Model for Alternative Care Reform
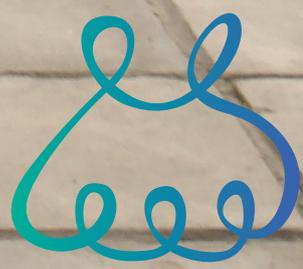
By Florence Koenderink

Family-Based Solutions

Full Implementation of UN Guidelines on Alternative Care

Continue to Develop & Improve the Social & Child Protection System

Identify At-Risk Children & Provide Support Early

Increase Government Involvement

Prepare & Place Children

Redirecting Funds & Resources

Setting up Services & Provisions for Support

Selecting & Training the Carers for Family-Based Placements

Individual Assessments

Capacity Building

Recruitment

Awareness-Raising & Advocacy

Setting up Monitoring & Evaluation Systems

Data Gathering & Analysis

Planning

Installation of Transition Management

Assumptions

Willingness to implement the UN Guidelines for the Alternative Care of Children

Commitment to preventing unnecessary family separation

Commitment to keep child rights and child's best interest at the centre of all decisions

Willingness to invest resources into the transition stage

Willingness to learn, and to seek knowledge and guidance when needed

Willingness of communities, civil society, and the government to work together

Presence of a social workforce in some form, to build on

Explanation

Introduction

Over the past 50 years, awareness of the harm caused by institutionalising children has gradually sunken in and started spreading globally. Western Europe, North America, Australia and New Zealand were the first to start moving away from institutional care and towards family-based alternative care. Since they were at the forefront of this movement, they had, on the one hand, the challenge of discovering alternatives and figuring out how to implement them properly with little precedence to go on, while on the other hand, they had the advantage of being able to do so without outside pressure to get it done quickly. In the past decade or two, that pressure has been rising on all countries.

Just over 30 years ago, the UN brought out the Convention on the Rights of the Child, and this included the stipulation that institutional care should only be used as a last resort. However, after a decade or so, the Committee on the Rights of the Child found that while this stipulation was present, individual states struggled to work towards this, without more concrete information on what they should do. Therefore, a new document was commissioned, which came out 10 years ago: the UN Guidelines for the Alternative Care of Children. These guidelines provided more information about the requirements for alternative care. However, while this document gave valuable information and a much clearer picture of what countries should be aiming for with regards to their alternative care systems, it still did not give information about how to get there.

In 2007, Mulheir & Browne wrote 'De-Institutionalisation and Transforming Children's Services: A good guide to practice' for the Daphne Programme of the European Commission. In this document, they laid out 'ten steps' that need to be taken in the deinstitutionalisation process. This overview brought forward a lot of issues that need attention in this transition process that are often overlooked or underestimated. In 2012, Nigel Cantwell, Jennifer Davidson, Susan Elsley, Ian Milligan, and Neil Quinn provided some pointers in 'Moving Forward: Implementing the 'Guidelines for the Alternative Care of Children.'

However, in the practice of daily life, it seems that more is needed. When I am guiding a move from institutional to family-based alternative care, I provide training on the information given in these publications. This knowledge is always welcomed and is felt to give a much greater understanding of the process. However, when it comes down to it, I find people looking around and scrambling to figure out what the next concrete step is to take. They understand that something needs to be done about awareness-raising and situation analysis and redirecting resources, but right now, what is the next action to take?

This is what has made me decide to develop a kind of Theory of Change model where the process is broken down into actions rather than areas that need attention. Of course, being a model, it does not come close to breaking things down to individual actions. Instead, it indicates what issue needs to be addressed at what point. This will hopefully give people involved in the move from institutional to family-based alternative care enough of a guide to fill in the last details themselves, relevant to their particular situation.

Something important to stress is that deinstitutionalisation is a complex process that takes time. This has become particularly relevant during the Covid-19 pandemic, when various governments have issued mandates to move institutionalised children back to their families within 100 days, or sometimes significantly less than that. Nicole Gilbertson Wilke, Amanda Hiles Howard, and Philip Goldman researched the effects of a rapid return of children, in 2020, and raised some serious concerns in 'Rapid Return of Children in Residential Care to Family as a Result of COVID-19: Scope, Challenges, and Recommendations.' If steps mentioned here are skipped or fast-tracked to the point of almost being skipped, this is likely to lead to very severe risks to the children involved.

The aim of the model is also to allow it to be used at different levels. The issues mentioned can be scaled up or down to either apply to a national move towards family-based care and family strengthening, a regional or district-level move, or the grassroots deinstitutionalisation of a single institution. In the following explanation, mention will be made of differences of approach to an issue at different levels. When you are working on the national level, you have to be aware that you are starting a process that will take many years to accomplish and that will often move at different speeds in different locations, when setting up new services etc. It will generally require establishing a pilot programme in one or two locations first, and then to gradually roll this out. You may have to manage being at different stages of the process in different locations, at the same time.

The model pays a lot of attention to various stages of deinstitutionalisation because the reality is that in the majority of countries, this is an essential part of fully implementing the Guidelines for the Alternative Care of Children. However, it is possible to use the model if there is no residential institutional childcare in your country or if deinstitutionalisation has been completed, but the development of social and child protection systems still need work and family-based alternative care is not fully functional yet. Not all issues mentioned will be relevant in this case, but many will be.
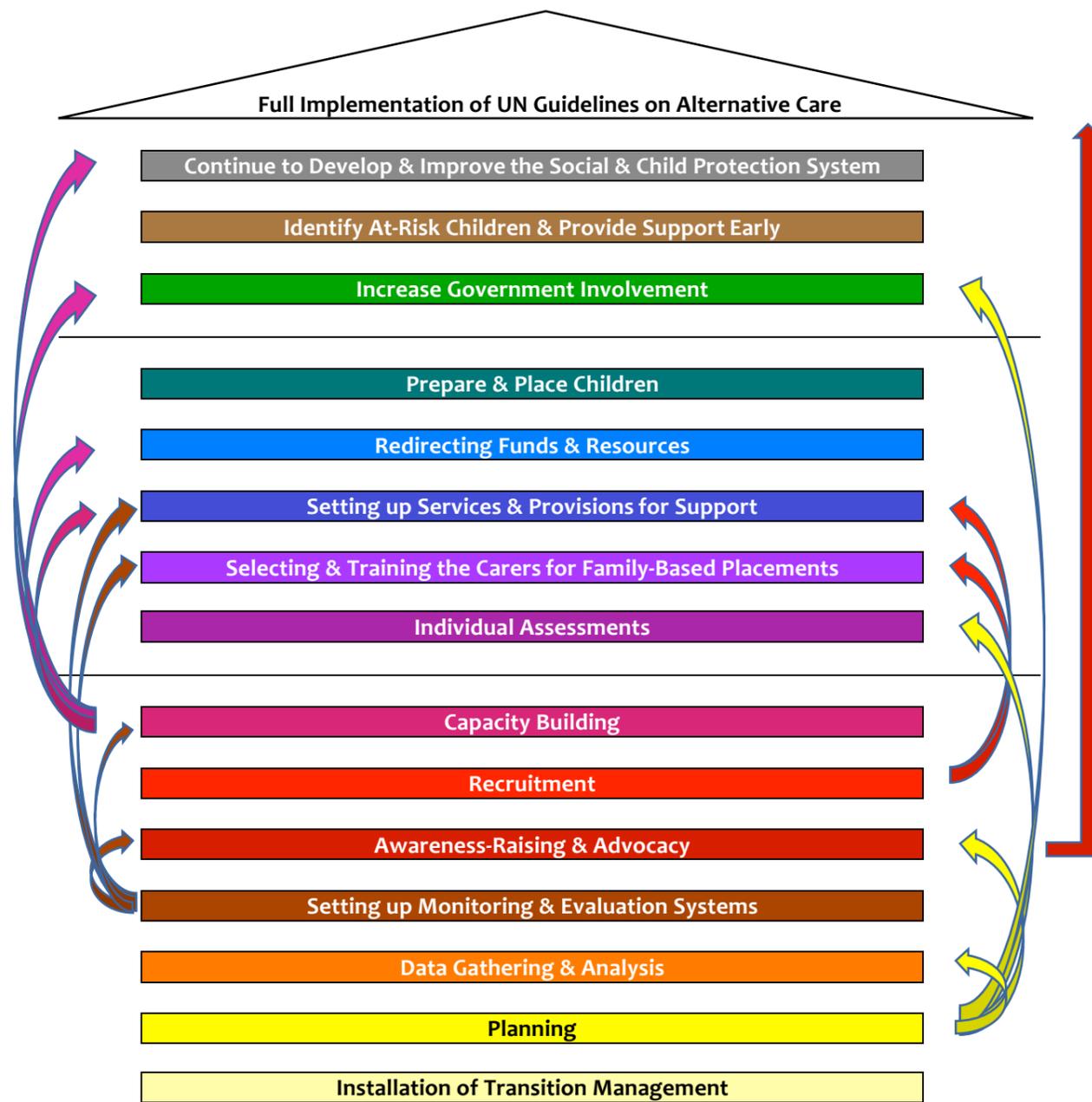
After stating and explaining the goal of this model, the explanation will start at the bottom of the model and work its way up towards achieving that goal.

The Goal

The overall goal of this model is the full implementation of the Guidelines for the Alternative Care of Children. Reaching this goal means that the two underlying principles of these Guidelines are adhered to throughout all systems of child protection and alternative care. These two principles are the Necessity Principle and the Suitability Principle. The Necessity Principle refers to making sure that children grow up in their own family unless it is impossible or not in their best interest for that to happen. In effect, this covers the prevention of family-separation and motivation for making every attempt towards family reintegration, in cases where separation has already taken place.

The Suitability Principle dictates that if a child cannot grow up in his or her own family, the competent authorities in charge of providing alternative care have a duty to make sure that an individual decision is made for this particular child as to what type of alternative care placement suits his or her best interest most, as well as a duty to ensure that this alternative care placement is provided and is of high quality. Alternative care placements also need to be reviewed regularly to make sure that they are still necessary and suitable for the individual child. It is inherent in the Suitability Principle that institutional care is not an acceptable option since it has been proven to be very harmful to children's development and their psychological, and even physical, well-being.

Full Implementation of UN Guidelines on Alternative Care

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- Increase Government Involvement
- Prepare & Place Children
- Redirecting Funds & Resources
- Setting up Services & Provisions for Support
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- Capacity Building
- Recruitment
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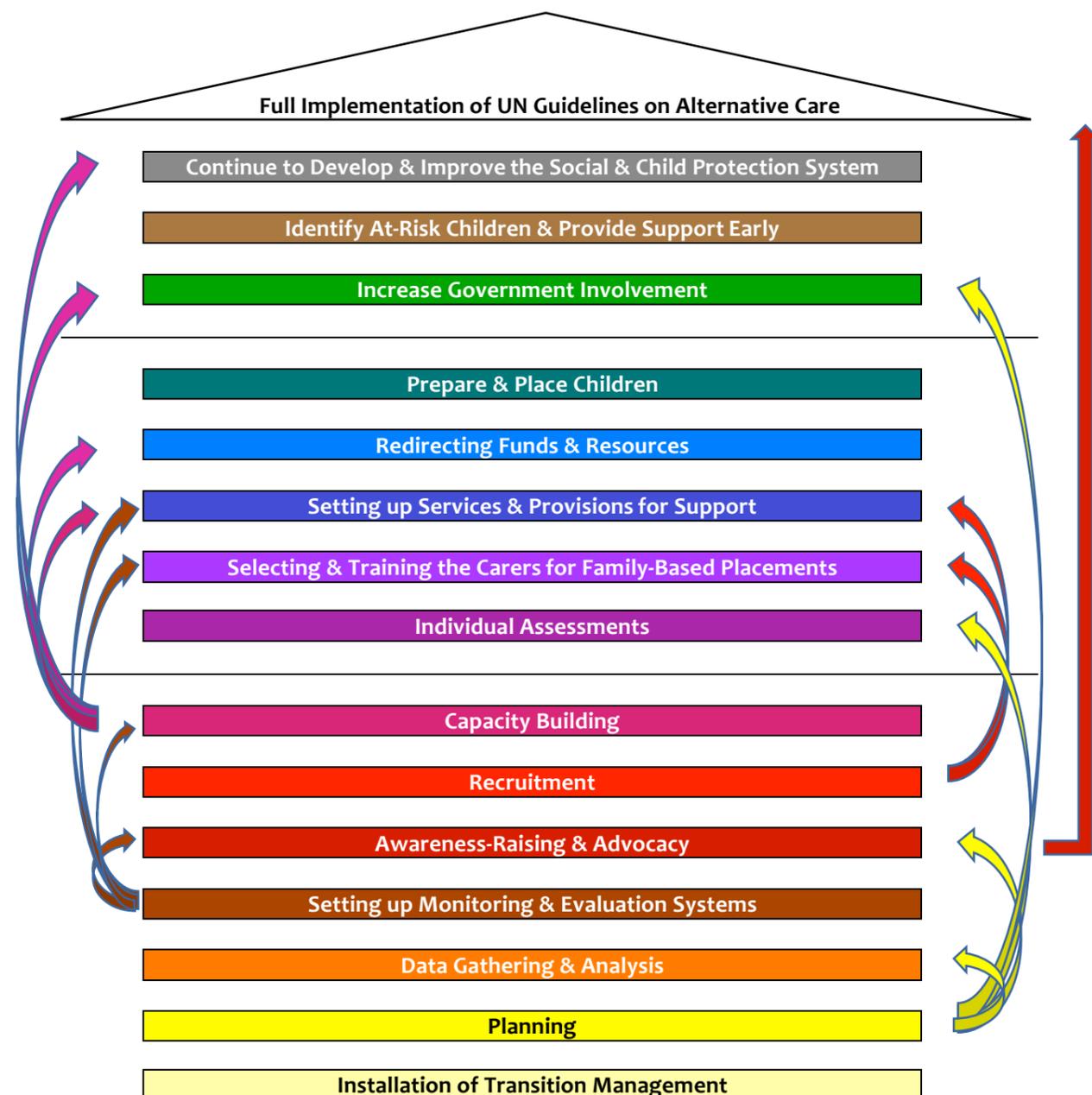- Installation of Transition Management

The transition from institutional to family-based alternative care, as well as the setting up of family-based alternative care and family strengthening without deinstitutionalisation – whether at the grassroots level or the national level – is an extremely complex and time-consuming process. To be able to handle this properly, a dedicated person or team needs to be in place from the start to coordinate and lead the process. If someone who already has their own full-time responsibilities is expected to handle the transition as a side-occupation, pretty soon the discovery will be made that

1) the process takes an extremely long time
2) things get overlooked.

There is no need to immediately hire all the people that will be needed at some point during the entire transition. More people can – and will need to – be hired as different stages of the process are reached. It is necessary, however, to have people in place who are able to plan and coordinate the process and who can take on the workload of the initial stages.

How many people are needed right at the start, will depend on the level at which the transition is to take place and the scale of the operation. At the grassroots level, for the deinstitutionalisation of an institution of fewer than 50 children, starting with one full-time transition manager, who can call on the help of colleagues for practical jobs will be sufficient. However, when working at the district or national level gathering and analysing information and coordinating different parties is going to be a much bigger job, one that cannot be done by a single individual. In this case, a transition team will be needed. It is useful to start by hiring the person who will be managing this team, and then have him or her assess how many people will be needed for the initial stages and what kind of background these people should ideally have to be of the greatest use in the local circumstances.

Full Implementation of UN Guidelines on Alternative Care

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The first job of the transition manager or the transition team will be to create an overview of what the transition process will entail – something like this model, but with more details relevant to the local situation -, what resources will be needed to take care of at different stages, who will be responsible for taking care of various tasks and a rough timeline on how all of this will fit together. From that overview, a strategy and a plan can be devised.

Planning and determining strategy are not a once-off action. It is something that needs to be reviewed and redone regularly. Depending on the circumstances and the speed at which the transition takes place, this may be once every few months or even every few weeks. From time to time the transition manager will have to see whether the process is still on track in line with the latest strategy and plan and whether new information or knowledge has made it clear that adjustments need to be made. If there is any indication that the previous plan is no longer completely accurate, a new planning and strategy meeting needs to be held to adjust the plans.

Planning and strategy meetings are not solely dependent on whether things are still ticking along as expected. There are also several stages of the transition process where new planning is required, as has been indicated by the yellow arrows in the model.

While the first task of the transition manager or team is to create a rough strategy and plan for the process, this is provisional planning. Because the data gathering and analysis of the next stage are what will give a basis for making informed decisions. So, although a preliminary plan was made at the start, once an overview has been created through the data gathering of what there is to work with, this will allow for more informed and reliable planning to be done.
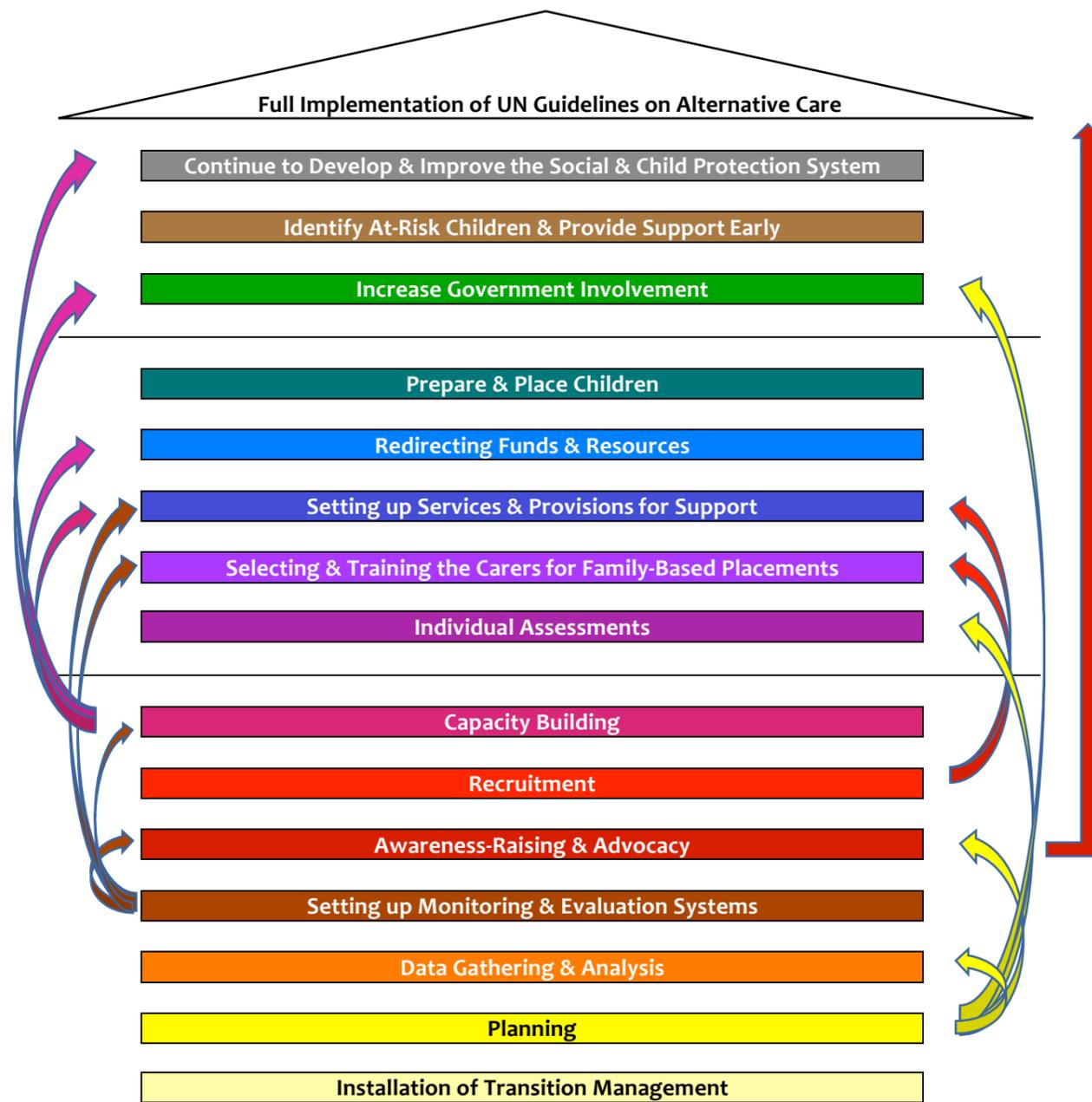
Similarly, the stage of awareness-raising and advocacy will require new planning and devising a strategy for how to incorporate this in everything that is done going forward. Once individual assessments have been done

and care plans have been written, the information this provides will allow for more precise planning with regards to when and how children will be moved to new placements and what will need to happen before they can be moved. Here it can be useful to determine a date on which you are hoping to move a particular group of children out and then calculate back to see if it is possible to fit everything that needs to happen in before that time.

New planning is also going to be needed when the stage where children have all been moved out of institutions approaches and the next stage is about to start. This planning stage has a focus on cementing all the family-based care and family strengthening provisions and making sure that they keep running smoothly and keep improving. Here, again plans and strategies need to be devised, however, it is possible that at this stage, the transition team or manager is no longer in charge and hands over to the people or departments in charge of running the alternative care and family strengthening services.

Ideally planning and strategising should not be done by one single person. It is important to have discussions and feedback at these points. So if there is a transition team, they can work on this together. If there is only a single transition manager, he or she should see whether higher management or board members of the organisation for which he or she works can join for a planning and strategy meeting. Or a 'leadership team' can be put together, made up of outside people who are knowledgeable about the transition to family-based care, people who are part of the organisation or government department involved in the process and people from the transition team. This leadership team can provide feedback and guidance throughout the process.

Full Implementation of UN Guidelines on Alternative Care

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- Identify At-Risk Children & Provide Support Early
- Increase Government Involvement
- Prepare & Place Children
- Redirecting Funds & Resources
- Setting up Services & Provisions for Support
- Selecting & Training the Carers for Family-Based Placements
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- Capacity Building
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Gathering data, in a variety of ways and on a variety of topics, is an essential part of the process. Information on the current situation is the foundation of all decisions, strategies and actions that will be made. Without knowing what is and is not currently present, and the background of why that is so, there is no way of determining what needs to happen and what needs to be put in place.

As a start is made with the gathering of data, it will become clear that some data is already available, while other data is nowhere to be found and will need to be collected as part of the transition process. It goes without saying that if the transition process is taking place at the national level, much more data will need to be gathered than if the transition process is just for a single institution. At the national level, it will not be possible to get detailed information for everyone involved on all topics. It may be necessary to use sample data instead. If sample data is used, it is important to make sure that the sample is representative for the entire area or population that it is supposed to represent.

Whether the transition process is handled at the local or the national level, it will still be necessary to gather information at the level of individual institutions, communities, and the national government level. Even when operating at the grassroots level, the influence of national legislation and the availability of services in the community are going to determine the course of the process, so information about this is essential.
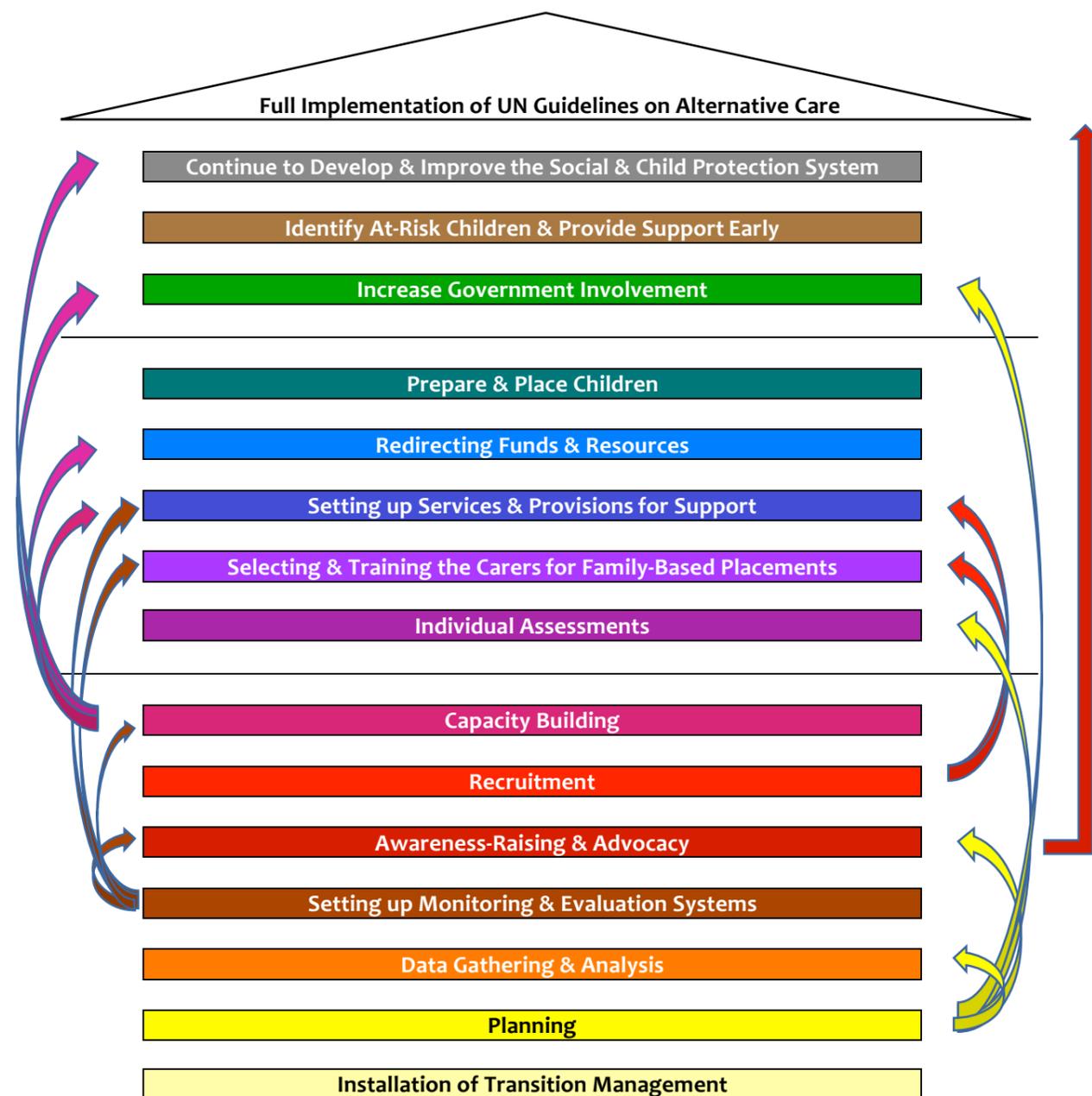
At the national level, data is needed on:

- Legislation surrounding child protection, alternative care, and family strengthening
- Is there a gap between what laws and policies say should happen and what is actually happening in practice?
- What government departments/levels are responsible for children in alternative care and those living in vulnerable families?
- Is there communication/coordination between these departments/levels?
- Are there gatekeeping systems in place to decide which children end up in alternative care?

- What are these gatekeeping systems, who is involved?
- To what extent is the judiciary branch involved in placing children in alternative care?
- What civil society organisations or groups are involved in alternative care and children living in vulnerable families?
- Is there cooperation/coordination between civil society organisations and the government on child protection and alternative care?
- Is there a formal alternative care system?
- What alternative care options are currently available, and which are used most?
- Is there a social workforce/child welfare services?
- Is there poverty relief and/or family-strengthening?
- Is data available on children in alternative care and children living in vulnerable families?
- How is the data available being stored, managed and used?
- Are there any organisations involved in the move from institutional to family-based care in the country?

At the community level, information is needed on:

- What community and social services are available?
  o General/universal
  o Targeted
  o Specialised

- Who provides these services?
- Are there organisations working in the community to strengthen it?
- Is there informal kinship care?
- Does the community provide a safety net for families?
- What are the major stigmas and areas of discrimination leading to children being separated from their families?
- Is there a perception that children are better off in alternative care?
- Is there a particular group (e.g. religious leaders or labour unions) that has an overwhelming influence on political decision-making and/or community opinion? (if so, getting this group to work

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- Increase Government Involvement
- Prepare & Place Children
- Redirecting Funds & Resources
- Setting up Services & Provisions for Support
- Selecting & Training the Carers for Family-Based Placements
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- Capacity Building
- Recruitment
- Awareness-Raising & Advocacy
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- Data Gathering & Analysis
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At the level of institutions, information (stock and flow information) is needed on:

- How many children in the institution?
- How many children were admitted per year for the past five years?
- Where did they come from? (it can be useful to use geo-mapping, for analysis to get a concrete idea of what areas children are from and where services will be needed)
- How many children left the institution per year for the past five years?
- Where did they go?
- How long have the children been in the institution?
- What is their background (ethnicity, religion, disability etc)?
- What are their ages?
- What are the main reasons for children ending up in the institution?
- Relevant information about their health status
- What resources -material as well as human – are present in the institution?

In cases where deinstitutionalisation is not part of the child protection reform, similar questions can be asked about vulnerable families in the community. Questions such as How many? How long? Reasons for vulnerability? Etc.
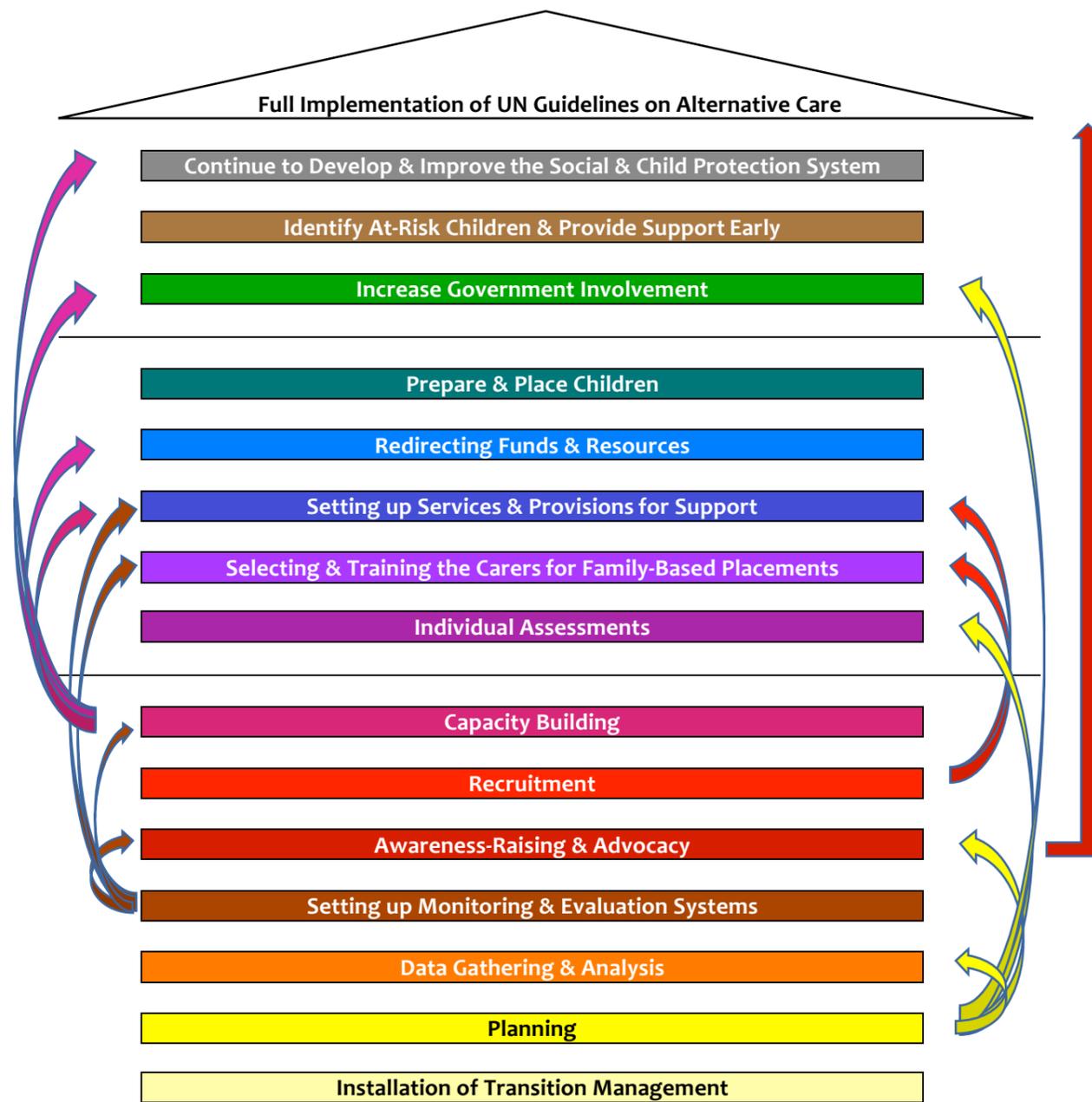
Having gathered this information, the next task is to analyse it. The analysis will provide an overview of, for example, the reasons why children end up in institutions – this is something to target with regards to prevention -, whether legislation allows children to be moved out of institutions at all, and whether there are provisions for family-based care. The answers to all these questions should shape the strategy that is set up for the transition, with knowledge of the challenges and the opportunities that are present.

Data gathering will also inform future stages of the process. Being aware of the resources present in the institution will allow for easier redistribution of those resources later on. Similarly being aware of the services that are already being offered in the community, and what organisations are already active within the community, gives an idea of what services need to be set up from scratch, which ones can be built on, and in which cases having to set up new services can be avoided by entering into partnerships with existing organisations and having them take care of it. This is relevant regardless of whether or not deinstitutionalisation is part of your transition.

The stage of individual assessment, which will be discussed later, is in itself another stage of data gathering, just at a far more detailed and personal level.

The information you gather will also give you ammunition for awareness-raising and advocacy. It is a sad but true fact that when there is no data available on an issue, to many policymakers and government bodies the issue does not exist, so it does not need to be addressed. This makes it extremely important to make sure that data and evidence are gathered about children without parental care or those living in vulnerable families. Having this data will help make your case to all actors and stakeholders involved in the change you are setting in motion, as well as helping you determine the best strategies and directions.

Full Implementation of UN Guidelines on Alternative Care

Continue to Develop & Improve the Social & Child Protection System

Identify At-Risk Children & Provide Support Early

Increase Government Involvement

Prepare & Place Children

Redirecting Funds & Resources

Setting up Services & Provisions for Support

Selecting & Training the Carers for Family-Based Placements

Individual Assessments

Capacity Building

Recruitment

Awareness-Raising & Advocacy

Setting up Monitoring & Evaluation Systems

Data Gathering & Analysis
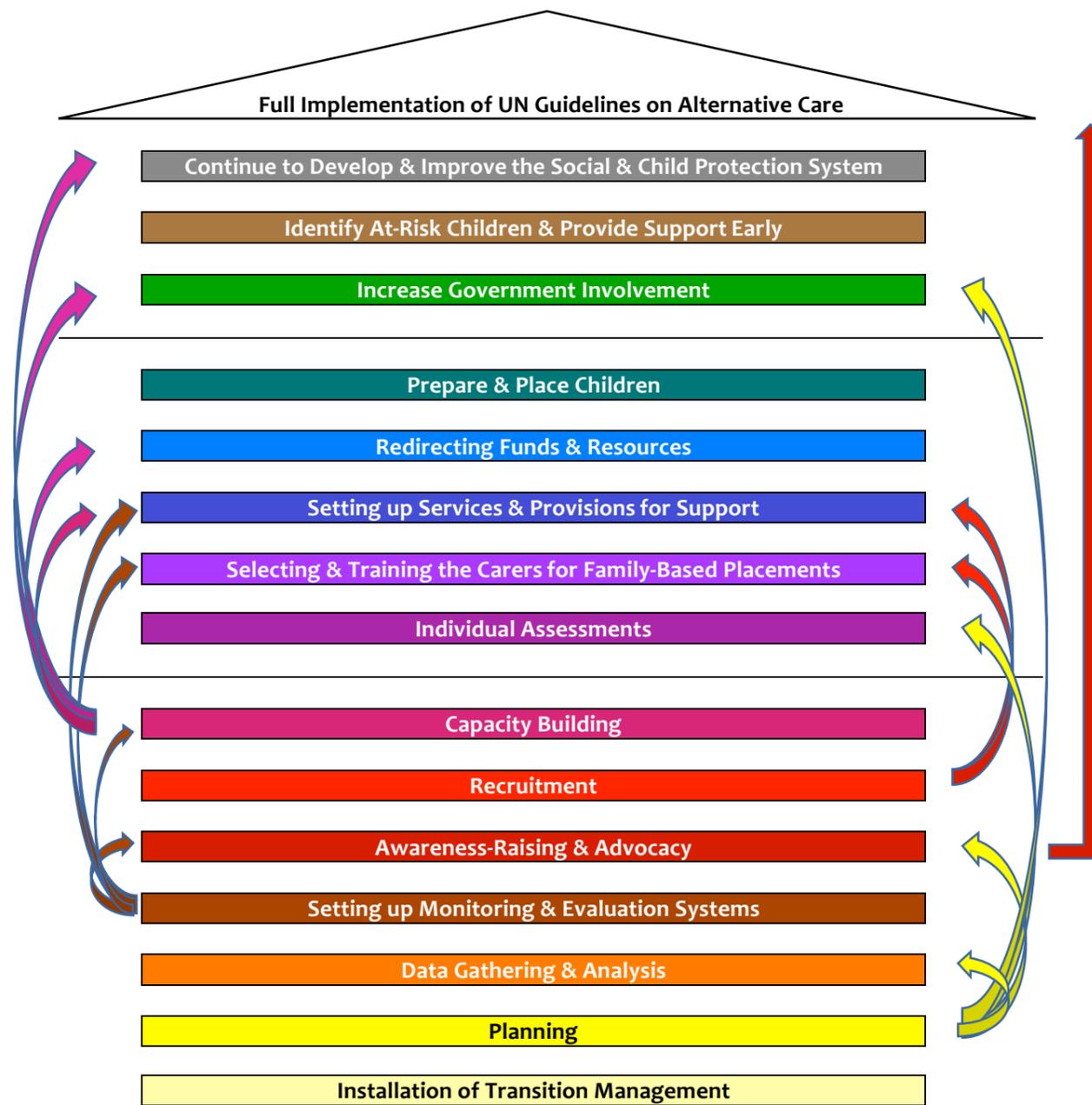
Planning

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There is not an exact moment when you need to start to develop monitoring and evaluation systems, essentially it is something that needs to be put in place for all parts of the transition process where it is possible to check whether the outcomes of what is being done are what they are supposed to be. Monitoring this allows for a course adjustment in a case where the outcomes turn out not to be as hoped.

I have placed this here, because the first stage that this is really applicable to, is the next one: awareness-raising and advocacy. To know if the message that is being spread is coming across, it is helpful to have some idea of what people's mindset or opinion regarding the topic was before the campaign was started, and then to see after some time whether there is any change. It is also useful to find out what part of the campaign has had the greatest impact on people's opinion since this information allows for possibly redirecting resources to where they have the greatest effect.

Having a monitoring and evaluation system in place is also relevant to the stages of capacity building and training of carers. After all, providing training is not useful, unless you can be sure that people have learned and understood what you tried to teach them. And of course, child placements need to be monitored and evaluated as well, however, this I have made into a stage by itself, later on in the process.

Full Implementation of UN Guidelines on Alternative Care

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- Setting up Services & Provisions for Support
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It could be said that awareness-raising and advocacy are two sides of the same coin. Advocacy is raising awareness with the government and its representatives and through doing so lobbying for necessary changes. Awareness-raising is providing communities, families, and the general public – either individually, in small groups or en masse – with information about issues that they might not have had knowledge or proper insight about previously, to change their mindset and opinion.

The extent to which government policies and laws are in place to protect children and families varies from place to place. The data collection and analysis will give information about what is and is not relevant in the local situation. However, often there is a need for advocacy on the following topics:

- Child rights (all of them)
- Having legislation in place that supports social and child protection, and family-based alternative care
- Making sure that policies and daily practice are in line with legislation supporting this
- Understanding the need to move away from institutional childcare
- Instead of just allowing people to claim they used institutionalisation as a 'last resort', create a burden of proof: having to show that all other options were properly considered or tried and exhausted
- Understanding the need for family strengthening and community services
- Developing proper data gathering and management systems for information on vulnerable children
- Investing in and supporting a social and child protection system
- Understanding that institutional care is more expensive than the alternatives and helping the government to find the money to fund the temporary higher costs during the transition period
- Effective gatekeeping
- Ensuring child participation
- Preventing stigmatisation and discrimination
- Promoting accessibility and inclusivity

Likewise, the awareness-raising needed will depend on local circumstances. However, unless there are clear indications that these topics are not a problem in any way, awareness-raising is usually needed on:
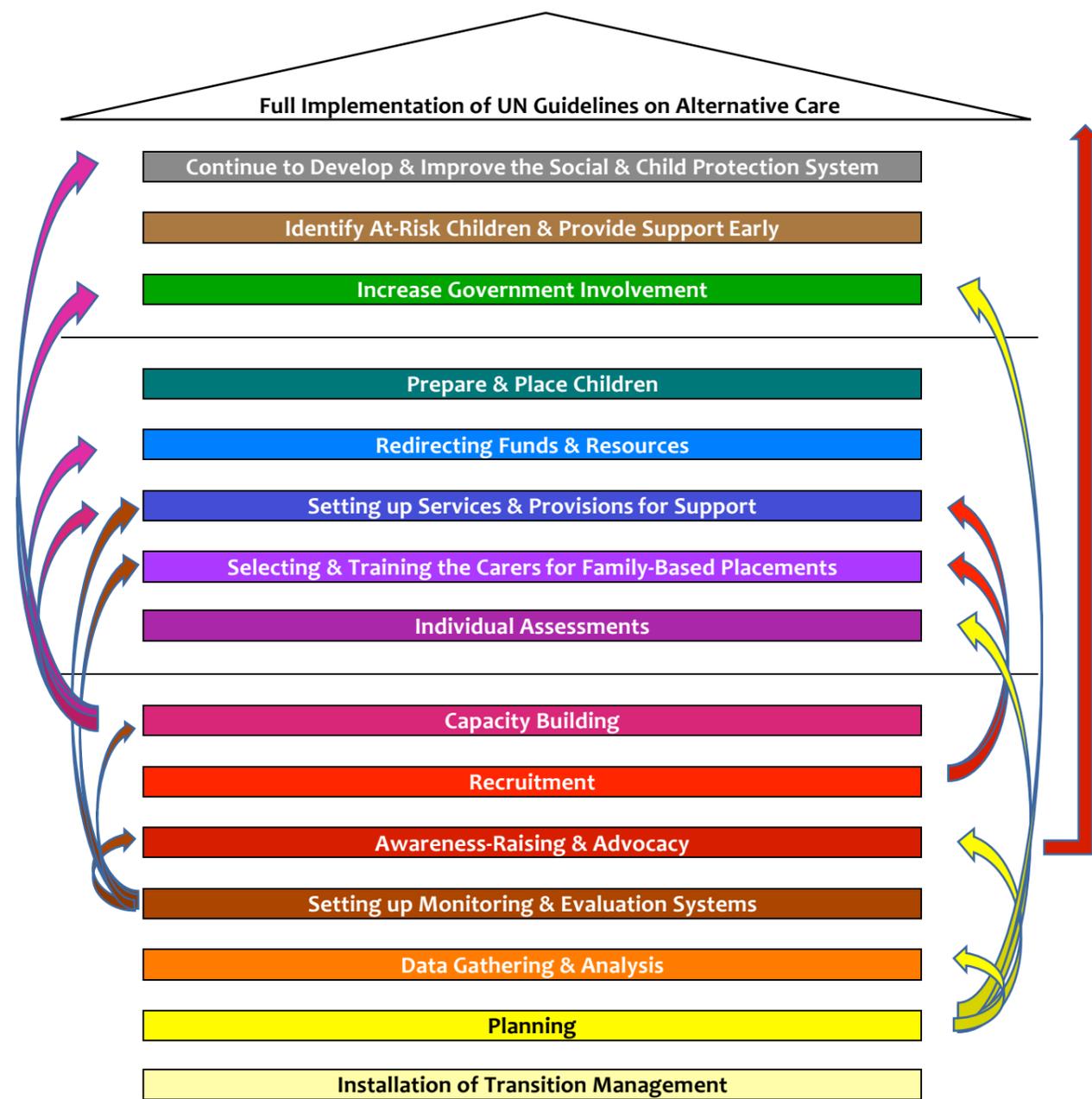
- The harm done by institutional care and the benefits of family-based care
- Child rights
- Children and families having a voice, and how to use it effectively
- Positive parenting
- Reaching out to people who donate to support institutions to persuade them to redirect their donations to community- and family-based initiatives
- Stigma busting

Removing stigma and discrimination is an essential part of the transition process, as their presence causes unnecessary separation of children from their families. If you address other issues, without addressing that of stigma and discrimination, you are essentially putting a plaster on a gushing wound: the bleeding will continue, children will continue to be deprived of parental care unnecessarily. Stigma and discrimination particularly affect:

- Children with disabilities
- Children affected by HIV/AIDS
- Children of unwed mothers
- Children of ethnic, religious, or linguistic minorities
- Indigenous children
- Unaccompanied and separated migrant children

By reducing or removing these stigmas, parents are not put under pressure from family, community, medical professionals, and social workers to relinquish their children, allowing children to grow up in their own family. Plus, there will be greater acceptance of children from stigmatised groups returning to the community, and greater success in finding foster families and caregivers for small group homes to care for these children.

The transition process should be undertaken in a country-specific way, being culturally sensitive. The aim is not to impose so-called

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- Increase Government Involvement

- Prepare & Place Children
- Redirecting Funds & Resources
- Setting up Services & Provisions for Support
- Selecting & Training the Carers for Family-Based Placements
- Individual Assessments

- Capacity Building
- Recruitment
- Awareness-Raising & Advocacy
- Setting up Monitoring & Evaluation Systems
- Data Gathering & Analysis
- Planning
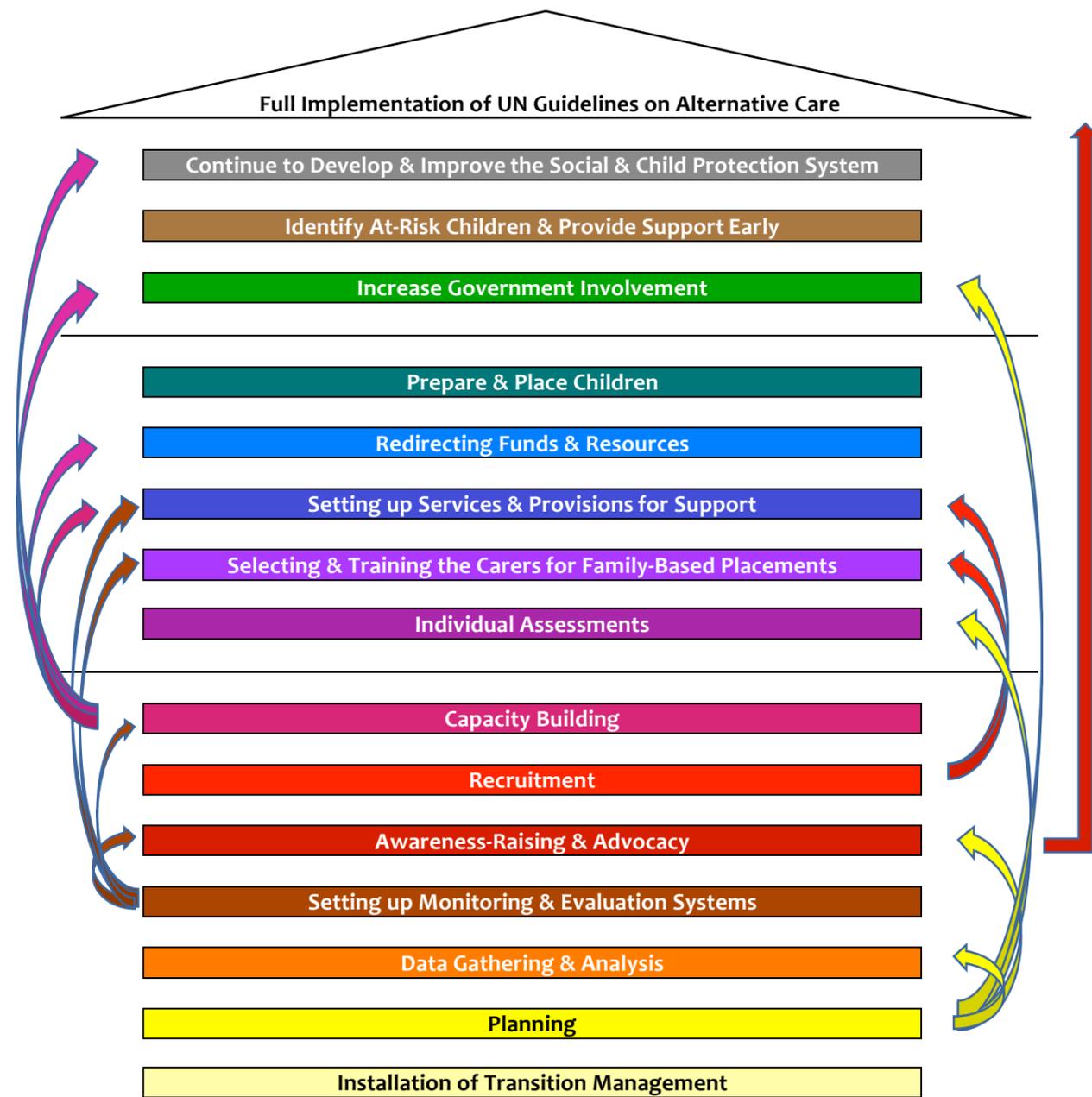- Installation of Transition Management

'Western' values. However, this does not necessarily mean that one should shrink away the moment the complaint is heard that 'this is a foreign idea, and we don't need that.' Institutionalisation is a foreign idea that was adopted in many countries around the world. While things like 'foster care' and 'equal rights' might sound foreign, because the terms are unknown in the local culture, but when you look more closely at the local culture and traditions, you generally find that these concepts are already embedded, just under a different name. This is something to be aware of when you set up your awareness-raising campaign.

When setting up an awareness-raising campaign, attention should not just be given to what you need to raise awareness about. It is also important to know who needs to receive the message and what is the most effective way to reach those people. And timing is important here. It may be tempting to leave advocacy and awareness-raising until later because it seems to have so little to do with getting the children out. However, it is essential that this starts at a very early stage and that it is well underway before anyone starts talking about moving children into the community, recruiting foster carers and so on. By the time you get to that, you need to have the awareness-raising campaign established to clear the ground for you. If you start bringing out the message, for example, that there is nothing to fear about HIV positive people living in the community at the same time as you are asking people to take an HIV positive child into their home, they are going to be far less inclined to take you seriously and to really listen.

Telling relevant people – government representatives, the social workforce, the management of the institutions that will be part of the transition of care, the staff in those institutions and the children in those institutions – about the plans to change the alternative care system and to move children into family-based care, can be said to be part of the awareness-raising strategy. This is not

something that should be done out of hand, or where you can afford to allow people to find out for themselves over time. If information about this comes out in an uncontrolled way, in the form of half-information and rumours, it is likely to cause fear, resentment and a lot of resistance from any of the groups just mentioned. So part of your strategy on how to inform all of these groups at the right time, in the right way, has to include a plan on how to keep the information from getting out prematurely.
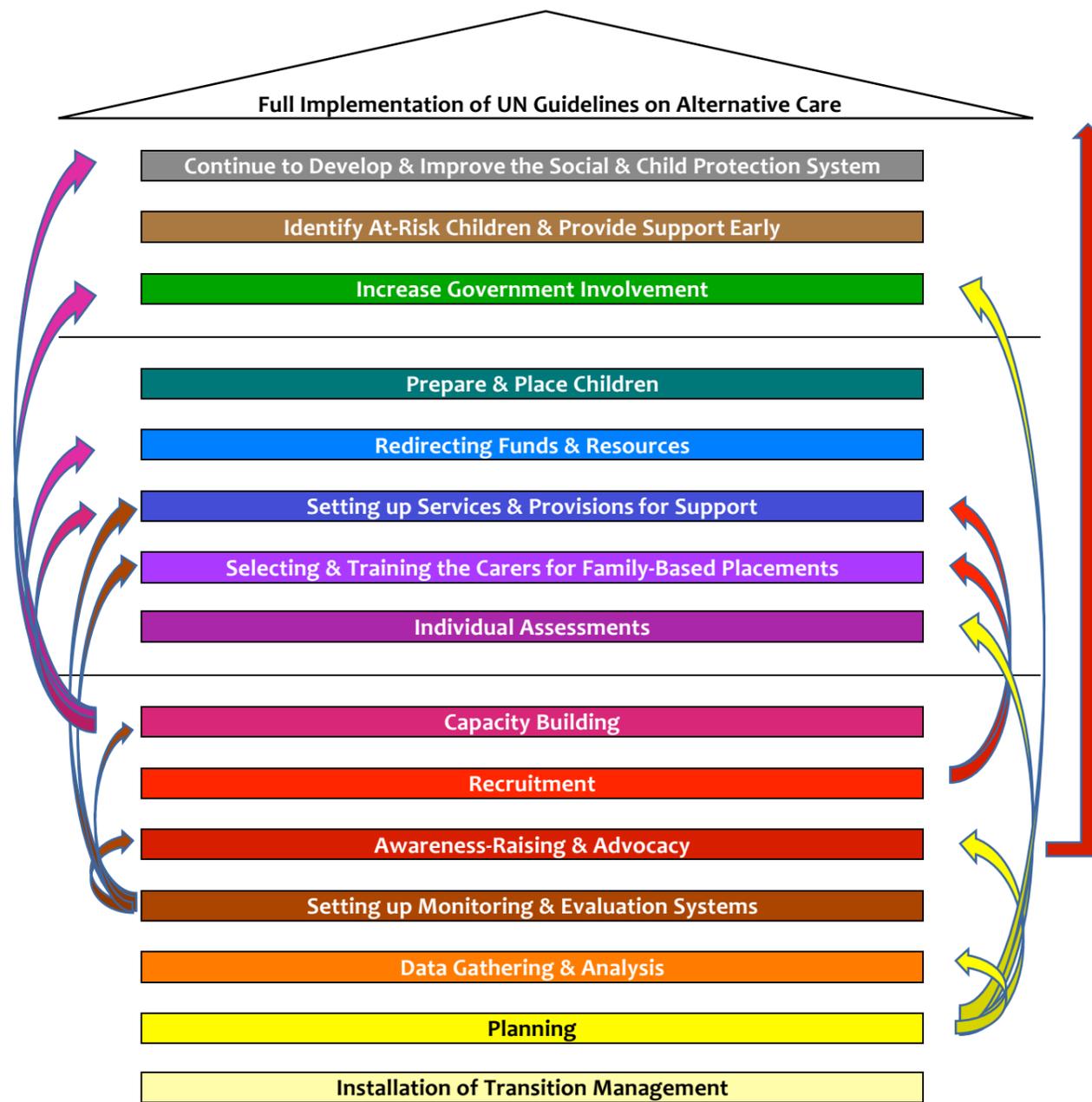
The children will usually be the last ones to informed because it is necessary to wait until you are able to give enough clear and concrete information about what they can expect to happen before you tell them. However, the children should be told as soon as you have enough information to be able to give them a clear picture and to reassure them, it should not be left until they are about to leave, the children too need some time to process the information and to get used to the upcoming changes in their lives. In a way, the preparation begins right at the start of the transition, by being extremely careful that children do not find out about the plans to move them out, until concrete information can be given in a way that is clear and appropriate for their age, about exactly what is going to happen and how long the children can expect the process to take. These things will not become clear until a relatively late stage in the process, generally not until after the individual assessments have been completed and a start has been made with the designing and setting up of new services. Until that time, every effort has to be made to prevent information from leaking out because if the plans to close the institution come out as small fragments of information, this is going to lead to rumours that are likely to take on very extreme forms in record time, and this is going to lead to a lot of fear and anxiety among the children. To prevent this from happening, plans for deinstitutionalisation should not be discussed in places where they might be overheard by people not involved in, or informed about, the process.

Full Implementation of UN Guidelines on Alternative Care

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Prepare & Place Children

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Capacity Building

Recruitment

Awareness-Raising & Advocacy

Setting up Monitoring & Evaluation Systems

Data Gathering & Analysis

Planning

Installation of Transition Management

Once you do have enough information to be able to give the children a clear and reassuring message, with concrete points about where, when and how they will be moved – or when they will find out -, combined with the message that the best placement will be found for each individual child and that no child is going to be left behind (because this is going to be their biggest fear). There should also be an emphasis on the fact that whether someone leaves earlier or later is no reflection on their worth or their chances of a placement. All children should receive this information at the same time. Whether it is a good idea to give it to all of them together, depends on the age range and range of development(al delay) that is present in the institution. If the range of ages or levels of understanding is very wide, it may be better to split them up into groups with similar levels of understanding and then to have these groups of children hear the news from different people, in separate rooms. However, it should still be done at the same time. Because if one group of children has been told and then they tell another group of children who may not quite get the complete message, the same problems as that of the rumours mentioned above will occur.

As indicated by the long, square arrow, awareness-raising and lobbying is not something that takes place at one moment in the process, it is something that should continue throughout. Changing people's minds does not happen overnight. It is something that needs a lot of time and effort, and that often needs to be repeated and reinforced over time. It is also possible, once you have been successful in breaking down the stigma and discrimination on the most debilitating issues, that you discover other issues that need to be addressed. These may have been less obvious in the shadow of other topics, but now that they have moved out of that shadow, they may turn out to be quite significant.

Full Implementation of UN Guidelines on Alternative Care

Continue to Develop & Improve the Social & Child Protection System

Identify At-Risk Children & Provide Support Early

Increase Government Involvement

Prepare & Place Children

Redirecting Funds & Resources

Setting up Services & Provisions for Support

Selecting & Training the Carers for Family-Based Placements

Individual Assessments

Capacity Building

Recruitment

Awareness-Raising & Advocacy

Setting up Monitoring & Evaluation Systems

Data Gathering & Analysis

Planning

Installation of Transition Management

Once you have the data collected and analysed, have come up with a strategy and made a plan and a timeline out of that, have designed awareness-raising and advocacy campaigns and a monitoring and evaluation system to keep an eye on whether it works, you will start to find that the initial transition team is no longer able to handle all the work that needs to be done. As people are needed to run the advocacy campaign, people to run the awareness-raising campaign, people to take care of the monitoring and evaluation, plus you have a mountain of work ahead of you with individual assessments, recruiting and training carers, and so on.

In other words, it will be necessary to expand the transition team, if you do not, progress will slow down significantly. What kind of people you need to recruit, will depend very much on the level at which you are working, on the scale of what needs to be done and on what kind of professionals are already present, that can be called on to take on significant parts of the work.

For example, to do individual assessments and to select foster carers and caregivers for small group homes, you are going to need psychologists and social workers. If you are doing the transition at the grassroots level and work in an institution that employs 3 counsellors, who have established relationships with the children, then it makes sense to see if it would be possible for those counsellors to be assigned to the transition team and after receiving relevant training to take on the individual assessments. Or at a national level, individual assessments might be delegated to locally employed psychologists and social workers, without need for recruitment. These, by the way, are examples of redirecting resources, something that will be further explained at a later stage.
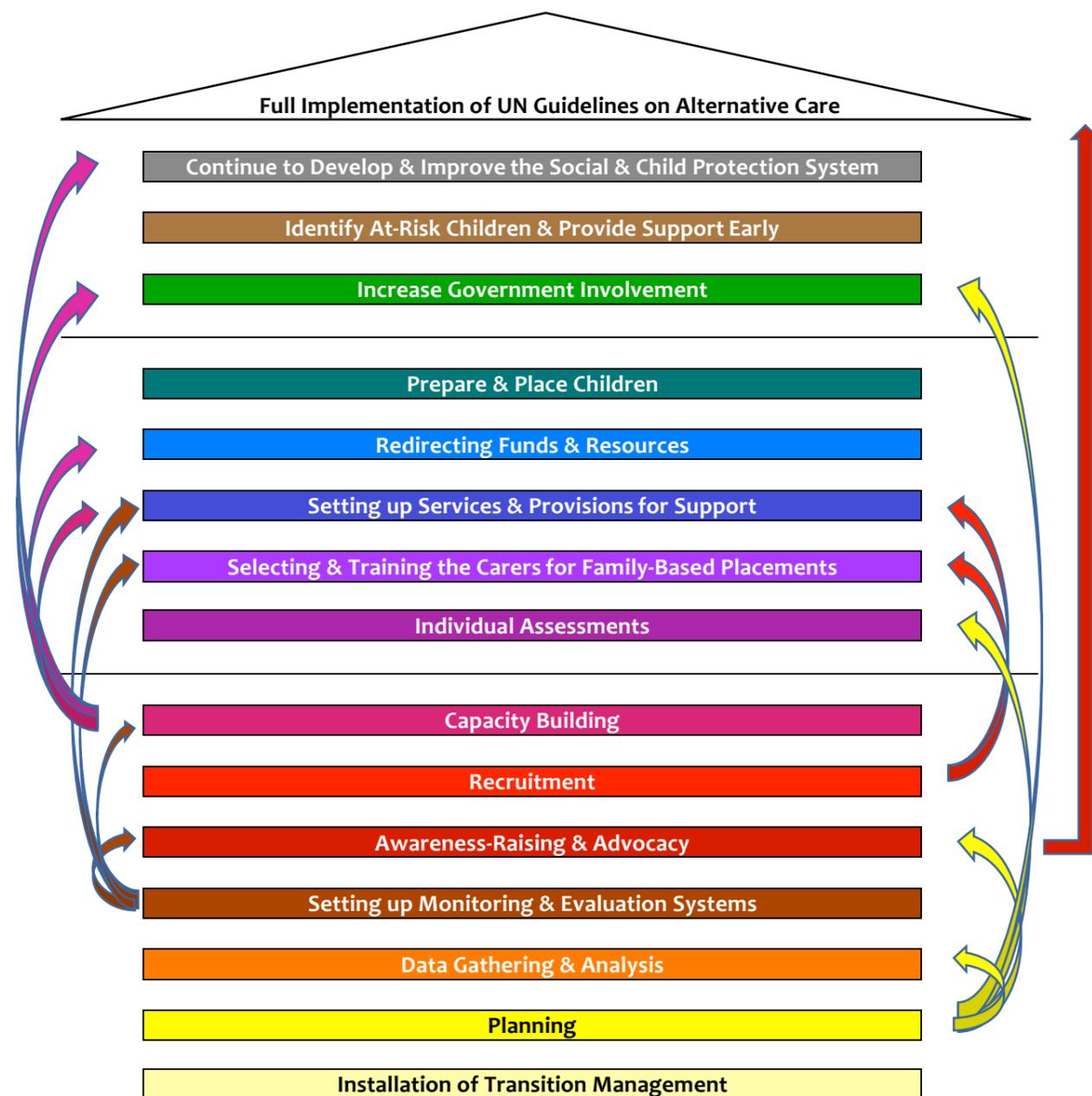
However, if there are no psychologists or counsellors present, or if they are too busy to be able to take on a significant second job on top of their daily duties, it will be necessary to recruit people to do this. Similarly, you may want to recruit people with a background in PR, media, or communications to run the awareness-raising campaign for you.

As mentioned before, recruitment is not a one-off stage. It is something that will return again and again at points where you discover either that you need people with different backgrounds to join your team because the current members do not have the expertise needed to handle the tasks that lie ahead. Or you may find that the scale of what you are doing is growing and that the current team is overburdened, so more people are needed to do the work.

The red arrows in the model give examples of points where you might need people with different skills, however, there may be other points along the line where you feel the need to recruit more staff.

When recruiting, try to avoid only recruiting newly graduated people. While this is often seen as a way to save money, because the required salaries are lower, in practice it ends up causing a lot of delays and costing far more money. It is fine to have some people involved who are just starting and whom you can train yourself, but there should also be experienced people in key positions to make sure that someone knows what is supposed to happen and the transition manager does not end up having to hold everyone's hand throughout the whole process.

Full Implementation of UN Guidelines on Alternative Care

Continue to Develop & Improve the Social & Child Protection System
Identify At-Risk Children & Provide Support Early
Increase Government Involvement
Prepare & Place Children
Redirecting Funds & Resources
Setting up Services & Provisions for Support
Selecting & Training the Carers for Family-Based Placements
Individual Assessments
Capacity Building
Recruitment
Awareness-Raising & Advocacy
Setting up Monitoring & Evaluation Systems
Data Gathering & Analysis
Planning
Installation of Transition Management

Capacity building is a very general term to indicate things that are needed to make sure that people involved in the project are able to do their jobs or to help where help is needed. It involves:

- Providing training
- Creating supportive networks
- Organising exposure visits
- Locating or raising funds

Like recruitment, capacity building is something that does not happen at just one point, it is something that needs to be taken care of whenever it becomes clear that there is a need for it. It is often also beneficial to do things like providing training in stages. If you provide a new recruit, who has never been involved in the transition from institutional to family-based care, with all the training needed to take care of the entire process in the first month on the job, this will lead to information overload and the recruit is unlikely to remember much of what was taught as a result. It may be more useful to start by

providing training about why the transition is taking place and on the skills needed to take care of the first few assignments, and then when the recruit has settled in and become comfortable with the jobs assigned, to schedule another training session where you give information about the next stage.

Capacity building is not just relevant with regards to your team. You may also want to consider providing training and other forms of capacity building for:

- Government representatives (local in the case of a grassroots project, or national when working at a larger scale)
- Child and family judges
- People who are in good positions to be gatekeepers
- Organisations that you wish to partner with (at the later stage of setting up services)
- Community leaders
- Staff from institutions who are being redirected (later stage)
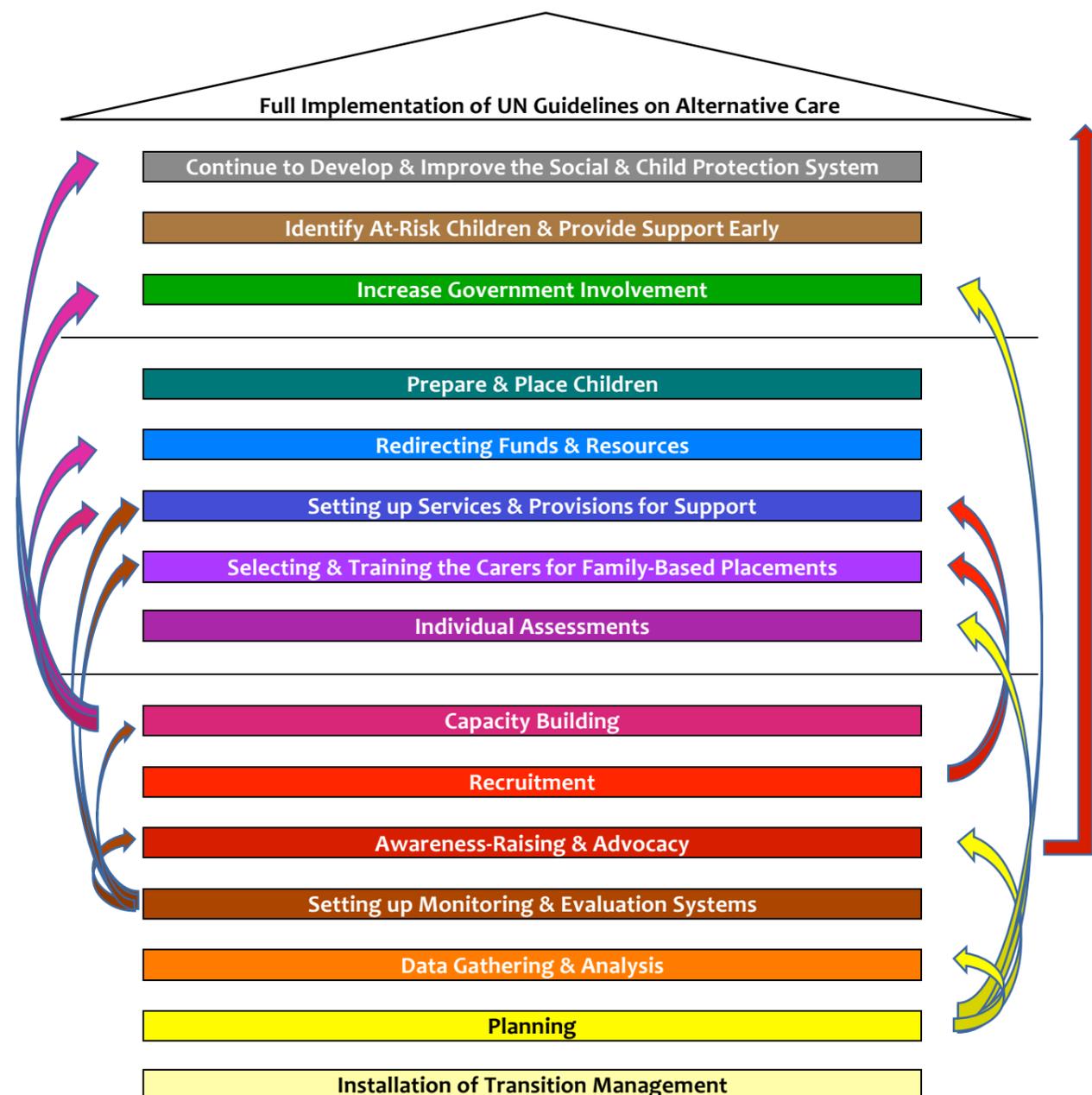
First Line

In the model, the line between the stages of capacity building and individual assessment is not a hard limit between phases that are completely separated from each other. As was mentioned already many of the issues mentioned so far continue to be relevant, and need to be addressed, at various points of the transition process.

Still, there is a valid reason for placing a line here. Up to this point in the process, the work done was mostly behind the scenes work to prepare the ground for what is coming. It is extremely important work and it tends to take up quite a significant amount of time. However, for people looking on from the outside, it may be hard to recognise that

anything has happened because there is relatively little to show for it. It is in the next stage that more visible work will be done that would not have been possible if it could not have been built on the results of the work from the previous stage.

So, essentially this line is to indicate that you now move from a long stretch of hard work with little reward – and indeed often a lot of criticism and pressure to move things along faster – into a phase where your efforts are more likely to be recognised and acknowledged because there is more to show for them on the surface.

Full Implementation of UN Guidelines on Alternative Care

Continue to Develop & Improve the Social & Child Protection System

Identify At-Risk Children & Provide Support Early

Increase Government Involvement

Prepare & Place Children

Redirecting Funds & Resources

Setting up Services & Provisions for Support

Selecting & Training the Carers for Family-Based Placements

Individual Assessments

Capacity Building

Recruitment

Awareness-Raising & Advocacy

Setting up Monitoring & Evaluation Systems

Data Gathering & Analysis

Planning

Installation of Transition Management

No matter whether you are working on the national, district or grassroots level, individual assessments need to be done for every single child, to be able to determine what his or her situation is and what kind of placement is in his or her best interest.

During the gathering of stock information, at the data-gathering stage, some basic information was gathered about the children in institutions – though, at the national level, this will most likely only have been for a sample – but to be able to make decisions about the placement of a child and to write an individual care plan, you need a lot more information.

Trained professionals will have to spend time with individual children – a specific person assigned to work with a specific child, because if the child is confronted with a lot of different people asking questions, he or she is far less likely to be willing to open up and provide the information needed – and gather information about the child's strengths and struggles, about the important relationships in his or her life, about family connections, school, health, etc. This is something that is going to require a lot of time and that needs to be done in a child-friendly way that is appropriate to the age and level of understanding of the child.

Information needs to be gathered from the child, but also from people who know the child well like caregivers, teachers, and health professionals. And where possible, the information should also be gathered from – and about – the child's family. If the child still has living family members, these should be approached. The aim is both to gather information about the child from the family, and to gather information about the family. If it looks like family members might be able to take care of the child, the family needs to be assessed to find out if it would be safe for the child to live with them if they would be able to cope with raising the child, whether they might need support to be able to raise the
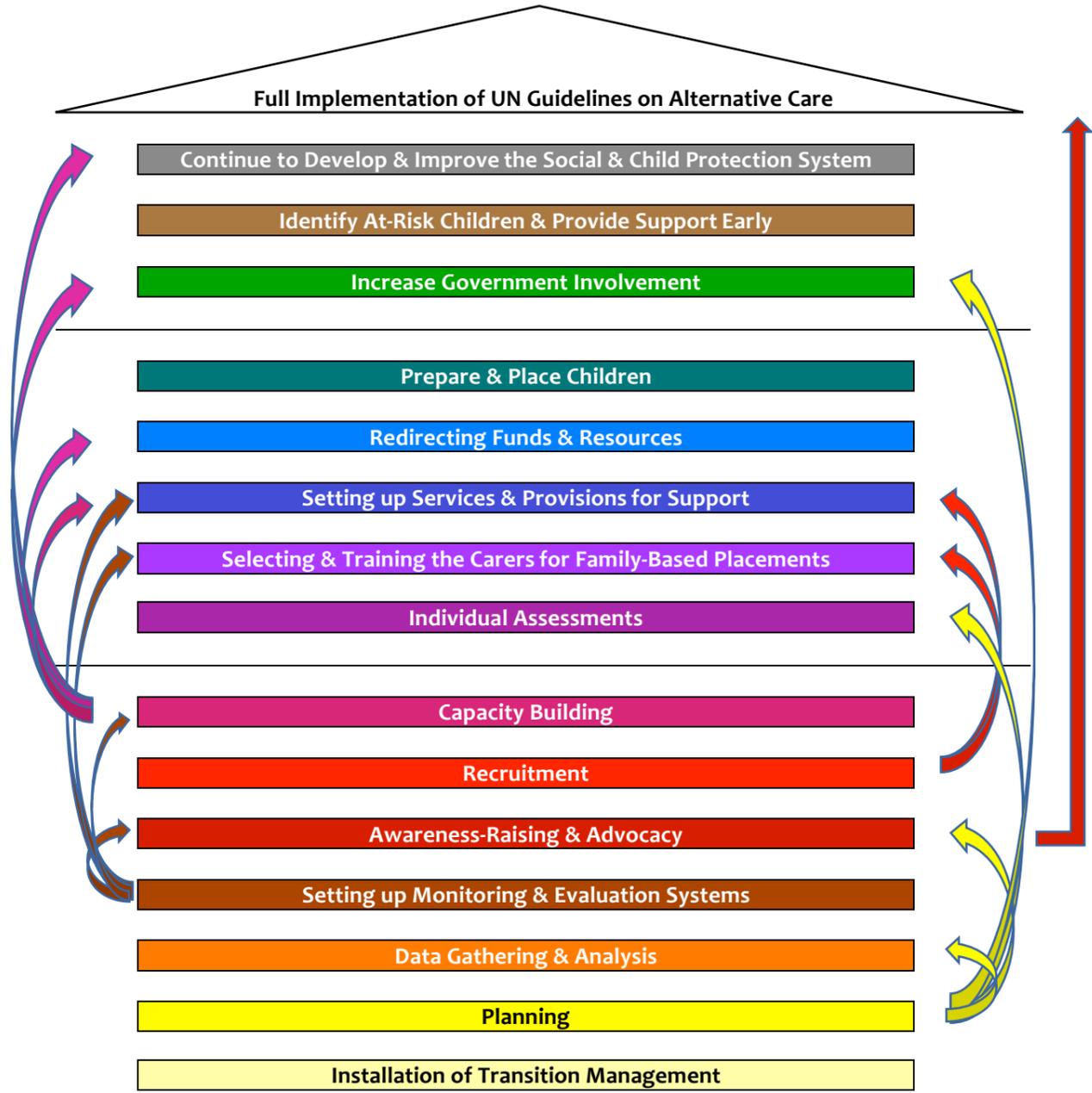
child – and if so, what kind of support would be needed. Again, it should be a dedicated caseworker, who visits the family on several occasions and gets to know them better to be able to decide on whether it would be in the child's best interest to return to his or her family.

Gathering this information is not the end of the process. Information gathered from various different sources needs to be put together and analysed. A meeting needs to be held to discuss this information and to make a decision on what kind of placement would be in the child's best interest. If relevant, family members can be invited to be part of this meeting, and the child should be allowed to be part of and speak up at this meeting too. If the child is attending the meeting, a person should be appointed to help him or her during the meeting and to speak up for him or her if the child wishes something to be said, but is unable or unwilling to do so him or herself.

When making a decision about the placement of the child, the first option that needs to be considered is family reintegration and how that might be made to work – possibly with support -, only if that is not an available option or if it is not safe for the child to return to his or her own family, should other family-based options be considered, or in the last instance, community-based options in small scale setups.

When a decision has been made about the placement of a child, an individual care plan needs to be written with details about what is going to happen, where the child is going to go and what needs to be in place to make sure the child is properly supported. This care plan needs to be regularly reviewed to make sure that it is still relevant, and if it is not, it has to be adjusted.

Full Implementation of UN Guidelines on Alternative Care

Continue to Develop & Improve the Social & Child Protection System

Identify At-Risk Children & Provide Support Early

Increase Government Involvement

Prepare & Place Children

Redirecting Funds & Resources

Setting up Services & Provisions for Support

Selecting & Training the Carers for Family-Based Placements

Individual Assessments

Capacity Building

Recruitment

Awareness-Raising & Advocacy

Setting up Monitoring & Evaluation Systems

Data Gathering & Analysis

Planning

Installation of Transition Management

Like the individual assessments, the recruitment and selection of foster families, caregivers for small group homes, mentors for supported living and other people who will be taking care of children in the community in the alternative care options that will be established, needs to be done at the local level. Ideally, children should be placed within the community they came from or if that is not possible, the community near the school they have attended while in the institution. This provides the child with some established connections to the people living nearby.

As mentioned under awareness-raising and advocacy, awareness-raising should start well in advance of starting to recruit caregivers, for that recruitment to be more likely to be successful. However, the recruitment stage benefits from being combined with an upsurge in the awareness-raising campaign. For example, by combining the now-familiar message that children do better when they grow up in a family, with the question: would you provide a child with the chance to grow up in your family? Or by holding awareness-raising events, where at the end you mention that you are looking for people to apply for caregiving positions – with specific mention of what kind of positions and what it would entail.

Recruitment of caregivers -whether families or individuals – has to be combined with assessment and selection. Not everyone is who applies is going to be suitable for the role, and protecting children and making sure that placements are in their best interest have to be at the core of what is done. It can be disheartening when you have to reject the majority of applicants as unsuitable, but having to put in more effort to find additional caregivers is not as high a price to pay as what might happen to the child if placed with an

unsuitable person or family. It is particularly important not to give in to pressure to accept high-profile people or generous donors as foster families if an assessment shows that they are not suitable in the role.
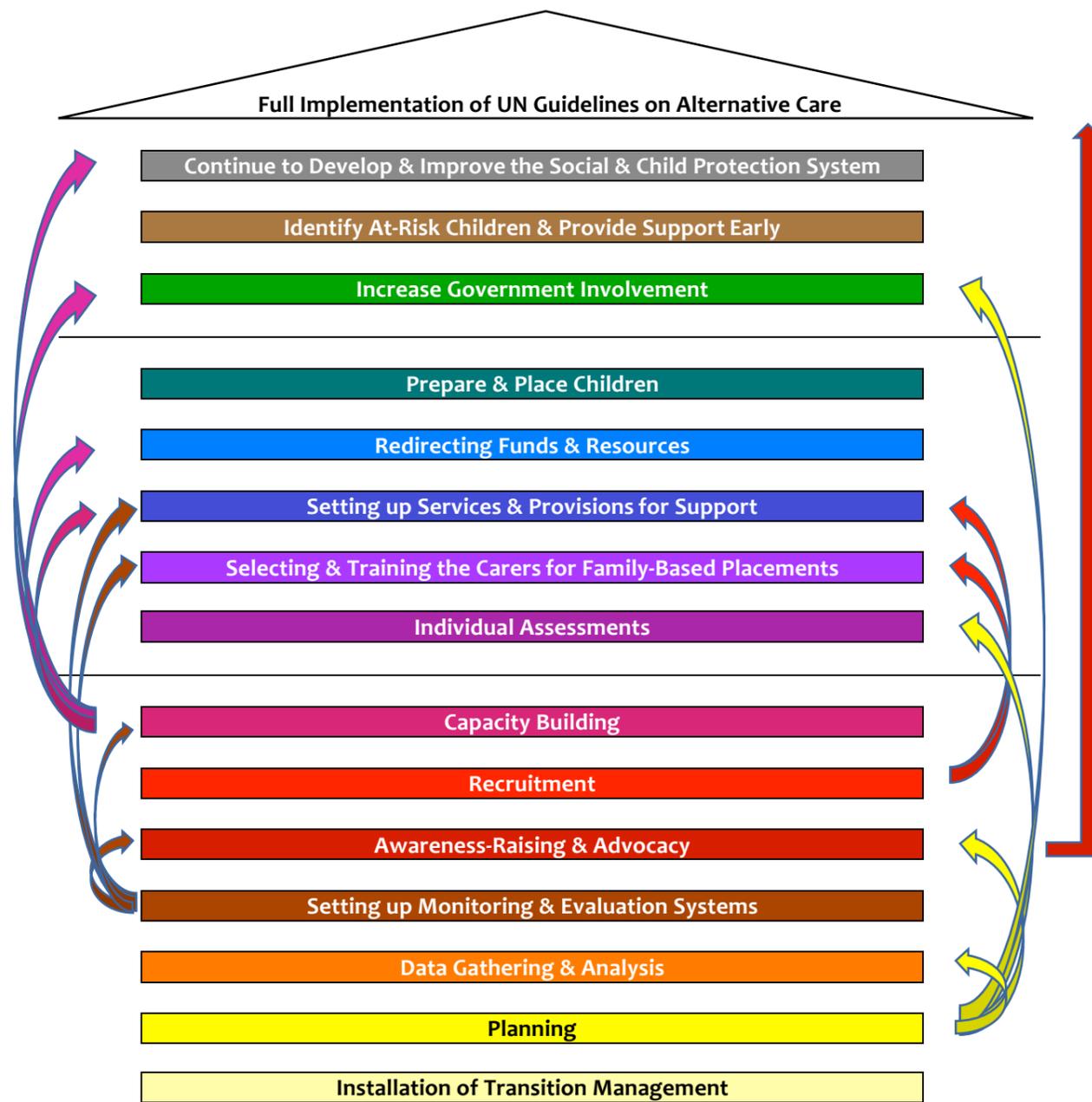
Once people have been assessed – and potential foster families require a similar assessment as children's families that are considered for reintegration – they have to be willing to receive training and guidance. If they are not willing to accept this, they are not suitable and should be rejected.

Training should be given to all caregivers, but also families taking back their children. It may be harder to persuade families of the need to be trained to take care of their own children, however, the children going back to the family, are not the same as they were when they left. The children have been institutionalised and this has profound effects on their development and their behaviour, if their family is not prepared for this, and have not learned how to deal with it, in all likelihood the child will be sent back to the (or another) institution again, which is an extremely traumatic experience for the child.

Training needs to be provided on:

- The effects of institutionalisation
- Challenging behaviour and how to deal with it
- Effective ways of disciplining without using physical punishment
- Positive parenting
- Asking for help when struggling to cope

Full Implementation of UN Guidelines on Alternative Care

- Continue to Develop & Improve the Social & Child Protection System
- Identify At-Risk Children & Provide Support Early
- Increase Government Involvement
- Prepare & Place Children
- Redirecting Funds & Resources
- Setting up Services & Provisions for Support
- Selecting & Training the Carers for Family-Based Placements
- Individual Assessments
- Capacity Building
- Recruitment
- Awareness-Raising & Advocacy
- Setting up Monitoring & Evaluation Systems
- Data Gathering & Analysis
- Planning
- Installation of Transition Management

Using the information gathered during the initial data collection and the individual assessments of children and their family, it is possible to get an overview of what services are needed, for how many people in what locations, whether these services are already available, whether organisations are operating in the relevant locations that might be willing and able to set up and run services there for 'your' children to use, whether you need to provide these organisations with support to do so (and if so, what kind of support), or whether you can build on existing services yourself; and what services are needed and not present in any form, and so need to be set up from scratch, by you.
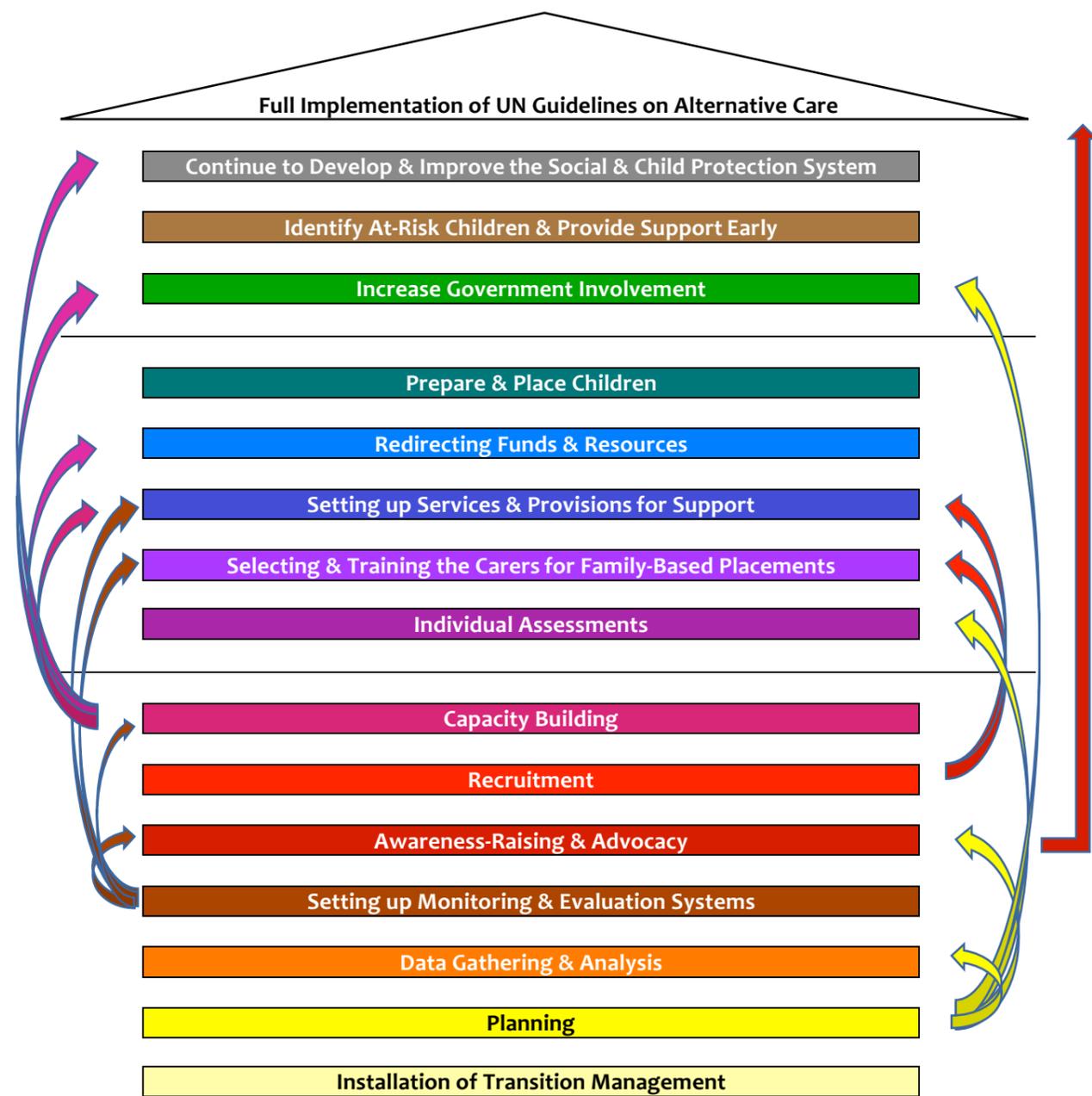
Once you have this overview, you can start to design services, so look at how they should work, how they need to be run and what is needed to set them up. This also involves looking at what you can do yourself and what you are going to need to call in outside help for.

What services are needed, will depend on the local situation, what the children need, and what is already provided for. However, it is important to realise that the range of services that need to be in place is extremely wide. It ranges from general things like schools and healthcare that is accessible, to specialised services like community-based rehabilitation, support with HIV management, and various forms of support for parents who struggle to

care for their children without it. When looking at what services are needed, you also need to think about things like effective gatekeeping systems and provisions that allow children and families to have a say in what happens to them.

Services need to be designed in a way that is inclusive and accessible for everyone in the community. Children with and without disabilities or other special needs should be able to make use of the services provided without discrimination or segregation.

When designing services, you need to take the services that are needed as the basis for the planning, not what is already there or most convenient to provide. When something is already available, that is great and very helpful, but if something is needed and not available, then you are going to have to make sure that it will be arranged, otherwise, the placement of the child is likely to break down. When you are designing services and making a plan for setting them up, it is useful to take into account the next topic: redirecting funds and resources.

Full Implementation of UN Guidelines on Alternative Care

- Continue to Develop & Improve the Social & Child Protection System
- Identify At-Risk Children & Provide Support Early
- Increase Government Involvement
- Prepare & Place Children
- Redirecting Funds & Resources
- Setting up Services & Provisions for Support
- Selecting & Training the Carers for Family-Based Placements
- Individual Assessments
- Capacity Building
- Recruitment
- Awareness-Raising & Advocacy
- Setting up Monitoring & Evaluation Systems
- Data Gathering & Analysis
- Planning
- Installation of Transition Management

When an institution is to be closed, there tends to be a lot of resistance on many accounts, one of them being the 'loss' or 'waste' of the resources available to the institution. Generally, a residential childcare institution will have a building, possibly with land, furnishings of all kinds, supply stores and possibly vehicles. It will also have a funding stream to cover its costs and staff to run the place and take care of the children. Staff tends to be extremely worried about losing their jobs, in addition to other misgivings.

However, there is no need to waste any of this or to leave it behind. Generally speaking, most of the assets and resources – both human and otherwise – can be repurposed and used as part of the new alternative care system or as part of one of the services that are being developed. The aim is the transition of care, rather than just closing institutions.

Depending on the location and the size, the building can be used as the offices from which the new alternative care system is run, or it can be used to start a school, to provide daycare or any number of things. Furniture and supplies can be used to provide children in foster homes and other community-based care placements with beds, tables, chairs, etc. Vehicles can be used by the social workers to visit families, for assessments, monitoring and support visits.
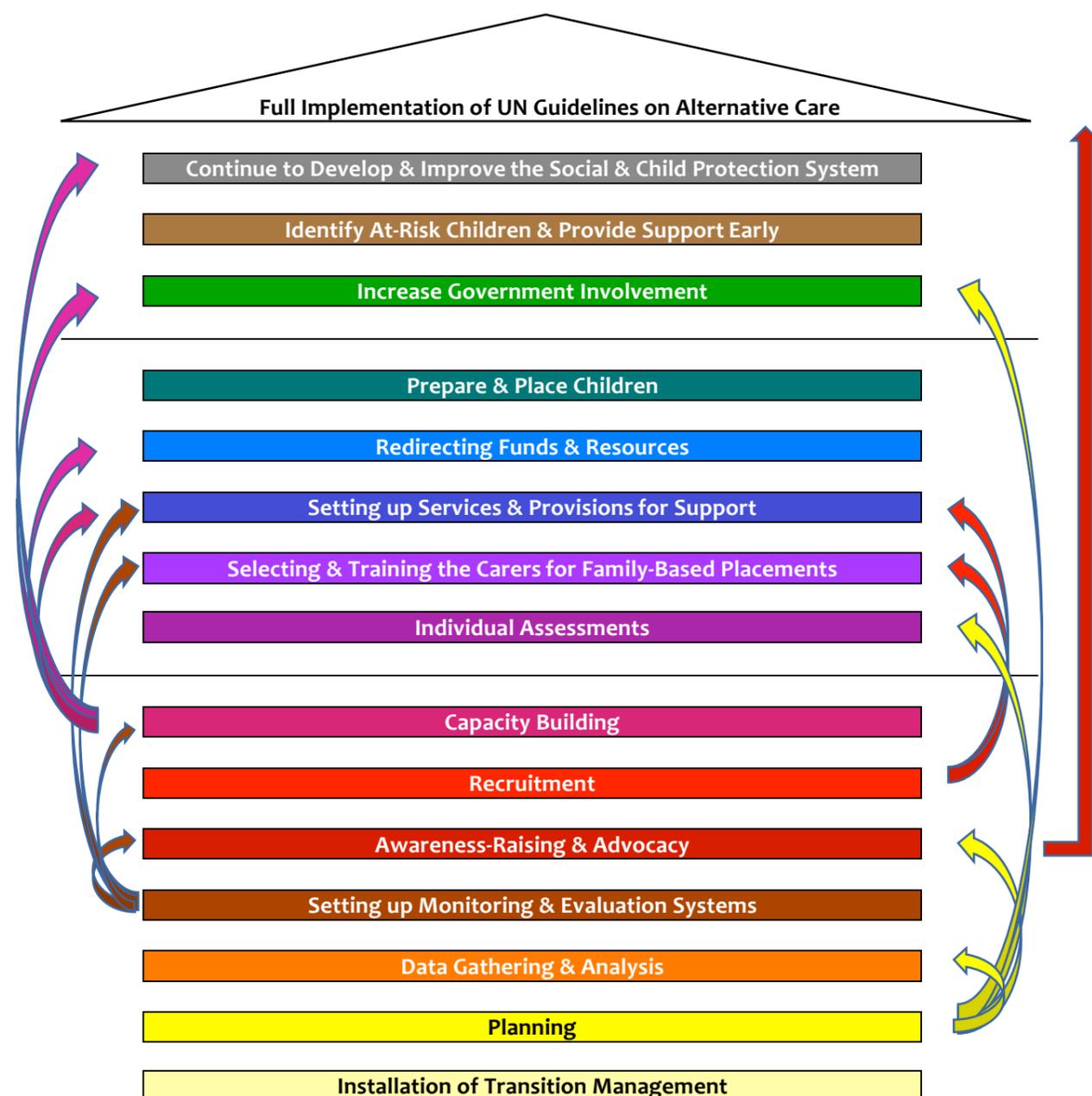
Money that was used to fund the institution, can be used to fund the new alternative care system and the services that support it. As mentioned in the awareness-raising stage, it may be necessary to raise awareness with donors providing money to the institution, to convince them to continue supporting the children, in ways that are more beneficial to them. Plus, in ways that allow more children to be reached for the same amount of money. The budget currently used to provide the children with care should be earmarked to continue to be used for the care of vulnerable children. So instead of seeing the decline of children in the institution as a way to save money, while on the other end there is a struggle to secure funds for family-based care and community services, the money should

transition from one care system to the next, just like the children do.

Staff too can often be given new jobs after the transition. An assessment needs to be done, of course, people should not be given jobs blindly. If there is knowledge of someone having been abusive or otherwise harmful towards the children, that person should not be allowed to work with children anymore. However, the majority of staff tends to have the children's well-being at heart. They will generally require training and some support – falling under capacity-building – to prepare for their new functions but given that they can do very well. Caregivers in the institution may be interested to be retrained as foster carers, or as caregivers of small group homes if these are being set up. Psychologists and social workers employed by the institution can be valuable additions to the alternative care team, and so on.

As part of the planning and design of services, take into account the resources that can be redirected into the new system and how best to do this. When it comes to planning, it is very important to think carefully about the timing of the redirection of various resources. For example, most people would find it obvious that you cannot move beds to new locations before children are being moved because that would leave children without a bed. Somehow fewer people seem to make the connection that you cannot retrain caregivers to become foster parents and then have them become the first foster carers to take two children each into their home. This situation would ensure that the first handful of children would arrive in homes with familiar carers straight away, which is great, but it would also mean that the other 10-20 children for whom the caregiver was responsible are left in their dorm without anyone to look after them.

So, while staff from the institution should be used wherever possible to support the new services and systems, it is essential to keep in mind that you cannot afford to move staff to new positions until a significant part of the children have already moved out of the institution and redundancy of staff is starting to emerge.

Full Implementation of UN Guidelines on Alternative Care

Continue to Develop & Improve the Social & Child Protection System

Identify At-Risk Children & Provide Support Early

Increase Government Involvement

Prepare & Place Children

Redirecting Funds & Resources

Setting up Services & Provisions for Support

Selecting & Training the Carers for Family-Based Placements

Individual Assessments

Capacity Building

Recruitment

Awareness-Raising & Advocacy

Setting up Monitoring & Evaluation Systems

Data Gathering & Analysis

Planning

Installation of Transition Management

Once a decision has been made about where a child is going to go, that is just the start of a lengthy road to move the child out. You cannot simply tell the child that this is what has been decided and then have him or her pack his or her things and be dropped off at a new home. Even if the child is to return to his or her own family, a period of preparation is necessary.

When a child is moved from a place that is familiar to a new place, with new people (or in the case of family, people whom the child has not been in close contact with for several years) this is a very big and difficult step. A step that, if it is not handled properly, can even become traumatic for the child.

A well-organised and executed preparation stage is needed to make sure that the move to a new home does not become traumatic for the child. Getting this right, requires insight and skill, something that may need to be worked on through capacity building.

Preparation of the children needs to involve allowing them to get used to the idea that they are going to go somewhere else, and allowing them to get familiar with where they will be going and whom they are going to be living with. This is done by allowing a child to meet with the family members with whom he or she will go and stay, or the foster parents, or whatever type of caregivers that will take care of him or her once he or she is moved out of the institution on several occasions. This should be done in situations that allow the child and the adults to get to know each other and to enjoy themselves together in a relatively relaxed way. If the child will be placed together with other children from the institution, it is also useful to encourage those children to spend time together and to get to know each other before they move.
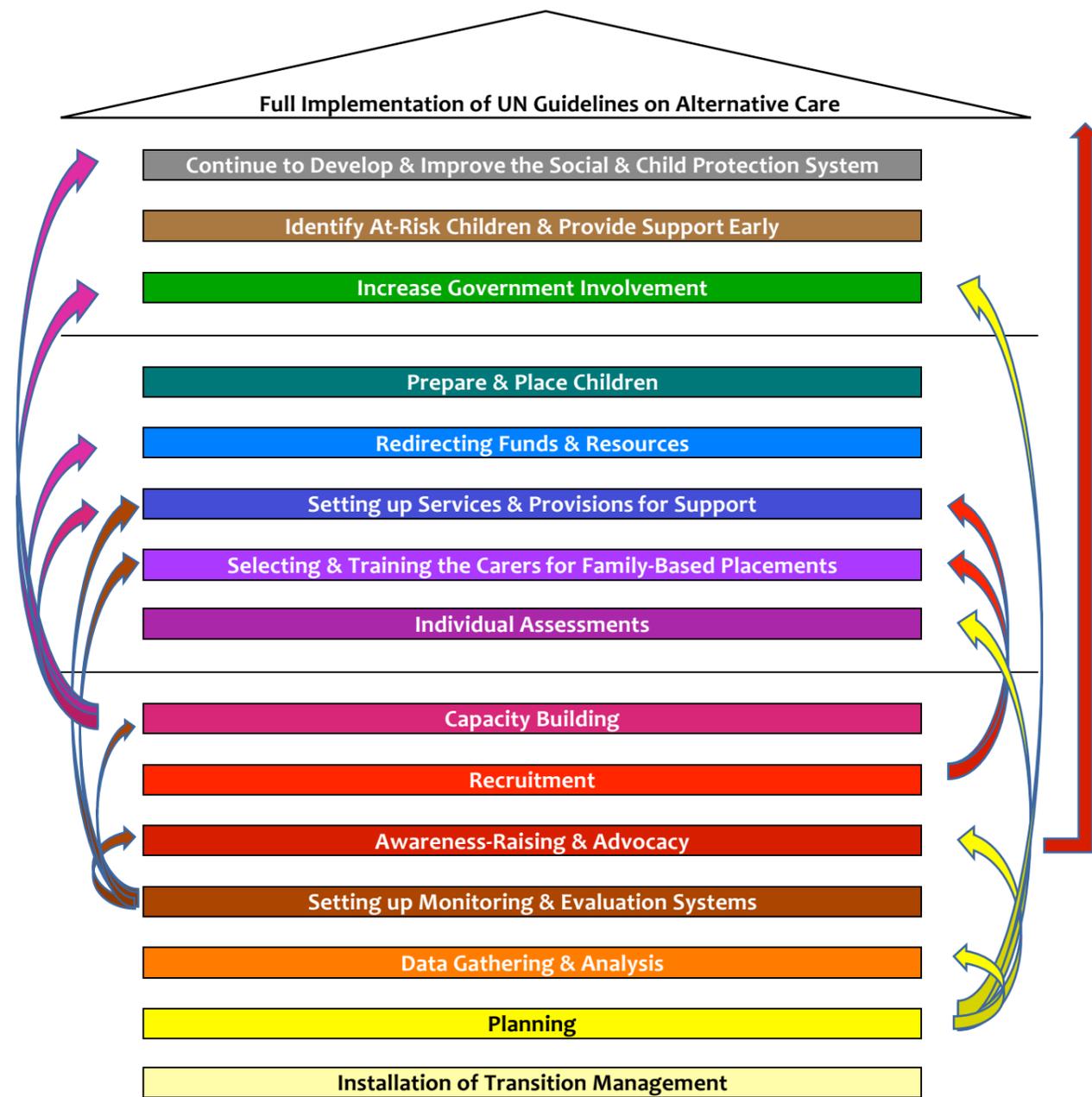
Aside from getting to know the people the child will go to live with, it is also helpful if he or she can visit the place where he or she will go to live so that an image is formed of a specific place where he or she will be staying. It can be very reassuring to have seen a room with a bed waiting for his or her arrival. Also

getting an idea of how the neighbourhood looks, and if there is to be a change of schools, to get to see the school where the child will be going all makes the prospect less frightening.

Preparation should also include the acknowledgement that the time spent in the institution was significant for the child. Helping the child put together a kind of record of memories about life in the institution, taking photos with friends, caregivers and of special places that he or she can take along when going, and giving children ways to stay in touch with each other when they are separated into different placements will all help make the personal transition easier. It can also help if the child is able to bring something with him or her that was familiar in the institution. Having something known and familiar can be comforting when the child finds him or herself in a new environment.

Children will generally not all be moved out at the same time. The period over which children start to gradually move out may stretch over several weeks or even months, depending on how things are organised. To prevent a sense of 'being left behind' or 'being forgotten about', or 'being worthless' in the last remaining children, there should not be a situation where just a handful of children – or even worse, a single child – remains in the institution while all others have gone. Arrangements have to be made to make sure that the last 10-20 children all move out on the same day.

When the moment comes for the child to leave the institution, it often helps if there is a small celebration and a clear expression of the child being valued by people left behind, and that he or she will be missed. The child should be taken to his or her new home by the social worker or counsellor that has worked with him or her over the past period, and who is therefore familiar. This person who escorts the child should stay after delivering the child until the child indicates that he or she is alright with them going. Doing this, rather than having the child be picked up at the

Full Implementation of UN Guidelines on Alternative Care

Continue to Develop & Improve the Social & Child Protection System

Identify At-Risk Children & Provide Support Early

Increase Government Involvement

Prepare & Place Children

Redirecting Funds & Resources

Setting up Services & Provisions for Support

Selecting & Training the Carers for Family-Based Placements

Individual Assessments

Capacity Building

Recruitment

Awareness-Raising & Advocacy

Setting up Monitoring & Evaluation Systems

Data Gathering & Analysis

Planning

Installation of Transition Management

institution by the new caregivers, makes the transition less abrupt and allows the child to adjust to the new situation slightly more gradually.

The time needed for proper preparation will be different from child to child. Generally speaking, very young children and children with severe intellectual disabilities – as well as children who have not left their room or even cot for a long period – will need a much longer time to get used to the idea of change.
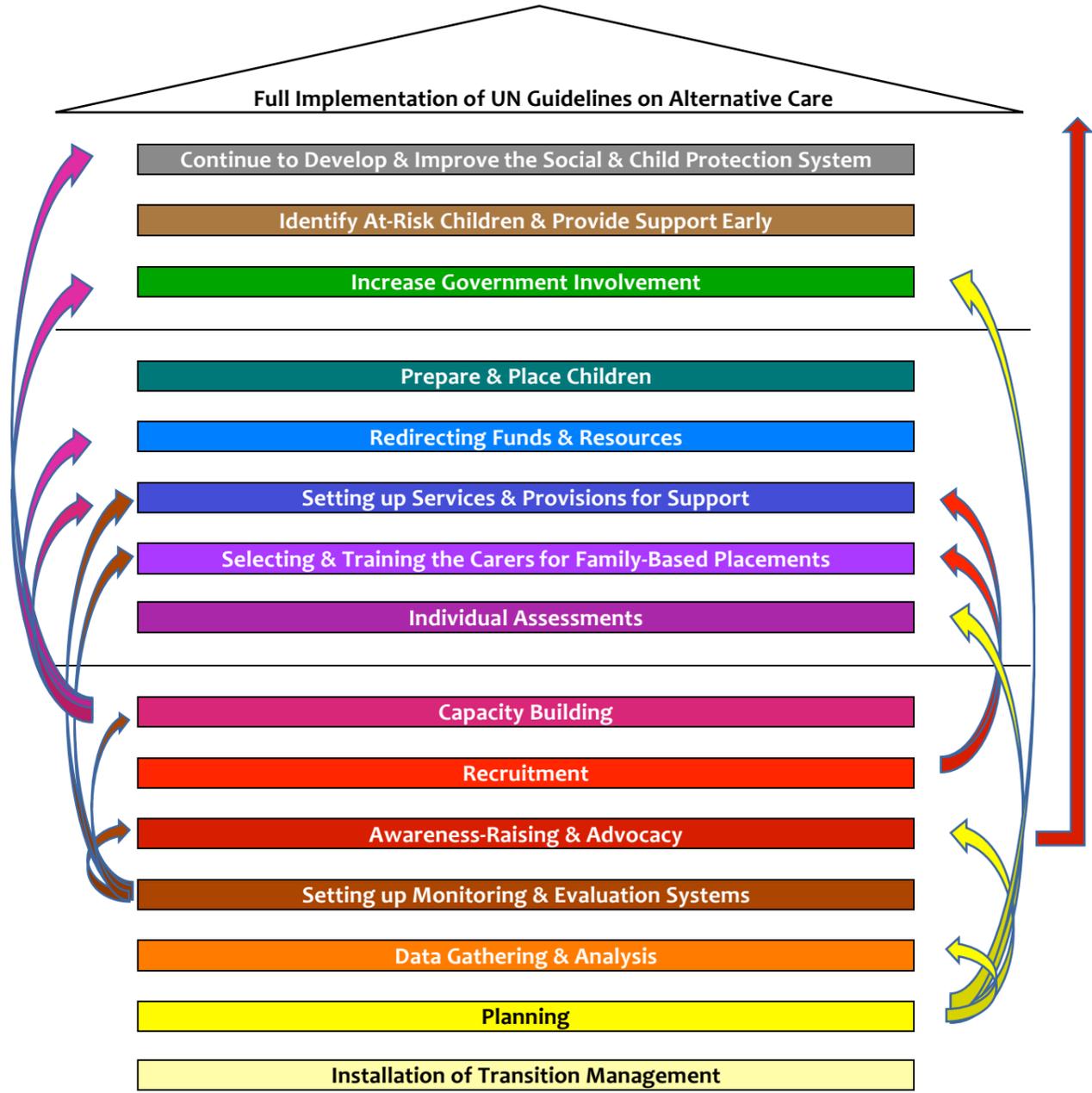
Particularly for those who have been stuck in a single room for a long time, if the preparation is not done carefully and at a pace appropriate to their needs, the psychological shock of the change might kill them.

Second Line

Like the first line, the second line is not a strict division, but it does mark the start of a new phase in a way. The stages mentioned after the second line will start as soon as the first children are moved from the institution, which may be quite a while before the last children leave it. However, there is a division here in the sense that once the last children have left the institution, the deinstitutionalisation process is finished and the transition is over. However, wor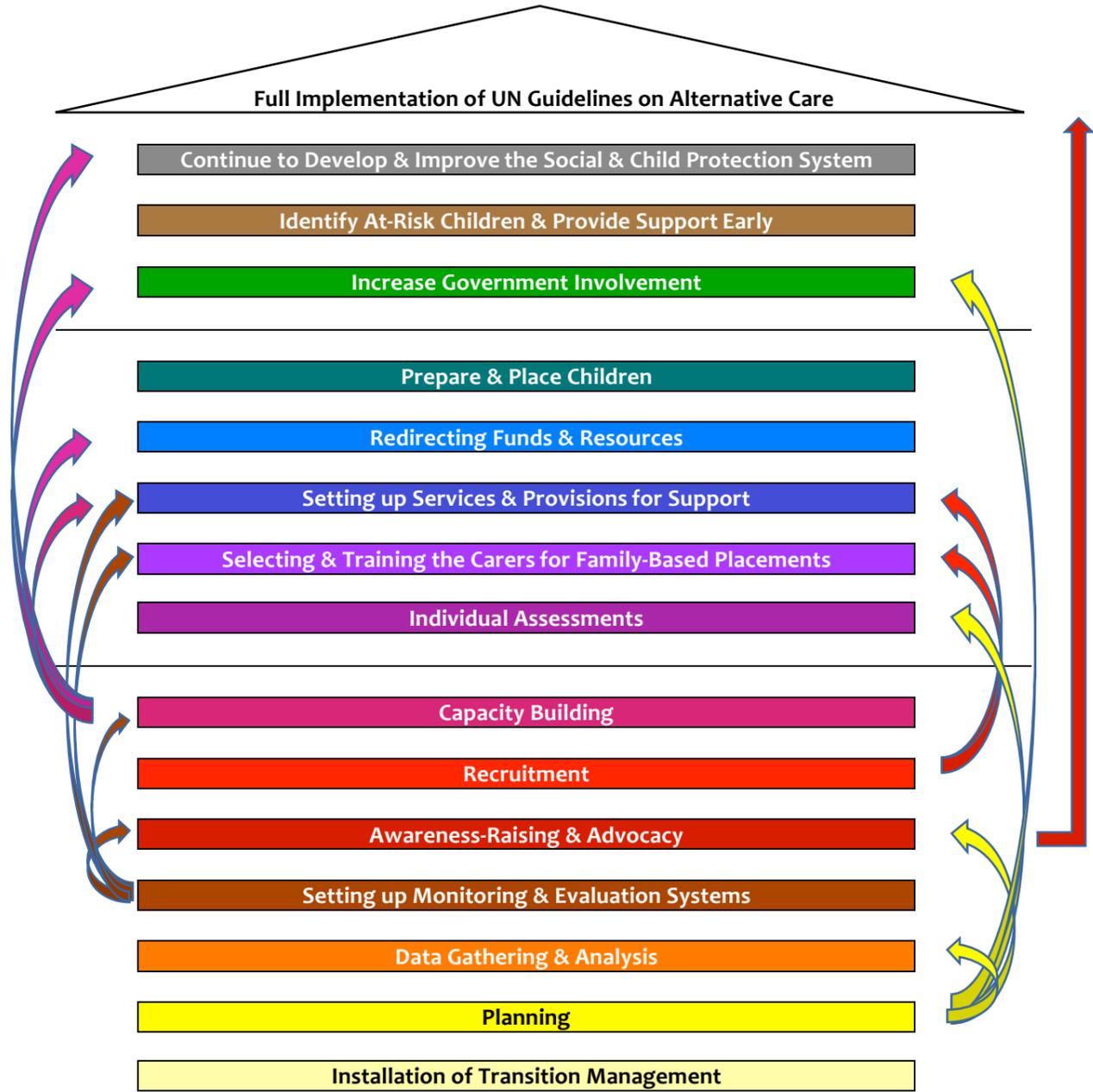king towards full implementation of the Guidelines for the Alternative Care of Children does not begin and end with deinstitutionalisation, it is a much broader undertaking. And work on it needs to continue long after there are no children left in institutions anywhere in the world. So, the stages following the second line indicate the work waiting for you once the first children have been moved into family-based and community-based care, and to be continued indefinitely.

Full Implementation of UN Guidelines on Alternative Care

- Continue to Develop & Improve the Social & Child Protection System
- Identify At-Risk Children & Provide Support Early
- Increase Government Involvement
- Prepare & Place Children
- Redirecting Funds & Resources
- Setting up Services & Provisions for Support
- Selecting & Training the Carers for Family-Based Placements
- Individual Assessments
- Capacity Building
- Recruitment
- Awareness-Raising & Advocacy
- Setting up Monitoring & Evaluation Systems
- Data Gathering & Analysis
- Planning
- Installation of Transition Management

Whether this step is relevant, depends on the circumstances of your transition. If you are working with or for the government at the national level to set up a family-based alternative care system, obviously there is no need to get the government more involved in the process and the system. However, if you work at the grassroots level, or if you work with or for an NGO to get family-based alternative care established – as is the case in many places – it is important not just to keep doing things yourself, but to continually encourage and lobby government departments at different levels to become involved and to gradually take over the reins of the operation. Because a system as complicated and all-pervasive as social and child protection can only be truly sustainable if the government has a strong involvement in it, or at the very least provides financial support and monitoring.

Getting the government to really become involved in social and child protection and family-based alternative care is something that runs right through the process, including the advocacy and capacity building stages. The reason to mention it here separately is, as mentioned, because of the importance of government backing – this may be local government, state government or national government, depending on the scale of your project and on the way your country is governed – of the family-based alternative care and family-strengthening systems. If up to this point you have not been able to achieve any substantial government involvement yet, you are going to have to ramp up your advocacy campaign to do so.

Full Implementation of UN Guidelines on Alternative Care

Continue to Develop & Improve the Social & Child Protection System

Identify At-Risk Children & Provide Support Early

Increase Government Involvement

Prepare & Place Children

Redirecting Funds & Resources

Setting up Services & Provisions for Support

Selecting & Training the Carers for Family-Based Placements

Individual Assessments

Capacity Building

Recruitment

Awareness-Raising & Advocacy

Setting up Monitoring & Evaluation Systems

Data Gathering & Analysis

Planning

Installation of Transition Management

Once children have been placed back with their own families, or in foster families or other family- and community-based alternative care placements, that is not the end of the road or the work. The necessary support has to continue to be given to the families and caregivers (whether they are the child's own family or not), and the child's situation and well-being need to be monitored.

For children who have returned to their own families the monitoring needs to continue as long as support is needed, and if no further support is needed it needs to continue until the situation appears stable and there has been no need for help or intervention for 6-12 months. For other children, monitoring has to take place as long as they are in an alternative care placement.
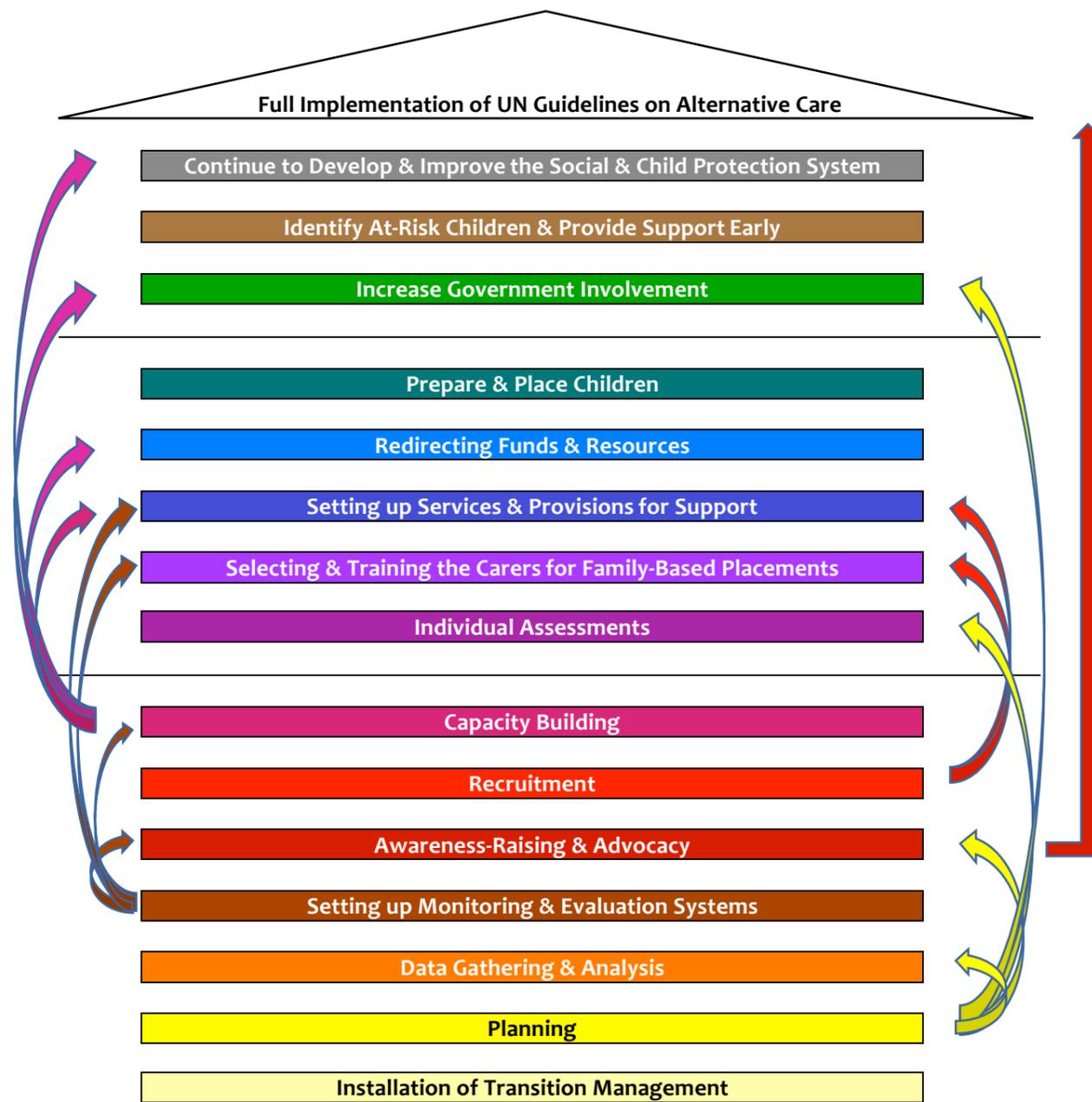
Monitoring involves making periodic visits to the child, to observe the living circumstances and the interactions between the child and other children, and the child and the adults in the household. These visits should also include conversations with the child alone, and conversations with the child's caregivers. The aim is to find out if there are any problems or issues for which support is needed. An assessment needs to take place of whether the child is still safe and happy in the placement and if not, what can be done to improve the situation.

Aside from these monitoring visits, both the child and the adults should have the contact details of a dedicated social worker, whom they can call if there is a problem that they need help with. And if the child has been placed in an alternative care placement, his or her file and the entire situation needs to be reviewed regularly, to make sure that the placement is still in the child's best interest. While previously it might not have been safe or in the child's best interest to live with his or her parents, the family's situation may have changed, making it possible for the child to return home. The Necessity Principle mentioned in the introduction does not only apply to the start of the process, but it applies at all times: the child should only be away from his or her family if this is in his or her best interest. If it becomes possible and safe for the child to return home, this should be facilitated.

To be aware of whether or not it is now possible for the child to return home, it is necessary to regularly review the child's case. If there appears to be a possibility of returning the child to his or her family, an individual assessment of the child and the family needs to be made (again) and if the decision is made to move the child, the preparation stage needs to be applied before the child is moved. Moving a child from one family situation to another requires a similar preparation to the move from an institution into a family.

Full Implementation of UN Guidelines on Alternative Care

Continue to Develop & Improve the Social & Child Protection System

Identify At-Risk Children & Provide Support Early

Increase Government Involvement

Prepare & Place Children

Redirecting Funds & Resources

Setting up Services & Provisions for Support

Selecting & Training the Carers for Family-Based Placements

Individual Assessments

Capacity Building

Recruitment

Awareness-Raising & Advocacy

Setting up Monitoring & Evaluation Systems

Data Gathering & Analysis
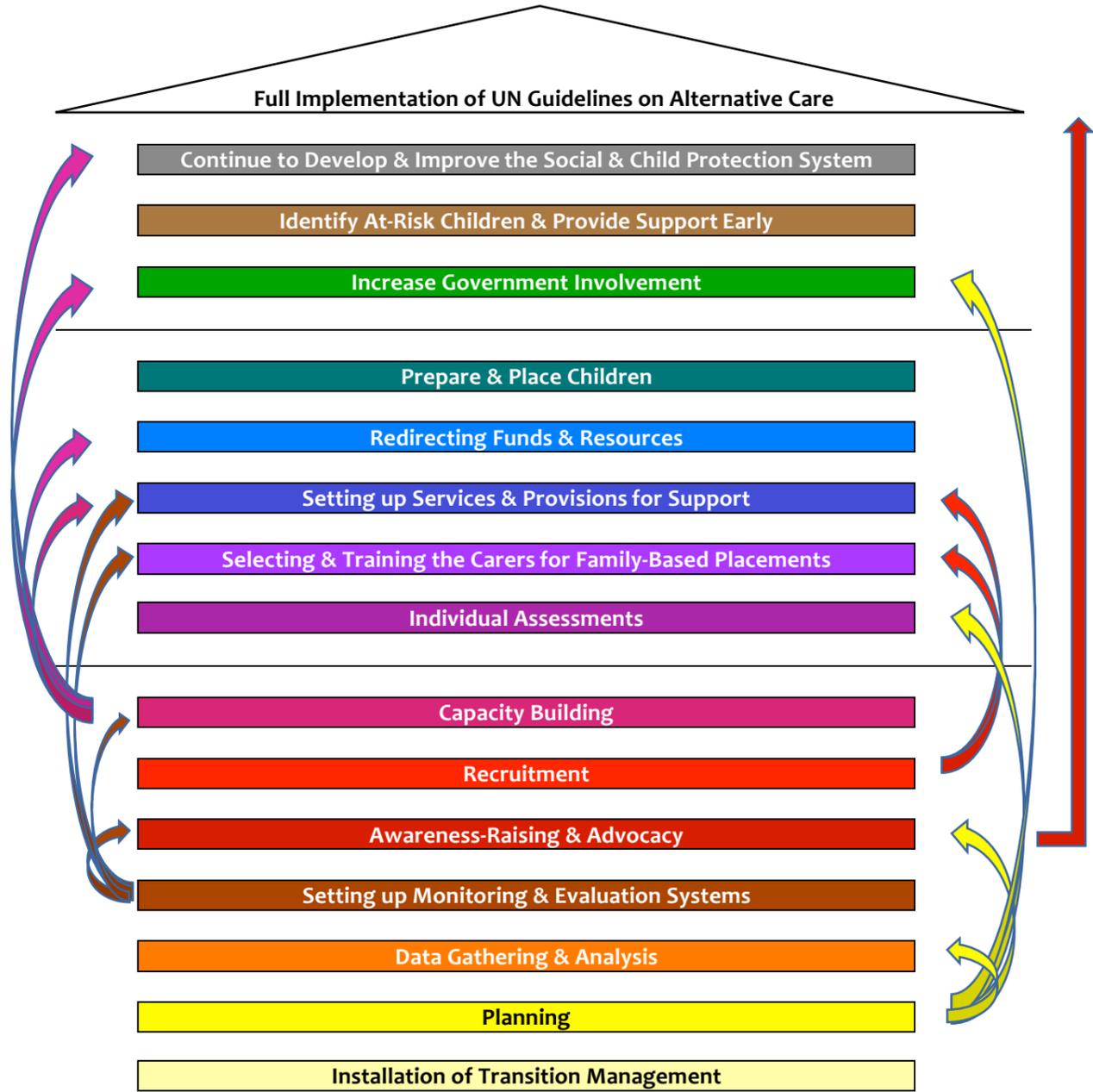
Planning

Installation of Transition Management

Once there are no more children in institutions, that too is not the end of the work to be done. Family-based alternative care and family strengthening do not just serve to absorb children who previously lived in institutions. These systems are in place to provide support and protection to the most vulnerable families and children in society. To be able to provide this protection, there is a need for ongoing collection and analysis of data. To be able to identify children who are at risk of losing parental care and families struggling to provide for their children, to know what kind of support needs to be provided to these families to prevent children ending up being separated from their families or to prevent a decline in health due to deprivation, you need to be informed of what children are at risk. You also need data to let you know that a child may not be safe living with his or her family and may need to be placed elsewhere – either temporarily while the family receives help to be better able to cope, or long-term if that is not possible – for his or her protection.

By making sure that there are systems in place to identify children at risk at an early stage – before the situation has reached a crisis point – providing support to the family is more likely to be effective and separation of the child from the family becomes less likely to be necessary. This is positive for the child because outcomes for children tend to be much better when they can stay with their family, and supporting a child in his or her own family tends to be cheaper than having to fund an alternative care placement.

So a system needs to be set up to allow early identification of significant risks to vulnerable children, combined with a response system to react to that.

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Development work is never done. There is no such thing as a perfect child and social protection system Even if someone should manage to establish something that would be considered a perfect system according to today's best practice, by next month new insights and information will emerge to show that certain things that were long considered to be beneficial turn out to be harmful to children. So, changes need to be made again.

A high quality social and child protection system needs to have guidelines and certain protocols in place, however, it can never be rigid. At the core of the Guidelines for the Alternative Care of Children, as well as of the Convention on the Rights of the Child, lies the best interest of the individual child, which should take precedence over all other considerations. Both in the day to day decision making and the functioning over time, there has to be flexibility and a willingness to adapt to the given circumstances of the individual case, and to keep learning, developing and improving. Only through that can we hope to achieve full implementation of the Guidelines for the Alternative Care of Children.

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