

Moving Towards Family Solutions: An Introduction to an Immersive Simulation Workshop

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Abstract

Residential care organisations, such as children’s homes, are well-positioned to reshape their programmes to support family-based models of care. However, new models bring unknown factors, making organisations hesitant to transition programmes. To alleviate concerns and support transition, researchers developed an experiential workshop mirroring the conditions of an organisation transitioning to family care. Workshop participants are guided through a series of activities and discussions detailing the transition of a fictional programme to a family-based model of care. The workshop focuses on six key components: engagement, case management, families, asset transitions, measurement and fundraising. The workshop also gives participants the opportunity to create a personalised plan for their programme. The goal of the current article is to present this workshop framework and share the free Facilitator’s Toolkit (<https://cafo.org/ovc/sim-lab/>).

Keywords

Alternative care, orphanage, deinstitutionalisation, children’s home

Introduction

Approximately 2.7 million children¹ reside in institutional care worldwide, such as orphanages and children’s homes (Petrowski, Cappa, & Gross, 2017). Research shows that children develop best in the context of healthy family

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relationships, and highlights the importance of transitioning children from institutional to family-based care (Dozier, Zeanah, Wallin, & Shaffer, 2012). However, in order to best serve vulnerable children, deinstitutionalisation needs to be strategic and intentional (Vadlamudi, 2018). For vulnerable children and families, a wide range of family support and care options may be useful. A community that provides a robust continuum-of-care can meet the unique needs of each child and maximise opportunities for him or her to grow up in nurturing families (Kaur, 2015).

Organisations that currently provide residential care, such as children's homes, are well positioned to reshape programmes to support care for children within families. These programmes typically have competent staff, committed donors and established relationships in the communities where they serve, enabling them to contribute in transitioning to family care (Tyagi, 2017). However, engaging with new models of care brings many unknowns for these organisations, making them hesitant to transition their programmes. Further, learning that their current models of care may have a negative impact on children can lead to a host of negative emotions, such as shock, regret and defensiveness. These emotions can become a barrier to programmes transitioning to family care (Dolcos, Katsumi, Denkova, Weymar, & Dolcos, 2017). To ameliorate negative emotions, the authors developed an immersive simulation workshop that supports programmes learning about the transition to family care and a corresponding Facilitator's Toolkit.

Workshop Framework

The immersive simulation workshop was created to provide a safe and encouraging space for organisations involved in residential care to explore transitioning towards family-based care. The target audience for this workshop comprises decision-makers in orphanages and children's homes. The workshop centres around a fictional case study of a residential care centre transitioning to family-based care, which allows participants to engage with new learning rather than focusing on the implications for the children they serve. Detailed instructions and resources for the workshop can be found in the free Facilitator's Toolkit (<https://cafo.org/ovc/sim-lab/>). The Facilitator's Toolkit includes the fictitious case study, sample schedules, materials lists, group leader instructions, key messaging and group activities. Three primary roles exist within the workshop: facilitator, group leader and workshop participant. Each has an important part to play in the success of the workshop.

Facilitator

The facilitator is in charge of the overall organisation, serving as the emcee, integrating information and setting the tone. The facilitator begins by introducing

the goals for the workshop and framing the event. Thoughtful framing remarks are critical to participants' understanding and event success. It is important to remember that this may be an emotionally charged conversation. The hope is to create an environment of empathy and support for organisations learning about transitioning to family-based care, while firmly reminding participants of the evidence of the values of children are being placed in stable, secure families. The facilitator should also introduce the case study and provide a framework for six key components of the workshop.

Group Leaders

In addition to the facilitator, there are six group leaders, one for each of the key components (engagement, case management, families, asset transitions, measurement and fundraising). Competent group leaders are vital to the workshop (Steinert, Boillat, Meterissian, Liben, & McLeod, 2008). A section of the Facilitator's Toolkit is dedicated to selecting and preparing group leaders. The toolkit also contains a guide for each group leader. It is best to have one group leader with component expertise facilitate the discussion for that component. For example, someone with expertise in communications and donor relations may be a good fit to lead the engagement group discussion. Participants move from group leader to leader, learning about one key component from each group leader. Using the provided user guide, group leaders direct participants through the six key components. Each user guide has an overarching goal, introduction materials, discussion points, group activities, notes for the group leader to facilitate discussions, and additional resources.

Participants

Having the right participants in the room to learn the information and make informed decisions is crucial to an organisation's long-term success in transitioning to family-based care. Participants may include leadership and staff of residential programmes, partner organisations, community members and government representatives. During the workshop, participants are divided into groups and guided by group leaders through activities and discussions of the six key components to plan and implement a transition for the fictional organisation. Engaging with a fictional case study allows participants to explore the components of the transition process while eliminating the need to immediately consider the complexities and emotions that can come with thoughts of reshaping their own programme (Christian Alliance for Orphans, 2019; Faith to Action Initiative, 2016). They learn, wrestle with and adapt to new information before reflecting on what is suitable for the children they serve. With the guidance of experienced group leaders, as well as group discussions, participants are given the opportunity to create a plan for next steps in their own programmes.

Key Components

Brief descriptions of each key component, including an explanation of its importance and the types of information highlighted during this section of the workshop, are provided in the following sections.

Engagement

The goal of the engagement discussion is to draft a plan for awareness-raising and engagement of key organisational stakeholders. Each stakeholder, including leadership, staff, board members, donors, programme partners and the children and families, must be committed to change in order to achieve the desired outcome (ACCI Missions & Relief, 2016). It is important to listen and seek to understand the perspective of each type of stakeholders to help them become invested in the journey to transitioning care models. Any changes will affect children and families most significantly, thus it is critical they have a voice in the process (Cudjoe, Abdullah, & Chiu, 2019). This component of the workshop explores the types of support, guidance and resources needed to engage stakeholders. Specifically, through group discussion and under the guidance of a group leader, participants identify the types of stakeholders that would be involved in the case study organisation. Then, they create a strategy for educating and engaging each type of stakeholder based on role, motivation and focus.

Case Management

The case management component focuses on outlining next steps for implementing child-centred case management to support the best outcomes for children. The goal of case management is to match a child to individualised placement and services that will allow him/her to thrive. Placement decisions are tailored to the individual, taking into consideration a child's needs, strengths, family, community, health and future (Jose, 2015). All domains of child development, including emotional, cognitive, physical, social and spiritual, need to be taken into account. Further, family and caregiver capacity needs to be assessed and supported to ensure the health and longevity of the placement (Lee, Shaw, Gove, & Hwang, 2010). Both short-term and long-term outcomes need to be considered from the beginning, as a successful temporary solution does not necessarily lead to long-term success.

Discussion during the case management component focuses on gatekeeping practices, the continuum of care options and how organisational partnerships can lead to a collaborative, robust and efficient model that provides for the needs of all families in a given location. For example, through group discussion under the advisement of the group leader, participants identify strengths and needs for each child. Next, they identify a family placement setting to work towards, based on the systemic resources available to serve the best interest of the child. Further, the

group will discuss questions around gatekeeping practices, building staff capacity and building a continuum of care via organisational expansion and partnerships.

Families

In the families section, participants decide how the organisation can prepare and strengthen families to care well for children. Although there are no comprehensive global numbers, data suggests that many children living in residential care have surviving parents or relatives (Cudjoe et al., 2019). Supporting parents or relatives to successfully reintegrate children into their care is the preferred solution. However, reasons for placement in residential care can vary widely, including poverty, illness and unsafe home life. As such, some biological parents or surviving relatives may not be able to raise children. In such situations, there are numerous other options for family care (i.e., adoption) that may be explored. The goal is for children to be in a family environment with at least one consistent parent or caregiver. Advocates of deinstitutionalisation strive to strengthen family care solutions with the goal of reshaping residential programmes into other family and community supports (Cantwell, Davidson, Elsley, Milligan, & Quinn, 2013). This component of the workshop guides participants through the nuanced family care options, as well as programmes and resources needed to facilitate each of these. Through group discussion under the advisement of the group leader, participants identify a process for community mapping of resources related to family strengthening in order to prevent separation and support alternative families. Next, they discuss family assessment and reintegration, including questions such as, ‘What kind of support should PCHCH [the case study organisation] provide to reintegrate families?’ and ‘How can PCHCH assess, prepare, and support kinship, foster, and adoptive families for placement?’

Asset Transition

During the asset transition, participants prepare and implement the transition of caregivers, staff and physical property. Every organisation has strengths and areas for growth, and these are highlighted during the transition process. The current assets of an organisation, including relationships, staff, partners, property and other physical capital, can be repurposed to support the reshaping of a programme. Most assets that have allowed programmes to serve children through group care can support children in families. Important points of discussion during the asset transition component are strategies for a) leveraging the unique perspectives, experiences and motivations that the staff member brings to the transition and new model, b) discussing transition plans with partners that will allow for education, planning and synergy, which may lead to the creation of a stronger continuum of care and c) repurposing physical assets to meet the needs of the new model.

Measurement

The measurement group focuses on creating an indicator table for the project to be used for ensuring the quality and sustainability of the family-based model (Dozier et al., 2012). Measurement exists to give programmes an accurate picture of strengths, improve outcomes by uncovering gaps in services and accurately report results to stakeholders. By encouraging thoughtful strategy prior to new initiatives, organisations can think through necessary steps, needs and opportunities in advance. Measurement helps ensure programmes are meeting objectives and ensures proper care throughout the transition process. Discussion during this component highlights the importance of case monitoring, creating organisational indicators of success for the new model and how to use data to improve services.

Fundraising

Finally, during the fundraising section, participants develop a fundraising plan for the transition to family care, as well as for financially supporting new services. Financial partnership focuses on facilitating a mutually beneficial relationship. Programmes provide an avenue for donors to fulfil their vision to support work being done to serve others. Further, donors provide financial support so that programmes can be successful and sustainable. Most programmes are funded by donations from individuals, families, churches, grants, corporate partnerships, government assistance or a combination of these sources. These funders bring with them diverse questions, backgrounds and motivations. It is vital to have an open line of communication with donors and to share information, stories, resources and strategies for the transition process. Fundraising is a primary concern in the transition to family care. As such, the fundraising component of the workshop teases out the long-term and short-term financial costs and benefits of transitioning to family care. This includes a discussion on a) initial 'spike costs,' as an organisation maintains current programming while building capacity to move towards the new model and b) the long-term financial sustainability after the transition. This section also focuses on approaches for engaging with financial partners to help them be invested in the mission of the organisation and to see themselves as part of the transition. Further, this component highlights the value of sharing plans and success stories during the transition and how these strategies may attract new donors (Christian Alliance for Orphans, 2019).

Conclusions

There is substantial evidence that children develop best in stable, nurturing families (Dozier et al., 2012). Professionals involved in caring for children separated from parental care recognise the need to transition to family-based models. Developing a continuum of family care is essential so that care decisions can be made based on suitability for a child's development, as opposed to based on limited availability of

care options (Cudjoe et al., 2019; Lee et al., 2010). Encouragement through success stories, direction via tools and coaching help raise awareness about the need to transition services to supporting children in families.

The immersive simulation workshop is one tool to begin that process to transitioning towards family-based care. There are several strengths and limitations to this tool. Building learning and discussion around a fictional, but realistic, case study allows for applied learning without needing to engage in a participant's own work. The interactive nature of the workshop allows for scaffolding of transition concepts (Steinert et al., 2008). Having experienced and knowledgeable group leaders allows for discussion using real-life illustrations and can create flexibility to direct discussion that suits the needs of the group. However, finding qualified group leaders may be more challenging in some contexts, such as places where deinstitutionalisation is in its nascent stage. Moreover, the tool is available in English and Spanish only. However, users may translate or contextualise for cultural appropriateness, while leaving basic components intact. Post-event data is currently limited, but promising. The Facilitator's Toolkit can be found at <https://cafo.org/ovc/sim-lab/>. This toolkit is free for use by those seeking to learn more about expanding family care.

With millions of children living outside of parental care, the transition to family care will require commitment, investment and collaboration. Success will require the engagement of many individuals, programmes and governments. This includes entities currently providing residential care for children. Despite utilising an outdated model of care, these organisations are usually committed to the well-being of children and can be an important part of the transition to better models. In order for deinstitutionalisation to be successful, we must leverage the experience, wisdom, connections, cultural knowledge and funding these organisations possess.

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Note

1. For the purposes of this article, following the United Nations Convention on the Rights of the Child, a child means every human being below the age of eighteen years (UNCRC, 1989, Art. 1).

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