



CHILD'S I FOUNDATION CASE STUDY

# Tororo District Transformation

Partnerships **PLUS**



## Summary

Based in Uganda, Child's i Foundation successfully transitioned their residential programs before deciding to expand their vision and seek to bring about care reform to the entire district of Tororo. Partnering with the district level government and several CCIs, Child's i Foundation carried out an extensive analysis and assessment of the Tororo region which provided information to guide the ensuing transitions of CCIs throughout the region. Working with several different organizations, Child's i provided technical support and guidance to bring many of the residential care services in the region to transition from residential care to other types of services. These individual transitions coupled with initiatives to empower the community to engage in gatekeeping, family strengthening, and the promotion of family-based care contributed to systems level care reform.

## Background

Child's i Foundation (Child's i), based in Uganda, began their transition journey by transitioning their own residential care facility called Malaika Babies Home. In 2016, after a time of intentional restructuring and visioning, they decided to use their learning to support other organizations to transition from residential to family-based care. This time, instead of just focusing on the transition of individual services, they decided to pilot the transformation of the child protection and care system, at the district level. With support from Hope and Homes for Children (HHC), a clear vision, strategic plan, adequate funding and their own experience of transition, they began to consider what district they could partner with to realize their dream of achieving system wide transformation.

The district of Tororo in Uganda, located 4 hours away from Kampala, was quickly identified as an ideal location for the pilot. Child's i had existing relationships with government, other organizations, and importantly, strong support from a probation officer from the local government who was willing to drive the change. In addition, some of the charitable children's institutions (CCIs) in the area were already open to the idea of transition. Therefore, the team quickly decided to begin implementing their vision in this area.

In March 2016, Child's i came into contact with Smile Africa Ministries (SAM), a residential care institution located in Tororo. The initial contact came through one of the donors who was involved in funding a new babies' home on the SAM campus, in addition to general funding for SAM. This initial interaction evolved into a working relationship and agreement from SAM to transition with Child's i's support. In May 2016, Child's i audited all of SAM's case files, documentation, and internal processes in order to prepare a strategic plan. They also provided capacity training to the staff to prepare for deinstitutionalization and working alongside the local board of directors and founders to prepare the way for transition.

In August 2016, Child's i signed an MOU with SAM for the transition. This new relationship had far-reaching benefits beyond the walls of SAM, as it served as a catalyst for working with the entire district and provided the groundwork to sensitize stakeholders in the area toward the necessity of family-based care. The willingness of this one CCI prepared the way for greater change and brought about a new understanding of the importance of deinstitutionalization.

## Phase One: Learning and Engagement

### Government/Systems Level

Critical to realizing their goal of bringing care reform to an entire district, was achieving strong buy-in and ownership from the local government. In November 2016, Child's i hosted a multi-day event and invited representatives of different CCI's, probation officers, cultural leaders, and other government representatives to attend. They provided training on the 5 stages of deinstitutionalization (DI), which led to an agreement by the Tororo District Government and a signed MOU with Child's i, to begin transforming the child protection and care system in the entire district.

Next, Child's i commenced an extensive mapping and consultation process in the district. They mapped out services, organizations and engaged with stakeholders including government officials, families, and community leaders and members. This enabled them to better understand the situation of alternative care in Tororo and the causes of child separation and institutionalisation.

### Mapping and Research

In a span of 2 to 3 months, Child's i collected data and worked with district officials who saw for themselves the findings of the mapping and consultation process. The staff at Child's i sought to research specific aspects of alternative care such as risks and circumstances of family separation, attitudes towards institutional care, how long children were remaining in care, the genders of children in care, the affiliation of the CCIs, their connection to voluntourism and whether they were locally or internationally funded. They were also interested in understanding what structures and organizations were in place for supporting children with disabilities, and family tracing, and the mechanisms of referrals of children to residential care. This collection of data revealed the concerns, reservations, and lack of information about DI that was held by those involved in alternative care. Through the mapping process, Child's i identified key actors, including government officials, NGOs and community leaders and those involved in grassroots child protection mechanisms. This informed the consultation process,

which included focus group meetings and interviews with children, parents, professionals, and family members.

Additionally, this mapping and consultation process provided insight into the range of practices regarding family separation and the use of institutional care and obstacles and opportunities for DI in general. Interacting with local leaders and community members provided opportunities to identify the attitudes and knowledge of alternative care and to begin educating on the importance of family-based care. As many children residing in children's homes in Tororo were from outside of the district, it was necessary for the mapping to also extend to counties where the children were coming from.

### Finding Support for Deinstitutionalizing the Care System

During the mapping process, Child's i began to seek allies in their pursuit of care reform in Tororo. Convinced that sustainable changes could only be achieved through multi-sectorial partnerships, Child's i began garnering support and identifying partners willing to actively participate in the DI agenda. In this regard, the organization facilitated partnership building meetings with different stakeholders. The key messages to be delivered were based on research and carefully crafted to encourage the participants to reflect on the social injustices that children were experiencing in residential care while creating awareness of the real issues that children were facing removed from their families. These meetings and partnerships were guided in the five aspects of DI training and framework that HHC had imparted.

Additionally, Child's i held the unique position of having transitioned their own programs and drew on this experience from Malaika to show that it was possible to successfully transition a CCI. Furthermore, they shared about the continuum of care and the recent position the government had adopted on alternative care and both the national and international commitments to care reform. In this governmental component, examples from Rwanda's transformation were helpful and cultivated hope for change.

These meetings guided the participants to understand the experiences of children and the importance of family-based care for children's wellbeing. Stakeholders were able to identify and articulate practical next steps they could take to improve the outcomes for the children in their care. Through these engagements, Child's i went on to sign partnership agreements with different CCI, namely Smile Africa Ministries (SAM) and Tororo Children's Home. In November 2016, the district level local government signed an MOU with Child's i and accordingly propelled the care reform transformation throughout the entire region including a government-imposed moratorium on new orphanages.

## Effective Engagement

Child's i recognized that major care reform requires significance change for residential care providers, including a loss of resources and autonomy. Considering these inherent losses, the argument that family and community is the best environment for child development might be inadequate in motivating one to support this agenda. Granted, this key messaging is indispensable for provoking change, but different communication and advocacy techniques were required to adequately engage and prepare stakeholders for the proposed care reforms.

There was much resistance to the transition message from directors of the CCIs, children and families and many of these

actors distanced themselves from the agenda as they perceived a loss of incentives and held unrealistic expectations about the entire transition process.

## Learning to Navigate the Resistance

Child's i learned that it was important to clarify expectations and address sources of resistance early in the process to minimise backlash. Doing so increased the likelihood stakeholders would understand, internalize, and cooperate with the proposal of care reform. Child's i was intentional in articulating to stakeholders their future roles in caring for children and presented plans to repurpose the residential care facilities to make a greater impact in supporting children in their families. In addition, Child's i presented the plans to reintegrate children into their families to the very children that would benefit from this transition. All of this required clear and effective channels of communication with a deep understanding of the emotional impact of the proposed changes.

To bring about real change, Child's i recognised the importance of involving children at every stage. Through intentionally building child participation mechanisms into the process, Child's i staff were able to learn from children, understand their point of view, and ensure the process and outcomes were responsive to children's wishes

## Phase Two: Preparation and Planning

### Service System Mapping

Thanks to a rigorous mapping process, Child's i was able to analyse and interpret the data that had been collected and identified which sub-counties would be prioritized to begin training, capacity building, and retraining of community volunteers who would be able to support the children and families once they'd been reunified. A key component of the care reform process for the district of Tororo was that sub-county training events were being facilitated on a consistent basis. Aside from the primary objective of increasing capacity, these trainings allowed Child's i to identify gaps in the broader system and meet those needs accordingly. With 10 sub-counties altogether, each one was engaged with on an individual basis providing them with accurate insight into the needs of each area.

### Preparation of Residential Care Services

In efforts to adequately prepare the CCIs for a transformation of their services, it was necessary to understand the context of the children coming into care, their families and the strengths that affect the child's safety, permanency, and overall well-being. To this end, Child's i utilized different assessments and found disparities between the stories the children were giving, what the family was conveying, and the information that the CCI had. This assessment process revealed poor documentation processes on the part of the CCIs as much of the information regarding the children's story was in the heads of the directors and staff members. Child's i discovered that some children had been abandoned and consequently admitted into the CCI however, there were no police reports or other official documents to support this. It was discovered that some families



had taken advantage of the lax gatekeeping procedures and misinformed directors in the intake process. One recount mentions a set of grandparents who were completely unaware that their own grandchild was living in a residential care not far from their home.

Aside from discovering the reality of many of the referrals to residential care, the assessments enabled Child's i to draw conclusions on the support required to transition out of residential care, develop and strengthen adequate community responses, elevate gatekeeping practices, and develop capacity for case management.

## Preparing the Children and Families

To address gaps in information and enable participation in the assessment process, Child's i held regular feedback meetings with staff, children and families. These feedback sessions helped social workers refine family support plans to ensure families were connected to the services they needed and to prevent family breakdown. Probation officers were involved in supporting children through the reintegration process right from the preparation stage. They introduced children to the concept of transition and gave them opportunities to share their thoughts and fears.

## Phase Three: Implementing the Transformation

### Development of New Services

Based on their understanding of the capacities, context and needs of the community, district-level government and other actors, Child's i proceeded to design appropriate interventions and services for children and families. This process began in March 2018 and was guided by the Active Family Support (AFS) model developed by HHC. The interventions were designed to reach and impact all five relevant wellbeing domains including living conditions, family and social relationships, physical and mental health, education, and household economy. It was envisaged that supporting children and their families across all wellbeing domains would result in sustainable interventions and would positively influence community attitudes towards disfavoured groups and orphaned children. In addition, Child's i supported the CCIs to design their post-transition programs. The aim was to help them ensure that their new services aligned with the overarching needs of the child protection and care system and met the true needs of children and their families.

### Community Support Mechanisms

Child's i designed mechanisms to facilitate the building of a self-sustaining community-based and community-led child protection system. These mechanisms responded to family-specific risks for separation and existed to support children's transition from residential care to family-based care. These mechanisms included: Community Development Networks, (CDNs), Community Volunteers (CVs), Peer Support Networks, Champions and Influencers, and the Alternative Care Panel.

**Community Development Networks (CDNs):** CDNs are groups of persons that hold membership to existing community structures (e.g., para social workers, local council committees, private sector entities, faith/community-based organizations and lower local government officials). These groups maximize access to existing services through establishing coordination and referral mechanisms, promoting community-led initiatives to fill in service gaps, and identifying local solutions to strengthening families. Since the end of 2017, CDNs have led the response for children and families at risk. Child's i established 10 different CDNs in 10 sub-counties of the Tororo district and one at the district level with a total number of 165 trained CDN members.

**Community Volunteers (CVs):** CVs are respected individuals who work in at-risk communities on a voluntary basis. These volunteers were identified and recommended by local leaders to provide an essential link to children and families and are the first line of defence when a child is in need of alternative care. All CVs were trained to identify vulnerable families and children and educate communities on the importance of prioritizing family-based care over residential interventions. Child's i recruited 275 CVs who work within the CDNs to ensure that children in their sub-counties are protected from violence, exploitation, and neglect. CVs identify child protection violations, refer cases to appropriate authorities, and encourage community solutions to child protection issues.

**Peer Support and Advocacy Networks:** Child's i supported parents and carers to form community peer support

and a platform to advocate for their own rights. Child's i helped establish two peer support networks in the Tororo district.

**Champions and Influencers:** Child's i helped identify and raise up local champions for care reform by targeting key local influencers and opinion makers. These champions seek to leverage their influence in the greater community to educate on the benefits of family-based care. As a result of this process, 53 champions and influencers were recruited.

**The Alternative Care Panel:** In June of 2018, Child's i helped Tororo district to establish a District Alternative Care Panel to facilitate foster care placements and recruitment in the area. The inception of the panel at the district level served to decentralise the role of the Ministry-level national panel and to ensure the decision and work of approving foster care providers and placements was done by a group rather than by an individual.

Child's i encountered a variety of challenges during this phase of implementation including a weak referral system and limited reach of partner organizations. Coupled with institutional level struggles such as competing priorities handled by community child protection structures and an overall reliance on institutional care, these limitations threatened the possibility of creating a self-sustaining child protection system. Additionally, the needs of children with multiple vulnerabilities required complex services that stretched available funding.

To overcome these challenges, Child's i learnt the importance of utilizing different strategic mechanisms to promote proper prioritization of care system reform such as providing concrete plans to harmonize schedules within the different child protection structures. For the sake of strengthening the system in general, Child's i built partnerships with child protection actors to tap into existing services and engage different stakeholders to coordinate services related to DI. Child's i recognized the importance of working closely with the government which often required simple coordination to enhance their effectiveness.

## Transitioning of Existing Services: Retraining and Re-deployment of Staff to New Services

Support for the transformation agenda from residential care services hinges on the provision of a safe and functioning alternative. Child's i supported SAM to retrain and re-deploy its staff to provide a variety of community outreach programmes. This process involved exchange visits to Rwanda and direct consultations with donors to achieve the reallocation of funds. It is important to note that since 2019, SAM has continued to work to benefit children and families yet has not admitted any child into its care. Child's i delivered a comprehensive training programme for social welfare officers, paraprofessionals, government officials and partner NGOs/RCIs to be able to identify vulnerable children and provide protection. To date, 275 community volunteers, 56 foster parents, and 53 champions and influencers have been trained.

## Reintegration and Placement of Children

In the case of SAM, Child's i helped reintegrate 46 children back into birth and extended family care. The reintegration process was preceded by initial child assessments, development of care plans, engagement and preparation of children, family tracing, assessment and preparation of families, and family bonding. These visits provided children with opportunities to experience prepare themselves for aspects of family and community life they had not encountered in the CCIs, including domestic animals and household chores. Following placement, each child was registered with the local authority and his or her family was linked to a community volunteer and assigned a social worker for monitoring.

## COVID-19 Pandemic

The emergence of the COVID-19 pandemic and the subsequent preventive measures forced many residential care services to pivot into compliance to an enforced lockdown. Such was the case in Tororo Children's Home who, without the knowledge

of Child's i, proceeded to rapidly reintegrate 21 children into family care. Child's i leveraged the case management process to ensure that these children were safe and put together intervention plans to ensure placement permanency.

**Foster care:** The Alternative Care Panel approved 28 families to offer foster care; four for emergencies, 12 for long-term foster care, and 12 more for adoption through foster care. Foster care was utilized for those children where families were not found or where the family was unable or unsafe to receive the child. Foster care placements were preceded by initial assessments of children, development of care plans, engagement and preparation of children, family tracing, and presentation of the child's profile for approval, matching, and bonding. In the case of SAM, Child's i supported them to place 17 children in foster care.

**Independent living:** Many of CCIs had young adults in care, who could not be reintegrated into families, yet due to their age were not eligible for foster care. Child's i supported them to construct independent living programs that allowed the youth to achieve autonomy and become fully integrated in their communities. Child's i supported SAM to place three young adults in an independent living program and Tororo's Children's Home placed two. Youth were provided with access to career guidance, help in identifying ideal communities and schools, development of mentor relationships and provision of essential resources they would need to be comfortable.

**Adoption:** For some children, domestic adoption was the most suitable option. This required Child's i to conduct rigorous family tracing and assessment, to verify eligibility, and additional assessment with the foster families to ensure they were suitable and ready to take on permanent care. They used media channels for family tracing and recruitment of foster-to-adopt parents. Prospective foster-to-adopt parents were then matched with a child and presented to the alternative care panel for approval. In total,

12 foster-to-adopt parents were approved and went on to foster children they were later eligible to adopt.

## Monitoring

Once placements were completed, social workers monitored children and families in post-placement visits. The professionals evaluated whether each child was receiving necessary care and protection and identified any child protection concerns. This was done through phone calls, family visits and obtaining feedback from neighbours and other community members. The frequency of monitoring visits varied depending on the type of care being provided but were generally done two weeks after placement, then on a monthly or bi-monthly basis, depending on the results of previous visits.

The monitoring of child placements continues to be a focus of the work carried out in the region to provide accountability, oversight, and resources to families so that children can remain with their families. An important part of providing sustainability of placements is the standardized monitoring of family and children. Initially, a lack of consensus in the utilization of monitoring tools and poor documentation created confusion and hindered the monitoring process. These setbacks in monitoring procedures were countered with periodic trainings that provided uniformity in the way tools were used across the region. This also resulted in more accurate reporting that was important to continue to support the placements.

## Reintegration and Placement Challenges and Learning

Even though a wide variety of practices were utilized with standardized monitoring protocols and prevention measures, placement breakdowns were registered in seven cases. In addition to these unfortunate breakdowns, Child's i learned a great deal from these challenges that appeared during

the process. From the onset, poor documentation of case management data hampered family tracing efforts and the transfer of personnel within the government created a loss of valuable training and capacity. Plus, unrealistic expectations on the part of the government, foster parents, CCI staff, families and even the children created emotional obstacles in the reintegration process. Some children, CCI, and families showed resistance to the suggestion of returning children to their birth or extended families and some families outright refused to receive their children back home.

Child's i was able to adapt to and overcome these obstacles in collaborative ways. In general, Child's i was reminded of the importance of the best interest of the child principle in all reintegration decisions which encouraged them to consider various family care options that would adequately meet the needs of each child. Child's i relied on collaborative partnerships to properly assess the stability of potential foster or adoptive parents and utilize comprehensive assessment tools to ensure stability.

In addition to partnerships with other service providers, Child's i suggests creating plans for continuing children's education after placement and identifying specialized needs of children that would require different services and more consistent monitoring. Foster care was a successful component of transition due to the influx of potential foster parents that arrived from the sensitization campaigns led by foster care ambassadors and collaboration with other organizations, families, government, and ambassadors proved to be imperative for successful recruitment and placements.

## Transition Outcomes for Individual CCIs

### Smile Africa Ministries (SAM)

Initial interactions led to this CCI becoming a hub for change throughout the district. They began working alongside the directors on the ground to consider the other community services they ran such as feeding programs, women's groups, arts and crafts for young adults and older women. Also, Child's i worked with staff members to consider how they could transition into new roles in the school that SAM operated. At the same time, Child's i accompanied the organization in laying out a vision that would prioritize and expand their existing non-residential programs while utilizing the same facilities.

### Acts for the Messiah

Child's i began to engage with this CCI until the end of 2016 when the director left the district and the CCI closed their doors. The children who had come into care as young children had now grown up and were young adults. At the time of the closure, the 5 remaining young adults relocated to Jinja (another district in Uganda) to live with the director.

### Awinjo Ministries

Awinjo Ministries was founded by a retired American who planned on supporting the residential care facility with his own retirement funds. Of the 45 youth that lived under Awinjo's care, all of them had family living within Tororo. Beginning in 2017, the founder was invited to the trainings and meetings hosted by Child's i, and even with some reluctance, he committed to the vision of transition. Despite different drawbacks such as a sudden change in leadership, Child's i continued to extend invitations to receive training and were able to assist in some of Awinjo's case management, including the referral of several youth to be reunified with their families. Though Awinjo did not sign an MOU with Child's i, they were able to work side by side until late 2019 when they closed the home after all the youth were resettled.

### Tororo Children's Home

Engagement with the Tororo Children's Home (also known as Salvation Army) began in April 2016 and was one of the first organizations that they visited. Despite their best efforts, there was a general lack of disposition to engage in transition and the path to obtaining authorization to make organizational changes was complex and laden with bureaucratic processes. This CCI also suffered from frequent staffing rotations which rendered training and capacity limited and less effective. Eventually, in June of 2019, Child's i was able to sign an MOU with Tororo's Children's Home and went on to reintegrate 23 children.

### Mavuno Ministries

Mavuno Ministries was encountered by Child's i in May 2017 while in the early stages of setting up a CCI for babies. Through alternative care training and other consultation work with the Child's i staff, they were able to bring about a change in the mindset which resulted in Mavuno Ministries abandoning the idea of starting a babies' home as they had planned and decided to focus their efforts on providing resources and support to families in need.



## Conclusion

The transformation that Child's i sought in the Tororo district was full of challenges and struggles, yet each of these provided incredible opportunities for collaboration, learning and growth. From the moment that the local government was engaged with the notion of DI, Child's i realized the uneven pace at which learning happens and that emotional ties to residential care are important factors to consider and overcome. Gatekeeping proved to be a critical point of engagement as the systemic change required the way children entered the protective system to be redesigned and decentralized. When funding was an issue in the transition of services, it was important to focus on the individual needs of the children rather than the provision of child protection services on a bigger scale. This individualized focus serves to consider pre-placement efforts to assess and equip families before reunification takes place.

If care reform is to happen on a larger scale, children must be protected and supported leading up to, during, and after reunification. The entire process of transforming care systems takes place in a multi-disciplinary and multi-sectorial context and effective change can only take place as different actors come together to see children living in

strengthened and supported families and communities. These collaborative relationships go beyond strategic agreements and must be maintained and invested in if they are to function in healthy and effective ways. These partnerships transcend the private sector and necessarily involve government, especially at a local level. As learned from Child's i's experience, local governments must be involved and committed to bring about lasting change. To persuade these different public and private actors in the care reform agenda, it was critical to provide evidence-based information stemming from formative research to create a conceptual foundation for the transformation of residential care providers. In support of these residential care services and their donors to understand deinstitutionalization and consider transition, Child's i focused on conveying the social injustices experienced by children in care and how their programs could be redesigned to provide lasting and needed changes in the lives of children, families, and entire communities. The work of deinstitutionalization transcends a simple departure from residential care and requires a bright vision for change that stems from a common desire to see the best for children.

# Tororo District Transition Timeline

Service mapping and information gathering in Tororo District: 3 months

Time from contact with Awinjo Ministries to final placement of youth in care: 2.5 years

Time from first contact with Tororo Children's Home to closure of home: 4 years

Time from first contact with Smile African Ministries to last child being placed out of care: 3.5 years

2016

2017

2018

2019

2020

2021

## Phase 1: Learning & Engagement

Building awareness and engaging with others

Jan 2016

Director of programs travelled to Rwanda with HHC to learn about family- and community-based programs

Mar 2016

Visioning meeting held by Child's i Foundation to draw on their own learning of transition to promote transition across the Tororo district. First contact was made with Smile Africa Ministries

Apr 2016

First contact was made with Tororo Children's Home (Salvation Army)

## Phase 2: Preparing & Planning for Transition

Organizational assessments securing buy-in

Mar 2016

Child's i Foundation carried out an audit of Smile Africa Ministries' case files and documentation to begin strategic planning.

Aug 2016

First MOU was signed with Smile Africa Ministries to guide their transition process

Making links to local government and child protection system

Nov 2016

Multi-day training event hosted on de-institutionalization for government and CCLs.

Jan-Mar 2017

Extensive service mapping and information gathering exercise carried out in Tororo county.

Early 2017

Senior leaders travelled to Rwanda for a learning trip with representative of local government.

CCI capacity building

Early 2017

Training provided for CCLs and links made to Awinjo Ministries

May 2017

Mavuno Ministries in early stages of setting up CCI for babies and promptly abandoned the idea after coming into contact with Child's i Foundation.

## Phase 3: Implementation of a Full Transition

Reintegration and gatekeeping

Jul 2017

Last child admitted into residential care in Smile Africa Ministries

Aug 2017

First reintegration carried out at Smile Africa Ministries

Implementing plan and designing new services (reintegration and organizational change processes)

Mar 2018

Launch of de-institutionalisation project in Tororo District and Makindye Division. Partner CCLs supported to consider and design post-transition services

Jun 2018

District Alternative Care Panel formed in Tororo District to facilitate foster care

Post transition foster care program adaptations

Dec 2018

Alternative Care Panel approves first families for foster care

Jun 2019

MOU signed with Tororo Children's Home (Salvation Army)

Jun 2019

New Foster Care Guidelines released

Late 2019

Awinjo Ministries closed after all remaining youth were placed

Jun 2020

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

Nov 2020

First child reintegrated from Tororo Children's Home (Salvation Army)

Jan 2021

17 children placed in foster care

Mar 2021

Last young adult from Tororo Children's Home (Salvation Army) placed in independent living

May 2021

Tororo Children's Home (Salvation Army) closed their residential care program