TRANSITION CASE STUDY

Malaika Babies Home Uganda

Summary

Malaika Babies Home was a residential transition centre established in Uganda in 2009 and run by Child's i Foundation. It was designed to provide high quality temporary care to abandoned babies whilst family tracing, reintegration or adoption efforts took place. The goal was to combat the long-term institutionalisation of children that was prevalent in Uganda at the time, and ensure more children ended up in family-based care. Child's i Foundation aimed to do this by coupling the residential service with a strong reintegration program. However, despite efforts to ensure children spent as little time in residential care as possible, the Founder and senior staff began to recognise that reintegration and domestic adoption processes can sometimes take considerable time, and even children in high quality residential care facilities can experience developmental delays as a consequence of institutional care. As a result of this learning and realization, Child's i Foundation embarked upon a journey of transforming their model of care.

Initially, Child's i Foundation decided to pilot a foster care program as an alternative to temporary residential care for children awaiting reunification or adoption. A number of the caregiver staff were re-trained to become foster carers and transitioned to providing care for the children in their homes rather than at the residential care centre. Extensive consultation was held with government and with the community to promote foster care and address reservations and concerns. After an initial period of piloting foster care, Child's i Foundation made a decision to scale back the residential care service from a 25-bed facility to an 8-bed facility over a 2-year period.

Overtime, and after realising the full cost of running even a small residential program, and witnessing first-hand the developmental gains made by children once placed in foster care, Child's i Foundation made a decision to fully transition and phase out their residential care program entirely. A range of family and community-based initiatives were launched to reduce the need for alternative care and improve children's access to family-based care in cases where alternative care was genuinely required. This included a disability inclusion program to ensure children with disabilities could also access family-based care. In mid 2017, after the last child was reintegrated out of Malaika Babies Home, the facility was closed. In addition to their involvement in a range of family and community-based programs, Child's i Foundation went on to provide transition support to other residential care facilities and to continue to work in close partnership with government at the national and subnational level to progress systems level care reforms.

Background

Malaika Babies Home was established in 2009 as a 25-bed residential facility for infants and young children. It was established by Lucy Buck, an expatriate from the UK, who had spent time volunteering in an orphanage in Uganda. Lucy witnessed first-hand the poor treatment of children in some institutions and how prevalent it was for children who entered residential care facilities to be lost in the system and remain in institutions indefinitely. As such Malaika Babies Home was set up to provide high quality temporary residential care for infants and small children awaiting reunification or domestic adoption. It was considered by the government to be a model of good practice in residential care and included a strong reintegration program and process to ensure children remained in residential care for the shortest duration possible. 90% of all babies placed in Malaika Babies Home were reunified with biological families. Domestic adoption was explored for children for whom reunification with biological family was deemed not possible. This was facilitated thorough Ugandans Adopt, a government run domestic adoption campaign supported by Child's i Foundation.

Despite measures put in place to try to ensure residential care was used sparingly and temporarily, Child's i Foundation began to notice that as soon as one child was reintegrated, another would be admitted into care. Even though the aim was to reintegrate children within a 3-month period to avoid developmental regression, many children ended up staying for longer than 3 months. In some cases, reunification or adoption processes took 1-2 years to complete. This was of concern to the newly appointed Director of Programmes, who had a professional background in family welfare, and was aware of the cognitive and developmental delays associated with institutional care. It started to become clear to both the Founder/CEO and Director of Programmes (DoP) that orphanages, even high-quality ones, were not the answer, not even for temporary placements whilst children awaited reunification or adoption.

Learning and Engagement

The Founder and Senior Managers of Child's i Foundation visited Rwanda over several trips to learn about the work of Hope and Homes for Children (HHC), an international organisation working globally to transform residential models of care. Through training sessions with HHC, they were able to see how alternatives to residential care had been developed, including foster care and kinship care. They took interest in further reading and discovered the research on the harms associated with institutionalisation. They concluded that a baby's home could not provide an environment as conducive for children's care as a family, even for emergency care. As Child's i was heavily involved in care reforms, and the development of the Alternative Care Framework in Uganda, the realisation that their residential transition centre model was still not in the best interests of children was unsettling and came as a bit of a shock. Despite feeling uncertain about how a foster care model could work in the cultural and socio-economic context of Uganda, both the Founder/CEO and DoP felt a deep sense of responsibility to make the required changes and lead by example.

After an 8-month learning period, senior leaders made the decision to transition to foster care and scale back the size of the residential facility. However, before they could progress to implementation, extensive work needed to be done with the UK board and the government in Uganda to secure their buy-in and political will.

Preparing and Planning

In preparation for the transition, Child's i restructured to ensure they had a human resource personnel to support the process, including stakeholder engagement and consultation. Lucy the Founder/CEO engaged extensively with the UK board over a period of nearly two years and was able to secure their buy-in and support, first for scaling back the residential care service and finally for full transition.

Child's i Foundation were able to secure technical support to transition from Hope and Homes for Children (HHC). HHC shared their model of Active Family Support as an alternative to residential care and provided training on transition, deinstitutionalisation, and alternative care to staff and leadership in preparation for transition.

Child's i management engaged in a strategic planning process and developed transition guidelines that outlined step by step the strategic approach they would take to transition. This included a communications strategy to inform the various stakeholders of the plans to scale back the residential care facility, as well as a strategy for recruiting foster carers for the children currently in the babies home. By doing so they hoped to gradually reduce the number of children in the residential care facility. They developed new policies, including limiting visits from the public and donors, as local donors were accustomed to visiting the Malaika Babies Home and management quickly realised their ongoing attachment to the babies home would create a barrier to their buy-in for transition. They also decided not to admit any new children in Malaika Babies Home throughout the transition period. They had already been reintegrating children out of Malaika Babies Home since its inception and understood that unless they put in place a firm gatekeeping policy, new children would continue to be referred and replace each child successfully reintegrated. They reviewed and re-developed their case management system, reflecting on their learning from past reintegration work.

As a part of the preparation, Child's i Foundation began to explore the legal and policy mechanisms in place to replace residential care with foster care for children awaiting permanent placements in families of origin or adoptive families. Child's i Foundation had worked closely with the government on the development of the Alternative Care Framework, which prioritised family-based care and relegated residential care as a last resort measure. Despite this framework being in place, there were no actual foster care guidelines under the Children's Act. Courts issued care orders to foster carers but that would mean that the foster carer had full parental responsibility for the child with no oversight. Being a new model, Child's i Foundation wanted to maintain control and accountability and the role of supervision of the children and foster families. To facilitate this, until such time as guidelines were in place, Child's i

Foundation brought foster carers under an employment contract, which allowed them to set up accountability mechanisms and require compliance with codes of conduct under the Human Resources Act.

Preparations had to be made for staff whose roles would be affected by the transition plans. As Child's i Foundation already ran community-based services designed to

prevent separation parallel to the residential care services, there was some capacity to absorb staff in other programs. For caregivers working at the babies home, the plan was to invite them to be the first cohort of foster carers and for them to continue to care for the children residing at Malaika Babies home at the time, albeit in their own homes but continue to be treated as paid employees.

Implementation

Stakeholder communication and reactions

Initially the message of transition was delivered to staff department by department. Subsequent one- on- one meetings were held with staff to ensure they had ample opportunity to ask questions and raise concerns.

When the idea of transition was first broached with stakeholders outside of management, there was a lot of resistance. Staff reactions were mixed. Some staff expressed a lack of confidence in the new model of emergency foster care. It was new and something they had never seen in operation. They feared Child's i Foundation would lose its sense of identity without their signature babies home, for which they were well known. In general, staff were afraid of losing their jobs. Some were supportive once given reassurance that they could transition into other roles. Others remained resistant. Caregivers of the children in the babies home were informed that they'd be given an opportunity to continue working with the organisation by becoming foster carers. They were offered training and encouraged that as foster carers, they'd also have more time to spend with their own children and families. Some agreed to transition their roles. Others didn't and chose to leave. Some staff were offered opportunities to work in the social work team in the prevention of separation and family support program. Several guards were let go of in the process. They filed a lawsuit for wrongful dismissal against Child's i Foundation. Upon realising that not all staff had been adequately engaged and supported to transition, management helped the guards update their CV's and find other employment. At this point the lawsuit was dropped.

The local community also expressed unhappiness when first informed of the plans to transition. They expressed fear that this

decision would put children at risk of harm, including of being on the streets, and that the community would be left without referral options for these children. Some local donors who had supported the home withdrew their support. Others were happy with the plans to transition and continued to support Child's i Foundation. Push back was also received from larger well-established institutions who did not like the messaging surrounding transition.

Local government also initially expressed concerns about the changes. They questioned the ability to monitor foster care and ensure children's safety, particularly as there were no regulations for foster care, only for residential care services.

Prospective adoptive parents also felt uncertain about the changes but were reassured once they realised Child's i Foundation would continue to provide support to families and provide temporary care for abandoned children albeit through foster care, until permanent placements could be arranged.

Once the idea of transition had been broached with all stakeholder groups, Child's i Foundation held an open day to bring everyone together and provide more information to stakeholders about their planned emergency foster care program. The plans were well received and Child's i Foundation's emergency foster care program was subsequently launched.

Staff training and capacity building

Initially 2 of carers at the babies home agreed to become foster carers, and were provided with training. Each had one child from the babies home placed with them to care for in their own homes. These first 2 foster carers then shared their experiences with other caregivers at Malaika Babies Home, which led to more caregivers agreeing to become foster carers. In total 8

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Scaling back the residential care service

Initially Child's i Foundation worked to scale back the babies home from a 25 bed to an 8-bed facility. This happened between 2014 to 2016. The scaled back facility operated as an emergency transition home and as soon as a child was admitted, tracing and reintegration efforts commenced. Overtime, these plans were adapted as experience and analysis showed that the cost of running an 8-bed transition home was equal to the cost of running a 25-bed facility. It became apparent this was not a cost effective or sustainable model. As the facilities were rented and not owned by Child's i Foundation, it was decided that funds spent on rent and upkeep of the facilities, could be better invested in foster care and family support. By this time staff had witnessed improvements in children's development once placed in foster care, with children previously behind in development catching up and meeting milestones. This convinced them of the significant benefits of family-based care when compared to residential care. Staff also realised that, despite the focus on reintegration, the very presence of a residential care facility in the community continued to see children referred to residential care. For these reasons, a decision was eventually made to close the residential care services entirely and to transition fully to emergency foster care and family support. In 2017 the last child left Malaika Babies Home and the residential facility was finally closed that same year.

Foster care implementation and learning

The first 6 months of implementing the emergency foster care program was a period of steep learning and adaptation. 2 of the initial foster carers had to be let go after concerns were raised by the children's schools regarding the quality of care provided. As foster carers were treated as employees, due to the lack of foster care provisions in the Children's Act, this became a complicated legal process. In 2017 new Foster Care Guidelines were drafted that stated that foster carers shouldn't be paid. Child's i Foundation commenced a preparation and consultation process to prepare to transition foster carers away from paid employment. This came into effect in June 2019 once the government guidelines were released.

After a period of time, it also became clear that expectations had not been adequately set for the first cohort of foster carers. Some had high expectations of the financial support that would be provided, which did not match the stipend they received. They became disgruntled as a result. Foster carers were also not adequately trained on how to budget and manage the stipend. There were incidents of stipends running out before the allocated timeframe, leaving some struggling to manage. This resulted in some of the foster carers asking to come back into different roles within the organisation and discontinue as foster carers. Learning from these early experiences helped Child's i Foundation adapt and strengthen procedures, improve training and better manage foster carer expectations in subsequent recruitments and placements.

Involvement of government in the emergency foster care program

Whilst referrals of abandoned children from government initially decreased after the closure of the babies' home, this improved once Child's i Foundation were able to demonstrate the efficacy of emergency foster care and allay concerns. Child's I Foundation, recognising the authority of Probation Officers over children in alternative care, and the importance of respecting their authority and mandate, intentionally sought to involve Probation and Social Welfare Officers (PSWOs) as much as possible in the foster care program. This was challenging at first, however PSWO's participation improved overtime. They were invited to oversee the formation of MOUs with foster carers and to support the monitoring of foster care placements once they commenced. They were also involved in recruiting foster carers from the community. The Alternative Care Panel, which was established initially to handle adoption applications, had their roles expanded to include foster care assessments and approvals. The Alternative Care Panel comprised of a lawyer, child counsellor/psychologist, adoptive parent representative, ministry PSWOs and district PSWOs, representatives of Civil Society Organisations and Police representative of child and family protection unit. Involving government and bringing the emergency foster care program under their mandate and oversight as quickly as possible was key to promoting long-term

sustainability of family-based alternative care in the county more broadly.

Reintegration and adoption

Some children were reintegrated back into families directly from Malaika Babies Home prior to its closure. Others went into foster care whilst tracing, family reconnection and until reunification or placement in an adoptive family took place, as was the case for all children referred to Child's i Foundation after the closure of the babies' home. Child's I Foundation's history of reintegrating children from the babies home, made that aspect of transition easy as staff were already trained and experienced, and reintegration SoPs and a case management system were already in place. However, Child's i Foundation did eventually adopt the government tools in order to bring the organisation's practices into conformity with government systems. Children were also familiar with the concept of reintegration, having seen other children undergo the process and be reunified or placed with permanent families. Most were excited at the prospect of being reunited with family or placed in family-based care, however some were more reserved and needed lengthier periods of bonding before reunification or placement. Unlike in many transitions though, reintegration was not something foreign that required a lot of time and consultation to introduce to the children.

Once families were located, assessments took place to identify the most suitable caregivers and the range of support that might be required to make reunification possible. Whilst care plans were being implemented, family bonding also commenced to prepare the child and family for reunification. For children being reintegrated out of the orphanage, family bonding took place at the family home and in a dedicated family bonding room at the orphanage. Once staff felt a strong bond had been formed, PSWOs would write a discharge letter and the child could be reunified or placed in permanent family-based care. Bonding however wasn't always a smooth process. The framework for facilitating bonding felt artificial to many families. Families would sometimes display behaviour they felt conformed with the organisation's expectations, yet this was fabricated. Culturally speaking, interactions between children and parents were often instructive, and therefore outside of that normal family environment, and in the presence of social workers, some parents didn't know how to interact with their children. This sometimes led to placement breakdowns as bonds that were insufficiently formed to weather the reality of resuming care for children, broke down. Upon reflection, Child's I Foundation realised the importance of training parents on bonding and

providing more support and guidance for how to interact with their children in preparation for reunification. In some cases, the same issues arose for adoptive families leading to placement breakdown and the need to re-match children with new families.

There were a range of challenges that needed to be addressed and managed to ensure reunification with children's families was possible and sustainable. Some families were in difficult situations, including poverty and required extensive support with income generating activities to ensure they could sustainably meet the needs of their children. Some lived a long way from the residential care facility, which increased the challenges associated with facilitating family reconnection and bonding and providing ongoing support and monitoring. Some families were open to receiving their children back whereas for others, extensive engagement had to take place to change their mindsets towards residential care. Engaging probation officers in the monitoring of reunified children was also challenging in some cases, due to a lack of financial support, despite this falling under their mandate and responsibilities.

Whilst most issues were able to be resolved and placements successful, there were 5 cases of placement breakdown. 3 of these were with children in foster care placements under the foster-to-adopt program. 2 breakdowns were with children reunified with family. All breakdowns were due to child protection issues picked up by social workers in monitoring visits and took place between 6-12 months after placement. For children whose placement broke down with biological family, rapid assessments of next of kin were able to identify other family members willing and able to provide care. For the three children in the foster-to-adopt program, emergency foster care was arranged whilst re-matching with another adoptive family took place. No children were re-institutionalised.

Children with medical issues and disabilities were also harder to place and required more intensive support. In such cases, these children stayed in specialised foster care for longer periods while special media campaigns were done to share children's stories, while upholding confidentiality, with the aim of finding suitable families for placements. Expressions of interest received were prioritised and fast tracked for children with medical issues and disabilities. When suitable families for placement were found, the care home nurse put a lot of time into preparing the families to take on these children and scheduled bonding visits for prospective adoptive parents to observe day to day care for the children.

Post transition services and initiatives

In lieu of running a residential care facility, Child's i Foundation continued their involvement in national level care reform efforts in support of government and also developed a range of post transition services and initiatives all aimed at preventing unnecessary separation and enabling family-based care. These include:

Active Family Support: A family strengthening program that seeks to support families at risk of separation across 5 wellbeing domains: living conditions; family and social relationships; physical and mental health; education; and household economy.

Community-based child protection model: Working with local Community Development Networks to support families to access existing services, facilitate coordination and referral mechanisms, and to promote grassroots and community-led initiatives and solutions to prevent separation and recourse to residential care.

Reintegration: Support for children living in residential care facilities to enable reintegration back into families and family-based care.

Family based care: This includes foster care as a temporary option for children found abandoned whilst tracing, reunification and/or placement efforts are underway, and domestic adoption for children unable to be reunified with biological families or kin.

Independent living. Support for young people who are aging out of residential care

Disability inclusion: Support for children with disabilities through community sensitizations to address discrimination, assistive aids and equipment, and peer support provided through community groups.

Advocacy groups: Support for parents, carers (including those caring for children with disabilities) and Care Leavers to form community peer support groups and advocate for their own rights as well as empower and draw strength from one another.

Child's i Foundation have also been able to use their experience and learning of transition to provide technical support to other residential care facilities to undergo transition, including as a part of county level systems reform efforts. Most notably this took place in Tororo District where all residential care facilities have now transitioned or closed and a community-level child protection system and family-based alternative care system have replaced the former role of orphanages.

Malaika Babies Home Timeline of Transition

Time from decision to scale back residential care facilities to decision to close facilities: 2.5 years

Time from first placement of a child in foster care to the reintegration of the last child out of the residential care facility: 2.5 years

Time from initial board engagement around foster care to board level decision to fully transition: 3 years

Time it took to scale back from a 25-bed to an 8-bed residential care transition home: 2 years

Time from first learning trip to decision to fully phase out residential care and transition: 3.5 years

| 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |

Phase 1: Learning & Engagement

Phase 2: Preparing & Planning for Transition

Phase 3: Implementation of a Full Transition

Jan 2014
Founder travelled to Rwanda for a learning trip

Feb 2014
Discussions with the board about piloting foster care commenced

Jun 2014
Decision to launch foster care pilot made

Preliminary Agreement to scale back residential care services

Jun 2014
Transition guidelines and a new volunteers policy limiting volunteers contact with children drafted

Aug 2014
Senior staff decide that residential care services should be scaled back in favor of family-based care

Staff consultation to introduce the shift towards foster care commenced

Oct 2014
Board engagement around scaling back the residential care facilities commenced

Implementation of pilot foster care model

Dec 2014
Fist child placed in foster care with former care giver

Jan - March 2015
Stakeholder consultation with government, local communities, and families around the foster care model took place

Preparing for scaling back residential care services

Jan 2015 - Feb 2017
Training provided to staff in preparation for changes to their roles

Alternative care panel mandate expanded to include foster carer recruitment

Foster carers are recruited from amongst staff and members of the community

Design and Implementation of new program

Jan 2016
Director of programs travels to Rwanda with HHC to learn about family and community-based programs

Jun 2016
Active Family Support, Community-Based Child Protection and Advocacy and Disability Inclusion programs launched

Preparing for scaling back residential care services

Jan 2017
Launch of 5-year strategic plan

Feb 2017
Decision to fully transition and close the residential care services was made

Early 2017
Senior leaders travel to Rwanda for a learning trip

Ongoing reintegration of children

Jun 2017
First placement of a child in specialized foster care

Jul 2017
Last child reintegrated / placed in family-based care and babies' home closed

Mar 2018
Launch of De-institutionalisation project in Tororo District and Makindye Division

Post transition foster care program adaptations

Jun 2019
New Foster Care Guidelines released

Jun 2020
Foster carers transitioned from being paid staff in accordance with new government guidelines