LEARNING BRIEF: Reflections on Faith Engagement within Care Reform

Demonstration country faith-engagement

Which actors can influence care reform?

Experiences in Guatemala and Kenya showed us the importance of not limiting our influence efforts to the leadership of the faith structures, as the leaders are often not permanent, and the work may not be sustained when leadership changes. Engagement with both high level decision-makers, such as bishops or provincials of women’s congregations, and middle level actors, such as priests or sisters who operate residential care facilities, have yielded the greatest successes.

CTWWC Guatemala’s experience showed that including the voices of people with lived experience when working to influence faith communities was effective. Faith-based actors were more open to discussions about care reform with people who could speak about their own experiences, rather than with technical experts. In Kenya, local voices have been more credible compared to international ones. For example, working with Catholic Care for Children Kenya and the Association of Sisterhood Kenya has been instrumental in winning the support of the Association of Member Episcopal Conferences in Eastern Africa (AMECEA) for care reform.

How to engage with faith-based actors?

The importance of continuous communication and ongoing accompaniment with faith-based actors proved critical to influence efforts in Kenya and India. Some faith-based actors reported having been approached by other care reform advocacy organizations in the past to make statements or adopt certain positions, but without a commitment to provide ongoing capacity building, mentoring, and support for alternatives to residential care. Such experiences have made some faith-based actors hesitant to engage. Having the capacity and time to develop long-term open relationships with the faith communities we want to influence has proven vital to building trust and buy-in. For example, CTWWC India noted that church leaders often want quick and “ready-made solutions” which can show results in a short period of time. It is essential, therefore, that we communicate openly and honestly about what transition processes require and have clear expectations on all sides from the outset.

CTWWC India also noted that it may be more effective to begin by engaging faith communities with a prevention approach rather than promoting transitioning away from residential care, which can feel threatening because it questions their work. This can help faith actors understand the importance of family strengthening first, avoiding a defensive reaction to suggestions of transiting faith-lead residential care.

CTWWC’s engagement with, and advising of, the Mexican Sisters of the Good Shepherd in their transition process has been a significant area of learning and growth for CTWWC in FY21. The need to build ample time and trust into the process to work through the emotional effects and grieving process involved in making a major institutional shift away from residential care cannot be overstated. Much more than a programming shift, such a dramatic change can have a profound effect on the entire charism of a religious congregation,
resulting in tensions between different groups within the order, as well as between the order and its long-time supporters and contributors.

In Kenya, rather than trying to sensitize Muslim leadership about the importance of care reform from the outset, CTWWC engaged them to work together to strengthen a key piece of their own traditional belief practices in children’s care. By encouraging county level Muslim leaders to take the lead in developing national standards for Kafaalah (a form of family-based alternative care in the Islamic faith) it mobilized support of the Islamic community nationally and put Kafaalah on agenda of the faith community leaders. This proved to be a highly successful entry point and highlights the importance of engaging local voices as spokespersons in national processes, whose credibility and can influence government leaders.

**U.S. Faith Engagement**

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Engaging U.S. Catholic actors on issues of family care and care reform has proven to be more difficult than we envisioned at the start of the fiscal year. Most have agendas and priorities that do not include care reform. The economic impacts of the pandemic have also led to the reduction and elimination of many U.S. Catholic diocesan offices and ministerial staff, significantly impacting their ability to influence care reform. In addition, identifying specific U.S.-based churches or faith communities supporting residential care facilities in the demonstration countries has been more difficult than anticipated.

To overcome these challenges, the research conducted and supported by CTWWC on U.S. Catholic and Christian support for overseas residential care not only gave us a better understanding of existing attitudes and practices of key U.S. Christian/Catholic audiences, but also positioned us to engage more strategically with targeted U.S. faith sectors, primarily Catholic. These include Catholic dioceses, universities, national youth ministry organizations, women/men religious leaders, residential care donors and former volunteers. Through CTWWC’s *U.S. Catholic Message Testing Research*, we learned emphasizing values-based language such as “family-based care,” “thrive,” “empowerment,” and “partnering” and focusing messaging on concrete solutions to the residential care crisis are likely to be most effective with diverse Catholic audiences.

The COVID-19 pandemic has created new opportunities to raise awareness about children’s care in the U.S. and the global North. The visibility brought to the issues of COVID-19 related caregiver mortality and the associated heightened vulnerability of children opened doors for virtually engaging faith-based actors to discuss care, presenting new opportunities which are likely continue after the pandemic has subsided.

**Tracking Change**

The CTWWC Champion-ness framework and tool will inform and measure progress in building these kinds of faith champions. CTWWC defines “champions” for care reform as individuals who can contribute directly to influencing changes in policy, programs, services, attitudes and/or funding to prevent child-family separation and improve alternative family-based care. Individual champions may have influence among care leavers, government, civil society, etc. within a demonstration country and/or policy-making bodies, funders and faith leaders. This framework and tool will be informed by experiences from the demonstration countries in engaging various faith actors in care reform.