



Toolkit for Disability Inclusion in Care Reform

Reunification and Reintegration of Children with Disabilities into Family Care: Guidance for Residential Care Facilities & Case Management Teams

Children with disabilities are disproportionately represented in residential care facilities (RCF) across the globe, and they are too often the last to find home in family care.¹ As awareness grows in communities around the world, more and more people are working to ensure children with disabilities are no longer left behind in care reforms, especially in services and programs that aim to reunify children with families, place children in family-based alternative care, and those which aim to prevent separation to begin with. While reintegrating children with disabilities often takes longer and can be more resource intensive, family care is always possible with the right supports and services. This guidance aims to provide case workers and others at residential care facilities with the considerations they need to look at for the successful reunification and placement of children with disabilities into family care, including understanding disability and how it impacts children's care, disability-inclusive case management, and preparing children with disabilities for reunification/placement. This guidance can and should be used together with the **Toolkit for Disability Inclusion in Care Reform**² available online at www.bettercarenetwork.org.

General Tips- Working with Children with Disabilities and their Families

Safe and long-term reintegration of children with disabilities into family care is often more time and resource intensive and requires input from a broader range of community members, service providers and others as compared to children without disabilities. Often, case workers and other professionals are unfamiliar with the particular considerations for working with children with disabilities and their families. The following tips intend to help workers overcome some common challenges. There are more resources on each of these listed at the end of the guidance.

TIP 1: Become familiar with the basics of developmental delay and disability in children, as well as how to understand each child's individual needs.

TIP 2: Become familiar with the disability inclusion considerations for each type of care – family reunification, small group home, adoption, kinship care, foster care, Kafaalah, etc.

TIP 3: Identify your local and national disability policies, standards and services. Know your child's rights and apply them around the right for services and supports, and share this information with parents/caregivers

¹ vanIJzendoorn, M.H., Bakermans-Kranenburg, M.J., Duschinsky, R., Fox, N.A, Goldman, P.S., et. al. (2020). Institutionalization and deinstitutionalization of children: A systematic and integrative review of evidence regarding effects on development. *The Lancet Psychiatry*, Vol. 7, No. 8.

²The **Toolkit for Disability Inclusion in Care Reform** was produced by *Changing the Way We Care*SM (CTWWC), an initiative designed to promote safe, nurturing family care for children. It reflects the work and learning from many practitioners. We thank Rahab Nyawira and Leia Isanhart for co-authoring this guidance.

TIP 4: Coordinate and collaborate with a team of multi-disciplinary professionals who are trained on disability and can facilitate access to disability assessments, services, and tailored support which might be needed for each child.

TIP 5: Partner and consult with organizations of persons with disabilities to help anticipate and meet the needs of children with disabilities and their families as they move to family care within the community.

TIP 6: Create and keep updating disability service maps, including services for early intervention, rehabilitation, inclusive schooling and education programs, and assistive devices.

TIP 7: Make communication and information accessible to children with different disabilities in order to promote their participation in the process and prepare for reunification.

TIP 8: Identify disability support services to meet the diverse needs of children with disabilities and ease the pressure RCFs face in caring for such children by partnering and working together.

TIP 9: Educate parents and caregivers on their child's rights and how to access disability-related services.

TIP 10: Help parents and community leaders understand differences and find value in children with disabilities. Give family time to change their mindset before moving on to alternative care. Stigma often stems from lack of education, not beliefs around evil.

TIP 11: Address misconceptions and stigma in communities, families, and in RCFs

TIP 12: Establish peer networks and support groups among children and young people with disabilities and their parents/ caregivers. Encourage children and families to participate.

TIP 13: Allocate budget for a reunification kits that is flexible and caters to specific needs of children with disabilities, including accessing, repairing and maintaining assistive devices.

TIP 14: Focus on the child's potential, using a strengths-based approach!

Key People who Support Reintegration

There lots of people who need to work directly and indirectly with children with disabilities and their parents/caregivers throughout the reunification and reintegration process. Some, such as RCF administrators or managers, local government workers or officers, and the RCF caregiving staff, will carry the same role in the reunification/reintegration process regardless of whether the child has or does not have a disability. Other organizations and individuals take on unique roles when it comes to children with disabilities or have specialized preparation to support families with children with disabilities. Others still may need to adjust their role to the needs and capacities of the children with whom they work.

Parents and caregivers have the responsibility of providing care and protection to their children. The role of the RCF and **case workers**, especially, is to act as a link between families and the facility, to provide regular updates on the progress of their child, and to promote the rights of children with disabilities within the RCF and beyond. Case workers need to have training and support that helps them to tailor their work to the holistic needs of the children, including those with disabilities, to be in safe and nurturing homes.

Mental health professionals such as psychiatrists or counselors offer mental health and psychosocial support to both the child and their family. They may also advise on the readiness of the child's return to their family or community and help to prepare the child. Similarly, **disability specialists** and even some medical professionals can also offer assessment and help link children and families to the services they need.

Organizations of Persons with Disabilities advise on disability inclusion across the reintegration process, advocate for the child's rights, educate parents/caregivers, and raise awareness in the community to fight stigma and promote inclusion of persons with disabilities. They are key partners.

Teachers, school administrators and other education professionals who work with children and young people with disabilities at school or other educational settings help to give an overview of the child's educational background and recommend or link to the necessary support services

Chiefs and village elders where the child and family live may know or have the historical background of the child which is crucial for tracing appropriate and suitable family care options. They also play a role to monitoring and update case workers on how the child and family are settling in once reunified. They can also be influential in raising awareness and changing attitudes toward persons with disabilities in the community and within families.

Minimum Standards of Care for Children with Disabilities in RCFs

This section looks at some of the minimum standards that RCFs should meet not only in providing care and protection, but related to their work to reunify children with families and/or move children into family-based alternative care. Understanding how case workers and other staff in the RCF can be supported to ensure best quality care and services to children with disabilities is critical.

Standard 1: All children have rights. Children with disabilities have the same right to safe and protective environments, to education and health, to healthy development, to know their community, to have their opinions heard, and to grow up in families.

Standard 2: Understand each and every individual child's needs and strengths, including understanding any disability in the children (physical, cognitive, emotional, social, learning, hearing, visual, etc.).

Standard 3: All children's records and case files should be up-to-date, including information on delays or disability, and databases should be secure and safe from tampering.

Standard 4: All staff regardless of their role should have sensitization and training on disability.

Standard 5: The staff-to-child ration must be adequate for quality care. Staff with direct contact with children must be trained and supervised to provide quality care and meet the needs of each child. Training must include safeguarding. Training should be disability inclusive.

Standard 6: Family and home tracing should be done at the immediate time a child is admitted to the facility.

Standard 7: Each child should have a care plan in place to guide reunification or family-based alternative care placement. This care plan should include needs and strengths, considerations for preparation of the child, and outline any supports and services needed if the child has a disability.

Standard 8: Case workers should be responsible to prepare the family and the child in advance of the reunification.

Standard 9: Case workers must include addressing the fears children with disabilities may have about transitioning into family care and community, and help them cope throughout the reintegration process. Continuity of case work is a must between a child in care and that child once they are in family care.

Reintegration processes

Reintegration is the process of a separated child making what is anticipated to be a permanent transition back to their immediate or extended family and the community (usually of origin) to receive protection and care and to find a sense of belonging and purpose in all spheres of life. For children with disabilities the process requires special considerations. Reintegration is a process between a child and the family. It is very

individual, beginning before the reunification. All the steps in a reintegration process are individual, taking longer/shorter or more/less resources depending on the child. With the right support, family care is possible for all children. Patience, persistence, good communication and documentation, engaging many different support people, engagement of the community, and sometimes even creativity are keys to success. The following section details considerations for the steps of a reintegration process.

Before reunification

- Work with multi-disciplinary professionals to conduct holistic assessments of the child's individual needs and strengths and incorporate this into their case files. This includes an accessibility audit of the child's home, school and/or other daily environments.
- Map existing quality, affordable, accessible services including respite care in the child's home community.
- When family tracing, give the family members ample time to understand and consider reunification, before moving on to family-based alternative care options. They will need opportunities to ask questions, get support to access services, get to know / re-know the child, and counseling to get prepared.
- Make a plan for preparing the child and the family – add it to the case plan and follow it.
- Build rapport with the child. Learn how to communicate best based on the child's strengths and build trust with the child.
- Provide or plan for assistance or access to services for any of the child's long-term health, schooling/education, employment or other challenges, including rehabilitative services.
- Link families to economic strengthening support, parenting skills, housing, employment services, health services, education services and respite care per a well-defined case plan that begins with assessing what services they will need.
- Using a disability lens, train family members on protection, nutrition, hygiene, communication, managing difficult behaviors, and their child's rights. Give ample time for them to ask questions and practice new skills.
- Work with health and rehabilitation service provider to train family members on how to meet child's needs at home and through community-based services.
- Link children to schools or other educational programs. Advocate for the child's accessibility accommodations.
- Establish open communication with families and community members.

During reunification

- Monitor how the child's well-being changes as the reunification date nears and as they build the relationship with the family where they will reunify. Watch for signs of stress and worry; highlight signs of happiness. There may be a need to give family members or the child additional forms of support at different times in the process.
- Continue linking the child and family to the services that are needed, accompany them to ensure they access those services, and, when needed, advocate with communities and government when there are service gaps. Facilitate the child's ongoing access to adaptive equipment, home adaptations for accessibility, health and rehabilitation services, and mental health/psychosocial support.
- Check to make sure that educational goals are being met by meeting with teachers and visiting schools or other education programs in the early days of the reunification. Advocate for the child's accessibility accommodations.

- Maintain open communication with families and community actors, ensuring they know how to contact the case worker or other RCF staff if needed.
- Make regular contact to check on the child and family – this may need to be daily visits or phone calls. Have a plan prepared for any unexpected and time sensitive interventions or visits.

After reunification – longer-term reintegration

- Conduct regular follow-up visits to ensure the holistic well-being of the child and the coping of the family. These visits should be planned on a schedule appropriate and relevant to the family and should continue for a minimum of 18 months to two years, or as long as needed.
- Watch for signs of stress or that the child's needs are not being met; highlight signs of a rebuilt or strengthening relationship, love and happiness. There may be a need to give family members or the child additional forms of support at different times in the process.
- Continue linking the child and family to the services that are needed, accompany them to ensure they access those services, and, when needed, advocate with communities and government when there are service gaps. Facilitate the child's ongoing access to adaptive equipment, home adaptations for accessibility, health and rehabilitation services, and mental health/psychosocial support as the child grows and develops remember that needs can change.
- Check to make sure that educational goals are being met by meeting with teachers and visiting schools or other education programs. Advocate for the child's accessibility accommodations.
- Be responsive when the child or family reaches out. Be transparent and be prepared for communications when times are difficult. Remember that raising a child is difficult and ups and downs are expected.
- Establish reintegration goals with the family and child, and continue working with them until those goals are met.

Transforming RCFs and communities

This guidance would be remiss without talking about the transformation of RCFs into family support services, where children are no longer separated from families. Case workers, administrators, managers and others have an important role to play in considering children with disabilities in the transformation process. This will lead to stronger services and connection to the local community. Tips for transformation:

Consideration 1: Become a champion for children in families! Help those who donate to the organization / facility to understand disability and children's right to care in strong and safe families. Face disability stigma in your community head on!

Consideration 2: Including disability considerations in organization future vision and any plans for transformation.

Consideration 3: Get involved in the disability inclusion policy discussions and opportunities to share experience for wider change.

Consideration 4: Help others to understand the supports and services that exist and that are needed in the community to make it more inclusive.

Consideration 5: Train, retrain and train again – provide staff, volunteers and others in the RCF community with opportunities to learn. In planning for and transforming consider what changes mean for staff and provide support, counselling and mentoring.

Consideration 6: Share what you are learning with others! Get together with other RCFs and lend support.

Resources

[Toolkit for Disability Inclusion in Care Reform](#), Changing the Way We Care, 2021

[The Closure of an Institution for Children and Adults with Disabilities: A Good Practice Guide](#) from Hope and Homes for Children, 2021

[Children with Disabilities and Care Reform in Eastern and Southern Africa](#), UNICEF and Changing the Way We Care, 2021

[Reintegrating Children with Disabilities in Rwanda](#), UNICEF and Changing the Way We Care, 2023

[Learning Brief: Disability Inclusion in Care Reform](#), Changing the Way We Care, 2023

[Learning Brief: Kenya County Disability Networks and Care Reform](#), Changing the Way We Care, 2023

[Joint Statement: The Rights of Children with Disabilities](#), Committee on the Rights of the Child & Committee on the Rights of Children with Disabilities, 2022

[United Nations Convention on the Rights of Persons with Disabilities](#)

[Training Package for The Lets Raise Children in Families Program: Supporting Children with Disabilities and Their Families](#), National Child Development Agency of Rwanda, 2021

[Better Care Network Disability Inclusion in Family-Based Care video series](#), 2019

[Family Care for Children with Disabilities: Practical Guidance for Frontline Workers in Low- and Middle-Income Countries](#), Partnerships for Every Child, 2018

[Finding Value: Helping a parent find value in their child with disabilities](#), A guide for social workers, counselors, pastors and others, Ekisa, 2020

[Caseworker's Toolkit: Case Management for Reintegration of Children Into Family or Community Based Care](#), Department of Children's Services, Kenya, 2019

[Guidelines on Children's Reintegration](#), Inter-agency group on children's reintegration, 2016

[A Better Future is Possible: Promoting family life for children with disabilities](#), A manual for professionals, International Social Services, 2016

[Disability-Inclusive Communications Guidelines](#), UN, 2022

Changing The Way We CareSM (CTWWC) is a Global Development Alliance funded by USAID, the MacArthur Foundation and the GHR Foundation, and implemented by Catholic Relief Services and Maestral International, along with other global, national and local partners working together to change the way we care for children around the world. Our principal global partners are Better Care Network, Lumos Foundation, and Faith to Action. CTWWC's vision is to be a bold global initiative designed to promote safe, nurturing family care for children, including reforming national systems of care for children, strengthening families, family reunification and preventing child-family separation, which can have harmful, long-term consequences, development of alternative family-based care, and influencing others to build momentum towards a tipping point of change for children.

Need to know more? Contact *Changing the Way We Care* at info@ctwwc.org or visit changingthewaywecare.org

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