

# The Lancet Child & Adolescent Health

## The institutionalisation and deinstitutionalisation of children II: Policy and practice recommendations for global, national and local actors.

### A Lancet Group Commission

--Manuscript Draft--

<b>Manuscript Number:</b>	THELANCETCHILDADOL-D-19-00644R1
<b>Article Type:</b>	Health Policy (Invited)
<b>Keywords:</b>	child welfare; adoption; fostering; institutionalisation; policy; rights of the child
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<b>Manuscript Region of Origin:</b>	UNITED KINGDOM
<b>Abstract:</b>	<p>Abstract</p> <p>Millions of children world-wide live in institutions – running counter to both the UN recognised right of children to be raised in a family environment and the findings of our accompanying systematic review of the physical, neurobiological, psychological and mental health costs of institutionalisation and the benefits of de-institutionalisation. In the current commission, international experts in child-care reform identified evidence-based policy recommendations to promote family-based alternatives to institutionalisation. Fourteen central recommendations are addressed to multi-national agencies, national governments, local authorities, and institutions. These prioritize the</p>

	role of families in children's lives in order to prevent child separation and to strengthen families, to protect children without parental care by providing high-quality family-based alternatives and to strengthen child-care and protection systems. Momentum for a shift from institutional to family-based care is growing internationally – our recommendations provide a template for further action and criteria against which progress can be judged.
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**The institutionalisation and deinstitutionalisation of children II: Policy and practice  
recommendations for global, national and local actors.**

**A Lancet Group Commission**

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## 1. Introduction

It has recently been estimated that between 5 and 6 million children (ages 0-18) worldwide live in institutions - as opposed to family-based care settings – though this is based on limited data and may be an under-estimate (Desmond C, Harvard University, Boston, MA, USA, personal communication). A December 2019 U.N. General Assembly Resolution on the Promotion and Protection of the Rights of Children recognizes that a child should (a) “grow up in a family environment” for that child’s full and harmonious development of her or his personality and potential; (b) urges member states to take actions to progressively replace institutionalisation with quality alternative care, while “redirecting resources to family and community-based services; and (c) calls for “every effort, where the immediate family is unable to care for a child with disabilities, to provide quality alternative care within the wider family, and, failing that, within the community in a family setting, bearing in mind the best interests of the child and taking into account the child’s views and preferences” (U.N. General Assembly, 2019).

Over 250 non-governmental organisations and UNICEF have endorsed detailed recommendations for this Resolution (see Figure 1) (Key Recommendations, 2019). These recommendations include the need to prioritize the role of families in children’s lives, to prevent child separation and strengthen families, to protect children without parental care by providing high-quality family-based alternatives in the community, to recognize the harm of institutionalisation, and to strengthen child care and protection systems. Concerted global efforts to reform child-care systems to keep families together by strengthening families and building up family support services in communities, putting in place alternative family-based care, and progressively replacing institutional care with quality alternatives in a safe and structured manner are under way and should be promoted.

Our systematic review and meta-analysis of longitudinal studies of the developmental and mental health costs of institutional deprivation and benefits of family strengthening and progressive elimination

of institutionalisation commissioned by the Lancet and accompanying this policy document (Van IJzendoorn et al., 2020, in press) supports this view. Our review highlights the associations between institutional care as typically practiced and delays in physical growth, brain development, cognition and attentional competence. Smaller associations were found for physical health and socio-emotional development. Overall, we found that the longer children spent in an institution, the worse their outcomes were. While in institutions, children are usually isolated from kinship networks that play a critical role in their societies, and typically do not participate in social, cultural, religious, and economic activities in their communities. Further, removal from institutions and placement in family-based care is associated with significant if incomplete recovery in key developmental domains; and, in general, the shorter the duration of placement and the earlier in life such placements occurred, the better the outcomes. Based on these findings the review concluded that there is an urgent need to implement policies and practices to promote family strengthening and family care and to progressively eliminate institutionalisation.

#### **INSERT FIG 1 HERE**

We define an institution as a publicly or privately managed, staffed collective living arrangement that is not family-based, such as an orphanage, children's institution, infant home, or children's village. While this paper focuses on institutional care of children, the Key Recommendations recognize that "in specific cases it may be necessary to provide quality, temporary, specialized care in a small group setting," for the shortest period of time and with the objective of child reintegration or, if not possible or in the child's best interests, in a safe, nurturing and stable alternative family setting or supported independent living (Key Recommendations, 2019). Such 'residential' care can play a role in a child welfare system. This care may be necessary in very limited cases such as those regarding the immediate safety of the child, unaccompanied children, or children with some highly specialized physical or psychiatric needs. The use of the word 'institution' in this paper (and the objective of the progressive

elimination of same) therefore does not include the temporary and specialized residential care outlined in the Key Recommendations. We emphasize that a poor-quality small group setting that does not meet the standards in the Key Recommendations can be harmful to the well-being and protection of children.

We further observe that policymakers do not face a binary choice between promoting institutions or family care. Rather, they should develop a more comprehensive continuum of care that is family-centered and grounded in the best interests of the child. The continuum should include programs and services that prevent children from being separated from families, promote effective reintegration programs for those that are, and focus available resources on quality alternative care options including kinship care, foster care, adoption, and *kafalah*.

This paper presents a comprehensive set of recommendations that address policy factors (drivers and barriers) at the global, national and the local levels in three parallel sections. Each section articulates policy goals and approaches to implementation for a specific set of elements (actors, processes or stages) believed to be central to delivering on the overall policy of promoting systems of care focused on the family. The first section focuses on the role of key global “actors” in driving the process of promoting family, quality family-based alternative care and progressively eliminating the role of institutions in care systems. These include multilaterals, international NGOs, global funders, faith-based organizations, and volunteer organizations. The second section focuses on ways to implement change at the national systems level. Policy recommendations for national level actors relate to issues such as: building momentum for change; mobilizing a shared vision; supporting and resourcing quality implementation; and monitoring and evaluating reform. The third section focuses on local (i.e., community and family) level policy and practice to promote changes that place importance on strengthening families and family-based care for children and safely and significantly reducing the use

of institutional care, as well as the processes of transition from institutional to high quality family-based care (including families of origin and alternative care). The global, national and local sections each have a common structure: first, context is given and the most pertinent background considerations are presented; next, the specific policy goals are presented and strategies for change are recommended; implementation approaches are outlined, and finally approaches to monitoring and evaluation are discussed.

While the recommendations in this paper are, of necessity, presented at a relatively abstract level, resources are highlighted at the end of each section for those interested in learning more about specific examples and approaches. A model of change illustrating the linkages between the demand for services, the inputs and outputs from programming that strengthens children's care, and the ultimate impact on children's welfare is presented in Figure 2.

**INSERT FIGURE 2 HERE**

## **2. Global**

International organizations influence national policies, norms and behaviours to varying degrees across a wide range of matters such as health, climate, education, and social welfare (Kukkonen, Yla-Anttila, Swarnakar, Broadbent, Lahse, Stodart, 2018; Kentikelenis, 2019; Verger, Novelli, Mundy, 2012; Rotabi, Gammonley, Gamble, 2007). Some global actors have worked to promote family care for children, while others have played a major role in developing and supporting institutional care around the world (Van IJzendoorn, Bakermans-Kranenburg, Duschinsky et. al., 2020). This section provides recommendations for global actors such as multilaterals, international NGOs, global funders, faith-based organizations, and volunteer organizations to promote policies, resources and programming supportive of family-based care of children, to transform care systems which will enable a significant, well planned and safe, progressive elimination of the role of institutions in care systems.



## 2.1 Context

Families carry out critical socialising, protective, economic, mediating, and nurturing functions for children (Bubolz, 2001). These functions are essential elements for improving developmental outcomes, which are in turn supportive of long-term human and social capital development. For example, stable family and social environment are known to influence the ability of children to attend and perform well in school, and to impact a child's health status (Marjoribanks, 2005; Viner et al. 2012). International organisations have begun to promote the inclusion of early childhood development (ECD) policies in national poverty reduction and social development strategies, and these are promotive of family strengthening. However, ECD programs do not cover the child's life cycle to age 18 (and beyond) and in some cases do not target specific risk factors throughout childhood for child separation from the family and institutional placement such as extreme poverty, disability, physical and sexual abuse, migration, natural disasters, and trafficking. Other than ECD, policies to strengthen child welfare and protection systems tend to be at the margins of the development dialogue in many countries despite the potential of these child welfare systems to contribute to human capital.

We first consider three types of multilateral organisations that could play a greater role in promoting a fuller continuum of care and the transformation of care systems: (i) U.N. agencies with the mandate to support children's rights such as UNICEF, the U.N. High Commissioner for Refugees (UNHCR), and the Office of the United Nations High Commissioner for Human Rights (OHCHR); (ii) international development agencies such as the World Bank; and (iii) regional organisations and development banks.

Multilateral organisations have a long history of supporting a the importance of family life for children (including, to the extent possible, by parents or, if necessary, by extended family or other appropriate alternative care) as articulated in the U.N. Convention on the Rights of the Child, the Convention on the Rights of Persons with Disabilities, and the Guidelines for the Alternative Care of

Children (U.N., 1989; U.N, 2006, U.N, 2010). UNICEF has promoted child protection and reduced reliance on institutions since the early 2000s (UNICEF, 2002), but its global 2018 budget of roughly \$100 million for child justice (inclusive of child protection) is a tiny fraction of total global development assistance. Of the 2018 World Bank and IMF loan commitments of some \$30 billion and total 2016 global aid of \$64 billion (UNICEF, 2019; World Bank, 2018; IMF, 2018; Hudson Institute, 2016), only a negligible amount is devoted to child protection and welfare. While some regional organisations such as the European Union (see Box 1), Organization of American States, and Association of Southeast Asian Nations have issued policies or strategies supporting family-based care of children, their engagement in children's care and protection remains at the margins (European Expert Group, 2018; OAS, 2013; ASEAN, 2015).

We next consider three other types of international agencies that also play a key role in transforming care systems for children globally: (i) bilateral agencies, such as government aid agencies; (ii) private funders, such as philanthropists; and (iii) international NGOs. To varying degrees, these agencies have been taking a progressively more prominent role in the dialogue on child rights and **the role of** institutional care. These agencies vary in size, approach, expertise and resources. Some are direct service providers, others fund services provided by **third parties**, and some play an advisory or

#### **Box 1 – Promoting **care reform** in the EU**

*Hundreds of thousands of children are institutionalised across the EU. Over the past decade, there have been rapidly expanding efforts in many countries in the EU to promote family-based care for children and **reduced reliance on institutions**. A group of global and regional experts produced the 2012 Common European Guidelines on the Transition from Institutional to Community-based Care to establish a strategy and framework for regional reform (European Expert Group on the Transition from Institutional to Community-based Care, 2012). Following this, EU regulations on investment funds included provisions prohibiting investments to build or renovate long-stay residential institutions (European Commission, 2019; Regulation (EU) No 1303/2013 of the European Parliament and of the Council, 2013). The European Commission began to invest actively in deinstitutionalising systems of care in countries such as Bulgaria, where EU funds led to significant progress in family and alternative care placements (UNICEF, 2014). Subsequently, the 2016 EU Guidelines for the Promotion and Protection of the Rights of the Child promoted alternative care for children and the related right to participate in community life (EU, 2017).*

*At the time of writing, the European Commission has proposed a regulation for the Neighbourhood Development, and International Cooperation Instrument for 2021-2027 that would include strengthening of child protection systems, including the transition from institutional to community-based care (European Commission, 2019). A number of EU members have developed policies, strategies and action plans for care reforms **and reducing the role of institutions**, including but not limited to Croatia, Greece, Latvia, Romania, Poland, and Serbia (Opening Doors for Europe's Children, 2019). Europe's progress has resulted from a combination of European Commission reviews of the evidence on child institutionalisation, strong civil society advocacy including by key stakeholders such as organisations promoting the rights of persons with disabilities, and an increased global focus on the issue of children outside of family care. The Commission should continue its ongoing efforts to align its care reform policies internally among members, regionally with pre-accession and neighbouring countries, and in its global external assistance.*

influencing role, encouraging and directing transformation remotely. They can broadly be defined in terms of three characteristics which can influence the operation of care systems:

(i) Resources – the deployment of resources to support and leverage the work of local government and civil society actors;

(ii) Information, knowledge, expertise and practice – the facilitation of access to evidence and expertise; and

(iii) Influence – the mobilization of financial networks and decision makers to influence policy and practice and leverage funding.

When directed effectively, these agencies can play a vital positive role in catalysing care transformation. However, if misdirected, they can distort care systems by reinforcing outdated approaches that are not aligned with the needs and rights of communities, households and children (Canavera, Lanning, Polin & Stark, 2016).

Next, many global faith-based organisations inspired variously by the teachings of Christian, Muslim, Buddhist, Hindi, Jewish and other religious traditions are engaged in a variety of initiatives concerning children's care (Christian Alliance for Orphans, 2019; Muslim Global Relief, 2019; Cross Catholic Outreach, 2019; Buddhist Global Relief, 2019; Hindu Heritage Endowment, 2019; Heart to Heart, 2019). Faith traditions can be powerful agents for change given their ability to mobilise consistent and predictable resources to some of the most marginalised places in the world. Often, these organisations have promoted institutions as the predominant model of care. However, a growing number of faith-based organisations are recognising the harmful effects of institutional care and have increasingly refocused their efforts on transitioning children from institutional to family-based care (see

Box 2) (CAFO, 2019; Meyer, 2019; World Without Orphans, 2019: Postings, 2018; ACCI, 2019; Davenport, 2017).

**Box 2 –Catholic Sisters strengthening families in Kenya**

*The Association of Sisters of Kenya (AOSK) has taken measures to shift from institutional care to family-based care. The 'Catholic Care for Children Kenya' initiative seeks to advocate for the importance of family strengthening and preservation as a way of progressively reducing institutionalisation of children in Kenya. A baseline survey conducted by AOSK across 21 Catholic dioceses found that a total of 3,804 children were housed in 113 Catholic-funded institutions. Another 6,395 children were being supported by AOSK member congregations in family-like settings. There are 219 Sisters who are involved in running 71 institutions. The average number of Sisters per institution is 2 for every 62 children (AOSK, 2019). This survey informed AOSK about the insufficient quality of care in their institutions. AOSK has subsequently designed a care reform initiative that will see transition from institutional care to family-based services across its congregation members and Dioceses. As part of this transformational process, AOSK has designed a care reform course in conjunction with Catholic University of Eastern Africa targeting the administrators of the Catholic managed charitable children institutions.*

Finally, volunteers, visitors and private donations are important drivers of institutionalisation. The practice of combining vacation with voluntary activity on service projects abroad is popular with many young people, families, and faith missions. Often inspired by good intentions, volunteers work alongside staff in institutions and so in principle can add to the resource and level of care a child receives. In practice, this is often not the case and volunteering during vacations (sometimes referred to as 'voluntourism') can have a series of unintended consequences (Van IJzendoorn, 2014). Institutionalised care is often characterised by fragmentation due to its regimented nature, high child-to-caregiver ratio, multiple shifts to cover 24/7 care, and the large turn-over rates of underpaid and insufficiently trained staff (Van IJzendoorn et. al., 2020; Zeanah et. al., 2019). Volunteers can unintentionally add to this neglectful and fragmented care especially where visitors stay in institutions for only a few days, weeks or months, thus increasing the instability of the care arrangement. This can leave children feeling abandoned and may reinforce indiscriminate behaviors. Furthermore, most of these volunteers have not been trained in caring for children, let alone for care taking of children with physical and mental health

delays and impairments (Rosenberg, 2018; Johnson, 2014). Volunteers are also important funders of institutions (see Box 3).

## 2.2 Policy aims

### **Box 3: The impact of volunteering**

*Volunteering in institutions may lead to elevated risk for abuse (van IJzendoorn, 2014). Many of the institutions in which volunteers work and which are funded and supported by volunteer organisations are low quality, with unregulated and unsupervised facilities. A significant number of such institutions serve as centers for trafficking and child sexual exploitation (Lyneham & Facchini, 2019). A study in Malawi noted that more than 50% of the children's institutions included in the study were engaged in direct recruiting of children from families by the institution staff or others (All Children Count, 2016). Even more concerning is that volunteers working during vacations are often not required to complete child protection certification and training deemed essential in countries with more developed child welfare systems. In many cases volunteers have to pay to work in institutions – with money going directly to travel agencies in their own country or local institution directors, creating a profitable 'voluntourism industry' which may be partly based on child trafficking (Van Doore, 2016; Rotabi, Roby, & Bunkers, 2017).*

*ReThink Orphanages estimated the 'voluntourism' industry to be worth about US\$2.6 billion, involving 1.6 million people each year, though the precise amount devoted to children's residential institutions is unknown (Tourism Research and Marketing, 2008). Some forms of volunteering can have beneficial outcomes (Mostafanezhad, 2014) but volunteering at children's institutions carries great risks of perpetuating and even intensifying the fragmented care suffered by institutionalised children. The growth of voluntourism may have led to an increase in the number of institutions around the world, in particular – and not accidentally- in regions such as Nepal or Cambodia which are attractive to young tourists (van Doore, 2016; Carmichael, 2016). One estimate found at least 248 children's institutions in Cambodia were being supported by vacation volunteering (Guiney, 2012). Several sectors are implicated in voluntourism including the travel sector (commercial gap year programs) and the educational sector (stimulating voluntourism as part of their curriculum or to build a more impressive CV; McGloin & Georgeou, 2016).*

*We propose the development of a fully-fledged, coordinated and integrated global initiative promoting family-based care of children that supports the December 2019 U.N. General Assembly Resolution and the Key Recommendations (UNGA, 2019; Key Recommendations, 2019). This initiative would frame “sets of implicit or explicit principles, norms, rules, and decision-making procedures around which actors' expectations converge in a given area of international relations” (Krasner, 1982), in this case the welfare, care and protection of children (see Figure 3). The global initiative should*

promote coordinated, collaborative, evidence-based and resourced policies, programs and services that are embedded in international frameworks such as the Sustainable Development Goals (United Nations, 2015). It should further promote family-based care and the progressive elimination of institutions as key components of national level development strategies that aim for long term and intergenerational poverty reduction, human capital strengthening and stronger local communities through a comprehensive continuum of care for children. All international agencies should work in a way that is aligned to local realities so that they can stimulate and support government and local civil society to play a key role in transforming care processes. This includes engaging the voice and participation of older youth in identifying and supporting the way forward. It is essential that in doing so, reform is culturally and contextually rooted and that international agencies promote sustainable national systems of care.

### **INSERT FIGURE 3 HERE**

We further commend the growing commitment by faith-based organisations to prioritising family-based care, support and reintegration over institutional care, as well as policy initiatives that halt the volunteer industry related to children's institutions over a transition period that enables the safe divestment and redirection of responses towards family centered alternatives. Volunteer and faith-based inputs need to be re-directed to alternatives to institutional care, e.g., actions to strengthen local family support systems and protective child services and facilitating systems of kinship, kafalah, foster and adoptive care of abandoned children. The progressive elimination of children's institutions in low-resource countries might fail unless the contribution of high-income countries (WEIRD countries; Henrich, Heine, & Norenzayan, 2010) to its continuation is acknowledged and re-directed.

## **2.3 Strategies**

*We recommend that the global initiative be developed following the alignment of global rights with the mission of development-focused organisations on key principles, norms and approaches that promote family strengthening and progressive elimination of institutions, with special reference to those outlined in the Key Recommendations* (see Figure 3). Evidence of success will include: (i) active coordination between multilaterals on children's right to family life and the role of families in the development agenda; (ii) global and regional advocacy and evidence building; and (iii) multilateral resource mobilisation and technical assistance to support the Key Recommendations. Family strengthening, family-based care (family of origin and alternative care) and progressive elimination of institutions should be incorporated into multilateral organisations' social protection and welfare, health, education, justice and interior sectoral strategies and programs. The aim is both to secure a child's right to a family and to promote recognition that supportive family dynamics improve human and social capital outcomes across the entire life-cycle of the child (Wouters et. al., 2014; Rogobete, Smyth & Franciscus, 2011; Jacobs et. al., 2010; O'Brien, 2017).

We see five ways that multilateral agencies can make a powerful impact in pursuance of this goal: (i) engaging in advocacy and public information; (ii) issuing policy statements on children outside of, or at risk of losing, parental or family care; (iii) highlighting and generating related evidence; (iv) supporting and resourcing government policies and programs, including the provision of technical assistance and development of demonstration projects on supporting family-based care, reintegration and the progressive elimination of institutions; and (v) pressing for the assemblage of relevant monitoring data. Multilaterals can advocate globally to show that the institutionalisation of children is not an appropriate or cost-effective response to poverty, risk, vulnerability or the loss of family. Relatedly, they can work together to issue joint resolutions, strategies and statements on the norms and approaches for supporting family-based care and the progressive elimination of institutions.



Multilaterals can mobilise global evidence to promote stronger child welfare and protection systems with the human and financial capacity to employ social work and case management approaches to provide individualised support services to children and families (UNICEF, 2019). Multilaterals can further work with governments to ensure adequate provision for child welfare support and resources to promote **the safe transition into family-based care** in their public policy and medium-term budget frameworks.

Non-governmental organisations should undertake a careful and deliberate transition from institutional to family-based care to ensure - through assessment of each child and family's situation – the development of a sound case plan, and regular support and monitoring of placements by trained social service providers among other areas (Crea, Reynolds, Bunkers, Bishop, 2017). The *Faith to Action Initiative* has prepared tools and resources on evidence-based approaches to care for faith-based organisations, and these can be consulted and utilised by those supporting institutions abroad (Faith to Action Initiative, 2020). These include approaches for understanding why the transition to family care is needed, how to understand and plan for the transition, how to engage key actors including staff working in institutions, how to develop a business model to sustain the transition, preparing children and families, supporting a continuum of care, and monitoring and evaluation approaches.

Faith-based organisations also have a unique potential to work to change knowledge, attitudes and practices in their communities to strengthen families and to promote the importance of the welfare and protection of the child. Their impact can be felt globally through the voice and advocacy of recognised faith leaders, as well as locally through the words spoken by religious leaders at faith gatherings in their communities. Faith-based organisations should operate in tandem with government and local agencies and organisations to support stronger child protection systems **and progressively eliminate reliance on institutions** (World Without Orphans, 2019). This can be facilitated by a recognition of the practical

experience and community knowledge they can bring to the dialogue on improving the care of children. In this sense, the policy recommendations for faith-based organisations are generally not distinct from the others with respect for the need for good evidence and data and sound programs and services that promote safe and nurturing family-based care for children.

We recommend that fiscal policies in higher income countries promote family-based care over supporting institutions in lower income countries. Policymakers should in particular review tax breaks for donations and other financial transfers for volunteering in children's institutions and identify processes that reduce incentives to support institutions in a deliberate and phased manner which does not lead to unconsidered reactions that could be harmful for children in the short term. Travel agencies focusing on volunteering in institutions should be regulated more strictly. The educational system should be discouraged from promoting, and be encouraged to prohibit, volunteering to institutions in their curriculum. A self-assessment tool on ethical and responsible student travel has been developed to inform trips abroad and should be utilised by volunteers (Save the Children Australia, World Challenge & ALTO, 2018). There is also a role for policy in informing public opinion of the detrimental effects of seemingly altruistic contributions in person or money to the institutions. Universities, colleges and vocational schools can cooperate to build professional and scientific capacity for family support and child protection. That said, an immediate cutoff of funding to a given institution could be harmful to the children residing there – current donors to that institution should accordingly work on supporting a short-term transition plan to ensure children and families are well-supported (see below).

## **2.4 Implementation**

There are numerous successful examples of global initiatives being developed and supported by multilaterals interested in rights and development issues. UHC2030 supports the health-related Sustainable Development Goals (SDGs) and coordinates the work of 66 partners including 13

multilaterals in four areas: advocacy, accountability, knowledge exchange and learning, and civil society engagement (UHC2030, 2019). Multilaterals such as UNESCO, the World Bank and UNICEF have also joined together under the Global Partnership for Education, which aims to strengthen education systems in low income countries (Global Partnership for Education, 2019). These and similar collaborations have been well-positioned to coordinate international efforts by issuing global frameworks, strategies, action plans, goals, initiatives, statements, declarations, codes of practice, regulations, documents, and also have significant convening power at the global, regional and country levels (summits, conferences, evidence reviews, etc.). They are good examples of how a global initiative might be formulated around children's care.

UN declarations have been a catalyst for multilateral coordination, as evidenced by the Global Fund to Fight AIDS, Tuberculosis and Malaria founding by the G8 in 2001 (Council on Foreign Relations, 2013). The December 2019 UN General Assembly Resolution on Children's Rights should provide a similar opportunity. UNICEF's mandate, which includes a global child protection portfolio and the ability to engage directly with member governments on policy, suggests it may be best placed to coordinate multilateral engagement on the protection of children at risk of, or placed in, institutional care. International agencies should make policy and funding commitments to transform care systems based on an evidence-based acceptance of a child's right to live in a family environment and the harm that institutions do to children's development. For example, the UK Government's Department for International Development's 'UK Aid Direct' official funding guidance does not accept funding proposals from NGOs for residential children's institutions (UK Aid Direct, 2019), consistent with a cross-government policy position stating that "[t]he UK government will continue to tackle the underlying drivers of institutionalisation and work towards the long term process of de-institutionalisation" (Global Disability Summit, 2018). The U.S. Government 'Advancing Protection

and Care for Children in Adversity 2019-2023 Strategy (US Government, 2019, see Box 4) commits to improving care for children by building strong beginnings and placing family first in its international development funding. This commitment can be leveraged to encourage other governments to support care transformation and recognise their roles in influencing care reform in other countries.

**Box 4 - New US government strategy for international assistance**

*The U.S. Government has issued a new strategy for international assistance: Advancing Protection and Care for Children in Adversity (U.S. Government, 2019). The Strategy seeks to coordinate the work of USAID, the Centers for Disease Control and Prevention, the Bureau of International Labor Affairs, the Office of the U.S. Global AIDS Coordinator and Health Diplomacy, and the Peace Corps to support countries to “sustainably finance, manage and deliver services that lead to stable, resilient, and prosperous families and communities.” The Strategy is built around three objectives: (i) building strong beginnings, largely through early child development programming; (ii) putting family first; and (iii) protecting children from violence. The second objective – putting family first – supports “those most vulnerable children who are, or are at risk of, living outside of family care by promoting, funding, and supporting nurturing, loving, protective, and permanent family care.” The Strategy highlights the U.S. Government’s approach to this objective, including the transition from residential to family-based care, family tracing, reunification and reintegration of children living outside of family care, the promotion of alternative care, the development of community-based programs that support family economic strengthening and cohesion, inclusive education and health, parenting programs, programs for children with disabilities, strengthened child protection systems and social service workforces, and related areas.*

*The Strategy notes that U.S. Government programming should be tailored to age, developmental stage, disability status, gender and environment. It focuses on the need for generating and using a stronger evidence base in all three objective areas. It further promotes the need for strategic partnerships, including with faith and community organisations and the private sector. The Strategy will be used to inform the programming of the USAID Vulnerable Children Account and other U.S. Government funding sources. **Some child welfare advocates** and scientific societies have, however, expressed serious concerns about the detention of migrant children at the U.S. border, which presents institutionalisation risks to children and which is not consistent with the objectives of the new Strategy.*

When conducting country-level dialogue, international agencies must undertake a thorough analysis of a country’s care system (including budgets and finances) and its cultural context, by consulting with national and local government and civil society, so they can direct support to where it is most needed and effective. Efforts must be complementary to, and enhancing of, national governmental initiatives

and must avoid establishing parallel systems of care that embrace both institutions and child welfare programs. International agencies should use their resources to develop and strengthen models of practice across the continuum of care, piloting ‘proof of concept’ examples to convince national stakeholders that change is achievable, economically sustainable and that will deliver better outcomes for children. International agencies can play a vital role in championing the views of children and communities that

#### **Box 5 – Children with disabilities**

*The right of children to family life is clearly articulated in the Convention on the Rights of Persons With Disabilities. Children with disabilities have been disproportionately represented in institutions around the world, presenting significant concerns about the impact on their development, health and welfare, their exposure to abuse, and their isolation from their families and communities. Children with disabilities are often placed in institutions because families lack resources and supports, and the children also often face stigma and discrimination in their communities. USAID has supported the preparation of a recent guidance document providing practical recommendations for organisations working with children with disabilities in low- and middle-income countries (Sammon & Burchell et al., 2018). The guidance summarises the rights of children with disabilities, the types and effects of disabilities, and the ‘social model’ of disability. The approach promotes fully inclusive services and programs for children with disabilities. It is based on the development and/or strengthening of case management systems that can identify and assess children with disabilities and support the identification and implementation of a case plan for each child. The approach also includes measures focused on engaging communities and overcoming stigma and discrimination. UNICEF estimates that there are 90 million children with disabilities globally, and institutionalisation is only one dimension of the challenges they face. Global organisations can play a critical role in helping countries to develop and implement policies, strategies, programs and services for all children with disabilities, while also ensuring that those children with disabilities generally most at risk – in institutions – are a focal point of their efforts.*

are commonly left behind in development initiatives – such as children with disabilities (see Box 5).

They need to highlight the case for reform by uncovering human rights abuses and concerns, such as Human Rights Watch’s recent work on the institutional systems in Kazakhstan (Human Rights Watch, 2019) and Russia (Human Rights Watch, 2018).

There are numerous examples where international agencies have helped to drive care reform at national, regional and global levels. There are also many examples where their practice can distort care systems – despite laudable intentions. By establishing parallel systems of care, they can divert valuable resources away from family and community services. For example, research in Haiti finds an estimated

US\$100m per year is channeled into children's institutions from international funders, which is approximately 130 times greater than the Haitian child protection agency's annual budget (Lumos, 2017). The availability of these often well-intentioned resources distorts Haitian care practices by driving the establishment of new institutions, some established for securing profits. At the same time international agencies have, at times, imposed practices that are insensitive to local systems, culture and capacity. This can lead to inappropriate forms of care, short-term projects that do not tackle the root causes of the problem, or the provision of working incentives, such as salaries and per diems, that can reduce the effectiveness of intervention activities (Ridde, 2010).

Some faith-based organizations are beginning to pave the way on implementation of care reform. *Changing the Way We Care*, a consortium of Catholic Relief Services, Lumos and Maestral International that has recently been funded by the MacArthur Foundation, USAID and GHR Foundation, is mobilising resources to support a transition from faith-based care in institutions to strengthening families and to progressively eliminate child institutions through a combination of dialogue and demonstration projects (Changing the Way We Care, 2019). In May 2019, the International Union of Superiors General representing some 600,000 Catholic Sisters from eighty countries held a two day workshop to discuss the care for children and the need to shift away from institutional care (Meyer, 2019), and Catholic Relief Services incorporated family care and reduced reliance on institutions in its Vision 2030 strategy covering more than 100 countries (CRS, 2019). The 2019 Christian Alliance for Orphans annual summit included sessions on preventing family separation, strengthening child protection systems, addressing reintegration and supporting alternative care (CAFO, 2019). The Organization of Islamic Cooperation announced that the Day of the Orphan would be observed on the 15<sup>th</sup> day of Ramadan every year (Islamic Relief Worldwide, 2019). These and similar initiatives are encouraging, but implementation support will be needed to ensure that well-meaning

initiatives on the ground are designed with the proper assessment, referral, support and protective mechanisms to enhance child welfare outcomes. These outcomes should be regularly monitored and assessed.

Securing political will to address the issue of volunteering for or visiting children's institutions in low-resource countries has been challenging. In 2018 the Dutch Parliamentary Committee for Foreign Trade and Development Cooperation initiated a policy debate on discouraging voluntourism with an extensive and well-documented report (Van Haga, 2018). In a first reaction to the Van Haga report, the Minister for Foreign Trade and Development Cooperation questioned the need to focus specifically on voluntourism, as the more fundamental problem was poverty and solutions would already be embedded in policies to reduce poverty and secure children's rights more generally (Kaag, 2019a). In a meeting with the Parliamentary Committee, however, the report was received positively by many psychological, anthropological and legal experts (Debat Geweest, 2019). In a subsequent, final response the Minister announced the installation of a committee to study the issue and to outline possible policy implications (Kaag, 2019b). Australia has been the most successful to date in developing specific legislation on volunteering in children's institutions, a potential model for other countries (see Box 6). Faith-based organisations have been increasingly engaged to discuss the impact of voluntourism and to develop better practices for those engaged in volunteering in institutions (Faith to Action Initiative, 2018).

## **2.5 Monitoring**

International commitments to reforming the care of children can be monitored through assessments of the extent to which global agencies are successful in creating a global initiative aimed at strengthening families and communities and progressively eliminating institutions, along with evidence on how resources and funding are being redirected to those purposes (Canavera & Martin, 2016).

#### **Box 6 – Legal reform in Australia**

*In 2017, the Australian Parliament initiated a Committee to inquire into establishing a Modern Slavery Act. Submissions to the Committee highlighted that the availability of donations and volunteers helps create perverse incentives for sustaining or expanding the number of institutions for children operating outside the law and/or without regulation. 57.5% of Australian universities advertise institution placements for students and 14% of secondary schools visit, volunteer or fundraise for overseas institutions. Submissions indicated that many children in institutions do have a living parent. But parents perceive, or have been told by institution recruiters, that their child will escape poverty through access to education and a better life in the institution. In their submission the ReThink Orphanages coalition of NGOs reported that once in the institution, “children are often kept in poor health, poor conditions and are malnourished in order to elicit more support in the form of donations and gifts”. The Committee heard evidence from Ms Sinet Chan, who had been placed in an institution in Cambodia. She had been subject to physical neglect, physical and sexual abuse in the institution, used as a commodity for the institution:*

*“The orphanage got its funding from the tourists and, when the tourists came, we needed to perform for them to make them happy, like singing a song, playing games with them and learning English and Japanese. Sometimes they would buy us some clothes or food, but we were not allowed to keep them. The director of the orphanage would take them back to the market and sell everything ... We worked so hard to generate income for the orphanage. It was only later that I realised I was being exploited and used like a slave.”*

*The Committee concluded that there is persuasive evidence that “children are trafficked into orphanages for the purposes of exploitation to elicit donations from foreign tourists,” and “take advantage of ‘voluntourists’”. The Committee recommended that statutory measures should be implemented to reduce flows of money and voluntourism that sustain orphanages at the expense of sustaining and enriching family life, and that this situation “should be considered a form of modern slavery”.*

*The Australian government has committed to policy changes to increase responsible donation and volunteering to avoid supporting institution trafficking, including work with the Education Council to reduce institution placements for university students. The Modern Slavery Act was passed in Australia in 2018. In an Explanatory Memorandum to the Act, “the trafficking and/or exploitation of children in orphanages” is explicitly stated to be covered by the Act, and those who engage in it to be enacting “modern slavery”.*

International agencies should take advantage of their position to coordinate significant global advocacy initiatives, such as the ‘All Children Count’ campaign in 2016 (All Children Count, 2016), which collected over 175 signatories to encourage the UN Statistical Commission and Inter-Agency Expert



Group on SDG Indicators to improve and expand data collection methodologies to ensure all children are represented. The *Changing the Way We Care* initiative is preparing a comprehensive and cross-cutting set of monitoring tools that could be used to track global progress on care, include outcomes harvesting methodologies and other analytics (Changing the Way We Care, 2019). Monitoring tools have also been prepared by a group of agencies facilitated by the Better Care Network and Save the Children, as well as by MEASURE Evaluation (Better Care Network, 2020, MEASURE Evaluation, 2019).

The millions of children in institutions have not been monitored regularly and their numbers have not been systematically counted. Multilaterals can help address the urgent need for improved data collection and reporting (Petrowsky, Cappa, Gross, 2017). Multilaterals should closely coordinate on the above efforts and include them in their ongoing dialogue on 2030 Agenda for Sustainable Development, which strives to “provide children and youth with a nurturing environment for the full realization of their rights and capabilities, helping our countries to reap the demographic dividend including through... cohesive communities and families” (United Nations, 2015). At the national level, global organizations should support and resource efforts to provide high-quality longitudinal data and information on family care, including children living without parental care, while ensuring that collection methods are ethical and support children’s privacy. They can also help to strengthen national administrative data collection

on all forms of alternative care, with the foundation of the system based on comprehensive and secure individual records for each child.

## **GLOBAL SECTION: IMPLEMENTATION RESOURCES**

UN General Assembly Resolution on Children Without Parental Care

<https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/2019-unga-resolution-on-the-rights-of-the-child>

NGO Key Recommendations on the above resolution

<https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/key-recommendations-for-the-2019-unga-resolution-on-the-rights-of-the-child-with-a-focus-on-children>

U.N. Guidelines on the Alternative Care of Children

<https://bettercarenetwork.org/toolkit/developing-an-informed-national-care-strategy>

Better Care Network

<https://bettercarenetwork.org/library/library-of-documents>

Faith to Action Network

<https://www.faithtoaction.org/start-here/>

Global Social Services Workforce Alliance

<http://www.socialserviceworkforce.org/>

ReThink Orphanages. Resources for Travel and Volunteering Organisations.

<https://rethinkorphanages.org/resources>

USAID, World Learning, and Partnerships for Every Child. Family Care for Children With Disabilities: Practical Guidance for Frontline Workers in Low- and Middle-Income Contexts.

[https://bettercarenetwork.org/sites/default/files/FamilyCareGuidance\\_508.pdf](https://bettercarenetwork.org/sites/default/files/FamilyCareGuidance_508.pdf)

Maestral International. Resources. <https://maestral.org/resources/>

Eurochild. Policy: Children in Alternative Care. <https://www.eurochild.org/policy/children-in-alternative-care/>

Family for Every Child. Knowledge Centre. <https://familyforeverychild.org/knowledge-centre/>

Friends International. Think Before Visiting. <http://www.thinkchildsafe.org/thinkbeforevisiting/>

### **3. National**

In this section we focus on four key elements related to the transformation of care systems at the national level: i) the current context of most national systems; ii) policy aims for strengthening national systems and to promote family-based care; iii) how to develop and/or strengthen national policies; and iv) implementation and monitoring of national reforms.

#### **3.1 Context**

Momentum towards transformation of national care systems has multiple drivers, including availability of global research; national commitment to international conventions, standards, and guidelines; accelerating economic growth, reduction of poverty and welfare enhancement; and support from international, national, local agencies (Babington, 2015; Ismayilova, Ssewamala, & Huseynli, 2014; Martin & Zulaika, 2016; Shang, 2002). Even when supportive of **reducing institutionalisation**, low income countries generally have limited capacity to provide access to quality child welfare and protection services for a variety of reasons, including limited funding and inadequate human resources (Boothby et al., 2012; Braitstein, 2015; Rubenstein, MacFarlane, Jensen, & Stark, 2018). Governments often face conflicting policy priorities to prevent institutional care or to develop new services and transform their care system (Davidson, Milligan, Quinn, Cantwell, & Elsley, 2017). In addition, because many institutions are not financed through government budgets, their costs are often not visible to policy-makers (Elevate Children Funders Group, 2017 (a) (b)). Clear strategies are necessary to incorporate care reform in national development and poverty reduction initiatives, which cut across sectors, and to mobilise the related resources.

Successful implementation of child care reform is complex and while there is ample evidence of challenges, there is limited documentation of processes that work at the country level. This review and recommendation draws on documentation from a small set of countries: Bulgaria, Ghana, Liberia, Moldova, and Rwanda (Better Care Network, 2015; UNICEF 2019, Boafo et. al, 2017) that have shown some success in child care reform (see Box 7). Evidence is consistent in suggesting that varying country-contexts and conditions are taken into strong consideration when supporting and implementing change in care systems at the national level. For this reason there is no one solution to successful **national child care reform**. Our goal here is to identify a series of useful factors and elements that may be important across nations with diverging cultural, economic and political conditions. In particular, a number of initiatives are beginning to provide evidence that national child care reform must take a

#### **Box 7 – Care reform in Rwanda**

*In Rwanda, the child-care reform process initiated in 2012, was driven in part by children's demands through the National Children's Summit. Children themselves called for an end to institutional care. Several important processes were key to the success of the child-care reform process in Rwanda. A baseline had already been undertaken in 2011, showing that there were 3,323 children and young adults in 33 different institutions, this helped to monitor progress over time. In 2012 the Child Care Reform Strategy was developed and approved by Cabinet which articulated the shared vision for a child care system in Rwanda. The child care reform was supported by the Constitution of Rwanda (2003), the National Integrated Child Rights Policy (2011), as well as the Child Protection Laws of Rwanda. All of the national legal and policy frameworks emphasise the importance of families and of children's rights to grow up in families. In 2012 the TMM (Tubarerere Mu Muryango) programme, translated as 'Let's Raise Children in Families' was developed that helped to operationalise the child care reform strategy, the TMM included key goals, targets and timelines. This programme was led and overseen by a national authority, the National Commission for Children (NCC), with systematic implementation in collaboration with implementing partners. A national two-year mass media campaign accompanied the implementation of the first phase of TMM which focused on bringing greater understanding of the harm caused by institutional care, and the benefits of children growing up in families. By the end of the first phase of the TMM Programme, twelve institutions had closed and a further fourteen institutions had transformed to provide **community-based services**. From 2012 to 2017, over 3,000 children and young adults had been placed into family-based care or independent living. (NCC, UNICEF and USAID, 2019).*

systems approach by working at multiple levels of society including policy and national legislation,

service development and delivery, public awareness and social norms, workforce, implementation mechanisms, management information and data systems, and resources (including public budgets, see Figure 4, Elements of a National System; MEASURE Evaluation, 2019; Maestral and UNICEF, 2017).

**INSERT FIGURE 4 HERE**

### 3.2 Policy aims

*We recommend that all national policies, legislation and regulations promote, support and resource family-based care for children and family strengthening, while progressively transforming their care systems and progressively eliminating the role of institutions.* This aim should be backed by national advocacy efforts to build constituencies for change, with a strategic framework put in place to address priorities in strengthening child welfare and protection systems. These reforms should be considered consistent with, and promotive of, national efforts to reduce poverty, to improve health and education status, and to reduce social problems such as violence, substance abuse and children coming into conflict with the law. In order to secure this vision and strategy, it is essential that political will is generated across the full spectrum of political interests and agents – ensuring there are key champions for reform in place in positions of influence, both within government, but also from relevant actors in the care system – such as NGOs, faith partners and children, young people and families with lived experience of institutionalisation. This political will needs to be complemented by changes in public knowledge, attitudes and practices that may currently accept the option of child institutionalisation as a viable (or even preferred) option for a child, or that may raise issues of stigma for children placed into a family.

This vision needs to be underpinned by a realistic and appropriately resourced plan to safely transform care systems to work in the best interests of children. National plans should be based on consultations with key national and international partners to ensure they are informed by international

experience of care reform and that the process, timing and phasing are set at a pace that is realistic and based on a thorough assessment of the needs and rights of children and their families and covers the range of provision required across the continuum of need, from early help and family support services to alternative care (NCC, UNICEF and USAID, 2019, see Figure 5, Care Pathways Across the Continuum). Successful child care reform is underpinned by high quality care and practice. It is also informed by meaningful child participation, ethically conducted and effectively monitored and evaluated (Save the Children, 2014). The goal is to ensure that national policy promotes increased access to high quality programs and services that address the drivers of institutionalisation and support placement of children in safe and nurturing families. Children at risk of, and without, parental care should also be enumerated and monitored.

**INSERT FIGURE 5 HERE**

### **3.3 Strategies**

The ability to identify the sources of support for, and resistance against, care system change is a crucial first step in effective movement building. National leaders of care transformation should undertake a detailed stakeholder analysis, identifying the actors with influence over a nation's child protection system and the broader systems (such as welfare, family support, health and disability, education, criminal justice, housing, inter alia) that can affect children's risk of entering the care system. Such analysis should assess and map the awareness, motivations, attitudes and commitment towards care transformation among these diverse stakeholders (see Box 8). This analysis will inform the development of an advocacy strategy to ensure that the key decisions and decision makers are

mapped and targeted to build momentum for reform and ensure that it is enshrined in relevant policies and guidance.

Reforming systems requires an understanding of the barriers against and levers for change. Plans

#### **Box 8 – Effective advocacy in Indonesia**

*The momentum for change towards family and community-based services for vulnerable children in Indonesia has been influenced by the availability of evidence for advocacy and development of comprehensive approach towards child welfare and protection. These conditions have provided a strong foundation that can reduce the reliance on institution-based care as families and communities are more able to respond directly to different risks of family separation. The 2006 'Someone that Matters' research that was conducted by the Ministry of Social Affairs, Save the Children, and UNICEF to comprehensively understand the situation of institution-based care in Indonesia provided strong evidence for advocating policy changes related to institution-based care for children (Save the Children Indonesia Country Office, 2013). The involvement of the Ministry within the research process also signaled support towards changes from the Government. More rigorous research projects have been conducted to understand the impact of social assistance on child wellbeing. To sustain the movement to strengthen the family-based care, the government should also consider the effects of social assistance programs on family separation. The provision of humanitarian aid for the affected children and families due to the tsunami in Aceh paved the way towards the development of a system of care for vulnerable children and families (UNICEF, 2009). The Government and international agencies initiated the development of family and community based services for children and families that became the foundation of a system-based approach to a child protection framework for the country. In 2010, child welfare and protection was identified as the national development strategy to reduce poverty. This signaled a national comprehensive approach to enhance children wellbeing. At that time, the Government of Indonesia also expanded the coverage of social protection programs. The introduction of a comprehensive social protection policy lead into provision of welfare benefits directly to vulnerable families. The policy focus on poverty reduction will continue, as it has been stated in the next 2020-204 national development plan.*

should therefore be developed based on a thorough evaluation of the current care system which should include: reliable data on accurate numbers of children in institutional and other forms of care; identification of the needs and number of vulnerable families and children at risk of separation; opportunities and incentives for promoting family strengthening and family-based care; analysis of existing services available and gaps; barriers to family-based alternative care; current policy and legislative framework; understanding of community and public attitudes and behaviors towards

children's care; assessment of the capacity of the current social workforce; funding streams and practices to carefully identify those policies and practices that perpetuate institutionalisation and inhibit efforts towards care transformation, and making the investment case for reform (Holmes 2014; Holmes & McDermid, 2012; Ward, Holmes, Soper, 2008). Analysis should not be limited to infants and include school-age children in institution-based care and evidence-based practices for all children who cannot live with their families in the countries (Davidson et al., 2017).

The child care system, including residential care and short-term treatment facilities, must be closely overseen by designated government authorities, and in line with the principles of necessity and suitability as per global conventions and instruments. Governments, service providers and civil society should formulate a vision of a coherent child-care system, ensuring that it is oriented towards family care for children and is situated within a broader child protection system (Terziev & Arabska, 2016). Resources are available to map child protection systems and evaluate and prioritise their needs, and these are highly relevant and useful for countries engaged in care reform (UNICEF, 2019; Better Care Network, 2020). Furthermore, countries should understand the wider social norms, attitudes and practices that promote and perpetuate child-family separation, institutionalisation, lack of comprehensive family support and family-based alternative care, including discrimination against ethnic and cultural minorities, children with disabilities, gender-based discrimination, sexual orientation, children affected by violence, and teenage parents. While gathering information on those, the same research can discover cultural insights about acceptance of both traditional (such as informal kinship care) and more novel forms of child care, providing important foundations for future care planning and development of models such as adoption and foster care. Insights gathered will be key in



stakeholder engagement throughout the transformation process, especially to align different motivations and to build a common purpose among different actors.

Building engagement through a nationally adopted framework that outlines a plan **to support child welfare and protection and to progressively eliminate institutions** is a powerful tool to ensure the sustainability of the process to prevent institutionalisation, enhance the quality of alternative care, and

#### **Box 9 - Financing implementation in China and Georgia**

*China - It was due to the development of market economy that the government prioritised appropriation for economic growth rather than for social welfare beneficiaries (Shang, 2002). The government child welfare institutions could no longer provide care for the increasing number of children with disabilities. In 2001, China enacted a foster care regulation that gave international and national NGOs the opportunity to provide family-based care for children with disabilities (Shang, 2012). International and national NGOs were able to innovate their services when they could no longer rely on government funding. There are few models of collective foster care for children with disabilities that are now implemented in China. These models give children with disabilities the permanency and experience to live in a family-like environment. Foster care providers collaborate to share specialised services for children with disabilities that are individually tailored to the needs of the children (Shang, 2012). This case study highlights that a shift in budgeting priorities can result in unintended positive consequences. Local-level organisations were able to pilot different types of foster care to enhance the quality of care for children with disabilities, when government-managed organisations were no longer able to provide the services.*

*Georgia - The deinstitutionalisation process in Georgia has been cited as one of the most successful case of deinstitutionalisation (Cantwell, Davidson, Elsley, Miligan, & Quinn, 2012; Greenberg & Partskhaladze, 2014). Funding from EU, Swedish International Development Agency, and USAID has sped up the deinstitutionalisation process through programs to strengthen social work and local service providers, refurbishment of state-owned institutions, and development of small group homes. International agencies, namely UNICEF and Save the Children, facilitated the government and donors for the on the ground implementation of the agreements (Greenberg & Partskhaladze, 2014). The case of Georgia highlighted that countries can benefit from international funding for transforming care through effectively developing sustainable resources such as capacity of social workers and other care professions.*

preserve families. We recommend governments develop such frameworks together with national and local authorities, non-governmental and community-based organisations, and with the participation of children and families. Convening relevant ministries and organisations can reduce the challenges in coordinating services and mobilizing resources (see Box 9; Greenberg & Partskhaladze, 2014).

Monitoring progress and identification of problems can be done more effectively based on the agreed

policy or program logic and targets.

### **3.4 Implementation**

The recent history of care reform highlights the perils of two major types of ‘implementation traps’. The first involves ‘top-only’ national policy proclamations and strategies announced with limited meaningful stakeholder engagement and scant consideration of the practicalities of implementation. Such efforts typically flounder as the gap between policy aspiration and operational reality is inevitably exposed. The second involves ‘bottom-only’ projects or initiatives to transform individual institutions in isolation from the national policy context and with limited attention to the wider drivers leading children to enter care in the first place. In such cases, even when improved outcomes are secured for the individual children and families supported by these projects, the reforms lack the scale to reach all vulnerable children and the breadth of scope to effectively tackle the underlying causes of institutionalisation.

Systemic level interventions are more likely to promote the transfer of resources from institutions to alternative care programs and services. We argue that safe, effective, and sustainable care transformation is a dynamic process which requires the building of a broad constituency of support and the mobilisation of a broad movement for change spanning actors from different sectors and national child and family system at all levels. Without these foundations in place, it is likely that efforts at reform will be piecemeal and short-lived. Reform must be reinforced by a shared understanding of the problem, including of the costs and harms of institutionalisation to children, families and society; and of the relative benefits of family-based alternatives. The drivers of institutionalisation are complex and multi-faceted and require actors from multiple agencies and levels to work together to tackle the issues that lead to family separation in the first place. It is critical to understand norms, attitudes and

practices that contribute to institutionalisation, and informal family and community mechanisms that can both mediate and mitigate risks to children and families. Policy makers need to see evidence of successful reform from relatable contexts. Managers and practitioners need to be able to envision how their own roles can change for the better as reform unfolds.

Once that shared understanding is secured, one of the main challenges in implementing successful child care reform is the lack of a common national vision, strategy and plan for reform. It is important for governments to develop an overarching vision outlining the ambition for reform and key milestones throughout the process. Governments should ensure that the vision for the child care system is supported by a strong legislative basis with a national authority mandated to coordinate the implementation (UNICEF 2018). This high-level vision sets the overall goal of reform and can act as a broad and accessible statement for partners involved in supporting the care system – including public and private contributors – to confirm a shared commitment. As noted above, the perspectives of children and youth should be included, and the strategy should be inclusive of key risk groups such as children with disabilities. Once agreed, this vision can be underpinned by a high-level strategy outlining the intent, objectives, resourcing requirements, management and coordination structures and resourcing implications. One approach to considering how to scale up national care reform efforts is illustrated in Figure 6 (Scaling Up National Care Reform).

#### INSERT FIGURE 6 HERE

To meet the goals outlined in this section, we recommend that national governments undertake the following:

*Creating partnerships:* We recommend that child care reform is led by government but involves strong national partnerships with others to take forward implementation. This could involve implementing partners such as civil society organisations, bi-lateral and multi-lateral organisations that

provide technical support and funding, and local organisations. Partnerships should be coordinated through a national coordination platform led by the national authority (NCC, USAID and UNICEF, 2019).

*Workforce development:* Implementation cannot take place without personnel who can dedicate significant amounts of time and are able to professionally assess children, assess families, work alongside institutions and communities, place children in families, and follow up placements. These roles are best suited to qualified professionals such as social workers (Anghel, Herczog, Dima, 2013; Better Care Network, 2015, NCC, USAID and UNICEF, 2019). The government should ensure that standards are in place, with monitoring and inspection and opportunities for development for the social workforce. In addition, it is important not to neglect the skills needed to plan and monitor the reform process, which is a major social change initiative requiring dedicated professionals to oversee and support the process. This can be supported by a robust training system, which in some cases may benefit from partnering with universities and experts operating abroad.

*Appropriate resourcing:* One of the main principles in funding care reform is to progressively reduce and redirect resources that can contribute to placement of children in institutions (Cantwell, Davidson, Elsley, Miligan, & Quinn, 2012). National budgets should include resources over the short, medium and long term to fund the continuum of care at a level that will ensure access to, and quality of, services. UNICEF and Changing the Way We Care have been actively supporting public expenditure reforms, including costing and budgeting, to supporting resourcing of children's care. The care transformation process also requires the systematic identification and redirection of both public and private resources from institutional to family-based care as the numbers of children in care decreases (see Box 10). In many cases, investments will need to be made to support the transition from institutions, but as institutions are generally much more costly than child welfare and protection

programs, cost savings can be utilized for family care and strengthening services in the community.

Modelling the financial implications of reform is essential as, without a long-term resourcing plan, the reform process may be unsustainable, and resistance may be encountered from institutions concerned about losing employment and funding for business (Davidson, Milligan, Quinn, Cantwell, & Elsley, 2017).

#### **Box 10 – Addressing structural and financial barriers in Jordan**

*In 2011, with the support of UNICEF and Columbia University, the Government of Jordan launched an initiative to develop foster care to support the transition of children from institutions to families. The initiative was approved by the religious ‘ifta Council’ and endorsed by the royal family. The ongoing pilot phase is implemented in three cities with 250 children placed. The programme incorporates a blend of evidence-based psychosocial interventions adapted to the Jordanian context together with an assessment of each child so that the appropriate support for foster families can be identified and provided. Existing legal requirements to formalise placements have been reviewed together with human and logistical capacity to conform them to the needs of the new service-delivery model. A multi-faceted training module was developed to enable practitioners to implement interventions in adherence with programme standards. Due to a lack of Arabic literature on foster care and psychosocial interventions, manuals were developed with step-by-step guides on the selected blend of interventions. To protect the quality of services, strengthen implementation and promote expansion, comprehensive standard operating procedures were also developed. At the heart of this initiative is a public-private partnership whereby the Jordanian Government outsourced and funded the majority of needed services through carefully selected partner NGOs. The pilot has successfully demonstrated a number of good practices. However, it is also facing challenges. While many children remained with families, some were placed back into children’s institutions due to inadequate financial and psychosocial support for foster families. Inadequate budgets meant there were insufficient resources to support a comprehensive child welfare and protection system or to improve outcome monitoring for children placed in care. While national policies are important, it is critical to have strong local ownership, accountability and collaboration to build the foster care model and systems in place to ensure placement monitoring and reintegration support. Jordan is learning from these and other lessons to further strengthen and expand the foster care system.*

### **3.5 Monitoring and evaluation**

It is critical to ensure that a monitoring and evaluation plan is developed to support and assess the implementation of the strategy and plan. While many countries have strategies that provide a basis for tracking of progress made, often they neither represent nor include a nationally agreed framework for either alternative care for children or the linkages to child protection or strengthening families.

Governments tend to collect and report administrative data, if they collect data at all, which is often largely quantitative in nature. Further qualitative data that can help the authorities contextualise and interpret the quantitative data and help them answer questions about the quality of care and the outcomes of alternative care for children is available at the service level and the levels of local, sub-national and national authorities. Often these institutions have their own information systems and use this data for individual care planning. However, this qualitative data is not systematically analysed and aggregated and thus not fully used at national level to inform policy making, planning and programming. There are various national stakeholders collecting data that may be relevant for children in alternative care, however, often the data these various stakeholders collect is not integrated into national reports on children in alternative care. A strengthened monitoring and evaluation system will act as a basis for sound governance arrangements and performance, necessary for the achievement of evidence-based policy-making, budget decisions, programming, management, and accountability in developing and delivering family-based services.

The main challenges in relation to the monitoring and evaluation of child care reforms relate to capacities to design, plan and implement effective policies and frameworks and inability to mobilise resources to boost these capacities. Governments often lack capacities to establish a robust baseline of all children in institutional care and to conceptualise an effective monitoring and evaluation framework covering the complex process of child care system transformation. In addition, in this process,

governments tend to ignore the existing monitoring and evaluation system elements (e.g., existing data collection and analysis) already in place and fail to bring them together in a comprehensive and inter-operable monitoring and evaluation framework for alternative care. In addition, the capacity issue is exacerbated by the inability of governments to identify and provide earmarked funding for monitoring of alternative care at any level, to cover the costs of effective systems, in particular the costs associated with building the organisations' capacity to develop and implement inter-operable monitoring and evaluation frameworks of alternative care.

First, monitoring and evaluation strategies and policies should be child-centred, considering each individual child's developmental stage and needs, and recognising that the goal of child care system includes strengthening family ties and preventing child-parent separation. Hence, plans should not only target service provision, but also children's developmental outcomes and family functioning.

Second, governments should put in place a comprehensive nationally agreed monitoring and evaluation framework to allow authorities and their implementing partners to monitor progress and evaluate the results of the measures put in place against the set strategic goals, recognising that such a framework is an essential vehicle for improving policy outcomes, and ultimately; (i) help families to cope with difficulties to strengthen family ties and rearing environment, and; (ii) provide children in need of support or protection with an environment in which they can grow and develop their full potential (Van IJendoorn, et. al, 2019). Existing information from Demographic and Health Surveys and Multiple Indicator Cluster Surveys (Martin & Zulaika, 2016) as well as information managed by child welfare institutions have the potential to provide basic information on children's care and living arrangements.

Third, planning of monitoring and evaluation should be based on a long term vision, which includes community-based support for high risk families and children, children in care, and care leavers. Such plans should be established using multidisciplinary teams with policy makers, decision makers, service providers, social workers, public expenditure experts, education, development and health professionals and service users.

Fourth, governments should develop national standards for monitoring and evaluating the situation of children in institutional care, as well as strengthen monitoring and evaluation capacities across government and implementing partners to secure these standards. The monitoring and evaluation data and information should be used to guide the most efficient use of available resources and to identify implementation challenges. Monitoring and evaluation indicators to measure the progress and outcomes of the child care reform should be outlined in the planning process. They can be used to make cost and performance comparisons that help identify good, bad, and promising practices, and this can prompt a search for the reasons for this performance. The following indicators are proposed to be included in the monitoring and evaluation framework: children's outcomes; implementation of new services; and lessons learned or best practices from the current programmes (Mulheir & Browne, 2007). Case management records can also be utilised as a tool to monitor and evaluate children's care placement and how new services have affected their lives. Children's and service providers' voices can also influence the design and replication of services.

Finally, inspections as part of the licensing and accreditation process of various care services can be utilised as a part of a regular monitoring and evaluation system. An ombudsman or a designated agency that is accessible by service providers and clients, particularly children and families, can also serve as a monitoring agency of the child care reform (Cantwell et al., 2012).



## NATIONAL SECTION: IMPLEMENTATION RESOURCES

Better Care Network: Toolkit for Delivering Better Care for Children

<https://bettercarenetwork.org/toolkit/toolkit-guide>

Better Care Network. Social Welfare Systems (resources).

<https://bettercarenetwork.org/library/social-welfare-systems>

UNICEF. Comprehensive Toolkit to Map and Assess Child Protection Systems.

[https://www.unicef.org/protection/Comprehensive Global Toolkit to Map and Assess Child Protection Systems November 2011.xlsx](https://www.unicef.org/protection/Comprehensive_Global_Toolkit_to_Map_and_Assess_Child_Protection_Systems_November_2011.xlsx)

Global Social Service Workforce Alliance. Resource Database.

<http://www.socialserviceworkforce.org/resources>

Lumos. Our Approach to Keeping Families Together. <https://www.wearelumos.org/what-we-do/approach/>

Africa Network of Care-Leaving Researchers. About ANCR. <https://careleaving.com/>

European Expert Group on the Transition from Institutional to Community-Based Care.

[www.deinstitutionalisation.com](http://www.deinstitutionalisation.com)

International Foster Care Association. <http://www.ifco.info/>

Keeping Children Safe (safeguarding). <https://www.keepingchildrensafe.org.uk/>

### 4. Local

The needs of children and their families should be central to all approaches to care reform if we want to ensure a humane and sustainable approach to the development of human capital. Continuous, stable, “good-enough” care is considered a necessary condition for healthy development from infancy through middle childhood and into adolescence (van IJzendoorn et al., 2019; Nelson, 2007). At the same time, research consistently demonstrates that many children in institutions are not there because they do not have families (Browne et al., 2005; Csaky, 2009; Williamson and Greenberg, 2010;

Better Care Network, 2017). In this section of the document we focus on policy recommendations for those providing for the needs of children and families at a local level. To do this we highlight four parts of the care reform process at the community and family level– specifically (i) prevention of separation, before a child is separated and placed in alternative care, especially institutional care, (ii) during the stay in institutions, (iii) the child and family transition to family-based care; and (iv) reintegration support.

#### 4.1 Context

The progressive elimination of institutions requires a focus, in the first place, on strengthening families to prevent children from entering care systems and working with families and communities when children need care outside of their families or are coming out of care, including institutions, to ensure safe, nurturing and long-term family-based care; and on selecting alternative family-based care, preparation of families and supporting families receiving children dealing with post-institutionalization trauma and behavior. Data from around the globe are beginning to provide a good indication of the vulnerabilities that families face putting their children at risk for separation and institutionalisation. Most often it is a combination of factors including poverty, family violence, drug/alcohol abuse, loss of parental care, and lack of access to education, health or other services (Berens & Nelson, 2015; Eurochild, 2014). Poverty, migration, disease, conflict and natural and human-made disasters create hardship and drive families apart and away from communities of support. Communities in most low-income countries traditionally relied on extended kinship mechanisms to care for children without parents, for example in the African context the extended family unit has been the mainstay in caring for children (Abebe, 2009; Abebe & Aase, 2007). In contexts such as the countries of the former Soviet Union, state institutional care systems were, for many years, the primary service for children who could not be with their parents, and drivers such as poverty, labour migration, lack of community-

based services, and child disability separated children from their families. At the same time, the very existence of institutions and a false assumption that they will ensure children receive adequate nutrition, rehabilitation and education often pull children in (de Sam Lazaro, 2019).

Children are further being separated in large numbers at national borders as a result of immigration policies, exposing those children to all of the risks associated with institutionalisation. Child care reform needs to be accompanied by addressing the issues that may be barriers to a successful transition from institutional to family care, often those same issues that sent children into care to begin with, as well as the barriers for families to provide care. The combination of careful and appropriate gatekeeping at the point of potential separation of children from families, and the strengthening of care within the family of origin and/or extended family can, in many cases, prevent such separations and institutionalization.

There needs to be a prudent approach to the development of systems that promote family-based care, services and supports in the community, and the progressive elimination of institutions. How to improve the situation of children who cannot yet leave their institutional environment needs careful consideration (see, e.g., McCall, Groark, Hawk, et al. 2019) – though without any diminution of the larger effort to progressively phase out institutional care as soon as possible without doing more harm to the children involved. The quality of care for children leaving the institutions is essential, which implies that families be adequately prepared, and that kin and non-kin foster and adoptive families be found and prepared for long-term care for children who cannot remain with or return to their families. In many contexts, the development of family-based care models such as foster and adoption care takes time beginning with understanding and analyzing barriers to family care, social attitudes and traditional care practices to identifying, vetting, training and monitoring families. Tracing and assessing

biological and kin family placements also takes time. Although the evidence-based expectation is that moving a child from an institution to a family will be a change for the better, the children themselves have to be prepared for life with other routines, expectations, new caregivers and peers, and families need to be adequately resourced and supported to provide for their care. Systems must be prepared for on-going monitoring of child protection mechanisms for when placements do fail or families, in the end, simply cannot manage the care of their child. Furthermore, resistance to institution closure by the institution's workforce is to be expected, especially if for them no alternative forms of employment are offered. Local government, institution management, community and even donor ownership of the transition to a new care system is essential to effective transition.

Post-institutional child and family support is crucial to remediate the negative effects of institutionalization, separation and trauma on children, which can persist for many years after, and causes family stress. Post-placement support is critical and can be a long process (Faith to Action, 2016; Horvath, Nabieu, Curtiss, 2019). Care leavers who have grown up in institutional care, are very often lacking in basic life skills like shopping, cooking, paying bills and socialising; disconnected from family they can lack the assets that others in the community have, such as the kinship networks that frame social interactions, stigmatisation, inheritance and opportunity (Ibrahim, RW, 2016). Resources devoted to care reform vary widely throughout the world but failure to thoughtfully consider the issues of children and youth coming out of institutions will only perpetuate the systems of institutional care.

## 4.2 Policy aims

*The number of children entering institutions should be progressively brought to zero.* This goal can be achieved, first and foremost, by addressing the above mentioned drivers of institutionalisation, and

then by identifying families who are most vulnerable to the circumstances that lead to separation, supporting these families via a combination of risk mitigation and increasing resilience and protective factors, such as parenting interventions, financial and social aid, community and social connections, as well as increasing access and availability of needed services. Preventive support for families should include the provision of appropriate care alternatives for children when it is necessary. Children at risk of being abandoned by, maltreated, or otherwise harmed must be protected, while families who struggle because of poverty, disability and other complicating factors must be linked to resources to help them meet their family needs and given supported opportunities to care for their children.

Because fully ending institutional care and a full transition to family-based care is a longer-term goal in many countries, shorter-term goals should include improving very small scale, specialised caregiving environments that include consistently available caregivers for each child to promote opportunities for children to form more secure and robust attachments, reduce group size to facilitate caregivers' abilities to understand each child as an individual and to become invested in their well-being, better train caregivers to understand the importance of sensitive and responsive care, and attending to stigma and bullying so that children can attend schools in the community and be involved in after-school activities, such as sports, arts, and vocational exposure for children. The goal should, regardless, be to direct investments towards family-based alternative care and away from institutions in line with the 2019 UNGA Resolution. The Alternative Care in Emergencies Toolkit notes (with many qualifications) that the number of children that should be cared for by a single caregiver depends on the ages and needs of the children and the caregiver's capacity (Interagency Working Group on Unaccompanied and Separated Children, 2013). As broader care systems change, attention must be paid to testing, evaluating and supporting safe and nurturing forms of family care, and identifying

strategies for attracting foster and adoptive families and growing such programs. Continuity of care, though, is the goal. Once children are transitioned out of institutional care and into family care, the goal must be their safe, secure and long-lasting reintegration into the family and community. This transition also requires services and supports.

Transition from institutional care to family care must begin as soon as possible, even if barriers are evident that imply this is a long-term proposition requiring improving institutional care while simultaneously getting good alternatives in place from the earliest stage. National and local authorities, institution management teams, local donors to those institutions, community leaders and members, families and children should be engaged from the outset. Pathways to permanency should be sought through the alternative family-based care appropriate in each country (e.g., guardianship, kinship care, long-term fostering, kafalah, and adoption).

#### **4.3 Strategies**

We recommend policy strategies that address the (1) prevention of children being separated from their family and placed in institutions; (2) the progressive elimination of institutions and, for those currently in their care, provision of ‘good-enough’ care and intensified efforts to secure nurturing and safe family placement as soon as possible; and (3) that children, youth and families have the support and resources they need during the process of reintegration into families and communities.

It is essential that these policy strategies are grounded in, and build on, local culture, context and assets. In many countries strong informal, community-led systems operate that provide many of the components needed to keep or place children in families and progressively eliminate institutions. The recommendations below highlight the importance of aspects such as training and workforce development – however, it is important to note that the formality, capacity, and role of ‘workforce’ in countries will be different and that all initiatives must build on the current system, rather than

imposing training or tools that do not recognize the existing fabric that supports families and communities.

To ensure that children can remain in their family's care whenever possible, we recommend a policy with an integrated three-step approach to the identification and support of families at risk to prevent the placement of children outside of family care: *First, a robust child protection system needs to be in place that is capable of early identification of children at risk for placement in institutional and other alternative care.* Implementation requires identifying who are at risk and where is the gatekeeping, training gatekeeping and safeguarding staff, including social services, medical and hospital staff, school teachers, social workers, child protective services and religious leaders so that they understand and are aware of the risk factors for entering institutional care within their cultural and social setting, can recognise signs of risk in families, and refer them to support programs. Ideally, training of skills should be combined with opportunities for peer-to-peer support, supervision, practice opportunities, and ongoing learning. There are innovative, low cost models, being used in many countries, such as *WhatsApp* case manager groups and other mobile technologies.

*Second, families of children who are identified as being at risk for entering institutional care should receive material, medical, psychosocial, and/or parenting support, including family planning counsel.* These families must be given access to the resources and services needed to prevent unnecessary parent-child separations and knowledge to make informed decisions in the best interest of their families. For children with disabilities this may include a thorough needs assessment and provision of interventions such as physical/occupational or speech therapy, respite care, mobility devices such as wheelchairs, day care, family supports and counseling, and necessary medications. Mechanisms must also be put into place to address stigma facing children separated from families and/or

institutionalised. Policies should help to identify when at-risk families will require case management to ensure they can access needed services and are supported to grow stronger in their care for their children.

Building of family support and prevention must include developing or strengthening case management systems. In areas with a shortage of professional social workers or psychologists, psychosocial and parenting interventions can be delivered by well-trained community volunteers, who should be supervised and supported by professionals. A selection of evidence-based interventions that have been shown to address many of the problems faced by families who are at increased risk for being separated from, abandoning or maltreating their children is displayed in Table 1, though we note that the majority are based on evidence from high income countries and are delivered by trained professionals. There is evidence that delivery of at least some interventions by trained paraprofessionals can have good results and increasing evidence of parenting and cash plus care programs that can be provided more cost effectively for low resource context (Banerjee, Duflo, Goldberg, Karlan, Osei, et al 2015). More needs to be done to support scaling up of such programs and to document evidence of interventions in low-income countries and in contexts of reunification of children from institutions to families.

**TABLE 1: EXAMPLES OF EVIDENCE-BASED APPROACHES TO STRENGTHENING FAMILIES**



<b>Intervention</b>	<b>Age Group</b>	<b>Description and evidence</b>
Home visiting	Newborns – 3 years	A series of home visits for 1-3 years, often accompanied by referral and assessment. Shows positive effects in reducing reports of child abuse and neglect, although results are inconsistent (Selph, Bougatsos, Blazina, & Nelson, 2013).
Attachment & Bio-behavioral Catch-up intervention (ABC)	6 months – 4 years	Short-term intervention for stable families focused on parent-child interaction, including for children who have experienced neglect or institutional care, and foster families (Dozier & Bernard, 2019).
Video-feedback Intervention to Promote Positive Parenting and Sensitive Discipline (VIPP-SD)	1 – 6 years	Short-term intervention focused on parent-child interaction, for children with / at risk for behaviour problems. Adapted modules for children with autism spectrum disorder (VIPP-AUTI) and adoptive and foster care families (VIPP-FC) (Juffer, Bakermans-Kranenburg, & Van IJzendoorn, 2017).
Parenting programmes	3-17 years	Short term interventions shown to be effective in reducing child behavioural problems, even when transported to other countries with modest but significant reductions in harm markers of child physical abuse (Gardner, Montgomery, & Knerr, 2015; Vlahovicova et al., 2017).
Parent Child Interaction Therapy (PCIT)	4-7 years	Short term intervention for both parents and children together. Shows some of the most consistent evidence in improving outcomes associated with physically abusive behavior (Schrader-McMillan & Barlow, 2017).
The Friendship Bench	Adults	Short-term psychological intervention to treat common mental health problems, delivered by lay health workers (Chibanda et al., 2016).
The Healthy Activity Program (HAP)	Adults	Short-term psychological intervention for depressed parents, delivered by lay counselors (Patel et al., 2017).

Pause programme	Adults	18-month individualised package of support, access to contraception, and referral to partner organisations (such as health and domestic violence prevention) for women who have experienced or are at risk of repeat removal of children from their care (McCracken et al., 2017).
Cash Plus Care programmes	Adults	Programmes that combine access to social protection schemes and cash assistance for economically vulnerable families combined with family strengthening interventions such as parenting skills development, savings and financial planning, support groups and ideally supported with case management (Cluver, Orkin, Boyes, & Sherr, 2014; Sherr et al., 2017; Unicef, 2016).

*Finally, if despite support and assistance being made available, parents remain unable to provide their children with adequate care, alternative care arrangements should be family-based.* Family-based care refers to caregiving by extended family or foster, kafalah (the practice of guardianship of orphaned children in Islam) or adoptive family, preferably in close physical proximity to the biological family to facilitate children's continued contact with important persons in their life when this is in their best interest. Informal alternative care practices are to be supported and strengthened, e.g., kinship care and kafalah, and traditional child rearing using extended family networks. Within formal alternative care arrangements, foster and adoptive families need to be actively recruited with the provision of necessary financial and material compensations, training, and parenting support.

In order to ensure that children who are currently in institutional care receive the most effective care possible while the child care system is reforming, the following objectives are recommended to be integrated into policy. First, that institutions are used as a last and temporary resort, that they are not an option for children under 3 years of age (indeed, they should not be considered an option for young children over 3 years of age except in the most extreme circumstances where the child is at severe risk). Second, that the culture of each institution be shaped to balance structure with flexibility in schedules and routines, to make instrumental care more social (e.g., mealtimes and bath times), and to plan activities for mixed groups of children. Third, that staffing ratios and that the number of children per caregiver be increased as the number of children in an institution is reduced to provide the consistent availability of a relatively small number of caregivers to know and value each child. Finally,

#### **Box 11 – Modifying care in institutions**

*During the transition, it is important to ensure that children in institutions receive improved caregiver-child interactions, nutrition, health and safety, both for their well-being and to help to prepare them for a family placement if secured. The St. Petersburg-USA Orphanage Intervention Research Project found that changes focused on improving the caregiver-child interaction in combination with structural changes improved physical, cognitive and social-emotional development of children regardless of disability status, and that these improvements appeared to persist after family placement (McCall et. al., 2018) but the quasi-experimental design did not allow for definite causal conclusions (Van IJzendoorn et al., 2020, in press). In a large institution in Romania with limited resources and caregiver to child ratios of 1:12 or 1:15, an institution director wanted to enhance the quality of care provided to children. She developed a “pilot unit” on which she restructured the schedule so that each child was cared for by one of only four different caregivers over the course of a week instead of the usual much larger number. With no alteration in caregiver to child ratios, this provided each child with a more limited number of adults with whom to interact on a regular basis. Based on caregiver reports in structured interviews administered by trained clinicians, children on the pilot unit demonstrated substantially fewer signs of attachment disorders than children on a standard unit at the same institution. In interviews, the caregivers on the pilot unit made more statements around the psychological ownership of the children in their care, referring to “my boy” or “my girl”, suggesting a more personal investment in the children they were charged with caring for.*

that caregivers receive training in how to provide sensitive care based on what an individual child needs rather than based on institutional convenience.

In the transition process to family care institutional staff can play important roles (see Box 11). Often, they know the children they care for well enough to contribute importantly to planning for transitions, and their knowledge of the children's background can be useful in locating parents and relatives. Second, because transitions may elicit fear of losing their jobs, addressing this possibility directly and planning for employment alternatives for institutional staff should be undertaken.

To ensure children from institutional care return successfully and long-term to parents, extended families or alternative family care, policies must be in place to address the reasons that initially led to placement of the child into institutional care. Strategies that increase families' financial stability and ability to meet needs, as well as their mental and social potential to meet the children's needs are recommended, including policies that provide for mental health needs of the parents, where necessary drug and alcohol treatment, and physical health needs (e.g., support for disabilities). Policies that support the creation of a developmentally-trained social workforce are required, as these individuals will need to assess the match between the resources and capabilities of the accepting family and the needs of the child.

When it is not possible to return children to their family of origin, placement in families of the same race, ethnicity, or community of origin may be prioritised, although interracial placements can be as successful as same-race placements (Juffer & Van IJzendoorn, 2007). At a minimum, adoptive or foster families should receive support in becoming a multi-racial family and all that entails for the adopted/fostered child (Pinderhughes & Matthews, 2016). For children with disabilities, services that support the family and the child's development should be identified and efficiently implemented prior

to family placement. A psychosocial assessment of the placement home (home-study) and criteria for approval prior to placement of children must be developed and mandatory programs to provide preplacement training should be created. School stability is another important consideration in the transition from institutional care to family care. When school-aged children attend the same school before and after placement, disruption of part of their social network can be avoided and important peer relationships sustained. An inclusive approach to deinstitutionalised children is critical. In a similar vein, siblings – especially those with established relationships -- should be placed together in the same family unless this is not in the best interest of the children.

A dedicated developmentally-trained social workforce should be established to focus on care of children who are coming out of institutional care, including professionals dedicated to support for receiving families. Strategies should include assessing the needs that vary depending on the child's age, duration of exposure to deprivation, and prior experiences of abuse and trauma, including the reasons for their initial placement, which will assist families receiving children to provide their care. Developmental and mental health assessments should also be a part of the evaluation to determine whether professional intervention is needed. Many families will need training in managing the behavioural and health issues of the child, particularly in the transition period (see Box 12). In settings lacking the infrastructure to provide pre-and post-placement training and support, developing capacity to support and train parents should be prioritized. Medical professionals should be prepared to test for major infectious diseases, vaccination status, growth delays and nutritional deficiencies. A variety of testing regimens have been proposed (Adoption Medicine Clinic, 2018; Eckerle, Howard, & John, 2013; Jones, Committee On Early Childhood, & Dependent, 2012).

We recommend that caregivers working in direct interaction with the children in the institution be included in the process of transition to family care and that teams of well-trained social workers and psychologists select, screen, and prepare candidate families within a case management process for long-term placement of children so that guaranteeing good-enough care (safety and long-term well-being) for the child is paramount. The challenge of permanency for all children can be very real during the child care reform process and is an important issue to consider in policy. Foster placements for children should be used as an interim and preferably short-term step while maintaining a search for permanent placements for children, unless the foster care system itself is designed to provide long-term and stable family care. We also recommend that a child's preferences should be considered, with increasing weight assigned to this preference with increasing age and capacity. Permanency must guide decisions about placements and positive cultural/racial/ethnic identity should be fostered in any placement. Finally, we suggest that children must be prepared for the transition to family care and community by encouraging them to develop relationships with new caregivers and peers even while they are still in institutions and helping them know what to expect.

Standards for post-placement assessment by a multidisciplinary group of medical, developmental and mental health professionals should be established to the extent possible within each local setting involved in caring for post-institutionalised children (see Box 13). Support for families and children

**Box 12 - Facilitating placement stability: The issue of behavioural and emotional problems**

*Behavioural and emotional problems that the child might evidence in the transition from institutional to family care constitute an important risk factor in placement breakdown. In order to ease that transition the following practical steps may facilitate placement stability. These steps may be facilitated by a case worker or other support person visiting the family.*

- *Families should focus on the stability and consistency of the caregiving environment. Family routines help reduce problematic child behaviours.*
- *Psychological support should be easily accessible during the immediate transition period.*
- *Families should be linked with social, medical, and mental health services prior to placement to facilitate access to these support services during the immediate postplacement period.*
- *To the extent possible, families should be provided with basic training in reading and responding to young children's needs and in trauma informed responses to children's challenging behaviours so that they may develop a positive relationship with the child, providing the child with a feeling of safety, security and love (Purvis, Cross, Dansereau, & Parris, 2013).*
- *While part of the training can occur prior to the child's arrival, ideally training after the child arrives will allow parents to practice these type of interactions under the tutelage of trained professional or paraprofessional individuals.*

should be made available throughout the childhood of post-institutionalised children, either through mainstream or through specialist programmes (e.g. post-adoption support). In some contexts, the Mockingbird Family Model, where up to 10 foster families are served by a dedicated 'hub home' that provides trained care and peer support, might be considered (Fostering People, 2019). Finally, we recommend that displaced institutional workers should be incorporated into the workforce supporting post-institutionalised children and their families in those cases where they have the skills, interest, and

willingness to embrace change. Such efforts include retraining and conversion of institutions into support and service centers for birth, kinship, adoptive and foster families.

**Box 13 - Assessing the post-institutionalized child's developmental and mental health status**

*The child's gross and fine motor skills and speech/language abilities should be assessed to establish a developmental baseline from which progress over time can be determined. This assessment, including observation and parent report of the child's current social, emotional and behavioural functioning, will also determine whether professional intervention is needed immediately or if the child can be observed in their new home which for most is an adequate therapeutic environment. Taking into account the child's age and using age-appropriate measures, the physical and mental health screening should include a review of prenatal and postnatal risk factors, an evaluation of the child's new family environment, a social and medical history, observation of the child's current behaviour and a review of the family's current support services.*

*Children also need vision and hearing testing as well as assessment of sensory processing abilities (Eckerle et al., 2014). Misperception (e.g. tactile sensitivity) or lack of perception (e.g. hearing loss) are common problems among post-institutionalised children (Eckerle et al., 2014; Lin, Cermak, Coster, & Miller, 2005; Wilbarger, Gunnar, Schneider, & Pollak, 2010). The symptoms of such deficits can incorrectly be interpreted as problems in attention, hyperactivity, attachment or autism. Without robust parent and professional education the risk of placement breakdown and children returning to institutional care can be very high (Johnson, Dovbnya, Morozova, Richards, & Bogdanova, 2014).*

#### **4.4 Implementation**

The integrated identification, prevention and reintegration model at the local level identified above requires coordination with national priorities (see section 3). At the same time, the complexity of problems faced by at-risk families means that implementation requires a multidisciplinary approach. This should involve a formal case management system being implemented involving coordinated communication between various sectors such as healthcare, education and social welfare, a centralised and unified data base, a clear division of responsibilities, and establishing the accountability of an assigned supervisor. Case management ensures that interventions are based on family strengths and needs, that services are needs-based and accessed successfully, and that goal setting helps determine the child's nurturance and safety. Furthermore, parents and children must be able to make



informed decisions about their involvement in the early identification and support model. Methods like Family Group Conferencing, where family members plan and make decisions for a child at risk and where children participate with an advocate as appropriate, may be helpful, although more research is needed to evaluate their effectiveness and feasibility of adapting the practice to local, cultural contexts.

At the local level, funds redirected and invested by the government and available through civil society organisations will be needed for new services and programs, as well as high-quality training of social workers, psychologists, and foster carers. In Bulgaria, for instance, investment in competency of social workers, located in every municipality, has been identified as an essential strong point of the child care system. This involved increasing the number of social workers during their reform process and gradually professionalising the workforce through training, qualifications and oversight. As a first step to implementation we recommend that child care reform be piloted and that children's participation be included, such as seeking their input in committee meetings on child care and protection reform. As key stakeholders, children or their advocates should be an integral part of the implementation process.

#### **4.5 Monitoring and evaluation**

Monitoring and evaluation at the local, family and child levels are critical for the gathering of information feeding into the policies of national systems as well as to gauge progress globally. Without data on children it is not possible to make evidence-based decisions to change systems of care and child protection at the national level. Globally, we are challenged to advocate for redirection of funds without knowing what goals it should be best used for. At the same time, monitoring at a local level also may ensure that child and family support services are in place to meet the needs of families and

children. Monitoring is important to ascertain the quality of children's care in families and in alternative care settings and to track changes in quality of care. Finally, and perhaps most importantly, at the local level monitoring is required to understand the status of individual child and family well-being.

### ***Monitoring of services***

Ensuring safe, nurturing family care for institutionalized children or children at risk of child-family separation requires facilitating access to comprehensive child-focused, family-centered services to improve the wellbeing of vulnerable children and families, prevent violence and family breakdown, and build the resilience of caregivers and children to overcome adversity. Services need to be monitored to determine their availability, accessibility and quality related to service standards. Reflections from evaluations of care reform and feedback from case workers often highlight the struggle to support families in receiving the services and supports they need, close to home. In both prevention and reunification, quality services can mean the difference between a family staying strong and being able to stay together and a child being placed into alternative care or put at risk of harm.

Monitoring of services helps case workers, local authorities and families know what services are available locally and how to access them, if those services are responsive to needs and used by those they are intended to serve. Monitoring also helps local authorities, organizations and community leaders to determine what the gaps are in service provision. Access and use of services can often be facilitated and monitored through case management systems, which includes direct service provision and referral. Facilitating cross-sectoral referral requires knowledge of existing services and how they can be accessed, as well as developing strategies to overcome any existing service access challenges. Service mapping can help us to provide the right services, in the right place and at the right time.

Service mapping can also provide a monitoring baseline to compare improvements around availability, access and quality. Service mapping also helps to monitor how services talk to each other, or the referral mechanisms and their effectiveness.

### ***Monitoring quality of care***

A situational analysis of the care being provided helps local authorities, communities and service providers to monitor both the availability of care services and the quality of that care. It can provide a basis upon which care can be improved and monitored for improvement, whilst also providing a baseline of the situation against which to plan and monitor care reform. A situation analysis of this sort includes indicators such as the number of children entering care systems, the number currently living in and leaving care of different types, support services accessibility (see also monitoring services), caregiver to child ratios and caregiver capacity, and an analysis of local community knowledge and attitudes towards care. These indicators, both quantitative and qualitative can be tracked for change over time.

Monitoring of the situation and quality of care can be done using tools for deinstitutionalization planning, which combine review of case records of children in their care to understand how children enter or leave institutions, a review of children's transition plans and how these are progressing, analysis of staff capacity and attitudes, and assessment of the assets such as property and buildings.

### ***Monitoring child and family wellbeing***

Monitoring at the individual level to ensure their safety, health and development and is closely linked to a case management system (see Box 14). The information obtained through case management monitoring processes can (Retrak, 2015):

- Help case management decision-making on the future care of individual children and families;

- Lead to program monitoring and decision-making, showing changes over time or the differences between groups of children and highlighting where changes in programming are needed; and
- Influence policy and practice by revealing specific needs in children and the success of program, evidence on good practice and need for scale-up.

In addition to the various types of workers involved in monitoring child wellbeing through case management, health workers, community volunteers, teachers, police and neighbors must also play a role of monitoring wellbeing.

#### **Box 14: Introducing case management in Cambodia**

*In Cambodia, OSCaR, an open source case management and record keeping system, was developed by Children in Families with support from USAID. The toolset supports case management practice with assessment, care-planning and follow-up all integrated in a central tool. OSCaR is now used by over thirty NGOs across Cambodia. The system was designed by social workers and is proving useful not only for storage and analysis of child and family data, but helps workers to complete assessments, keep up to date with case notes, and make tasks lists. Data aggregated at the supervisor or manager level helps to monitor caseloads, identify service gaps and service effectiveness, and monitor family and child well-being. In Cambodia, the data from the over thirty organizations can be aggregated again to provide important monitoring of regional and national indicators, such as the number of children receiving certain services. This web-based mobile*

As noted above, child and family participation in monitoring is an important principle to put into practice (see Box 15). According to the UN Convention on the Rights of the Child, children have a right to participate in any matter concerning them. Within case and service monitoring they must have opportunities to express their views, hopes, fears and wishes and influence decision-making and changes impacting them (Save the Children, 2005). Input from families is also important and can come through home monitoring visits, individual conversations and/or through models like family group conferencing.

**INSERT FIGURE 7 HERE**

Monitoring of children looks at indicators across domains such as of wellbeing and those found in the child status index, and it provides a framework for identifying the needs of children, creating

**Box 15: Alternative care monitoring by children in Moldova**

*In Moldova, Family for Every Child worked with local authorities and Advisory Boards of Children (ABC) to introduce alternative care service monitoring by and for children. The organization found that children in alternative care were more likely to report problems and suggest improvements if they worked with other children. The ABC, made up of children age 12-18 years including children in and having left care, were trained in the national standards of care and service evaluation tools, which included interviewing caregivers, interviewing children in care, visiting services, observation skills and report writing. Child protection authorities reflected that the practice of including children in monitoring of services helped to make child participation more accepted and led to service improvements. (Family for Every Child, 2014)*

service plans and monitoring well-being (O'Donell, K. 2009). The child status index has been used in seventeen countries and looks at: food and nutrition, shelter and care, protection, health, psychosocial, education and skills training. Case management assessments and monitoring visits can look at similar outcome domains and changes in children's wellbeing and their experiences in care. The STAR model was adapted from Retrak's work in Uganda by Catholic Relief Service for the Keeping Children in Healthy and Protective Families (Catholic Relief Services, 2017). It is used to monitor child and family reintegration and can be combined with tools that look at broader family wellbeing, such as Household Vulnerability Prioritization Tools used in OVC programs (MEASURE Evaluation, 2019).

## LOCAL SECTION: IMPLEMENTATION RESOURCES

Better Care Network. The Continuum of Care (resources). <https://bettercarenetwork.org/library/the-continuum-of-care>

Faith to Action Network. Transitioning to Family Care for Children Tool Kit.

<https://www.faithtoaction.org/family-care-toolkit/>

World Without Orphans. Road Map. <https://wworoadmap.org/>

Hope and Homes for Children. Catalysing Change. <https://www.hopeandhomes.org/professional/>

Global Child Protection Working Group (2014). Interagency Guidelines for Case Management and Child Protection: The Role of Case Management in the Protection of Children, A Guide for Policy and Program Managers and Case Workers.

Resources on standards and policies for quality alternative care: <https://bettercarenetwork.org/toolkit/standards-and-policies-for-quality-alternative-care>

Global Social Service Workforce Alliance: Case Management Compendium

<http://www.socialserviceworkforce.org/resources/compendiu>

MEASURE Evaluation Child Status Index information, tools and training:

<https://www.measureevaluation.org/resources/tools/ovc/child-status-index>

## 5. Summary of key recommendations

### 5.1. Global

#### *Multilaterals*

- A fully-fledged global initiative should be launched whereby multilateral rights and development-focused organisations coordinate their efforts and mobilise resources to support key principles, norms and approaches that promote family strengthening, family-based care and progressive elimination of institutions, and UNICEF might lead this effort;

- Multilateral organisations should promote family strengthening, family-based care and progressive elimination of institutions and incorporate them into their social protection and welfare, health, education, justice and interior sectoral strategies, programs and projects;
- Multilaterals should recognise the contribution of care reform for children to human capital development and include care reform in the Sustainable Development Goals;
- Multilaterals should commit to the key NGO recommendations on children without parental care (Key Recommendations, 2019) supporting the 2019 U.N. General Assembly Resolution through global advocacy and public information, issuance of policy statements, development and highlighting of evidence, and support to government strategies, policies and programs;
- Multilaterals should promote and support improved data collection and reporting on children outside of family care;

#### *International NGOs and funders*

- International agencies should undertake a thorough analysis of a country's care system (including budgets and finances) and its cultural context, to direct support to where it is most needed and effective, and use their resources to develop and strengthen models of practice across the continuum of care as they support the progressive elimination of institutional care;
- International agencies should make policy and funding commitments to transform care systems for children, addressing the drivers of institutionalization, supporting government social and child protection system strengthening, and progressively redirect funding for residential care institutions to family-based care over a deliberate, phased and safe transition period;
- International agencies should play a vital role in championing the views of children and communities that are commonly left behind in development initiatives – such as children with

disabilities – and highlight the case for reform by uncovering human (and child) rights abuses and concerns;

- International agencies should take account of their position to coordinate significant global advocacy initiatives, such as the ‘All Children Count’ campaign.

#### *Faith-based organisations*

- Faith-based organisations should undertake a progressive and well-planned transition from institutional to family-based care to ensure thorough assessment of each child and family’s situation, development of a sound case plan, and regular support and monitoring of placements by trained social service providers among other areas;

- The *Faith to Action Initiative* has prepared tools and resources on evidence-based approaches to care for faith-based organisations, and these should be consulted and utilised by those supporting institutions abroad;

- Faith-based organisations and leaders can use their voice to change knowledge, attitudes and practices in their communities to promote the importance of the welfare and protection of the child, and the need to strengthen families;

- Faith-based organisations are not working in isolation and should work in tandem with government and local agencies and organisations to support stronger child protection systems and progressive elimination of institutions.

#### *Volunteer organisations*

- Volunteer inputs need to be re-directed to alternatives for institutional care, e.g., actions to strengthen local family support systems and protective child services and facilitating systems of kinship, kafalah, foster and adoptive care of abandoned children. This divestment from institutions



must be done over a transition period that identifies and mitigates potential risks of removing resources out of institutions;

- Legislative, regulatory or other non-statutory interventions by policymakers should review incentives for supporting institutions, such as tax breaks for donations and other financial transfers through voluntourism to children's institutions. An impact assessment should be undertaken to inform the implementation of interventions to ensure changes are implemented in manner that does not harm children and maximises better outcomes for children. Travel agencies focusing on voluntourism to institutions should be regulated more strictly;

- A self-assessment tool on ethical and responsible student travel has been developed to inform trips abroad and should be utilised by volunteers (Save the Children Australia, World Challenge & ALTO, 2018);

- Cooperating in building professional and scientific capacity for family support and child protection at the level of universities, colleges and vocational schools in low-resource countries is one of the ways in which voluntourism funds and human resources can be re-directed.

## 5.2 National

### *Building momentum for change*

- National governments, with support of global organisations, should invest in national leaders of care transformation to undertake a detailed stakeholder analysis, identifying the actors with influence over the child protection and broader systems (such as welfare, family support, health and disability, education, criminal justice, housing, inter alia) that can affect children's risk of being separated from their families and entering the care system;

- A national strategic review of national policies, systems and services , workforce, funding streams and practices should be undertaken so that strategic momentum can be built with full considerations of policies and practices and social norms and attitudes that perpetuate institutionalization as well as ones that promote family-based care;

- Countries should develop a national framework that outlines a care reform plan including family strengthening, family-based alternative care, **progressive elimination of institutions** implemented by ministries and organizations responsible for child welfare.

*Mobilizing a shared vision for child care*

- The child care system must be closely run and overseen by designated government authorities, and in line with the principles of necessity and suitability as per *Guidelines on Alternative Care of Children*;

- Governments, service providers and civil society need to formulate a vision of a coherent child-care system, ensuring that it is oriented towards family care for children and is situated within a broader child protection system;

- A robust baseline assessment for all children in different kinds of alternative care, **children in need of support and at risk of family** separation should be developed to inform the child care reform process. This baseline should include the key drivers for separation and institutionalisation, types of care and children in care, and data on the families of the children in care;

- Governments should ensure that their new vision for the child care system is supported by a strong legislative basis and social care implementation arrangements with a national authority mandated to coordinate the implementation.

- Governments should lead the development of a costed strategic plan to operationalise the vision for the child care system and to redirect funds to family-based care in consultation with key stakeholders, including children and families;
- Public awareness strategies for behaviour change should accompany the child care reform process to build understanding of the consequences of institutional care on children and to promote family-based care.

*Promoting and maintaining good practices*

- Governments should form strong national partnerships to take forward implementation. This could involve implementing partners such as CSO's, bi-lateral and multi-lateral organisations that provide technical support and funding, and local organisations;
- Implementation should be carried out by a child protection workforce that is qualified and trained, such as social workers, and supported with systems of case management;
- The child protection system should be strengthened alongside implementation of child care reform. This will help to prevent cases of separation, provides gatekeeping, supports families in need including with case management when required, and follows up children post-placement;
- An effective budget to implement sustainable high-quality reformed systems of care needs to be ensured. Budget must be utilised effectively for the transformation of institution-based care while at the same time establishing or strengthening services at the community level and for families;
- Governments should guide budget allocations and fundraising for child care reform, they are encouraged to shift allocation of budget and resort to various funding streams such as philanthropic initiatives and to increase budgets for social protection and community-based services that can be

leveraged to enhance social workers and para social workers' skills or to develop coordinated case management and referral systems for families.

#### *Standardised National Monitoring and Evaluation Systems*

- National monitoring and evaluation strategies and policies should be child-centred and should not only target service provision, but also children's developmental outcomes and family functioning;
- Governments should put in place a comprehensive nationally agreed monitoring and evaluation framework to monitor progress and evaluate the results of the measures put in place against the set strategic goals;
- National monitoring and evaluation planning should have long term vision, and should be established using multidisciplinary teams, which include policy makers, decision makers, service providers, social workers, education, development and health professionals and service users;
- Governments should develop national indicators and standards for monitoring the situation of children in alternative care, as well as strengthen monitoring and evaluation capacities across government and its implementing partners to implement these standards;
- National monitoring and evaluation data and information should be used to guide the most efficient use of available resources and to identify implementation challenges;
- Inspections as part of the licensing and accreditation process of various care services can be utilised as a part of a regular national monitoring and evaluation system. An ombudsman or a designated agency that is accessible by service providers and clients, particularly children and families, can also serve as a monitoring agency of the child care reform.

### **5.3 Local**

#### *Local government agencies*

- Local agencies should develop systems for the early identification of families with children at risk of separation, and provide such families with strengthening services that include material, health, psychosocial, and/or parenting support to prevent separation and strengthen the family's ability to provide care;
- Local agencies should make sure that if, in spite of family support, alternative care arrangements are inevitable, these are family-based and focused on the child's best interest;
- Local agencies should support the transition from institutional to family care by creating teams of well-trained social workers and psychologists that select, screen, prepare and support families, including biological and alternative family, with case management and referral to services, for long-term reintegration of children;
- Local agencies should create and support a dedicated developmentally-trained social workforce to focus on both prevention of separation and support for post-institutional care of children;
- Local agencies should ensure that support for families and children be made available throughout the childhood of post-separated children, particularly those from large scale institutions, either through mainstream or through specialist programmes (e.g. post-adoption support), ideally based on each child and families needs and supported by case management.
- A multidisciplinary group of medical, developmental and mental health, special education and social work and psychosocial professionals should be established within each local setting involved in caring for post-institutionalised children.

### *Institutions*

- During the transition from institutional care to family care, institutions should reduce the child-to-caregiver ratio to increase consistent availability of a relatively small number of stable caregivers with a small number of children to know and value each child;
- In the transition from institutional care to family care, institutions should provide caregivers with training in sensitive care based on the (physical, social, emotional, and intellectual) needs of each individual child;
- Investments in institutions should be kept to a minimum during the transition, particularly physical investments such as renovations, to support the redirection of funds to family-based care;
- Institutions should support the child and family assessment and case planning process, as they often know the child best, including helping prepare children for the transition to family care by encouraging them to develop relationships with their family or new caregiver and peers, new school and community, even while they are still in institutions;
- Institutions should prepare caregivers working in the institutions for the transition to a family-based care system, involve them in the process, and give them the opportunity to get training to be incorporated into the workforce supporting family care, and post-institutionalised children and their families.

## References

- Abebe, T. (2009). Multiple methods, complex dilemmas: negotiating socio-ethical spaces in participatory research with disadvantaged children. *Children's Geographies*, 7( 4), 451-465
- Abebe, T., Aase, A. (2007). Children, AIDS and the politics of orphan care in Ethiopia: The extended family revisited. *Social Science and Medicine*, 64(10), 2058-2069
- ACCI. About us. 2019. Accessed October 4, 2019: <https://www.accimissions.org.au/about>
- Adoption Medicine Clinic, University of Minnesota. (2018). Screening protocols.  
<https://adoption.umn.edu/postadoption/child-development-transition-and-mental-health/screening-protocols>
- All children count. All children count but not all children are counted. 2016. Accessed July 24, 2019: [https://lumos.contentfiles.net/media/assets/file/All children count but not all children are counted.pdf](https://lumos.contentfiles.net/media/assets/file/All_children_count_but_not_all_children_are_counted.pdf)
- AOSK. Association of Sisters of Kenya. Catholica Care for Children in Kenya, Field study report. January 2019.
- ASEAN. ASEAN regional plan of action on elimination of violence against children (ASEAN RPA on EVAC). 2015. Accessed July 9, 2019:  
[https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/document\\_files/asean\\_regional\\_plan\\_of\\_action\\_on\\_elimination\\_of\\_violence\\_against\\_children\\_adopted.pdf](https://violenceagainstchildren.un.org/sites/violenceagainstchildren.un.org/files/document_files/asean_regional_plan_of_action_on_elimination_of_violence_against_children_adopted.pdf).
- Babington, B. K. (2015). For the benefit of children alone? A discourse analysis of policymaking relating to children's institutions in Indonesia, 1999-2009. PhD thesis, The Australian National University.

Banerjee, A., Duflo, E., Goldberg, N., Karlan, D., Osei, R., Pariente, W., Shapiro, J., Thuysbaert, B., Udry, C. (2015). A multifaceted program causes lasting progress for the very poor: Evidence from six countries. *Science* 348, no. 6236, 1260799.

Berens, A.E., Nelson, C.A. (2015). The science of early adversity: is there a role for large institutions in the care of vulnerable children? *The Lancet* 386(9991), 388-398

Better Care Network, UNICEF. Making decisions for the better care of children. The role of gatekeeping in strengthening family-based care and reforming alternative care systems. Better Care Network and UNICEF, 2015. [www.bettercarenetwork.org/library/principles-of-good-care-practices/gatekeeping/making-decisions-for-the-better-care-of-children-the-role-of-gatekeeping-in-strengthening-family](http://www.bettercarenetwork.org/library/principles-of-good-care-practices/gatekeeping/making-decisions-for-the-better-care-of-children-the-role-of-gatekeeping-in-strengthening-family)

Better Care Network. Organizations working on children's care. 2019. Accessed October 4, 2019: <https://bettercarenetwork.org/organizations-working-on-childrens-care>

Better Care Network (2017). Violence Against Children and Care in Africa: A Discussion Paper. New York.

Better Care Network. Toolkit. 2020. Accessed January 28, 2020: <https://bettercarenetwork.org/toolkit>

Better Care Network. Tracking progress initiative. 2020. Accessed January 13, 2020:

[https://trackingprogressinitiative.org/dashboard\\_bcn/welcome/welcome.php](https://trackingprogressinitiative.org/dashboard_bcn/welcome/welcome.php)

Better Care Network. Tracking progress initiative. 2020. Accessed January 28, 2020:

[https://trackingprogressinitiative.org/dashboard\\_bcn/welcome/welcome.php](https://trackingprogressinitiative.org/dashboard_bcn/welcome/welcome.php)

Boothby, N., Wessells, M., Williamson, J., Huebner, G., Canter, K., Garcia, E., ... Walker, V. (2012). Child Abuse & Neglect What are the most effective early response strategies and interventions to



- assess and address the immediate needs of children outside of family care ? &. *Child Abuse & Neglect*, 36(10), 711–721. <https://doi.org/10.1016/j.chiabu.2012.09.004>
- Braitstein, P. (2015). Institutional Care of Children in Low- and Middle-Income Settings: Challenging the Conventional Wisdom of Oliver Twist. *Global Health: Science and Practice*, 3(3), 330–332. <https://doi.org/10.9745/GHSP-D-15-00228>
- Browne K. D., Hamilton-Giacritsis C. E., Johnson, R., & Chou, S. (2005) Young children in institutional care in Europe. *Early Childhood Matters*, 105: 15–18.
- Buddhist Global Relief. Our projects: 2019-2019. Accessed July 29, 2019: <https://www.buddhistglobalrelief.org/index.php/en/projects-en/current-projects>.
- Bubolz, M.M. (2001). Family as source, user, and builder of human capital. *The journal of socio-economics*. 30:2, 129-131
- CAFO summit 2019: <https://cafo.org/summit/>
- CAFO. CAFO2019 workshops. 2019. Accessed July 29, 2019: <https://cafo.org/summit/workshops/>.
- Canavera, M., Lanning, K., Polin, K., Stark, L. 'And then they left': challenges to child protection systems strengthening in South Sudan. 2016. *Children and society* 2016; 30: 356-368.
- Canavera, M., Martin, F. Measuring better care: building the evidence to inform policy and practice around children's care. 2016. *Global social welfare: research, policy & practice*. 2016: 3 (1). Accessed January 11, 2020: [https://www.academia.edu/26242479/Measuring\\_Better\\_Care\\_Building\\_the\\_Evidence\\_to\\_Inform\\_Policy\\_and\\_Practice\\_Around\\_Childrens\\_Care](https://www.academia.edu/26242479/Measuring_Better_Care_Building_the_Evidence_to_Inform_Policy_and_Practice_Around_Childrens_Care)

Cantwell, N., Davidson, J., Elsley, S., Miligan, I., & Quinn, N. (2012). *Moving forward : implementing the “Guidelines for the alternative care of children.”* Centre for Excellence for Looked After Children in Scotland (CELCIS).

Carmichael, R., Children as Commodities: Combating Cambodia’s Orphanage Racket. unicef Cambodia, March 30 2016. Accessed May 11, 2016: <http://unicefcambodia.blogspot.no/2016/03/children-as-commodities-combating.html>

Catholic Relief Services (2017). Keeping Children in Healthy and Protective Families: Standard operating procedures for reintegration of children in residential care into family care.

Changing the Way We Care. Understanding the issue. 2019. Accessed July 29, 2019: <https://www.changingthewaywecare.org/understand/>

Changing the Way We Care. Understanding the issue. 2019. Accessed August 12, 2019: <https://www.changingthewaywecare.org/understand/>.

Chibanda D, Weiss, HA, Verhey R, et al. Effect of a primary-care based psychological intervention on symptoms of common mental disorders in Zimbabwe. A randomized clinical trial. *JAMA* 2016; 316: 2618-26.

Christian Alliance for Orphans. About us. 2019. Accessed July 29, 2019: <https://cafo.org/about/>.

Cluver LD, Orkin MF, Boyes ME, Sherr L. (2014). Cash plus care: social protection cumulatively mitigates HIV–risk behaviour among adolescents in South Africa. *AIDS*. 2014;28 Suppl 3:S389-97

Council on Foreign Relations. The global health regime. 2013. Accessed July 10, 2019: <https://www.cfr.org/report/global-health-regime>.

Crea, T, Reynolds, AD, Bunkers, KM, Bishop, C. 2017. Social service systems for vulnerable children and families in low- and middle-income countries: establishing definitions and key components

Cross Catholic Outreach. Orphan donation impact. 2019. Accessed July 29, 2019:

<https://crosscatholic.org/orphan-impact/>.

CRS. In their own hands: CRS 2030 strategy. Accessed July 29, 2019:

[https://www.crs.org/sites/default/files/usops-resources/181129\\_crs\\_strategy\\_rev\\_062519\\_a.pdf](https://www.crs.org/sites/default/files/usops-resources/181129_crs_strategy_rev_062519_a.pdf).

Csáky, C. (2009). Keeping children out of harmful institutions: Why we should be investing in family-based care. London: Save the Children. Retrieved from:

[https://www.crin.org/en/docs/Keeping\\_Children\\_Out\\_of\\_Harmful\\_Institutions\\_Final\\_20.11.09.pdf](https://www.crin.org/en/docs/Keeping_Children_Out_of_Harmful_Institutions_Final_20.11.09.pdf)

Davenport, D. Changes in the Christian orphan care movement. 2017. Creating a family. Accessed October 4, 2019:

<https://creatingafamily.org/adoption-category/changes-christian-orphan-care-movement/>

Davidson, J. C., Milligan, I., Quinn, N., Cantwell, N., & Elsley, S. (2017). Developing family-based care: complexities in implementing the UN Guidelines for the Alternative Care of Children. *European Journal of Social Work*, 20(5), 754–769. <https://doi.org/10.1080/13691457.2016.1255591>

de Sam Lazaro, Fred. Why Cambodian orphanages house so many children whose parents are still alive. 2019. Accessed November 19, 2019: <https://www.pbs.org/newshour/show/why-cambodian-orphanages-house-so-many-children-whose-parents-are-still-alive>

Debat geweest. Initiatiefnota van het lid Van Haga: “Een goede bedoeling is niet altijd een goed idee: een voorstel tot bestrijding van weeshuistoerisme”. 2019. Accessed July 31, 2019:

[https://www.tweedekamer.nl/debat\\_en\\_vergadering/commissievergaderingen/details?id=2018A05010](https://www.tweedekamer.nl/debat_en_vergadering/commissievergaderingen/details?id=2018A05010).

Dozier M, Bernard K. Coaching parents of vulnerable infants. The Attachment and Biobehavioral Catch-up approach. New York: The Guilford Press, 2019.

Eckerle, J. K., Hill, L. K., Iverson, S., Hellerstedt, W., Gunnar, M., & Johnson, D. E. (2014). Vision and hearing deficits and associations with parent-reported behavioral and developmental problems in international adoptees. *Matern Child Health J*, 18(3), 575-583. doi:10.1007/s10995-013-1274-1

Eckerle, J. K., Howard, C. R., & John, C. C. (2013). Infections in internationally adopted children. *Pediatr Clin North Am*, 60(2), 487-505. doi:10.1016/j.pcl.2012.12.010

Elevate Children Funders Group. 2017(a). Nepal Policy Brief: Why Funding for Orphanages is Harming the Children it Aims to Help. Accessed January 28, 2020:  
[https://wordpress.foundationcenter.org/elevatechildren/wp-content/uploads/sites/33/2018/12/Orphanages\\_Policy\\_Brief\\_NEPAL.pdf?\\_ga=2.159091066.1101635328.1580467543-581003638.1580467543](https://wordpress.foundationcenter.org/elevatechildren/wp-content/uploads/sites/33/2018/12/Orphanages_Policy_Brief_NEPAL.pdf?_ga=2.159091066.1101635328.1580467543-581003638.1580467543)

Elevate Children Funders Group. 2017(b). Haiti Policy Brief: Why Funding for Orphanages is Harming the Children it Aims to Help. Accessed January 28, 2020:  
[https://wordpress.foundationcenter.org/elevatechildren/wp-content/uploads/sites/33/2018/12/Orphanages\\_Policy\\_Brief\\_HAITI.pdf?\\_ga=2.188252392.1101635328.1580467543-581003638.1580467543](https://wordpress.foundationcenter.org/elevatechildren/wp-content/uploads/sites/33/2018/12/Orphanages_Policy_Brief_HAITI.pdf?_ga=2.188252392.1101635328.1580467543-581003638.1580467543)

EU. EU guidelines for the promotion and protection of the rights of the child. 2017. Accessed July 15, 2019: [https://eeas.europa.eu/sites/eeas/files/eu\\_guidelines\\_rights\\_of\\_child\\_0.pdf](https://eeas.europa.eu/sites/eeas/files/eu_guidelines_rights_of_child_0.pdf);

Eurochild. (2014). Deinstitutionalisation and quality alternative care for children in Europe: Lessons learned and the way forward working paper. Accessed January 28, 2020:  
[https://www.openingdoors.eu/wp-content/uploads/2014/11/DI\\_Lessons\\_Learned\\_web\\_use.pdf](https://www.openingdoors.eu/wp-content/uploads/2014/11/DI_Lessons_Learned_web_use.pdf)

European Commission. European Parliament legislative resolution of 27 March 2019 on the proposal for a regulation of the European Parliament and of the Council establishing the Neighbourhood, Development and International Cooperation Instrument (COM(2018)0460 – C8 – 0275/2018 – 2018/0243(COD)). 2019. Accessed July 15, 2019: [http://www.europarl.europa.eu/doceo/document/TA-8-2019-0298\\_EN.html](http://www.europarl.europa.eu/doceo/document/TA-8-2019-0298_EN.html)

European Commission. Transition from institutional to community-based services (deinstitutionalization). 2019. Accessed July 15, 2019: [https://ec.europa.eu/regional\\_policy/en/policy/themes/social-inclusion/desinstit/](https://ec.europa.eu/regional_policy/en/policy/themes/social-inclusion/desinstit/)

European Expert Group on the Transition from Institutional to Community-based Care. Common European guidelines on the transition from institutional to community-based care. 2012. Accessed July 15, 2019: [http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti\\_pdf/sociala/CEG.pdf](http://www.mddsz.gov.si/fileadmin/mddsz.gov.si/pageuploads/dokumenti_pdf/sociala/CEG.pdf)

European Expert Group on the Transition from Institutional to Community Based Care. First reactions to the proposed regulations for the European Social Fund+, the European Regional Development Fund and the Common Provisions Regulation for the next European Union (EU) Multiannual Financial Framework. 2018. Accessed July 9, 2019: [https://deinstitutionalisationdotcom.files.wordpress.com/2018/07/eeg-first-reactions-of-the-esf-erdf-and-crp-regulations\\_july-2018.pdf](https://deinstitutionalisationdotcom.files.wordpress.com/2018/07/eeg-first-reactions-of-the-esf-erdf-and-crp-regulations_july-2018.pdf).

Faith to Action Initiative. Short-term missions: guidance to support orphans and vulnerable children. 2018. Accessed July 29, 2019: [https://www.faithtoaction.org/wp-content/uploads/Short\\_Term\\_Missions\\_Guidance\\_Support\\_Orphans\\_Vulnerable\\_Children.pdf](https://www.faithtoaction.org/wp-content/uploads/Short_Term_Missions_Guidance_Support_Orphans_Vulnerable_Children.pdf)

- Faith to Action. Transitioning to family care for children: a guidance manual. 2016. Accessed November 20, 2019: <https://www.faithtoaction.org/wp-content/uploads/2016/12/Transitioning-Care-Guidance-Manual.pdf>
- Faith to Action Initiative. 2020. Transitioning to family care for children toolkit. Accessed January 27, 2020: <https://www.faithtoaction.org/family-care-toolkit/>
- Family for Every Child (2014). Protecting children in Moldova from family separation, violence, abuse, neglect and exploitation: Final evaluation report.
- Fostering People. Mockingbird family model. Accessed November 20, 2019: <https://www.fosteringpeople.co.uk/why-choose-fostering-people/mockingbird-family-model/>
- Gardner F, Montgomery P, Knerr W. Transporting evidence-based parenting programs for child problem behavior (age 3–10) between countries: Systematic review and meta-analysis. *J Clin Child Adolesc Psychol* 2015, Mar 18.
- Global Disability Summit. 2018. Page 9. Accessed July 24, 2019: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/745398/National-Government-UK-DFID-commitments.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/745398/National-Government-UK-DFID-commitments.pdf). Page 9
- Global Partnership for Education. About us. 2019. Accessed July 10, 2019: <https://www.globalpartnership.org/about-us>.
- Greenberg, A. L., & Partskhaladze, N. (2014). How the republic of Georgia has nearly eliminated the use of institutional care for children. *Infant Mental Health Journal*, 35(2), 185–191. <https://doi.org/10.1002/imhj.21434>
- Guiney, T. 'Orphanage tourism' in Cambodia: when residential care centres become tourist attractions. 2012. *Pacific geographies*. 21: 9-14.

Heart to Heart. What is our mission. 2019. Accessed July 29, 2019:

<https://levlalev.com/homepage/our-mission/>.

Henrich, J., Heine, S.J., Norenzayan, A., 2010. The weirdest people in the world? *Behavioral and Brain Sciences*. 33 (2-3), 61–83.

Hindu Heritage Endowment. Manjung Hindu Sabha orphanage fund. 2019. Accessed July 29, 2019:

[https://www.hheonline.org/funds/fund\\_53.html](https://www.hheonline.org/funds/fund_53.html)

Holmes, L. and McDermid, S. (2012) *Understanding costs and outcomes in child welfare services*, London: Jessica Kingsley Publishers.

Holmes, L. (2014) *Supporting children and families returning home from care: Counting the costs*, London: NSPCC.

Horvath, L, Nabieu, M, Curtis, M. Why we decided to transition from residential to family-based care.

2019. *Scottish journal of residential child care*, 18:2, 68-77. Accessed November 20, 2019:

[https://www.celcis.org/files/2715/5992/3181/SJRCC\\_Vol\\_18.2.pdf#page=69](https://www.celcis.org/files/2715/5992/3181/SJRCC_Vol_18.2.pdf#page=69)

Hudson Institute. The index of global philanthropy and remittances: 2016. 2016. Accessed July 9, 2019:

<https://scholarworks.iupui.edu/bitstream/handle/1805/15876/2016%20IGPAR.pdf?sequence=1&isAllowed=y>.

Human Rights Watch. Kazakhstan: Children in Institutions Isolated, Abused. 2019. Accessed July 24, 2019:

<https://www.hrw.org/news/2019/07/17/kazakhstan-children-institutions-isolated-abused>

Human Rights Watch. Russia: Adult Prospects Dim for Youth with Disabilities. 2018. Accessed July 24, 2019:

<https://www.hrw.org/news/2018/12/06/russia-adult-prospects-dim-youth-disabilities>

Ibrahim, R.W. (2016) 'Cast Out and Punished.' P. Mendes and P. Snow (eds.) *Young people transitioning from out-of-home care: International research, policy and practice* (pp 389-408). Palgrave Macmillan.

IMF. IMF Annual report 2018. 2018. Accessed June 28, 2019:

[https://www.elibrary.imf.org/doc/IMF011/25305-9781484373453/25305-9781484373453/Other\\_formats/Source\\_PDF/25305-9781484378502.pdf](https://www.elibrary.imf.org/doc/IMF011/25305-9781484373453/25305-9781484373453/Other_formats/Source_PDF/25305-9781484378502.pdf).

Interagency Working Group on Unaccompanied and Separated Children (2013) *Alternative Care in Emergencies Toolkit*, published by Save the Children on behalf of the Interagency Working Group on Unaccompanied and Separated Children. Accessed November 19, 2019:

[https://resourcecentre.savethechildren.net/node/7672/pdf/ace\\_toolkit\\_0.pdf](https://resourcecentre.savethechildren.net/node/7672/pdf/ace_toolkit_0.pdf)

Islamic Relief Worldwide (2019). Day of the orphan. Accessed July 29, 2019: <https://www.islamic-relief.org/day-of-the-orphan/>.

Ismayilova, L., Ssewamala, F., & Huseynli, A. (2014). Reforming child institutional care in the Post-Soviet bloc: The potential role of family-based empowerment strategies. *Children and Youth Services Review*, 47(P2), 136–148. <https://doi.org/10.1016/j.childyouth.2014.09.007>

Jacobs, F., Swartz, M., Dym, B., Easterbrooks, MA. Placing relationships at the core of early care and education programs. Lester, b. & Parrow, JD. *Nurturing children and families: building on the legacy of T. Berry Brazelton*. 2010. Blackwell Publishing Ltd. ISBN: 978 1-405-19600-0.

Johnson, D. E., Dovbnya, S. V., Morozova, T. U., Richards, M. A., & Bogdanova, J. G. (2014). From institutional care to family support: development of an effective early intervention network in the Nizhny Novgorod Region, Russian Federation, to support family care for children at risk for institutionalization. *Infant Ment Health J*, 35(2), 172-184. doi:10.1002/imhj.21433



- Jones, V. F., Committee On Early Childhood, A., & Dependent, C. (2012). Comprehensive health evaluation of the newly adopted child. *Pediatrics*, 129(1), e214-223. doi:10.1542/peds.2011-2381
- Juffer F, Bakermans-Kranenburg MJ, Van IJzendoorn MH. Pairing attachment theory and social learning theory in video-feedback intervention to promote positive parenting. *Curr Opin Psychol* 2017; 15: 189-94.
- Juffer, F., Van IJzendoorn, M.H. (2007). Adoptees do not lack self-esteem: A meta-analysis of studies on self-esteem of transracial, international, and domestic adoptees. *Psychological Bulletin*, 133, 1067-1083.
- Kaag, S.A.M. (2019a). Brief van de Minister voor Buitenlandse Handel en Ontwikkelingssamenwerking aan de Voorzitter van de Tweede Kamer der Staten-Generaal Den Haag, 26 maart 2019, betreffende de appreciatie van de Initiatiefnota van het lid Van Haga: 'Een goede bedoeling is niet altijd een goed idee: een voorstel tot bestrijding van weeshuistoerisme' (35069, BZDOC-1984922304-32). The Hague: House of Representatives [Letter of the Minister for Foreign Trade and Development Cooperation to the Chair of the House of Representatives, March 26, 2019, on the appreciation of the report by representative Van Haga, titled 'A good intention is not always a good idea: a proposal to counter voluntourism to orphanages'].
- Kaag, S.A.M. (2019b). Brief van de Minister voor Buitenlandse Handel en Ontwikkelingssamenwerking aan de Voorzitter van de Tweede Kamer der Staten-Generaal Den Haag, 21 juni 2019 over de Initiatiefnota van het lid Van Haga: 'Een goede bedoeling is niet altijd een goed idee: een voorstel tot bestrijding van weeshuistoerisme' (35069, nr 12). The Hague: House of Representatives [Letter of the Minister for Foreign Trade and Development Cooperation to the Chair of the House

of Representatives, June 21, 2019, on the report by representative Van Haga, titled ‘A good intention is not always a good idea: a proposal to counter voluntourism to orphanages’].

Kentikelenis, AE. Structural adjustment and health: a conceptual framework and evidence on pathways. 2019. *Social Science & Medicine*. 187: 296-305

Key recommendations for the 2019 UNGA Resolution on the Rights of the Child with a focus on children without parental care. 2019. Accessed January 6, 2020:

<https://bettercarenetwork.org/sites/default/files/2019-12/17%20December%202019%20Key%20Recommendations%20for%20UNGA%20Final.pdf>

Krasner SD. Structural causes and regime consequences: regimes as intervening variables. *International Organization* 1982; 36: 185–205.

Kukkonen, A, Yla-Anttila, T, Swarnakar, P., Broadbent, J, Lahse, M, Stodart, M. International organizations, advocacy coalitions, and domestication of global norms: debates on climate change in Canada, the US, Brazil, and India. 2018. *Environmental science and policy*. 81: 54-62

Lin, S. H., Cermak, S., Coster, W. J., & Miller, L. C. (2005). The relation between length of institutionalization and sensory integration in children adopted from Eastern Europe. *Am J Occup Ther*, 59(2), 139-147.

Lumos. Funding Haitian Orphanages at the Cost of Children's Rights. 2017. Accessed July 24, 2019: [https://lumos.contentfiles.net/media/documents/document/2018/01/Funding\\_Haiti\\_Orphanages\\_Report.pdf](https://lumos.contentfiles.net/media/documents/document/2018/01/Funding_Haiti_Orphanages_Report.pdf)

Lyneham, S. & Facchini, L. Benevolent harm: orphanages, voluntourism and child sexual exploitation in South-East Asia. 2019. *Trends and issues in crime and criminal justice*. Australian Institute of Criminology. 574: ISSN 1836-2206.

- Maestral International and UNICEF (2017). Integrating case management for vulnerable children: A process guide for assessing and developing an integrated case management system in Eastern and Southern Africa. Accessed January 8, 2020: <https://bettercarenetwork.org/library/social-welfare-systems/social-service-workforce-strengthening/integrating-case-management-for-vulnerable-children-a-process-guide-for-assessing-and-developing-an>
- Marjoribanks, K. Family environments and children's outcomes. 2005. Educational psychology: an international journal of experimental educational psychology. 25:6: 647-657
- Martin, F. S., & Zulaika, G. (2016). Who Cares for Children? A Descriptive Study of Care-Related Data Available Through Global Household Surveys and How These Could Be Better Mined to Inform Policies and Services to Strengthen Family Care. *Global Social Welfare*, 3(2), 51–74.  
<https://doi.org/10.1007/s40609-016-0060-6>
- McCall, R.B., Groark, C.J., Hawk, B.N., et al. (2018). Early caregiver-child interaction and children's development: Lessons from the St. Petersburg-USA Orphanage Intervention Research Project. *Clinical Child Family Psychological Review* 22(2), 208-224.
- McCracken K, Priest S, FitzSimons A et al. Evaluation of Pause: Research report, Department for Education: 2017. Available from: [https://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.87-Evaluation\\_of\\_Pause.pdf](https://innovationcsc.co.uk/wp-content/uploads/2017/11/1.2.87-Evaluation_of_Pause.pdf). Accessed: 19 July 2019
- McGloin, C. & Georgeou, N. 'Looks good on your CV': the sociology of voluntourism recruitment in higher education. 2016. *Journal of sociology*. 52: 403-417.
- MEASURE Evaluation (2019). Tool for assessing and monitoring national alternative care systems. Accessed January 8, 2020: <https://www.measureevaluation.org/resources/publications/tl-19-25/>

- Meyer, J. Workshop explores movement away from institutional care of children. 2019. Global sisters report. Accessed November 19, 2019: <https://www.globalsistersreport.org/blog/gsr-today/ministry/workshop-explores-movement-away-institutional-care-children-56278>
- Meyer, J. Workshop explores movement away from institutional care of children. Global sisters report. Accessed July 29, 2019: <https://www.globalsistersreport.org/blog/gsr-today/ministry/workshop-explores-movement-away-institutional-care-children-56278>.
- Mulheir, G., & Browne, K. (2007). *De-institutionalising and transforming children's services : a guide to good practice*. Birmingham, UK: University of Birmingham (WHO Collaborating Centre for Child Care and Protection).
- Muslim Global Relief. Sponsor an orphan. 2019. Accessed July 29, 2019: <https://www.muslimglobalrelief.org/orphans/>.
- National Commission for Children, UNICEF and USAID. Child Care Reform in Rwanda, process and lessons learnt, 2019
- National Commission for Children, USAID and UNICEF. Evaluation of the Tubarerere Mu Muryango (Let's raise children in families) programme in Rwanda, Phase 1: Summary, 2019
- Nelson, C.A. (2007). A Neurobiological Perspective on Early Human Deprivation. *Child Development Perspectives*, 1, 13-18. DOI: 10.1111/j.1750-8606.2007.00004.x
- O'Brien, K. Social cohesion and resilience in First Australian family and kinship networks. *Journal of family history* 2017; 42: 440–451.
- O'Donnell, K, et al (2009), Child Status Index: a tool for assessment the well-being of orphans and vulnerable children – manual, Chapel Hill, NC, MEASURE Evaluation, available at <http://www.cpc.unc.edu/measure/tools/child-health/child-status-index>

Opening Doors for Europe's Children. Latest news. 2019. Accessed July 15, 2019:

<https://www.openingdoors.eu/category/news/page/3/>

OAS - Organization of American States & Inter-American Commission on Human Rights. 2013. The right of girls and boys to a family. Alternative care. Ending institutionalization in the Americas.

Accessed July 8, 2019: <https://www.oas.org/en/iachr/children/docs/pdf/Report-Right-to-family.pdf>.

Patel V, Weobong B, Weiss HA, et al. The Health Activity Program (HAP), a lay counselor-delivered brief psychological treatment for severe depression, in primary care in India. A randomized controlled trial. *Lancet* 2017; 389: 176-85.

Pinderhughes, E. E., & Matthews, J. A. K. (2016). Ethnic identity formation. In R. Fong & R. McRoy (Eds.), *Transracial and intercountry adoption* (pp. 154-192). New York: Columbia University Press.

POSTINGS. Ellen Livingood. Articles for mission mobilizers. September 2018. Vol. 13. Issue 9.

<https://bettercarenetwork.org/sites/default/files/Serving-Orphans-Postings-September-2018.pdf>

Purvis, K. B., Cross, D. R., Dansereau, D. F., & Parris, S. R. (2013). Trust-Based Relational Intervention (TBRI): A Systemic Approach to Complex Developmental Trauma. *Child Youth Serv*, 34(4), 360-386. doi:10.1080/0145935X.2013.859906

Regulation (EU) No 1303/2013 of the European Parliament and of the Council of 17 December 2013 laying down common provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund, the European Agricultural Fund for Rural Development and the European Maritime and Fisheries Fund and laying down general provisions on the European Regional Development Fund, the European Social Fund, the Cohesion Fund and the European Maritime and Fisheries Fund and repealing Council Regulation (EC) No 1083/2006. 2013.

Accessed July 15, 2019: <https://publications.europa.eu/en/publication-detail/-/publication/fcd9e6d2-6c02-11e3-9afb-01aa75ed71a1/language-en>;

Retrak (2015). Standard operating procedures for family reintegration and toolkit.

Ridde, V. Per diems undermine health interventions, systems and research in Africa: burying our heads in the sand. 2010. *Tropical medicine and international health*. 15:7: E1-E4.

Rogobete, I., Smyth, A., Franciscus, G. Assessing the impact of outcomes-based education, family dynamics, and psychosocial stressors on student academic adjustment in South Africa. *AUDEM: The international journal of higher education and democracy* 2011; 2: 121–143.

Rosenberg, T. The business of voluntourism: do western do-gooders actually do harm? 2018. The Guardian. Accessed July 29, 2019: <https://www.theguardian.com/news/2018/sep/13/the-business-of-voluntourism-do-western-do-gooders-actually-do-harm>.

Rotabi, K.S., Roby, J. L., & Bunkers, K.M. (2017). Altruistic exploitation: Orphan tourism and global social work. *British Journal of Social Work*, 47, 648–665.

Rotabi, KS, Gammonley, D, Gamble, DN, WII, MO. Integrating globalization into the social work curriculum. 2007. *Journal of sociology & social welfare*. 34(2): 165-176)

Rubenstein, B. L., MacFarlane, M., Jensen, C., & Stark, L. (2018). Measuring movement into residential care institutions in Haiti after hurricane matthew: A pilot study. *PLoS ONE*, 13(4), 1–9.  
<https://doi.org/10.1371/journal.pone.0195515>

Sammon, E.M., Burchell, G. USAID, World Learning, & Partnerships for Every Child. 2018. Family care for children with disabilities: Practical guidance for frontline workers in low- and middle-income countries. Accessed January 27, 2020:  
[https://bettercarenetwork.org/sites/default/files/FamilyCareGuidance\\_508.pdf](https://bettercarenetwork.org/sites/default/files/FamilyCareGuidance_508.pdf)

Save the Children UK (2005), Practice Standards in Children's Participation, London, Save the Children UK

Save the Children. A toolkit for monitoring and evaluating children's participation. Introduction. 2014.

Accessed January 11, 2020:

[https://resourcecentre.savethechildren.net/node/8102/pdf/me\\_toolkit\\_booklet\\_1.pdf](https://resourcecentre.savethechildren.net/node/8102/pdf/me_toolkit_booklet_1.pdf)

Save the Children Indonesia Country Office. (2013). *Changing the Paradigm Save the Children's Work to Strengthen The Child Protection System in Indonesia (2005-2012)*.

Save the Children Australia, World Challenge & ALTO, 2018. Ethical and responsible student travel: a self-assessment tool for schools and universities. Accessed July 29, 2019:

<https://rethinkorphanages.org/sites/default/files/2018-11/Ethical%2Band%2BResponsible%2BStudent%2BTravel%2B-Self-Assessment%2BTool.pdf>

Schrader-McMillan A, Barlow J. Improving the effectiveness of the child protection system: A review of the literature. Early Intervention Foundation; 2017.

Selph SS, Bougatsos C, Blazina I, Nelson HD. Behavioral interventions and counseling to prevent child abuse and neglect: A systematic review to update the U.S. Preventive services task force recommendation. *Ann Intern Med* 2013;179-90.

Shang, X. (2002). Looking for a Better Way to Care for Children: Cooperation between the State and Civil Society in China. In *Social Service Review*, vol. 76, 203-228. Retrieved from <http://www.journals.uchicago.edu/t-and-c>

Shang, X. (2012). Looking for best practice in caring for disabled children: A case of socialized foster care in China. *Asian Pacific Journal of Social Work*, 22(1-2), 127-138.  
<https://doi.org/10.1080/02185385.2012.681151>

- Sherr, L., Macedo, A., Tomlinson, M. et al. (2017). Could cash and good parenting affect child cognitive development? A cross sectional study in South Africa and Malawi. *BMC Pediatr* 2017, 17: 123
- Terziev V, Arabska E. Process of deinstitutionalization of children at risk in Bulgaria. Annual International Scientific Conference Early Childhood Care and Education, ECCE 2016, 12-14 May 2016, Moscow, Russia
- Tourism Research and Marketing. Volunteer tourism: a global analysis: a report. Arnhem, The Netherlands: 2008.
- U.S. Government. Advancing Protection and Care for Children in Adversity: U.S. Government Strategy for International Assistance, 2019-2023. 2019. Accessed July 24, 2019: <https://www.childreninadversity.gov/home>
- UHC2030. UHC2030 partners. 2019. Accessed July 10, 2019: <https://www.uhc2030.org/about-us/uhc2030-partners/>.
- UK Aid Direct. 2019. Accessed July 24, 2019: <https://www.ukaiddirect.org/apply/what-will-not-be-funded/>
- UNICEF. (2009). *Children and the 2004 Indian Ocean Tsunami: Evaluation of UNICEF's Response in Indonesia, Sri Lanka and Maldives. Overall Synthesis Report.*
- UNICEF. (2014). Deinstitutionalisation of children in Bulgaria: how far and where to? Independent review of progress and challenges. Accessed July 15, 2019: <https://bettercarenetwork.org/sites/default/files/attachments/Deinstitutionalization%20of%20Children%20in%20Bulgaria.pdf>
- UNICEF. (2016). Building HIV-sensitive social protection systems through the cash plus care model: Findings from East and Southern Africa. Retrieved



from: [https://www.childrenandaids.org/sites/default/files/2017-04/Building-Social Protection-Cash plus Care.pdf](https://www.childrenandaids.org/sites/default/files/2017-04/Building-Social%20Protection-Cash%20plus%20Care.pdf)

UNICEF. Goal area 3: every child is protected from violence and exploitation. *Global Annual Results Report 2018*. 2019. Accessed July 10, 2019:

[https://www.unicef.org/media/54891/file/Global Annual Results Report 2018 Goal Area 3.pdf](https://www.unicef.org/media/54891/file/Global_Annual_Results_Report_2018_Goal_Area_3.pdf).

UNICEF. Guidelines to strengthen the social service workforce for child protection. 2019. Accessed July 9, 2019:

<https://www.unicef.org/media/53851/file/Guidelines%20to%20strengthen%20social%20service%20for%20child%20protection%202019.pdf>.

UNICEF. UNICEF's priorities for children: 2002-2005. Second edition. 2002. Accessed June 28, 2019:

[https://www.unicef.org/publications/files/pub\\_mtsp\\_en.pdf](https://www.unicef.org/publications/files/pub_mtsp_en.pdf).

United Nations. Convention on the Rights of Persons with Disabilities. 2006. Accessed June 28, 2019:

<https://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx>.

United Nations. Convention on the Rights of the Child. 1989. Accessed June 28, 2019:

<https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>.

United Nations. Guidelines for the Alternative Care of Children. 2010. Accessed June 28, 2019:

[https://www.unicef.org/protection/alternative\\_care\\_Guidelines-English.pdf](https://www.unicef.org/protection/alternative_care_Guidelines-English.pdf).

United Nations. Resolution adopted by the General Assembly on 25 September 2015. 70/1.

Transforming our world: the 2030 Agenda for Sustainable Development. 2015. Accessed August 12, 2019: [https://www.un.org/ga/search/view\\_doc.asp?symbol=A/RES/70/1&Lang=E](https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E).

United Nations General Assembly. 2019. Resolution on the Rights of the Child. Accessed January 20, 2020: <https://undocs.org/en/A/RES/74/133>

van Doore, K.E., "Paper Orphans: Exploring Child Trafficking for the Purpose of Orphanages", International Journal of Children's Rights 2016 24(2), 378–407.

Van Haga, W. (2018). Report ('initiatiefnota') to the parliamentary Committee for Foreign Trade and Development Cooperation, titled 'A good intention is not always a good idea: a proposal to counter voluntourism to orphanages' ('Een goede bedoeling is niet altijd een goed idee; een voorstel tot bestrijding van weeshuistoerisme' TK 2018–2019, 35 069, nr. 2).

Van IJendoorn, M.H. (2014). Geen vrijwilligers in weeshuizen [No volunteers in orphanages]. NVO-Bulldetin, 5, 12

Van IJendoorn MH, Bakermans-Kranenburg MJ, Duschinsky R, et al. Lancet Commissioned Review: The impact of institutionalization and deinstitutionalization on children's development – A systematic and integrative review of evidence from across the globe. *Lancet* 2020; in press.

Van IJendoorn, M.H. (2014). Geen vrijwilligers in weeshuizen [No volunteers in orphanages]. NVO-Bulldetin, 5, 12.

Van IJendoorn, M.H., Bakermans-Kranenburg, M.J., Duschinsky, R. & Skinner, G.C.M. (in press). Legislation in search of 'good-enough' care arrangements for the child: A quest for continuity of care. Jim G. Dwyer (Editor): *The Oxford Handbook of Children and the Law*. Oxford University Press. DOI: 10.1093/oxfordhb/9780190694395.013.5

Verger, A, Novelli, M, Mundy, Karen. Campaigning for "Education for All": histories, strategies and outcomes of transnational advocacy coalitions in education. 2012. Boston: SensePublishers

Viner, M et. al. Adolescence and the social determinants of health. 2012. The Lancet. 379:9826: 1641-165

Vlahovicova K, Melendez-Torres GJ, Leijten P, Knerr W, Gardner F. Parenting programs for the prevention of child physical abuse recurrence: A systematic review and meta-analysis. *Clin Child Fam Psychol Rev* 2017, Apr; 20(3): 351-65.

Ward, H., Holmes, L. and Soper, J. (2008) *Costs and Consequences of Placing Children in Care*, London: Jessica Kingsley Publishers.

Whetten, K., Ostermann, J., Pence, B. W., Whetten, R. A., Messer, L. C., Ariely, S., ... Were, C. A. (2014). Three year change in the wellbeing of orphaned and separated children in institutional and family-based care settings in five low- and middle-income countries. *PLoS ONE*, 9(8).  
<https://doi.org/10.1371/journal.pone.0104872>

Williamson, J. & Greenberg, A. (2010). Families, Not Orphanages. Working Paper, September 2010  
([http://www.bettercarenetwork.org/sites/default/files/Families%20Not%20Orphanages\\_0.pdf](http://www.bettercarenetwork.org/sites/default/files/Families%20Not%20Orphanages_0.pdf))

World Bank. Annual report: 2018. 2018. Accessed June 28, 2019:  
<https://openknowledge.worldbank.org/bitstream/handle/10986/30326/9781464812965.pdf>.

World Without Orphans (2019). World Without Orphans roadmap: foundations for active engagement. Accessed November 19, 2019: <https://wworoadmap.org/>

Wouters, E., Masquillier, C., Ponnet, K., le Roux Booyesen, F. A peer adherence support intervention to improve the antiretroviral treatment outcomes of HIV patients in South Africa: the moderating role of family dynamics. *Social Science and Medicine* 2014; 113: 145–153.

Zeanah, C.H., Wilke, N., Shauffer, C., Rochat, T., Howard, A. & Dozier, M. (2019). Misplaced altruism: The risks of orphanage volunteering. *The Lancet Child and Adolescent Health*, 3, 592-593.



**FIGURE 1: EXCERPTS FROM THE NGO KEY RECOMMENDATIONS FOR THE DECEMBER 2019 U.N. GENERAL ASSEMBLY RESOLUTION ON CHILD RIGHTS**

**RECOGNIZE AND PRIORITIZE THE ROLE OF FAMILIES**

- States are responsible for promoting parental care, preventing unnecessary child separation and facilitating reintegration where appropriate
- Families play a critical role in physical, social and emotional development, health, and inter-generational poverty reduction
- Services delivered to children are most effective when they consider the vital role of family

**PROTECT CHILDREN WITHOUT PARENTAL CARE AND ENSURE HIGH QUALITY, APPROPRIATE ALTERNATIVE CARE**

- Comprehensive child welfare and protection systems should be supported to address the complex needs of children at risk of, or in, alternative care
- Formal alternative care should be temporary
- Care options should prioritise kinship care, foster care, adoption, kafalah, and cross border reunification
- Registration, licensing and oversight should be in place for all formal care options

**STRENGTHEN CHILD WELFARE AND PROTECTION SYSTEMS**

- States should strengthen community-based, national and cross border child protection systems that assess and meet the needs of vulnerable children
- Policies should be implemented to protect children from abuse while in an adult's care

**IMPROVE DATA COLLECTION AND REGULAR REPORTING**

- States should recognize that the SDGs will not be achieved if children without parental care are neglected, and that not all children are being counted
- Rigorous data collection by national authorities is important, duly supported by international cooperation
- Data should be collected longitudinally, with gaps addressed, and evidence building supported

**SUPPORT FAMILIES AND PREVENT UNNECESSARY FAMILY-CHILD SEPARATION**

- States are called upon to strengthen family-centered policies such as parental leave, childcare, and parenting support
- States should address drivers of separation, protect children, and provide high quality social services
- States are encouraged to work to change norms, beliefs and attitudes that drive separation
- States should recognize that reintegration is a process requiring preparation, support and follow-up

**RECOGNIZE THE HARM OF INSTITUTIONAL CARE FOR CHILDREN AND PREVENT INSTITUTIONALISATION**

- The harm that institutions does to children's growth and development and the increased risks of violence and exploitation should be recognized
- States should phase out institutions and replace them with family and community-based services
- States should address how volunteering and donations can lead to unnecessary family-child separation
- States should enact and enforce policies to prevent trafficking of children into institutions

**ENSURE ADEQUATE HUMAN AND FINANCIAL RESOURCES**

- States should recognize that funding for institutions can exacerbate unnecessary family-child separation and institutionalisation
- States should allocate human and financial resources for child and family welfare services
- States should provide resources for a trained social service workforce

**ENSURE FULL PARTICIPATION OF CHILDREN WITHOUT PARENTAL OR FAMILY CARE**

- States should reaffirm the rights of all children to free expression and to have their views taken into account
- States should strengthen mechanisms for participation of children in planning and implementing policies and services
- States should establish a competent monitoring mechanism such as an ombudsperson

Figure 2

FIGURE 2: A MODEL FOR IMPROVING CHILDREN’S CARE OUTCOMES

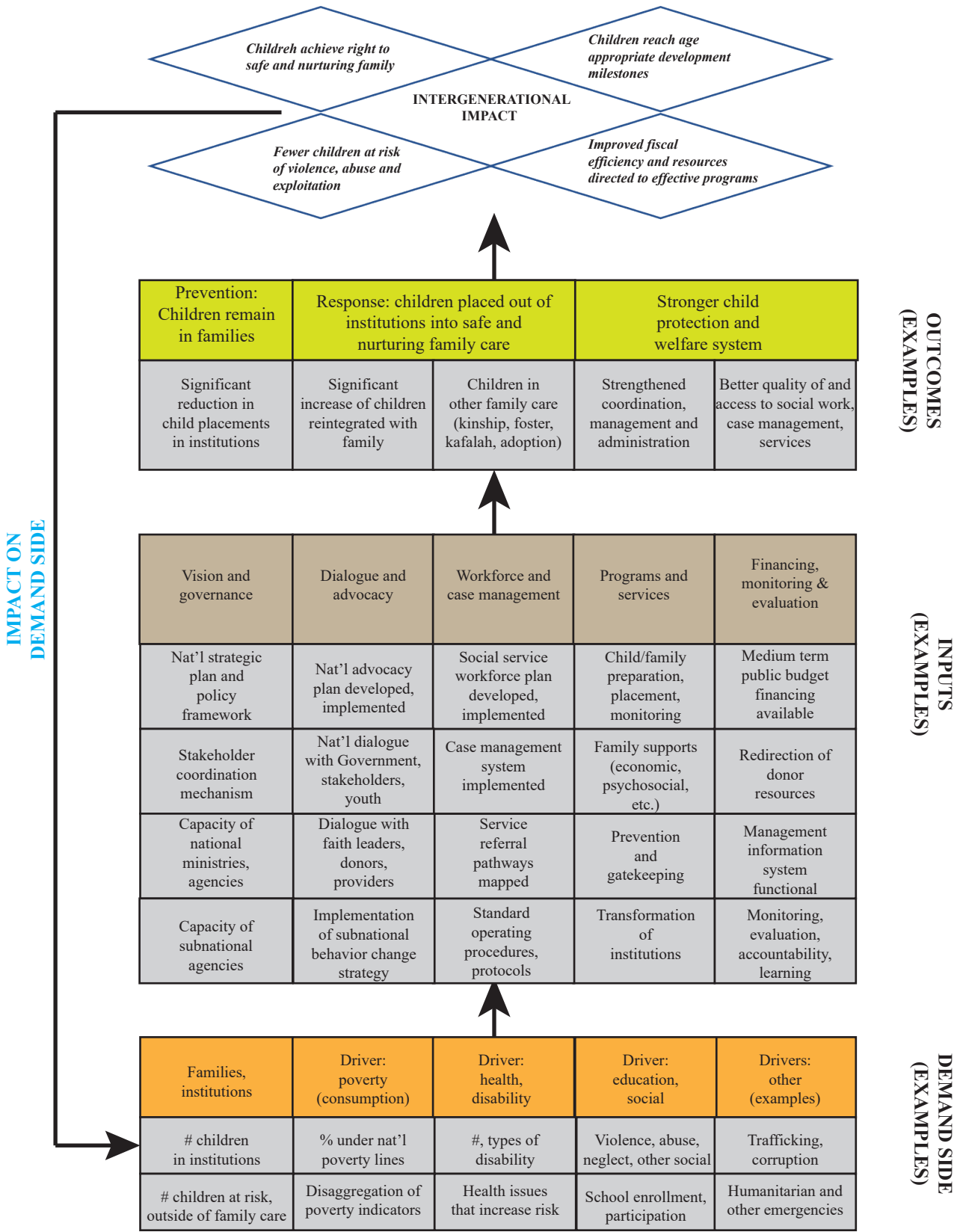


Figure 3

FIGURE 3: KEY ELEMENTS OF A GLOBAL INITIATIVE ON CARE REFORM

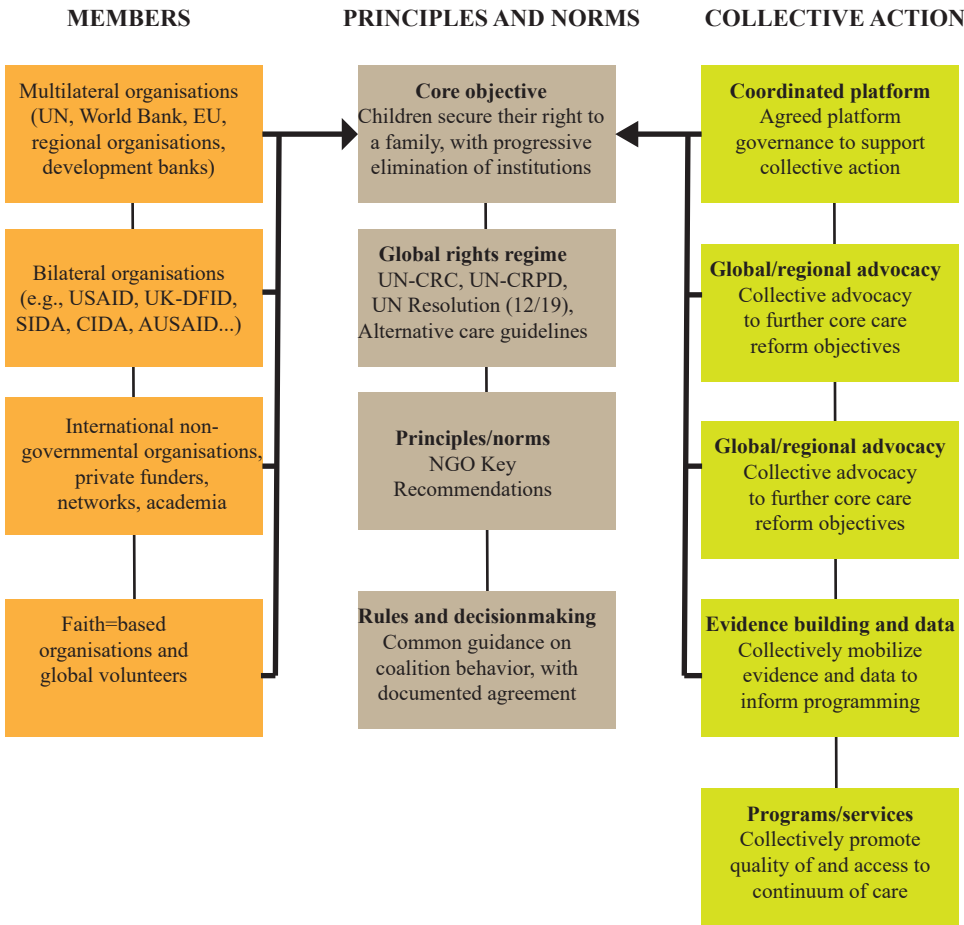


Figure 4

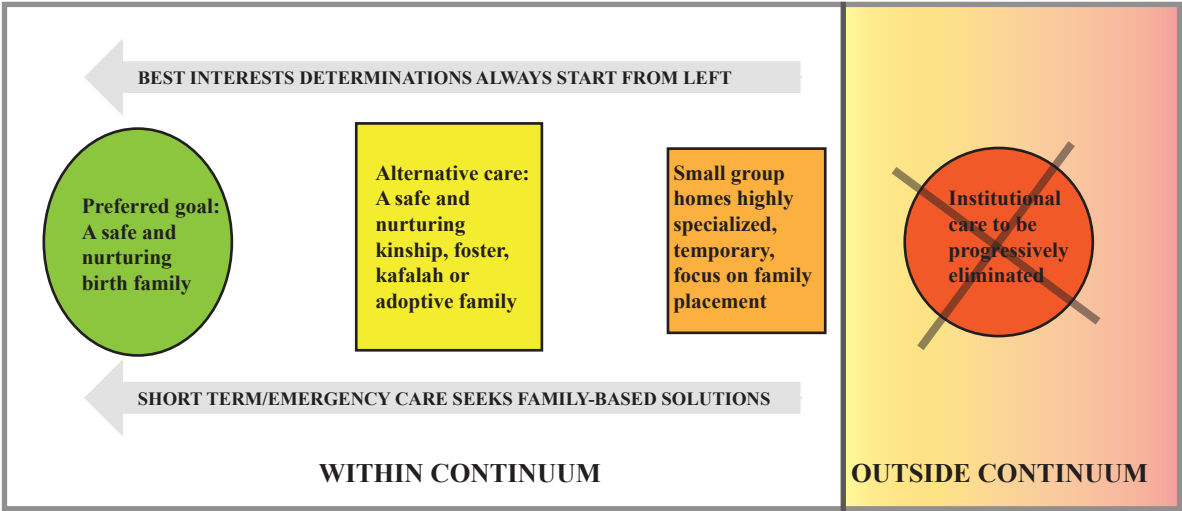
FIGURE 4: KEY ELEMENTS OF A NATIONAL CARE SYSTEM

<p><b>Policies, legislation, regulation</b></p> <ul style="list-style-type: none"><li>- Policies, legislation and regulation supportive of effective care</li><li>- Harmonized, coordinated, minimal or no gaps</li><li>- Standards and enforcement mechanisms</li></ul>	<p><b>Structures, functions, capacities</b></p> <ul style="list-style-type: none"><li>-Clearly defined system roles, accountabilities</li><li>- Effective leadership and coordination</li><li>-Knowledge and capacities to perform key functions</li></ul>
<p><b>Community, civil society, social norms</b></p> <ul style="list-style-type: none"><li>-Harmonized formal &amp; informal care systems</li><li>-Communication for development</li><li>- Childen’s participation, life skills, open discussion</li></ul>	<p><b>Continuum of care: prevention to response</b></p> <ul style="list-style-type: none"><li>-Services across continuum are accessible and meet or exceed standards</li><li>-Children provided with proper/monitored family care</li><li>-Focus on prevention</li></ul>
<p><b>Fiscal management and resource allocation</b></p> <ul style="list-style-type: none"><li>-Sufficient resources to scale up cae reform</li><li>-Care reform included in national medium-term budget projections</li><li>-Evidence generated on cost-effective solutions</li></ul>	<p><b>Evidence and data for decisionmaking</b></p> <ul style="list-style-type: none"><li>-Reliable, useful and timely data available for nat’l decisionmaking</li><li>-Program/project specific monitoring and evaluation</li><li>-High quality research</li></ul>



Figure 5

FIGURE 5: THE CARE CONTINUUM



[NOTE TO LANCET: PLEASE CONSIDER GRAPHICS OPTIONS TO MAKE THIS CLEARER]

Figure 6

FIGURE 6: MODEL FOR SCALING UP NATIONAL CARE REFORM

<b>DESIGN/LAUNCH</b>  - LAUNCHING - PARTNERING -ORGANISATION	Situation analysis on care in country	Assess support and opposition to care reform	Develop and endorse nat'l care strategy	Include youth and child participation
	Build constituency and national coordination	Develop national advocacy and information plan	Establish gov't leadership, coordination	Mobilize public and private resources, budget
<b>INNOVATE/LEARN</b>  -DEMONSTRATION -EXPANSION -ADAPTATION	Create subnational networks	Map and assess existing continuum of care	Secure ownership and leadership of local authorities	Capture lessons learned from demonstrations
	Identify demonstration sites	Implement demonstration projects	Align and mobilize local budget, resources	Adapt care reform approach
<b>RESOURCE/SCALE</b>  -DIALOGUE -NATIONAL SCALING	Dialogue on lessons from demonstrations	Revised strategy includes full continuum of care	Care reform resourced in national budget	Full national rollout
	Revise national strategy based on lessons learned	Consultation on national rollout strategy	Global public and private donor support secured	Regional and global agencies informed, engaged

Figure 7

**TABLE 7: SIX WELL-BEING DOMAINS CRITICAL TO THE PROCESS OF REINTEGRATION OF CHILDREN**  
[Source: Catholic Relief Services, 2017]

