilities: Regulations and Procedures* (Republic of Zambia)
 - *The Children’s Approved Homes Rules* (Republic of Uganda)

Chapter 7: Monitoring and Evaluation

This chapter will help you to:

- ✓ Form a plan for monitoring each child's placement;
- ✓ Identify signs of maladjustment or placement failure;
- ✓ Evaluate the lasting impact of your transition process.

A good monitoring and evaluation plan is essential to ensuring your family care model is effectively meeting children's needs and should be included from the beginning stages of transition. Transition monitoring involves (1) individual monitoring of each child during and after placement to ensure the child is safe and supported, and (2) program monitoring, in which specific outputs and deliverables are measured to ensure the transition is proceeding according to plan.

Monitoring Child Placements

After a child has been placed into family care, regular follow-up visits allow his or her case worker to monitor the child's wellbeing and adjustment. Good monitoring ensures that the family and child are accessing and using services and support, alerts the case worker to any issues or challenges, and provides opportunities to revise the child's care plan to include new resources or services as needed.

Case Monitoring

Case monitoring is ideally conducted by a case worker who gets to know the child and family over time. It's as much about building a trusting and supportive relationship between the case worker and the child and family as it is about "checking up" on the placement. In addition to regular home visits, case monitoring can involve conversations with teachers, health providers, and others who are in a good position to give insight into how the child is adjusting. It's important to engage children as active participants in the monitoring process—giving them opportunities to speak to their experiences and life changes, share their views, and raise any concerns or questions. Both child and family should know they can contact their case worker between visits (or in the absence of a regular case worker, whom to contact) if they have urgent issues or fall into crisis.

The frequency of visits and timeline for monitoring should be based on solid case practice and determined for each child and family as appropriate to their needs and circumstances. At minimum an initial follow-up visit should occur within the first week of placement, then again at the end of the first month, and then—as a general guideline—at three- to six-month intervals for at least two years. Some foster placements may require monitoring for the duration of the child's care depending on the standards and policies of the country. In cases of difficult adjustment or other issues, more frequent visits may be necessary.

Questions for consideration during follow up visits include these:

- Are the goals and objectives of the child’s care plan being worked on or met?
- How are the child’s health and development progressing?
- Is the child showing signs of lack of attachment, poor recovery from any previous delays, difficulty in school, or poor nutrition or hygiene?
- Are the parents or caregivers showing signs of inappropriate behavior management, physical punishment, poor household maintenance and management, substance abuse, or domestic violence?
- How does the care plan need to be adjusted based on the child’s development and any new challenges the child or family is facing?

Any issues and challenges revealed during a monitoring visit should be addressed immediately by linking the child and/or family to relevant services. If any serious issues are suspected, such as child abuse, it may be necessary to consider an emergency foster care or temporary group home placement until the situation can be more fully assessed and remediated. If the child is transferred to another family or setting such as a small group home, it’s important that case monitoring continue (ideally with the same case worker) in the new placement.

Anyone working with the child and family should be aware of the legal mechanisms, if they exist, for reporting any child protection concerns—whom do they get in touch

Monitoring transition

Things to consider when monitoring a child’s transition to family:

- Severe and persistent problems may be an indicator that a child is struggling with the new situation. When in doubt, check it out.
- As children grow and develop, new challenges may appear. Both children and caregivers may need guidance in dealing with developmental and behavioral changes over time.
- Adjusting to a new situation after living in residential care can take time. Support the child and family in setting realistic goals and expectations, and remember to recognize and celebrate milestones and progress.
- Build on strengths whenever possible, but also look for signs that additional support is needed or that further intervention (including transferring to another family or service) may be necessary.
- Remember that the family is part of a wider community. Seek to understand what sources of informal social support the family has access to. If this is lacking, then work with the family to identify and build supportive relationships in their community
- The opinions of children, parents, caregivers, and other family members, as well as service providers and professionals, all matter. Together these different viewpoints help build a more complete picture.

with and how? They should also be aware of confidentiality and the child's and family's right to privacy. When speaking with others, it's important not to disclose sensitive information unless it is clearly in the child's best interest and done within the appropriate channels to ensure a child's protection. Having an established child protection policy will help determine when to disclose information and to whom.

Case monitoring plays an important role in identifying and responding to issues and challenges that can arise during and after a child's transition to family care. At the same time, it's an opportunity to work with children and families to set realistic goals, recognize and build on strengths, and celebrate progress and milestones. Adjusting and settling into new circumstances and routines can take time, and case workers can help children and families through the critical steps of the process. Most families, when given appropriate support as needed, can provide safe and loving care, giving children a sense of belonging and lasting connection that is important to healthy development.

Case Closure

A child's case can be "closed" when certain criteria are met. Even after case closure, a child should always know whom to contact for support if it is needed in the future. Cases are typically closed under one of the following circumstances:

- The goals and objectives of the care plan have been met (as agreed by all involved, including the child and family) and the child's long-term protection and care are reasonably assured;
- The permanency goal has been met and there is reasonable expectation that the child is in a permanent care situation with a family of origin or extended, adoptive, or long-term foster family;
- The child has reached an age of independence (usually 18 or older) and can reasonably be expected to have success in living independently;
- The case has been transferred to another agency or organization or case worker (in which case the child's files should also be transferred); or
- The child has died.

As in all other steps, closure includes discussions with other professionals, family members, and the child to ensure that everyone is prepared for and in agreement with the closure, and that there is understanding of where and to whom to turn if help is needed in the future. In many cases specialized services or supports can continue. A case can be reopened any time a serious concern is raised and substantiated.

Follow-Up Support for Youth Leaving Care

For youth in residential or temporary foster care who are approaching the age of independence (usually 18 years or older), a good case plan and follow-up support for "care leaving" is needed. This can be a very difficult transition, since young people can face a myriad of risks including social isolation, lack of life skills, unemployment or underemployment, and exploitation. For this reason, it's important for the case worker to work closely with each youth, together with those who have been part of his or her care team, to assess and consider what follow-up support may be needed to ensure a good transition. The youth should also know whom to contact (such as the case worker

or mentor in the community) and how if they experience difficulties or need references and support after leaving care.



See **Chapter 6** for other ways to support youth towards independent living.

Strategies to support care leaving include:

- Working with youth to outline goals and goal measurements to ensure readiness;
- Helping youth to be integrated into the local community;
- Linking youth to necessary support services such as vocational skills training, education support, housing, health, employment, and social protection benefits;
- Linking youth to counseling, mental health, and psychosocial services; and
- Supporting social connections with family and community members, and/or mentoring programs.



For further reading supporting transitioning youth:

- *Young Care Leavers and Social Inclusion: Matrix of Guidelines for Life After Institutional Care* (Amici de Bambini)
- *The Transitions Initiative: Youth Aging Out of Alternative Care* (International Organization for Adolescents)
- *Best Practices in Transitioning Youth Out of Care – Successful Transitions, Success as Adults* (Literature Review, Children’s Aid Society of Toronto)

Program Monitoring

Program monitoring and evaluation allow you to determine if your overall transition is meeting the broader goals and objectives laid out in your plan. A monitoring and evaluation plan should be established by your steering committee or transition team from the very beginning of the transition, so that you are systematically gathering data and feedback throughout the process according to agreed-upon indicators of change. These indicators will utilize various means of data collection to demonstrate change, including surveys and assessment forms, qualitative feedback and stories from children and families, school reports, family income and assets reports, health records, and/or records from local family-strengthening services. Monitoring not only allows you to track activities and targeted outputs, but also allows you to take timely and effective action to correct deficiencies or make adjustments based on information gathered.

In transitioning children’s care, some indicators of success might include increases or improvements to:

- Child wellbeing as demonstrated by children’s health, development, behavior, school attendance, sense of belonging, sense of safety, and relationship with the caregiver and others;
- Family wellbeing as demonstrated by families’ health, parenting and caregiving confidence, income and economic strength, and access to and use of community-based child and family services;

- Organizational strength as demonstrated by good governance, staffing capacity and skill level, strong planning and tracking systems to monitor effectiveness of programs, adequate resources, and good use of finances and sustainability;
- Community strength as demonstrated by shared understanding of and social support for family-based care; provision of family-strengthening services (formal and informal); and good cooperation and collaboration between service providers, local government, and community leadership.

By carefully measuring those indicators of change most relevant to your transition program, you will be able to evaluate your impact in terms of outcomes. Outcomes are changes in attitudes, behaviors, knowledge, and skills that represent lasting impact within your community. Some outcomes will be more immediate (for example, a demonstrated change in community members' acceptance of children with disabilities at the local school) while others will be longer term (for example, a positive change in national policies related to child protection).

Good monitoring and evaluation provide opportunities for learning and for adjusting plans as needed according to information gathered. Ultimately, it helps to ensure that children are receiving high-quality care during the transition process, and that their needs are being provided for within loving, permanent families.



Tools for program monitoring and evaluation:

- *Program Evaluation Tools* (World Vision)
- *Child Protection Resource Pack* (U.N. Children's Fund)

Closing Statement

The process of transitioning from residential care to family care is rooted in an understanding that children grow best in families. The recommendations within this *Guidance Manual* are intended to provide evidence-based best practices that facilitate an effective transition toward family and community-based support services; prevent unnecessary family-child separation; and promote appropriate, protective, and permanent family care.

In summary, key steps for a successful transition include:

- Assessing and understanding the primary or root causes of family separation for the children in your care;
- Raising awareness about the importance of family care and engaging with key stakeholders, including staff, donors, government agencies, NGOs, community members, local churches, volunteers, service providers, and the children and families themselves;
- Understanding the international standards, and conducting a careful assessment of the unique national and community contexts and cultures in which you work;
- Developing a clear vision and plan for your new business model, and accessing and allocating financial and human resources to sustain the transition;
- Identifying and cultivating partnerships with individuals and organizations who will provide support services and family-strengthening resources to the children and families;
- Implementing an effective gatekeeping process that prioritizes family care and ensures that children are not unnecessarily entering institutions;
- Developing an individualized, child-centered care plan for each child based on careful assessment of the child's strengths, needs, and circumstances;
- Offering a range of family care options that can then be matched to each child's best interests and unique needs;
- Supporting the meaningful participation of children and their families, engaging them as active partners in the process;
- Preparing children and families for transition, and through individualized case work, supporting them through each step of the transition process;
- Providing linkages and enabling access to community-based child and family services;
- Monitoring children and families to ensure that their needs are being met; and
- Monitoring and evaluating your transition process as an organization and as a community to ensure that your goals are being met.

The best practices outlined in this *Guidance Manual* are supplemented by the Faith to Action Initiative *Transitioning to Family Care for Children Tool Kit*, a web-based tool kit of sample case studies and selected tools and resources drawn or adapted from other sources. We encourage you to utilize these practical resources as you build your own unique vision and action plan for supporting family care.

GLOSSARY

- **Adoption:** the permanent legal transfer of parental rights and responsibilities for a child.
- **Alternative Care:** formal or informal care of children outside of parental care while permanent family care solutions are sought. Alternative care includes kinship care, foster care, adoption, supervised independent living, and residential care.
- **Attachment:** the formation by a child of significant and stable emotional connections with the significant people in her or his life. This process begins in early infancy as the child bonds with one or more primary caregivers.
- **Care Leaver:** a child who is exiting a care placement. This is typically used to refer to children who are leaving orphanages, either through reintegration, through placement in an alternative family environment, or for independent living.
- **Case Work:** the process of assisting an individual child (and the child's family) through direct support and referral to other services needed, and the activities that case workers, social workers, or other project staff carry out in working with children and families to address their concerns about protection.
- **Case Worker:** any staff or volunteer who has the main responsibility for assessing and following a child's progress through the reintegration stages (i.e., direct work with the child).
- **Care Provider:** a person who is responsible for the care of a child, whether paid or volunteer, such as those who work in day centers or group homes. In this manual "staff" or "residential care staff" means those who provide care to children in residential care.
- **Case Management:** the process of ensuring that the needs for care, protection, and support of an identified child are met. This is usually the responsibility of an allocated social worker who meets with the child, the family, any other caregivers, and professionals involved with the child to assess, plan, deliver, or refer the child and/or family for services, and monitor and review progress.
- **Community-Based Care:** refers to both the direct caring role assumed by the leadership or members of a community and the supportive role community-based organizations play in assisting direct caregivers.
- **Continuum of Care:** a range of services and placement options for children. A continuum should represent a wide range of options so that the necessary and appropriate placement can be determined based on every child's best interest.
- **Deinstitutionalization:** the process of closing residential care institutions and providing alternative family-based care and prevention services within the community.
- **Family Support Services:** a range of measures that ensure the support of children and families, similar to community-based support, but that may be provided by external agents such as social workers. These measures include providing services such as counseling, parent education, day care, and material support.
- **Foster Care:** full-time care of a child within a nonrelated family, who have been selected, qualified, and approved, and are supervised for providing such care, and who agree to meet the developmental, psychosocial, medical, educational, and spiritual needs of a child who is not able to live with his or her own parents or extended family.
- **Gatekeeping:** the prevention of inappropriate placement of a child in formal care. The gatekeeping process helps to determine if a child needs to be separated from his or her family and, if so, what placement will best match his or her best interests. Placement should be preceded by some form of

assessment of the child's physical, emotional, intellectual, and social needs, matched to whether the placement can meet these needs based on its functions and objectives.

- **Group or Small Family Home:** a type of residential care for between 5 and 14 children who may be of similar age and gender, but may include a wide range of boys and girls of different ages to model a more "family-like" environment. This care is arranged around the children's needs, and may focus on particular special needs.
- **Guardianship:** a legal device for conferring parental rights and responsibilities to adults who are not parents, an informal relationship whereby one or more adults assume responsibility for the care of a child, or a temporary arrangement whereby a child who is the subject of judicial proceedings is granted a guardian to look after his or her interests. This can be with a relative or nonrelative.
- **Informal Care:** any private arrangement provided in a family environment, whereby the child is looked after on an ongoing or indefinite basis by relatives or friends or by others in their individual capacity, at the initiative of the child, his or her parents, or another person without this arrangement having been ordered by an administrative or judicial authority or a duly accredited body.²³
- **Kinship Care:** family care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature.
- **Large Institution:** characterized by having 25 or more children living together in one building.
- **Necessity Principle:** the prevention of situations and conditions that can lead to a need for alternative care; and an understanding that children should be placed in alternative care only if it is genuinely needed and in the child's "best interest."
- **Orphan:** children who have lost one or both parents through death and need to be cared for by other family or community members. The loss of one parent classifies a child as a "single orphan" and the loss of both parents as a "double orphan." An "orphan" may still live with primary or extended family.
- **Permanency:** establishing family connections and placement options for a child to provide a lifetime of commitment, continuity of care, a sense of belonging, and a legal and social status that goes beyond temporary placement.
- **Prevention:** a variety of approaches that support family life, strengthen caregivers, and help to diminish the need for a child to be separated from her or his immediate or extended family or other caregiver and be placed in residential or alternative care.
- **Suitability Principle:** an understanding that children should be placed in appropriate care settings that meet their individual needs and meet minimum standards.
- **Reintegration:** the process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and community. It is multilayered and focuses on family reunification (including extended family).
- **Residential Care:** care in settings where children are looked after in any public or private facility, staffed by paid care providers or volunteers, and based on collective living arrangements. This includes large institutions and all other short- and long-term residential institutions including group homes, places of safety, transit centers, and orphanages.
- **Vulnerable Children:** children whose rights to care and protection are being violated or who are at risk of those rights being violated. This includes children who are living in poverty, abused, neglected, or lacking access to basic services, ill, or living with disabilities, as well as children whose parents are ill or in conflict with the law, and those who are at risk for being separated.

Source: Definitions adapted from the Better Care Network [Toolkit: Glossary of Key Terms](#), the Faith to Action's [Children, Orphanages, and Families: A Summary of Research to Help Guide Faith-Based Action](#), and the [Guidelines on Children's Reintegration](#).

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