

From Institutions to Family and Community Based Care



hope and homes
for children



STAHILI

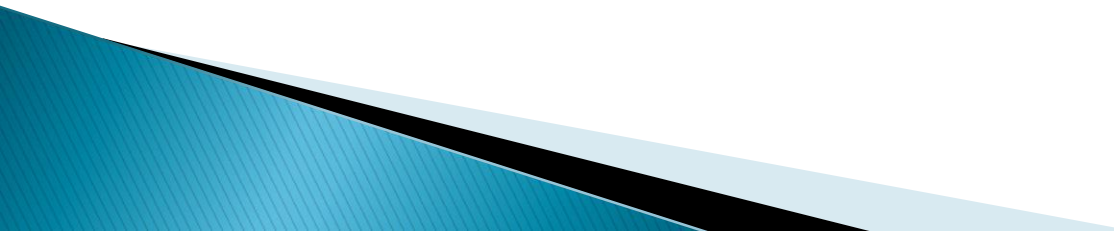
Stahili

- ▶ Michelle Oliel

Our **mission** is to work with Governments and communities to change how we care for children sustainably.

Our **vision** is a world where children live in families.

Key Recent Achievements

- ▶ Reintegration and family support programmes
 - ▶ Emergency foster care
 - ▶ 200 Government officials trained
 - ▶ Reached over 1,000
 - ▶ Mapping project
 - ▶ Brought Government stakeholders together
- 

Hope and Homes for Children

Tessa Boudrie

Our *mission* is to be the catalyst for the global elimination of institutional care of children

Our *vision* is a world in which children no longer suffer institutional care

● **Countries of Operation**

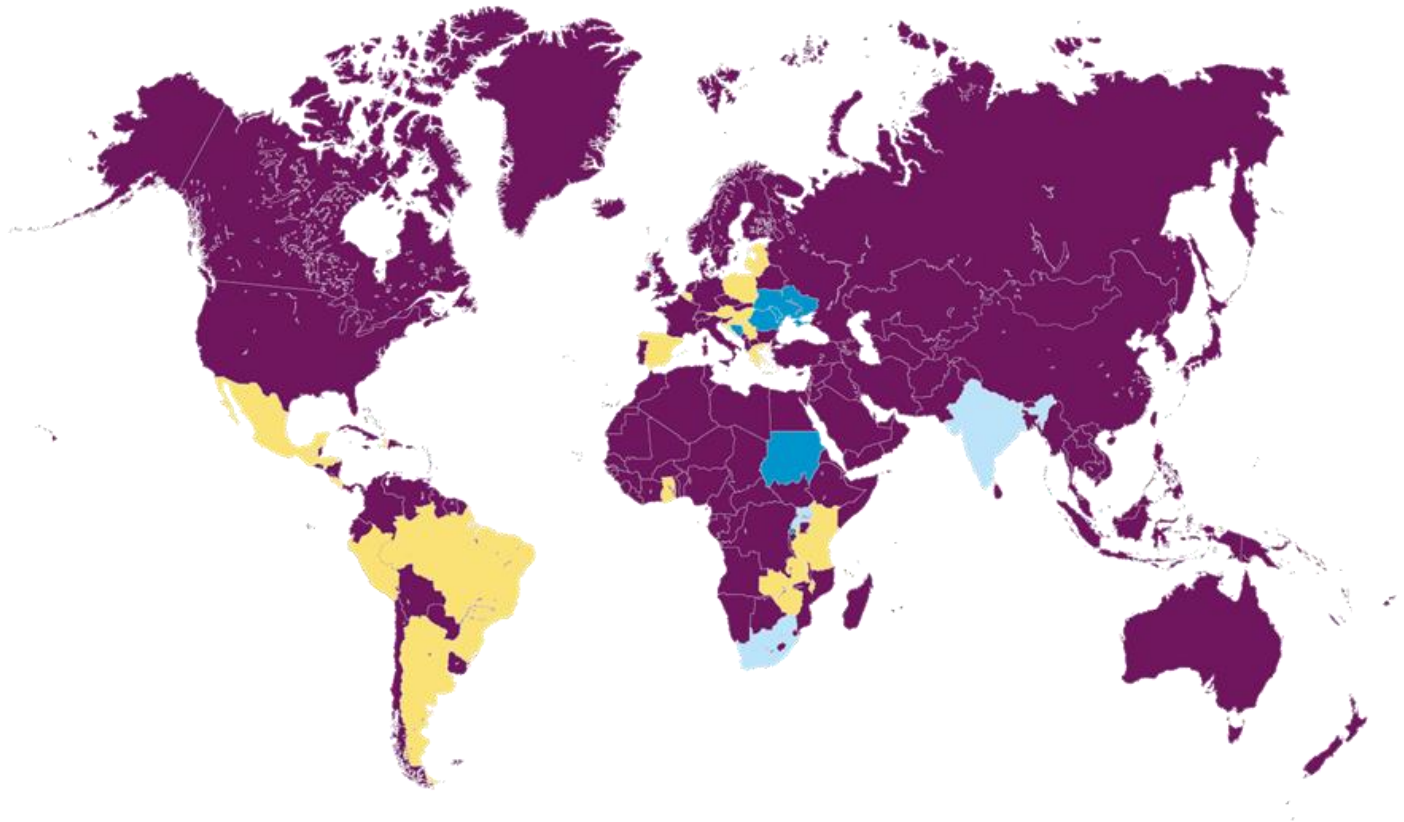
Bosnia
Bulgaria
Moldova
Romania
Rwanda
Sudan
Ukraine

● **Strategic Pilot Projects**

India
Nepal
South Africa
Uganda

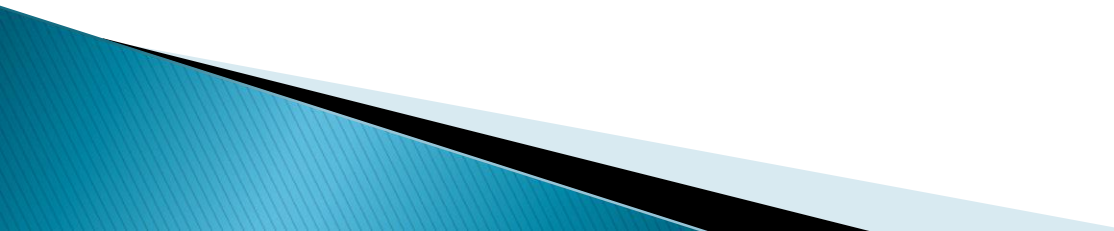
● **Countries of Influence**

Argentina	Kenya
Austria	Latvia
Belgium	Lithuania
Brazil	Malawi
Costa Rica	Mexico
Croatia	Peru
Estonia	Poland
Ghana	Serbia
Greece	Spain
Guatemala	Tanzania
Haiti	Zambia
Honduras	Zimbabwe
Hungary	



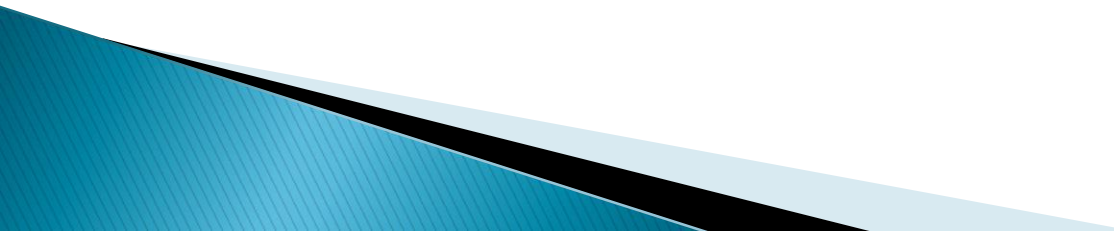
Achievements

Over the last 25 years, Hope and Homes for Children have...

- ▶ Transitioned **16,297** children and young adults from institutions
 - ▶ Prevented the separation and institutionalisation of **129,495** children and young people
 - ▶ Trained **55,103** professionals
 - ▶ Closed **111** institutions
- 



“Decades of research prove that growing up in institutions has detrimental psychological, emotional and physical implications including attachment disorders, cognitive and developmental delays, and a lack of social and life skills leading to multiple disadvantages during adulthood”



Damaging

Children in orphanages are often subject to high levels of abuse and neglect. They live in a world without love

Unwanted

Orphanages actively contribute to family separation by providing a one-size-fits-all response to deeper societal problems, which are left unaddressed.

Unnecessary

Orphanages do not care for orphan children. There are 8 million children across the world confined to institutions. Over 80% of them are not orphans.

The Harm of Orphanages

Physical Development

- ▶ Weight; height; head circumference
- ▶ 1 month of physical growth loss for 2–3 months in institutions

Cognitive Development

- ▶ Mean IQ lower
- ▶ Effects on memory; attention; executive function

Socio Emotional Development

- ▶ Inattention; hyperactivity; disinhibited social engagement; quasi-autistic behaviours

Young Adulthood

- ▶ Low educational achievement; unemployment; mental health service usage

Evidence of Harm – Behaviour and Psychological

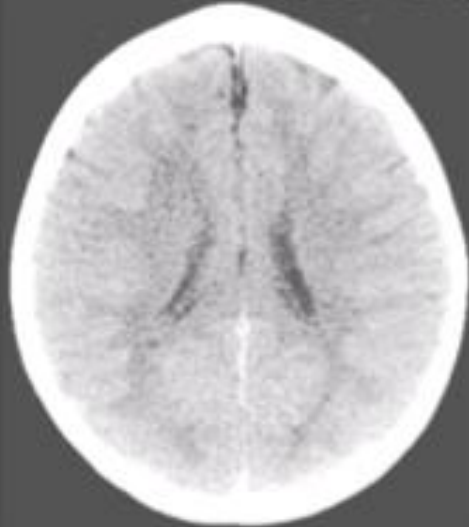
Evidence from the **Bucharest Early Intervention Project** – revealed that children who were currently or previously institutionalised had a much higher rate of psychological disorders compared to never-institutionalised children (53.2% vs 22%) (Zeanah *et al* 2009)

Over 60% of children in institutional care exhibited stereotypical behaviours significantly reduced, and with earlier and longer family-based placements the reductions became larger (Bos *et al* 2010)

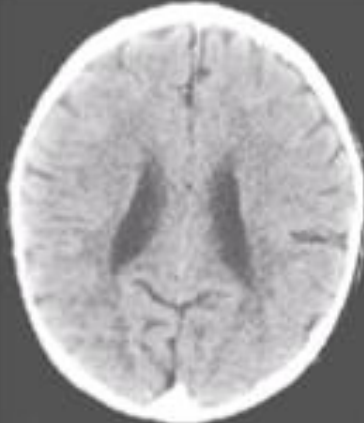


Brain Development

3-Year-Old Children



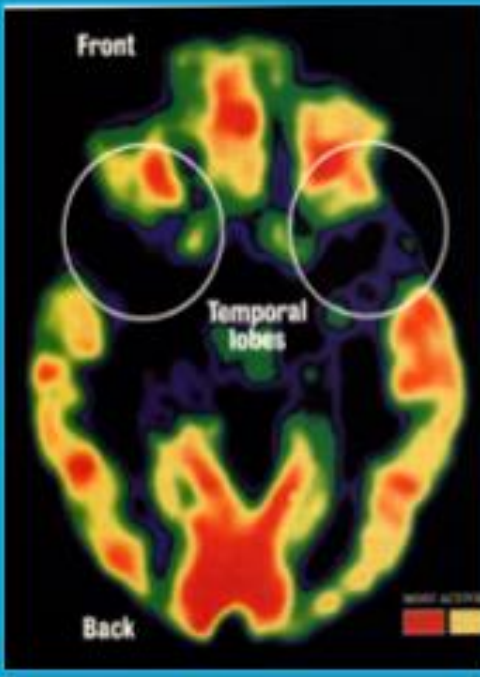
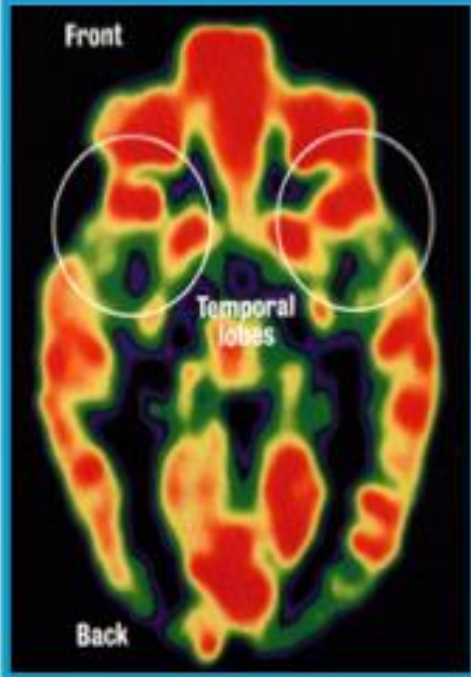
Normal



Extreme Neglect

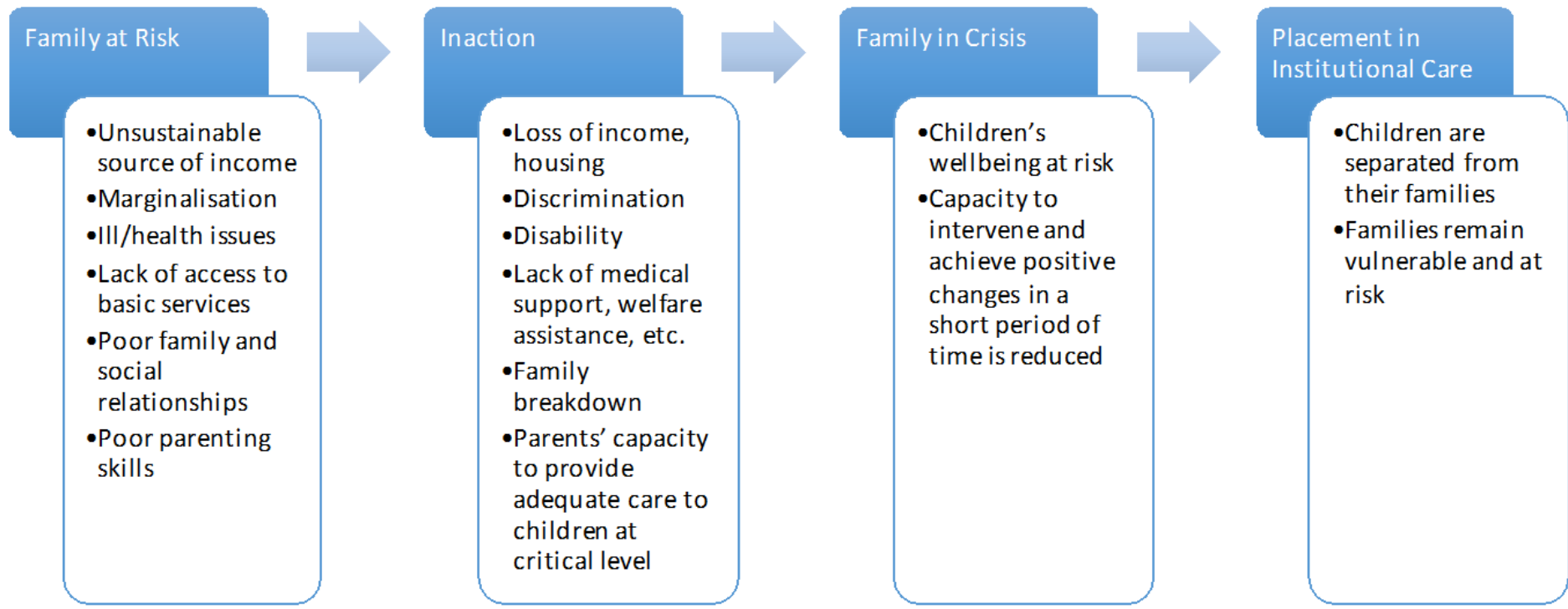
Child Health An. 1/10/09

1997 Bruce D. Perry, M.D., Ph.D.



What do you think are the reasons
that children are placed in
institutions?






Push and Pull Factors

Push Factors

- ▶ Family separation/divorce
- ▶ Family/household economic status
- ▶ Various forms of child abuse and neglect
- ▶ Harmful cultural beliefs/practices
- ▶ Disability
- ▶ Orphanhood
- ▶ Abandonment
- ▶ Terminal illness – incapacitating the parent’s ability to provide care
- ▶ Child relation to caregiver
- ▶ Children in conflict with law

Pull Factors

- Promise of support with basic needs
- Education
- Elements of juvenile justice system
- Inadequate community based support but on the other side mushrooming “ready support” available in the institution
- Voluntourism
- Donor willingness to fund orphanages, especially the faith based community
- Lack of stringent measures to enforce laws, especially strong gatekeeping mechanisms



THE LOVE YOU GIVE

Care Reforms



PANAMA
GREECE
BULGARIA RWANDA
ZAMBIA CAMBODIA
GUATEMALA
SUDAN KENYA
INDIA HAITI
UGANDA COLOMBIA
SOUTH AFRICA
NEPAL



change

IN CHILD PROTECTION
& CARE SYSTEM REFORM



A sustainable system is one that is supported by a strong social workforce and adequate funding. A strong social workforce is one that is supported by adequate funding and regular investment in training and development.



CREATING CONDITIONS

STEP 1 Developing readiness	STEP 2 Setting change in motion
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IMPLEMENTING

5 STRATEGIES FOR DEINSTITUTIONALISATION And the tools they require
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SUSTAINING

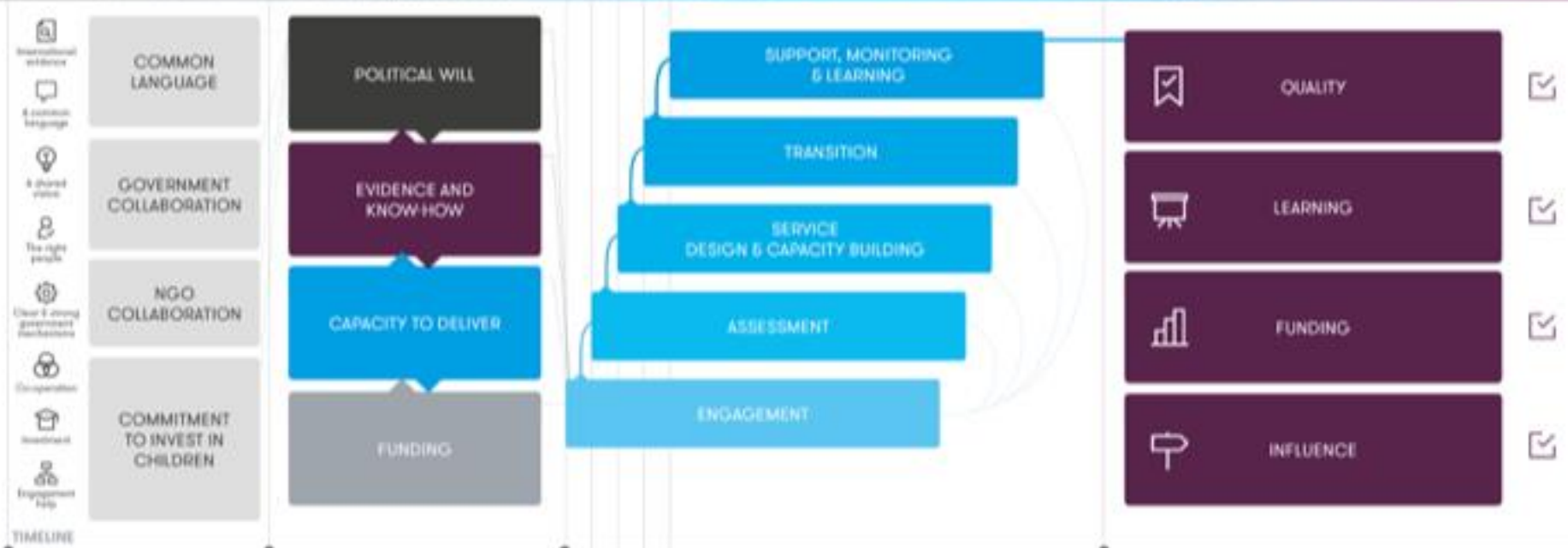
FINAL CHECKLIST

WHAT DO WE NEED TO REFORM CHILD PROTECTION AND CARE?

HOW TO REFORM CHILD PROTECTION AND CARE, THE THEORY OF CHANGE

WHAT DO WE DO ONCE WE HAVE CREATED THE CONDITIONS FOR CHANGE?

HOW DO WE ENSURE THE CHANGE IS LASTING?



Some steps may be achieved in a short period while others may be achieved in the longer term.

Each of these stages can be repeated and refined.


The process, of course, should lead to the development of systems that have no institutions. But closing institutions is, in fact, almost a secondary outcome of any real programme of deinstitutionalisation.

KEY PRINCIPLES

- **Rights-based**
- **Do no harm**
- **Prioritize the best interests of the child.**
- **Importance and prioritization of family-based care**
- **Use a strengths-based perspective**
- **Collaborate with others**
- **Participation**

- Prevention unpopular.
- How do we know who needs services and support and when do we intervene and with what services?
- Foster care isn't as developed as it could be. It takes time, resources, and is it really part of "our" culture?
- Kinship care can be complicated. Do we want to formalize it?
- Reintegration takes time.
- Our own biases and stereotypes about what families should be? Especially those that have been separated?
- Independent living and aftercare services take resources.
- Institutions are present and available when needed.
- Many systems are privately funded



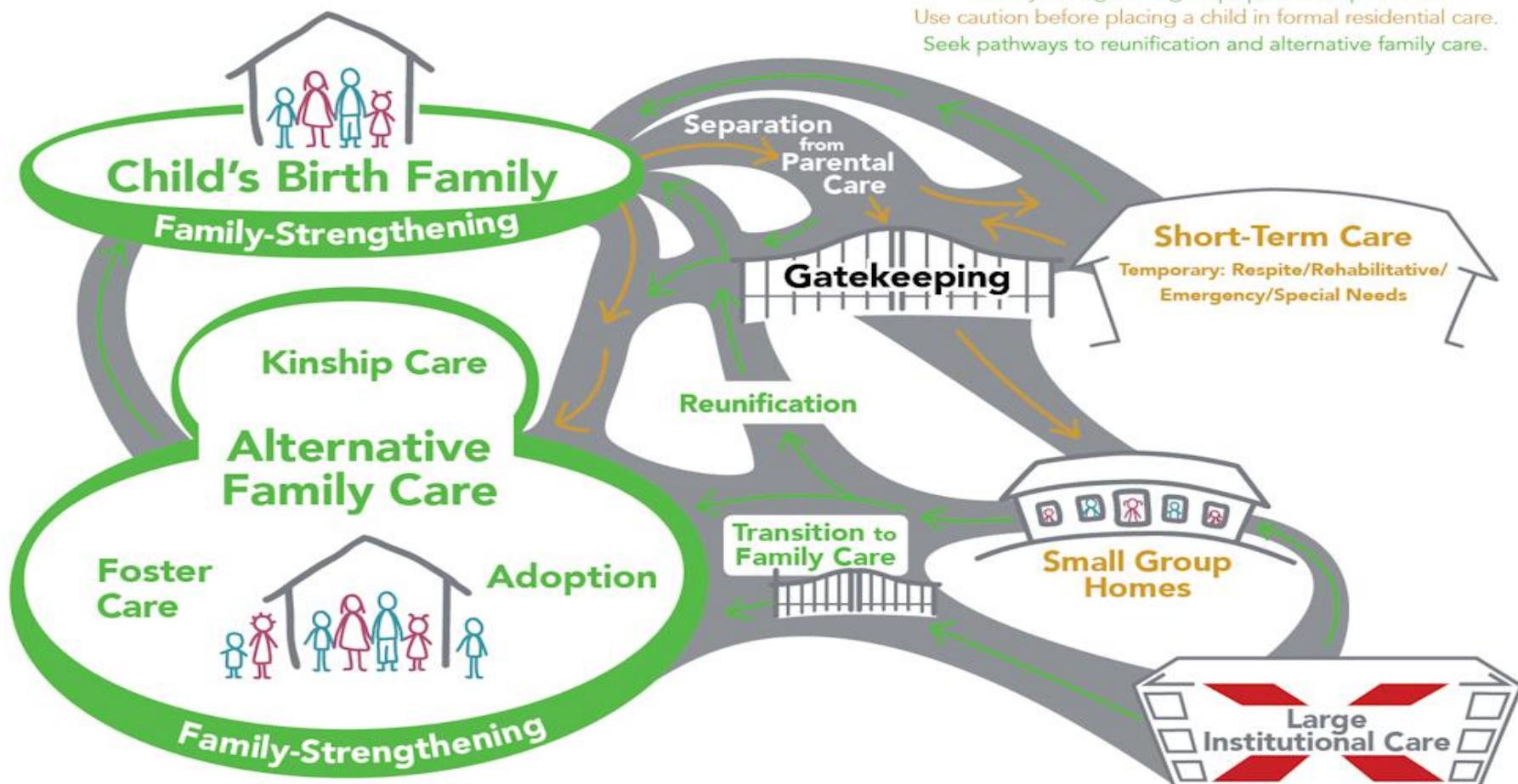
A photograph of a doorway with a blue circular overlay containing text. The doorway is framed by wooden trim, and a bright light source is visible through the opening. The background shows a dark interior space with some items hanging on the wall. The blue circle is semi-transparent, allowing the background to be seen through it.

Gatekeeping is an essential tool in diverting children from unnecessary initial entry into alternative care, and reducing the numbers of children entering institutions.

Family Care

Formal Residential Care

Family-strengthening helps prevent separation.
Use caution before placing a child in formal residential care.
Seek pathways to reunification and alternative family care.



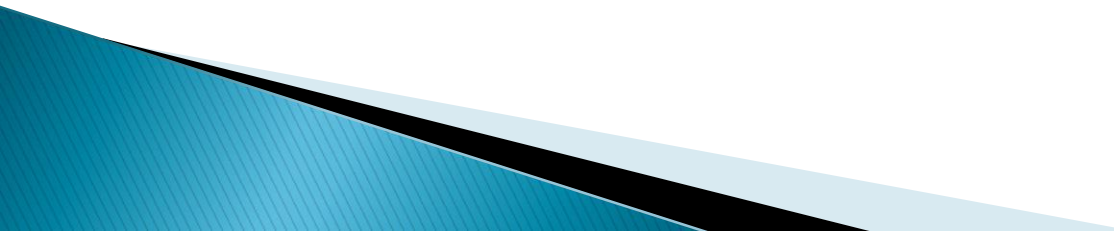
FAMILY SUPPORT & PREVENTION



First response is to support families to care for their children and **PREVENT** unnecessary family separation and removal of child.

How do we do this?

Nepal and India: Prevention and gatekeeping

- ▶ Changemakers
 - ▶ Safe spaces
 - ▶ Access to services
- 

Continuum of Care

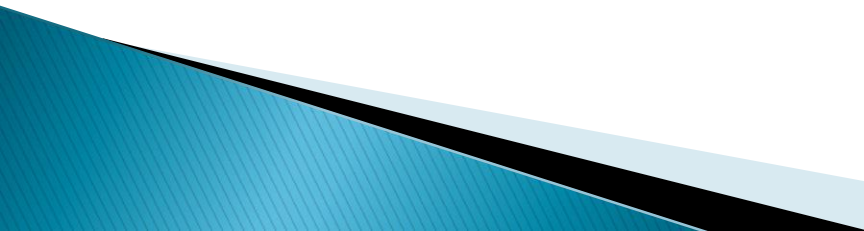


*A moratorium has been placed on inter-country adoptions

** This includes group homes

***A moratorium has been placed on the registration of new CCIs

Core Principles

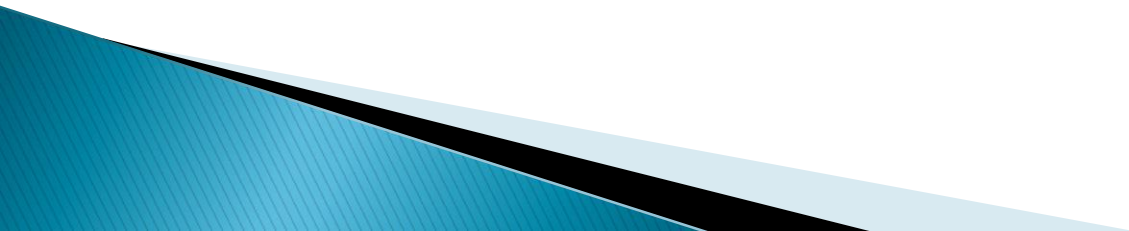
- ▶ ***Principle of necessity:*** Ensuring that children are not unnecessarily separated from their families and discouraging unwarranted recourse to alternative care.
 - ▶ ***Principle of suitability/appropriateness:*** A range of care services should be available to meet the unique needs of each child, and all care options should meet minimum standards. The care option for each child should be selected on a case-by-case basis, and provision should promote long-term solutions.
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Foster care



Working with Government

Kenya Case study



Kenyan Context

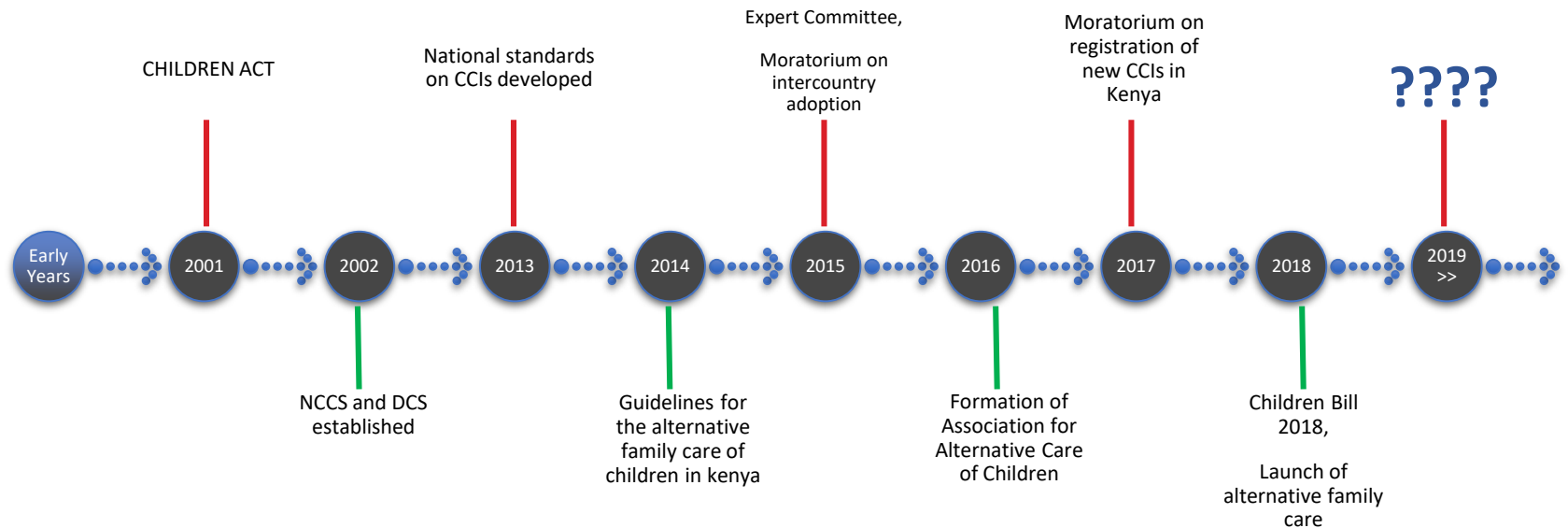
- ▶ CCIs are privately run, usually by:
 - religious groups
 - private individuals
 - NGOs/ Civil societies
- ▶ 45,000 children live in 854 registered CCIs.
- ▶ 1,500 children live in 29 statutory institutions.
- ▶ Actual number of CCIs in Kenya is UNKNOWN

**“THE FAMILY IS THE
NATURAL AND
FUNDAMENTAL UNIT OF
SOCIETY AND THE
NECESSARY BASIS OF
SOCIAL ORDER, AND
SHALL ENJOY THE
RECOGNITION AND
PROTECTION OF THE
STATE”**

--ARTICLE 45, CONSTITUTION OF KENYA



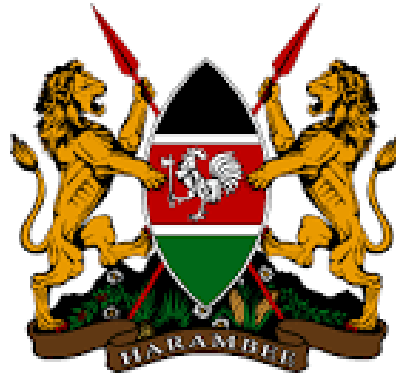
Care reform in Kenya: Our journey



DEVELOPMENTS IN CARE REFORMS IN KENYA

- ← Supportive legal and policy framework
- ← Guidelines for Alternative Family-Based Care of Children
- ← Draft national case management guidelines
- ← Political leadership and commitment to the effort
- ← Social protection programs aimed at strengthening family
- ← Active civil society partners
- ← Religious leadership demonstrating commitments to care reform
- ← Increasing opportunities for funding supportive to care reform
- ← Galvanized momentum to promote alternative family care options
- ← Linkages with other programs (e.g., OVC programs)

Data collection in Murang'a County



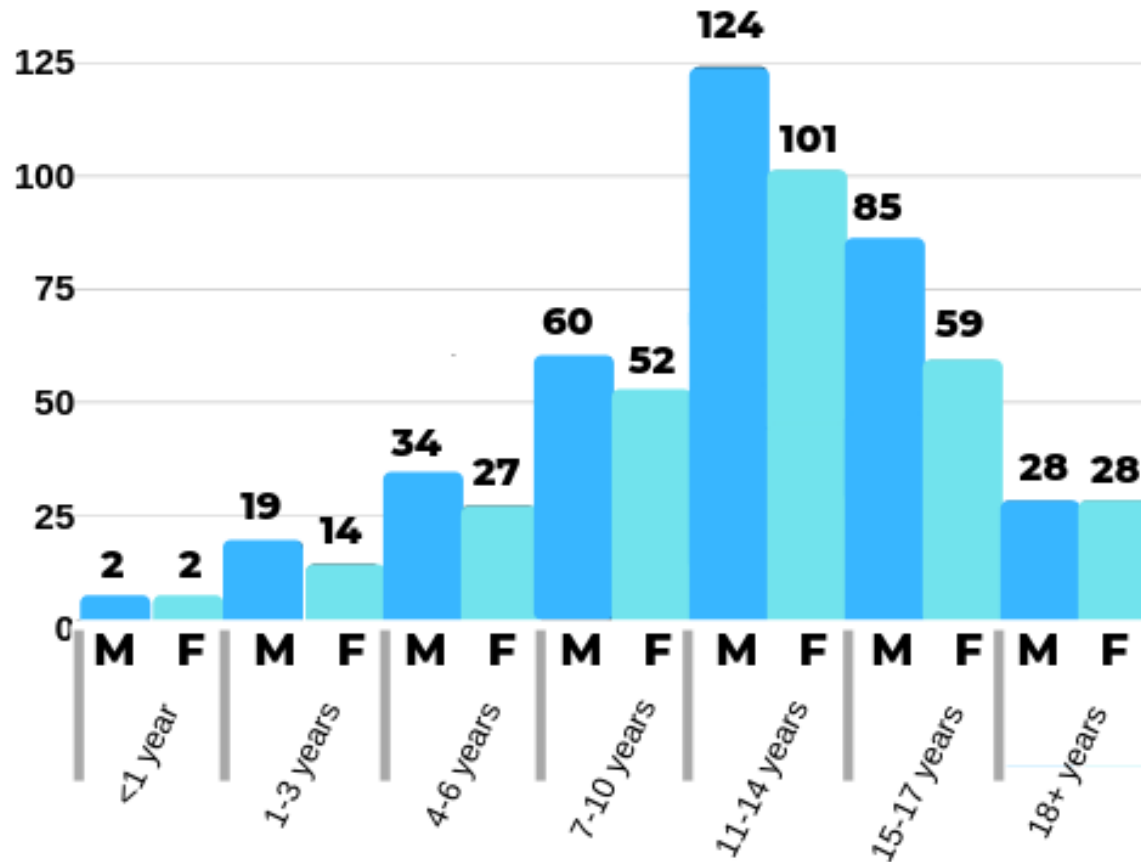
Why we did it

- Document the current information on the number, location and profile of SCI/CCIs.
- Determine services provided and accessed outside of the SCI/CCIs
- Document knowledge, attitude and practices related to residential care
- Document the challenges experienced by SCI/CCIs Managers /staff and the opportunities that exist in providing care for children.
- Gather personal experiences of careleavers while living in residential care.

Who was involved

- ▶ SCI/CCI directors/managers, Social workers
- ▶ County Children Coordinators and sub-county children officers.
- ▶ Caregivers, careleavers, parents/guardians of children in SCI/CCIs
- ▶ National Government Administration Officers (NGAO)
- ▶ Police officers, health service providers
- ▶ Religious leaders, AACs, Child protection teams
- ▶ Ministry of education officials.

Number of children by age and gender



Top 10 reasons for admission

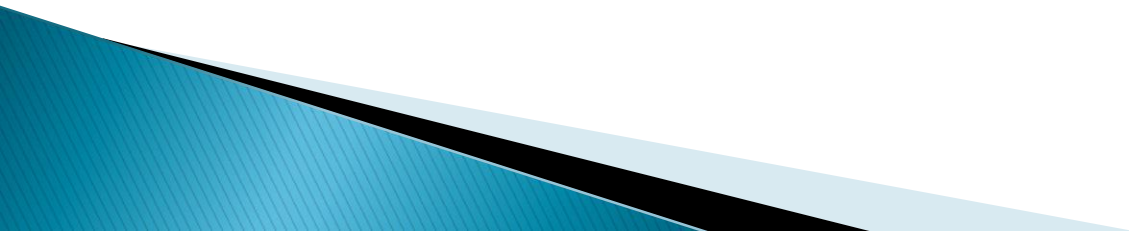
1	Poverty
2	Neglect
3	Family separation/breakdown
4	Death of one or both parents
5	Lack of access to basic services
6	Alcohol and drug misuse
7	Domestic violence/abuse
8	Disability
9	Abandonment
10	Rejection/stigma

Data-informed care reforms



How to Implement

A DI Project





DI contract



Foster family



Funding



Family visits



Implementation team



Nutritional support



Management



Logistics

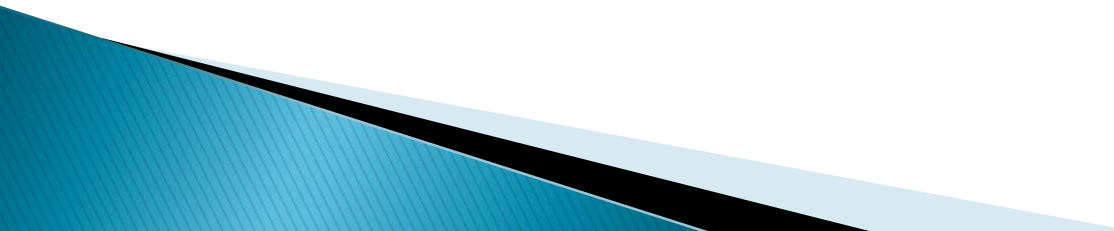


Adult vocational training



Education

Transformation of Institutions





PRINCIPLE: PARTNERSHIP APPROACH



Building the Partnership

Case management is a partnership:

- ▶ Share same goals—to help the child transition and develop well
- ▶ Responsibilities and shared accountability for positive outcomes
 - Set goals, bring resources & linkages

Partnerships are built upon:

- ▶ Clear expectations of who will do what/when
- ▶ Open communication
- ▶ Sharing successes and solving problems together
- ▶ Each person carrying out what they promise they will do
- ▶ Regular evaluation of how the partnership is doing (@home visits)

Do No Harm

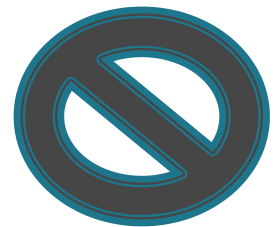
Well intended social workers can actually do harm to clients.

- “Doing harm” means that you are hurting the client or your relationship with the client in some way.
- You can unintentionally do harm when you don’t have the necessary values, knowledge or skills, or when you don’t follow key procedural details.



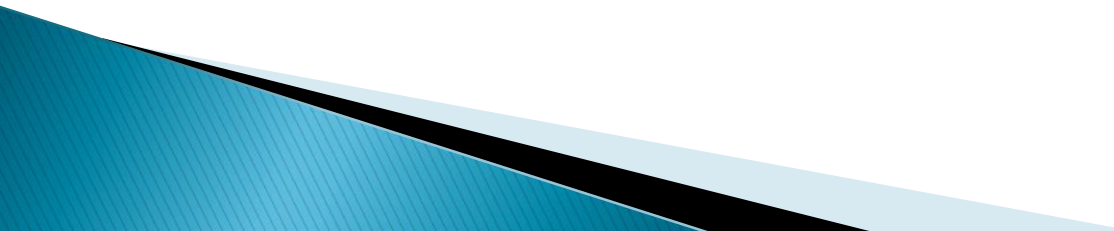
How might we do harm in these various steps?

- When we make a visit to the household
- In making decisions about whether there is a case of child protection
- In deciding to make an emergency removal
- In making promises and not keeping them
- Not being careful with case records
- Not showing respect for cultural differences
- Not making a referral when we should have



Challenges

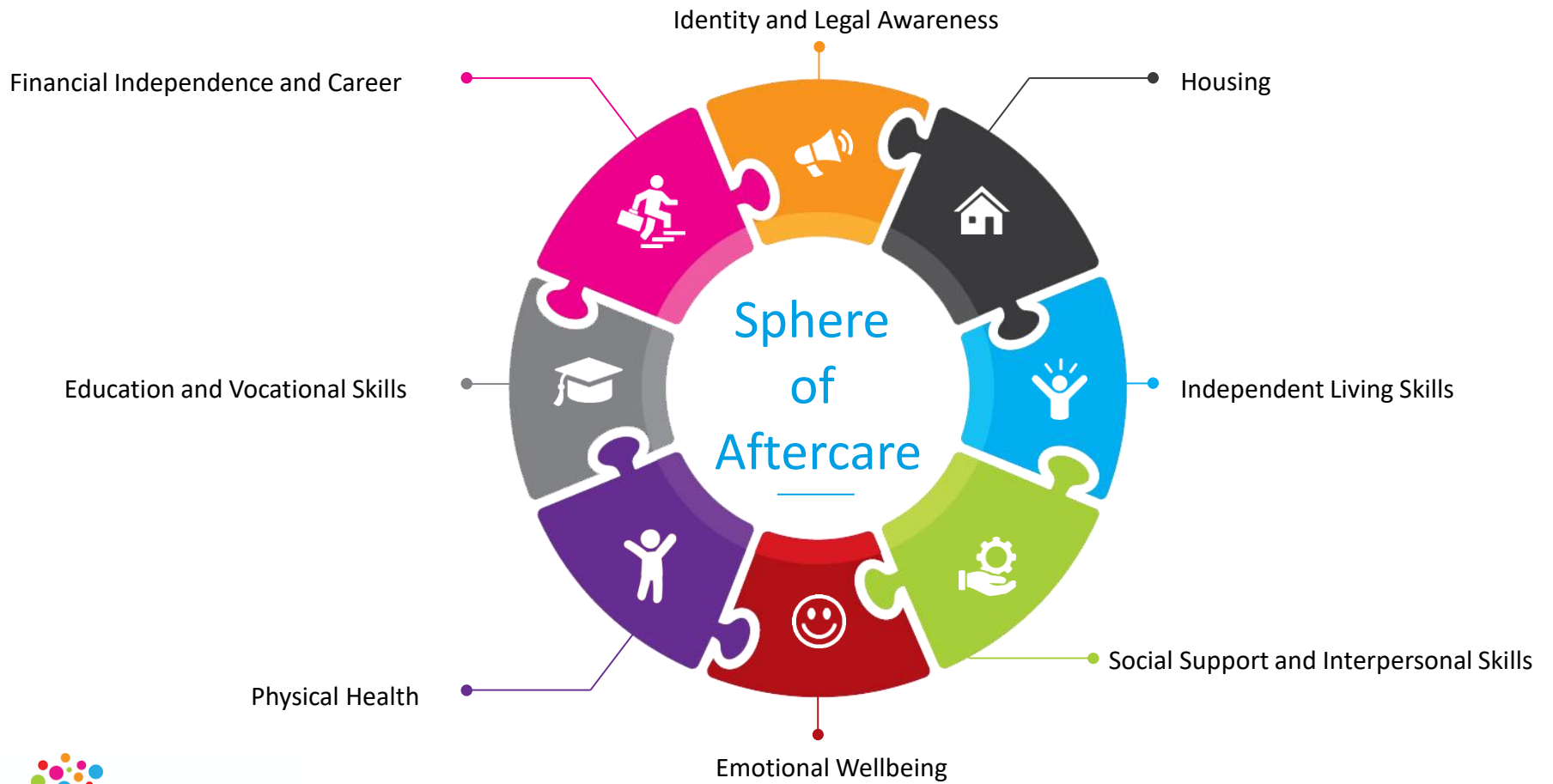
In Care Reform



Challenges to address...

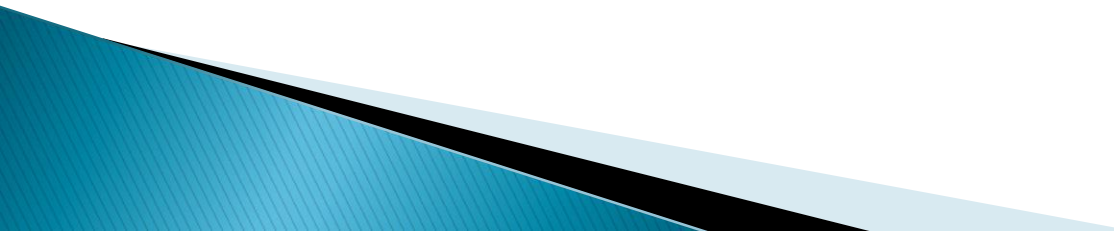


Care Leavers



Uganda

"Many UCL study participants described the time of leaving care as a very challenging period in their lives, with numerous obstacles and little advice or preparation."



Challenges for careleavers

- ▶ Social, emotional, and economic challenges after exiting care.
- ▶ Finding a job (32%), accessing education (30%), and financial/economic difficulties (26%).
- ▶ Socio-emotional and psycho-logical struggles.
 - E.g. missing their friends, difficulties adjusting to life outside the care facility, and not being accepted by the family and community as major challenges.