

PROGRAMME BRIEF

Building the Social Service Workforce

FOR CHILDCARE REFORM IN RWANDA



Republic of Rwanda



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ACRONYMS

IZU	Inshuti z'Umuryango (Friends of the Family)
NCC	National Commission for Children
NGO	Non governmental organization
TMM	Tubarerere Mu Muryango (Let's Raise Children in Families)
UN	United Nations

INTRODUCTION



One of Rwanda's "Friends of the Family" child protection volunteers visits a family in Rwamagana District and reads some educational materials with the children.

The government of Rwanda is committed to ensuring that all children grow up safe and protected in families. In collaboration with UNICEF and partners, they have established the Tubarerere Mu Murayango (TMM - Let's Raise Children in Families) programme to enable children and young adults to live in families and communities rather than in residential facilities. This programme was developed to operationalize the government's Child Care Reform Strategy and has seen the number of children in institutional care drop from 3,323 in 2011 to 178 in 2018.¹ Foster care has also been expanded over this period, and over 3,000 vulnerable families

have been supported to prevent unnecessary separation. The success of childcare reform efforts can be attributed to the systematic approach taken by the government. This lays solid foundations for reform through changing social norms, legislation, service provision, and the development of a professional and volunteer social service workforce.² This programme brief describes the establishment and development the social service workforce, and draws out lessons learnt from this process. It is based on a review of relevant policy and programme documents plus interviews and focus group discussions with 65 stakeholders.³

¹ The 2011 data is from Government of Rwanda and Hope and Homes for Children (2012). National Survey of Institutions for Children in Rwanda. Rwanda: Hope and Homes for Children. 2018 information was provided by UNICEF from TMM programme records and monitoring reports.

² UNICEF/ Primson Management Services (2018). Summative Evaluation of the Tubarerere Mu Murayango / Lets Raise Children in Families (TMM) Phase 1 Programme in Rwanda. Rwanda: UNICEF.

³ This involved interviews or focus groups with 5 UNICEF staff; 2 academics; 14 NGO staff members; 6 government social work/programme managers; 6 government social workers and psychologists; 14 foster carers; 15 community volunteers and 3 orphanage managers.

THE ROLES OF THE SOCIAL WORKFORCE

The professional workforce

Through the TMM programme, Rwanda has developed a team of highly qualified social workers and psychologists with dedicated roles in promoting the protection and care of children. Prior to the initiation of TMM programme in 2012, Rwanda had no professional, government-employed frontline social-service staff. TMM led to the recruitment, specialized training and deployment of 34 social workers and 34 psychologists to support the reintegration of children and the closure of institutions. Almost half of these professionals have now been absorbed into the civil service and are a permanent part of the government child protection system. These professionals are responsible for a number of tasks related to child care reform, including:

- **Instigating the transformation of institutions:** Social workers and psychologists persuade care home managers to support children's reintegration into family care and to transform their facilities into to provide other services. Managers and staff are often resistant to change, and the professionals may have to meet with them frequently over several months to convince them of the value of family-based care.
- **Supporting the reintegration of separated children and young people:** Social workers and psychologists trace families and assess children and their families to determine if reintegration is possible and whether it would be in the child's best interests. They identify

the needs of the child and family for successful reintegration, and work to ensure that these needs are met, including through ongoing monitoring of children and their caregivers. For young people aged 18 and over, social workers help to prepare these youth for the transition back to communities, and provide ongoing support, for example in finding employment and housing.

- **Recruiting, assessing and monitoring foster carers and foster care placements:** Social workers and psychologists work with local authorities to advocate for their support of foster care, speak at community forums to promote foster care, and recruit and assess potential foster carers. They then match foster carers with children who are separated from their families and provide follow-up monitoring and support.
- **Preventing unnecessary separation:** Social workers and psychologists monitor communities to identify factors that lead to separation and work to address these risks, including through monthly sensitisation workshops.

"We noticed through our rapid assessment that a sizeable number of children in childcare centres had been dumped at the doorsteps of orphanages by teen mothers fearing rejection by their parents ... We therefore decided to provide advance counselling to pregnant teenagers to enlighten that an unplanned pregnancy is not the end of their life, while also sensitizing parents to accept their children who make such mistakes."

– **Social worker interviewed for the TMM programme evaluation.**⁴

⁴ UNICEF/ Primson Management Services (2018). Summative Evaluation of the Tubarerere Mu Muryango / Lets Raise Children in Families (TMM) Phase 1 Programme in Rwanda. Rwanda: UNICEF.

Social workers and psychologists are also responsible for other child protection tasks not directly related to childcare reform, such as dealing with abuse and neglect in families, and with the exploitation of children. Indeed, now that most children who were in institutions have been reunited with families or placed in foster care, social workers and psychologists spend a high proportion of their time working with children and families in communities.

“Everything is brought to us. We have to deal with all cases to do with child protection. There is not enough time to do everything that needs to be done.”

– **Social worker in focus group discussion.**

In Rwanda, a strong working culture centred on systematic, consistent interventions and documentation has been established within

the professional workforce. All tasks are supported by a case management system, which provides guidance and sets out formats for recording work with children and families.

Where possible, social workers and psychologists work in pairs, enabling complementary insights from two different professional perspectives. Social workers explore the cultural, social and economic root causes of the problems that children face, and work to address these issues with the child, family and wider community. Psychologists focus on internal emotional issues and provide support that is more focused on the individual. The different roles of the social workers and psychologists in relation to family reintegration are outlined in the box below.

Social Workers

- Carry out family tracing.
- Assess the family, child and community to determine if reintegration is appropriate, and to explore the needs in relation to areas such as livelihoods, education and community relationships.
- Develop a care plan outlining how these needs can be met, and compile assistance packages covering these needs. This might, for example, including linking the family to government cash transfer programmes or NGO packages for educational support.
- Monitor the child and his or her family and provide ongoing support to meet their material and educational needs and ensure that they are successfully integrated with communities.

Both

- Carry out community awareness-raising to promote family-based care and encourage supportive attitudes towards children who have returned from residential facilities.
- Work to transform institutions.
- Document work with children and families using the case management system

Psychologists

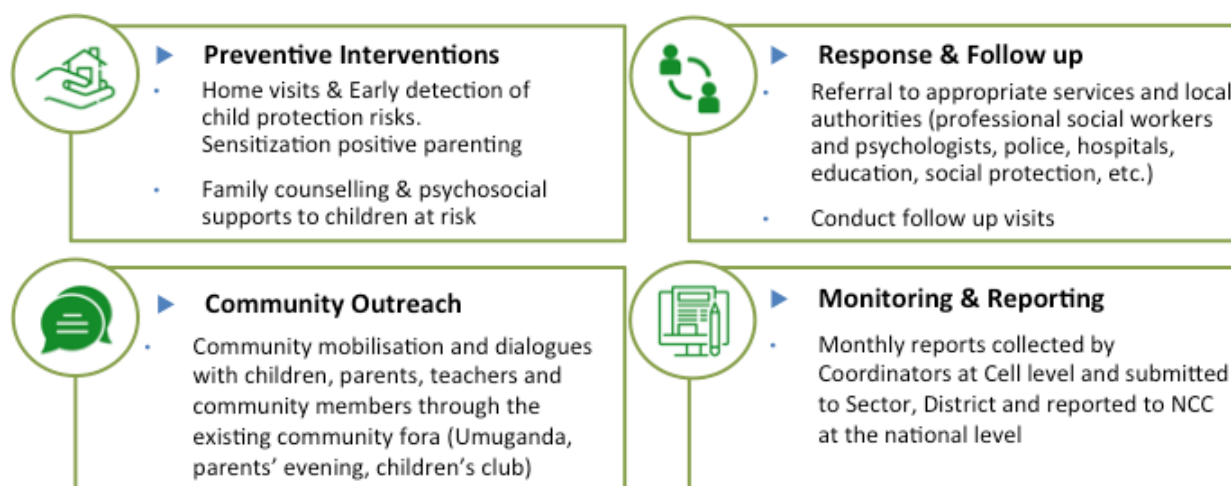
- Support the social worker in family tracing
- Assess the family and the child from a psychological perspective. In relation to the child, for example, assess their level of speech, social ability and dependence. Examine family relationships (such as parenting skills, levels of attachment between carer and child, degrees of conflict in the household).
- Add to the care plan, focusing on meeting the psychological needs of the child and the family during the reintegration process. This might, for example, include exploring how to respond to challenging behaviours such as a very withdrawn child, or improving parenting skills.
- Monitor the child and his or her family and provide ongoing counselling and support to family members to support children’s psychological and emotional wellbeing.

The volunteer workforce

The IZU network of child protection community volunteers was initiated in 2015. Since then, 29,674 volunteers have been selected by their communities and received basic training, with a pair of IZU (one woman and one man) operating in every village in Rwanda.⁵ IZU identify particularly vulnerable children in the community and carry out household visits, including with recently reunited children or those in foster care. Each pair of IZU carries out 8-10 household

visits every month, identifying vulnerable households through referrals from community leaders, schools, clinics or social services, or through their own observations. IZU also carry out awareness-raising in the community, which can be used to highlight the problems associated with institutional care. IZU help to identify and recruit foster carers, and many become foster carers themselves. Some IZU run parents' groups, which may include the parents or caregivers of recently reintegrated children. The role of the IZU is further summarised in Figure 1 below.

FIGURE 1: THE ROLE OF IZU



IZU respond to a wide range of issues depending on the context. IZU interviewed for this paper identified the following child protection issues that they have dealt with:

- **Children dropping out of school, e.g. due to poverty and child labour:** IZU join together to carry out back-to-school campaigns, including meetings with teachers, parents and children, and mobilizing resources from the government and others.

- **Child labour:** In urban areas there are often many children who have migrated alone in search of work. IZU speak with these children and encourage them to return to their families.
- **Child-headed households:** In one case, a group of children were found living alone in a household and IZU persuaded neighbours and a local restaurant owner to donate clothes and food. They also worked with community leaders to provide the children with the documentation required for them to attend school.

⁵ UNICEF/ Primson Management Services (2018). Summative Evaluation of the Tubarerere Mu Muryango / Lets Raise Children in Families (TMM) Phase 1 Programme in Rwanda. Rwanda: UNICEF.

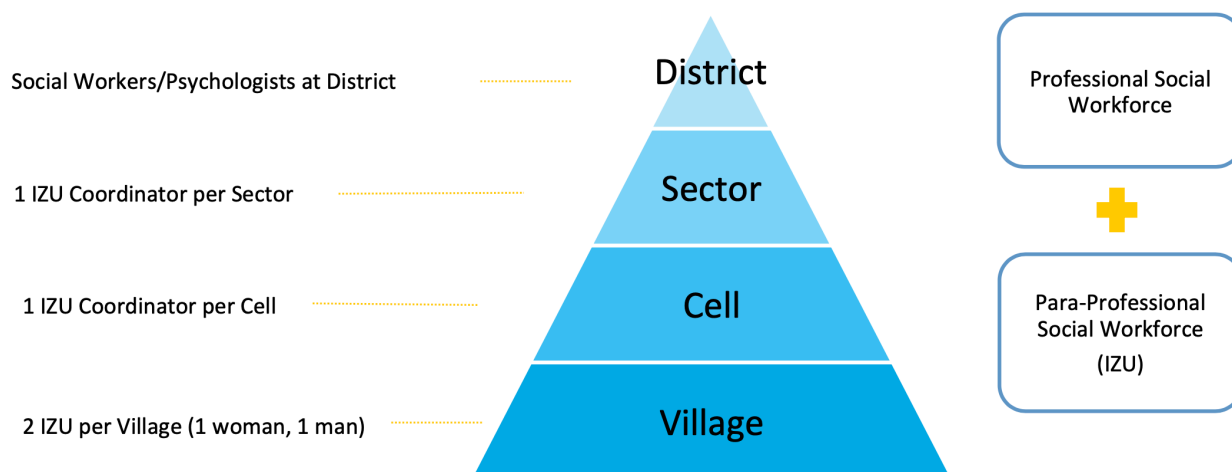
- **Abandoned babies:** When a baby is abandoned, IZU arrange for emergency foster care or, if they are also registered as foster carers, they provide this care.
- **Family conflict:** IZU mediate between family members to try and resolve conflicts and reduce the risk of children being exposed to violence or running away from home.
- **Teenage pregnancy:** Child abandonment is often linked to teenage pregnancy. IZU work to prevent this abandonment by supporting pregnant girls. They help them gain access to health care, and link them to the justice system in cases where girls have been raped. IZU also deliver messages to community meetings aimed at preventing teenage pregnancy and supporting young mothers.
- **Street-connected children:** IZU build trust with street-connected children by helping them, for example, to access facilities where they can wash their clothes. IZU may then help the children to trace their families or support placement in foster care.

In cases of school drop-out or minor forms of child abuse or neglect, IZU will often try and resolve the problem through discussions with families and direct liaison with schools or other sources of support, such as community-

based organizations. In more extreme cases, including all cases involving sexual abuse, IZU refer cases to schools, One Stop Centres for gender-based violence, the police, and/or social workers or psychologists. Save the Children, which works to support IZU in 11 districts, report that around a third of the cases identified are directly resolved by IZU, with the remainder referred to professionals. Each IZU is provided with guidance on how to determine when they should make a referral and on referral pathways. They document all cases that they identify.

IZU are well organized with clear links to relevant government personnel. Each pair of IZU produces a monthly report on their activities, which is shared with cell coordinators who compile these reports and pass them on to a district-level coordinator. The coordinator then delivers the consolidated report to a social worker who monitors activities and responds to any problems. Cell- and district-level coordinators are selected through a vote by other IZU. Figure 2 below shows the structure of the IZU and their linkages to the professional workforce. Save the Children, which is working to support IZU, has recorded 65,000 cases of violence, abuse or neglect reported by village-level IZU to their cell and district coordinators in 11 districts over a ten-month period, averaging six cases per IZU.

FIGURE 2: THE STRUCTURE OF THE SOCIAL WORKFORCE



Training and support to strengthen the workforce

The TMM programme includes work to build the capacity of both the professional and volunteer workforce. Social workers and psychologists working in child protection have a general degree in their field; through the TMM programme they receive specialist training related to child protection, case management and family reintegration. The training was developed by the University of Rwanda and Tulane University in the United States. It involved a one-week course, followed by two to four weeks of training, spread over a year.

The curriculum was developed in Rwanda and efforts were made to ensure that it was locally relevant. Trainers reviewed existing training material developed by Rwandan academics and NGOs operating in the country, and carefully explored training needs. For example, trainers found that large caseloads meant high levels of stress and burnout, so techniques of self-care and mutual support are included in the training. Trainers also found that individualized models of healing and support following traumatic events generally used in the West were not relevant to Rwanda, where a strong value is placed on the family and community. Trainers instead proposed more group and community-based tools including, for example, using village forums to discuss how to support children following cases of child maltreatment. Training was developed in an iterative manner and feedback from initial training events was used to improve the content and methods in subsequent sessions.

Training topics included:

- The realities of life for vulnerable households
- The roles of different stakeholders in the care and protection of children
- The importance of child participation
- Case management, including detailed training on each step in case management, such as carrying out needs assessments
- Making referrals
- Self-care and strategies for mutual support
- Supervision by the NCC
- Appropriate responses to different child protection violations – such as rape, sexual abuse and physical violence.

The training was highly participatory, involving real-life scenarios brought to training sessions by social workers and psychologists. During one session, trainers asked social workers and psychologists to consider a situation in which a young boy stole a cigarette and was punished harshly by parents. This was used to examine trainees' own experiences and perceptions of discipline, and to examine positive alternatives to physical punishment. A National Facilitation Team comprising government and NGOs working on child protection issues rolled out the training nationally, using content developed by Tulane University and the University of Rwanda.

All IZU have received training on child safeguarding, their roles and responsibilities, referrals, reporting, positive parenting and how to carry out home visits. Efforts are currently underway to develop follow-up training modules based on requests from IZU after a period of working in communities. Topics for this additional training include:

- Rwandan laws and policies relating to child rights and protection

- A basic introduction to psychosocial support
- Conflict management
- Effective strategies for communicating with children, including children with disabilities
- How to map existing sources of support available in communities
- How and when to make referrals to other service-providers or professionals.

IZU cell- and district-level coordinators have received additional training on how to mentor IZU working at village level and on reporting and referrals. Training is done in a cascade fashion, with NGO partners training coordinators who then train IZU in each community.

Although IZU are not paid for their work, interviews suggest that they need some form of support in order to be effective. UNICEF and Save the Children have established a programme across 11 districts in Rwanda that provides IZU with mobile phones, mentoring

and refresher training. Comparing results between these districts and districts where IZU do not get this assistance suggests that IZU are far more active and better able to help vulnerable children and their families when they receive this basic package.⁶

In addition to training the volunteer and professional social workforce, efforts have also been made to train local leaders, who often play a key role in decision-making and support for vulnerable children. These local leaders include district, sector and village officials and leaders, such as vice-mayors in charge of social affairs, army and police representatives, and village chiefs. Training modules cover child protection, foster parent identification and volunteer management. So far, 5,094 local leaders have been trained across 11 districts – feedback suggests that the training has enabled them to understand child protection and support the social service workforce effectively, including through making referrals and following-up cases. IZU also report that the training of local leaders has ensured that they receive more support.⁷

6 From interviews with UNICEF and Save the Children staff.

7 From interviews with UNICEF staff.

The impacts of the workforce on children's wellbeing

As noted above, professionals and volunteers in the social service workforce have been instrumental in ensuring the safe reintegration of children, the establishment of foster care in Rwanda, and the closure of institutions. Interviews with children and young people who have been assisted to reintegrate illustrate the impact this process has had on children's wellbeing.

"At the children's home, we were disconnected from real life. We didn't know how to do anything except stand in line and get our food and go to bed when we were told. People were paid to look after us but they did not care about us, who we are, what we are like. Being with a family is different because in a family you have someone who cares about you."

– **21-year-old man who had grown up in institutional care and been reintegrated to the community.**

"At the institution, our life was scheduled: sleep, eat, school. We did not know how to live anywhere but there. But now, I am empowered. I have my own space with my sister. I earn money and I know what to do with it. I have neighbours and we are friendly and live in harmony. No one gossips about me. I feel confident and satisfied."

– **27-year-old woman who had grown up in institutional care.**

There is a growing body of evidence demonstrating the importance of professional skills in ensuring that the family and community reintegration process is effective and safe. In 2013, an assessment in Rwanda compared outcomes for children who had been

living in an institution then returned to family care. Those who were assisted by TMM received extensive support from social workers and psychologists, while other children returned to their families by residential institutions were given little or no support. The assessment found that the involvement of professionals was associated with children having higher levels of self-esteem and satisfaction with their placement.⁸ Further evidence of the value of professional training and skills for building children's wellbeing includes:

- The TMM Phase 1 evaluation found that social workers and psychologists were able to effectively counsel and guide children in institutional care through the process of deciding to return to their families. Boys and girls reported that they appreciated the advice given to them about whether or not to return home and felt listened to and understood.⁹

"[Social workers/psychologists] do not tell us whether to join a specific family or not, but they educate us on the factors that we need to consider in making our choices and they leave us to make our own independent decisions."

– **Child who had left institutional care interviewed during the Phase 1 evaluation.**

- The 2013 evaluation comparing professionally supported family reunification with return to families without professional support¹⁰ and the TMM Phase 1 evaluation¹¹ both found that professionals help families deal with challenging behaviours caused by

8 Lavin, B. (2013). Assessment of Children from Orphanages in Rwanda. USA: Tulane University.

9 UNICEF/ Primson Management Services (2018). Summative Evaluation of the Tubarerere Mu Muryango / Lets Raise Children in Families (TMM) Phase 1 Programme in Rwanda. Rwanda: UNICEF.

10 Lavin, B. (2013). Assessment of Children from Orphanages in Rwanda. USA: Tulane University.

11 UNICEF/ Primson Management Services (2018). Summative Evaluation of the Tubarerere Mu Muryango / Lets Raise Children in Families (TMM) Phase 1 Programme in Rwanda. Rwanda: UNICEF.

separation and institutionalisation. These behaviours may include children being withdrawn, over-dependent on adults, depressed or anxious.

- The TMM Phase 1 evaluation¹² and interviews carried out for this paper found that vulnerable families often have complex needs that require professional assistance, including extreme poverty, family breakdown, conflict, violence and abuse.
- The same evaluation¹³ and interviews for this paper both suggest that social norms in Rwanda are not always conducive to children growing up in a safe family environment. Professionals were needed to persuade managers of residential facilities to close, and to change family and community attitudes towards violence and abuse. Following training by the social workforce, 76 per cent of caregivers preferred sitting down and talking to the child over denying food or beating the child.¹⁴

The TMM Phase 1 evaluation also showed that having sufficient social workers and psychologists is vital, and that large caseloads can prevent children from getting the support they need.¹⁵ The lack of adequate support was reflected by one third of the children interviewed, who said that they were unable to see their social workers or psychologist as often as they felt they needed.¹⁶

The IZU have been introduced in Rwanda relatively recently, and the impact of their activities on child wellbeing has yet to be properly evaluated. However, monitoring

reports shared by Save the Children on their work with UNICEF and the NCC to build the capacity of IZU in 11 districts are promising. Results from just one quarter show that:¹⁷

- IZU supported the tracing and reunification of 180 separated children.
- 577 children received school materials and other support, and 1,381 families obtained health insurance due to IZU raising awareness and advocating with local authorities.
- 671 babies and young children, including the children of teenage mothers, were registered following IZU lobbying and assistance. This is important for accessing services and support, thereby helping to prevent child abandonment.
- 552 families committed to reduce conflict and violent discipline due to dialogue with IZU.
- IZU in six districts worked to ensure the registration of children with disabilities.

In addition, interviews with IZU carried out for this paper suggest that:

- An IZU-led campaign in one community to increase school attendance resulted in 80 children returning to school.
- In another district, efforts to promote the reintegration of boys and girls who had migrated for work led to 42 children being reunited with their families.

¹² UNICEF/ Primson Management Services (2018). Summative Evaluation of the Tubarerere Mu Muryango / Lets Raise Children in Families (TMM) Phase 1 Programme in Rwanda. Rwanda: UNICEF.

¹³ Ibid.

¹⁴ Ibid

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Save the children (2018). Contribution of IZU in saving the life of children via IZU programme implemented by Save the Children, UNICEF and NCC (data of April-May-June (Q3) 2018) – unpublished monitoring report. Rwanda: Save the Children.

Conclusions and lessons learnt

Experience in Rwanda suggests that an effective social service workforce is vital for childcare reform. It was important to time the growth and development of this workforce so that skilled workers were in place before reintegration began. Without this workforce, children and families cannot be properly assessed or supported through reintegration, placing children at further risk of harm. A skilled workforce can also prevent further separation and child abuse, and reduce exploitation, with consequent increases in school attendance. Lessons learnt from developing the social workforce in Rwanda suggest that social workers, psychologists and community volunteers can operate more effectively if:

- **The workforce has clear roles and responsibilities that value the different contributions of volunteers and professionals:** Professional social workers and psychologists are highly skilled and work fulltime to protect children. While volunteers have developed important child protection capacities, they have neither the skills nor the time to replace these professional contributions. The scale of the IZU volunteer workforce in Rwanda means that they are increasingly being asked to engage in new tasks. It is important to consider the limits of their knowledge and availability carefully, and ensure that they are not over-burdened.
- **They are embedded or connected to the civil service:** Linking IZU to government-employed social workers enables appropriate referrals and support, and joined-up information collection and sharing. Having IZU

and social workers and psychologists connected to or employed by the civil service helps to ensure the long-term sustainability of the workforce.

- **There are enough workers to keep caseloads manageable:** In 2018, a decision was made to incorporate 30 of the 68 professionals trained under the TMM programme into the civil service. This decision has increased caseloads and led to social workers and psychologists having to work alone rather than in pairs to spread services across the country. As noted above, high caseloads lead to client dissatisfaction, increased risk to child wellbeing and burnout of staff. Social workers and psychologists also miss the opportunity to pool expertise from different professional perspectives.
- **The workforce is trained using locally relevant and developed materials:** Training in Rwanda to date has built on existing tools, and responded to local needs and approaches, thereby ensuring its contextual relevance.
- **The social workforce works closely with local leaders and professionals and volunteers from other sectors:** Professionals and volunteers can only be effective in making referrals to other services if those providers are aware of the work they are doing and are willing to cooperate. Interviews for this paper suggest that training health professionals, teachers and community leaders about child protection and care and the role of IZU has helped to ensure effective collaboration.

- **Both volunteers and professionals have clear, easy-to-use systems for case management, making referrals and reporting:** Case management systems provide useful guidance and reporting formats. Detailed referral pathways and associated training help IZU to understand when they need to seek assistance and where they can get help. IZU and the professional workforce require different systems of case management and reporting, but both would benefit from a simple digitized system. Plans are underway to develop SMS reporting for IZU, using mobile phones.

- **The workforce is well supported, and child-safeguarding measures are in place:** Both professionals and volunteers benefit from having basic support in place to help them to do their work, such as transport and mobile phones. Both groups need proper supervision and mentoring. It is vital to have measures in place to protect children from abuse by the workforce, including proper vetting of workers, whistle-blowing procedures, and well-advertised mechanisms to enable children to report abuse.



A foster parent playing with her foster child during a TMM post placement visit by the social workforce.

Annex: Definitions of key terms

Case management: The process of helping individual children and families through direct social-work-type support and information management.¹⁸

Child protection: The process of preventing and responding to neglect, abandonment, violence and exploitation of children in any setting. It is often manifested as a specialist policy and service sector but of necessity works very closely and is sometimes integrated with other sectors.¹⁹

Child protection system: A set of laws, policies, regulations and services needed across all social sectors, especially social welfare, education, health, security and justice as well as community and faith-based groups and other private service providers. In Rwanda, child and family welfare and justice for children can be considered as the core sectors of a child protection system, while allied sectors include education and health.²⁰

Foster care: Placement of children through a competent authority into families other than the children's own home to receive care and support. Families that provide foster care first undergo thorough assessment and receive training before decisions to place a child can be made.²¹

Institutional care: Care provided in any large-scale, non-family-based group setting, where children cared for collectively in large groups usually involving shift-systems, a common set of rules, children sleeping in dormitories, and isolation from the wider community.²²

The social workforce: This includes professional social workers and psychologists recruited through the Tubarerere Mu Muryango (Let's Raise Children in Families - TMM) programme, and the Inshuti z'Umuryango (IZU) (Friends of the Family) network of community volunteers.²³

18 Child Protection Inter-agency Working Group (2014). Inter-agency Guidelines for Case Management and Child Protection. Geneva: Child Protection Inter-agency Working Group.

19 UNICEF and the National Commission for Children (2012). Tubarerere Mu Muryango! Let's Raise Children in Families! Proposal. Rwanda: Republic of Rwanda and UNICEF.

20 Ibid.

21 Ibid.

22 United Nations General Assembly (2010). Guidelines for the Alternative Care of Children GA Res 142, UNGAOR, 64th session, suppl 49, Vol.1 (A/64/49 2010). New York: United Nations. EveryChild (2011). Scaling Down: Reducing, Reshaping and Resizing Residential Care. London: EveryChild.

23 UNICEF and the National Commission for Children (2012). Tubarerere Mu Muryango! Lets Raise Children in Families! Proposal. Rwanda: Republic of Rwanda and UNICEF.

