



TRANSITION CAPACITY BUILDING ROADMAP

BETTER CARE NETWORK &
THE TRANSITIONING RESIDENTIAL CARE
WORKING GROUP



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Introduction

Millions of children continue to live in residential care facilities around the world. As countries progressively implement their commitment to phase out institutional care and reform their care systems, more and more of these residential care services are undergoing transition.

Over recent years, much has been done to capture learning about residential care service transitions and develop concepts of good practice. This learning has allowed us to articulate what transition may entail, what opportunities and challenges may arise during the transition, and the skills, competencies and attributes practitioners or teams of practitioners require to manage transition in a safe and effective manner.

The learning has underscored that the transition of residential care services is complex. It is a multifaceted multistage process that involves a wide range of stakeholders. It is heavily influenced by context-specific factors, including the laws, policies, service system, culture, and socioeconomic realities of each country where transition is occurring. It is also influenced by a wide range of factors unique to the organizations undergoing transition and the children in their care. Due to the range of variables, there is no one-size-fits-all approach to transition. Rather practitioners and teams providing technical support for transition require a wide variety of skills, knowledge and attributes that equip them to navigate the complexity of transition, develop tailored approaches, and iteratively steer transition towards positive outcomes.

To support the growing momentum for residential care service transitions, and to promote safe and evidenced-based practice, capacity needs to be built at the country level, including the capacity of systems, organizations, government agencies, and practitioners. The Transition Capacity Building Roadmap was developed to support national efforts to scale up transition capacity. It outlines key considerations for capacity building, drawing on residential care transition learning, documentation, research, and practitioner experience across different countries and contexts. It is structured around the three levels at which capacity needs to be built:

- 1. Macro level:** Systems-level factors that create enabling environments for transitions to occur at scale.
- 2. Organizational level:** Factors critical to scaling up agency/organizational capacity and bandwidth to provide technical support to transition residential care services.
- 3. Individual level:** Core competencies; skills, knowledge and attributes of practitioners providing technical support to organizations and residential care services undergoing transition.

In addition, it articulates a capacity-building pathway comprised of different approaches that will support the progressive development of practitioner competency and expertise.

The goal of the capacity-building roadmap is to guide governments and non-government organizations in their efforts to:

- **Identify priority areas for capacity building** at the different levels as a part of developing national, sustainable, and at-scale strategies to reduce reliance on residential care.
- **Design training and technical skills development pathways** that will allow for the development of technical competency and expertise among practitioners.
- **Develop training content** that targets the specific areas of knowledge required of practitioners to provide practical and comprehensive technical support to transitioning residential care services.
- **Develop recruitment strategies and establish multidisciplinary technical support teams** to deliver technical support services to residential care services undergoing transition.

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Glossary of Terms

Care reforms	<p>Care reform refers to the transformation of the child protection and alternative care system as a whole, and includes changes to the mechanisms that:</p> <ul style="list-style-type: none">• Promote and strengthen the capacity of families and communities to care for their children,• Address the care and protection needs of vulnerable or at-risk children to prevent separation from their families,• Decrease reliance on residential care and improve gatekeeping and• Promote reintegration of children into their families and ensure appropriate family-based alternative care options. <p><i>(For more information and to see how the transition of residential care services is situated within wider care reforms see A Roadmap for Care Reform for Children)</i></p>
Care System	<p>The legal and policy framework, structures and resources that determine and deliver alternative care</p>
Placement	<p>A social work term for the arranged out-of-home accommodation provided for a child or young person on a short- or long-term basis. It can include placement in kinship or foster care or residential care.</p>
Reintegration	<p>Reintegration refers to the multifaceted process of supporting a child or young person to transition out of residential care and be reunified with their family. It encompasses the distinct stages of preparation, reunification and follow-up.</p>
Residential Care	<p>Residential care refers to any group living arrangement where children are looked after by staff in a specially designated facility. It covers a wide variety of settings ranging from emergency shelters and small group homes to institutions.</p>
Residential Care Facility (RCF)	<p>Residential Care facility refers to the facility in which any type of residential care service is provided, including institutional care or more individualized care in small group homes. It is denoted throughout this document by the acronym RCF.</p>

Residential Care Institution (RCI)

Refers specifically to a facility that provides institutional care to groups of children. Institutional care is characterized by a one-size-fits-all approach where the same service is provided to all children irrespective of their age, gender, abilities, needs or reasons for separation from parents. Residential care institutions go by many different names, however, facilities that typically fall within the definition of an institution include orphanages, baby or children's homes, children's centres and children's villages.

Residential Care Service

Refers to the 'service' as opposed to the 'facility' in which the residential care service is provided. This term is used throughout the document to emphasize that the focus of transition is the 'service' and not necessarily the 'facility'.

Transition (of a residential care service)

Transition, for the purpose of this document, refers to the process of changing the model of care or service provided by an organization from a residential to a non-residential service or model of care, including family-based care or any type of family or community service. Transition entails change at all levels of the organization/service. It involves, but is not limited to, or synonymous with, the safe reintegration or placement of children, or transition of young people into independent living. 2 pathways fall under transition: full transition or closure and/or divestment. These are defined below.

Full transition of a Residential care service

Full transition refers to the first of two transition pathways whereby the residential care service provider intends to redirect all resources into the development and provision of other non-residential services for children, families, or communities. (see *Phases of Transition Diagram*)

Closure (of a residential care service)

Closure refers to the second of two transition pathways whereby the intention is for the residential care service to close and not go on to develop an alternate family or community service. This pathway may be pursued in situations where the organization is winding up, or where transition is not an appropriate goal due to serious child protection, service quality or organizational stability concerns. (see *Phases of Transition Diagram*)

Divestment (of a residential care service)

Divestment refers to the process of withdrawing financial, material or volunteer support from a residential care service or facility. Divestment is a pathway and outcome of transition and may be pursued by donors or partners in the event their residential care service provider partner declines support for transition (see *Phases of Transition Diagram*)

Part One: Levels at Which Capacity is Built

For a country to increase its capacity to transition residential care services to family and community-based services, as a part of care reforms, capacity must be built at three interrelated levels: system-level, organizational-level and individual-level.

ENABLING ENVIRONMENT (System Level)

Creating an enabling environment at the macro system level that is conducive to scaling up efforts to transition residential care services. Capacity can be built at the system level through:

- Increasing political will and commitments to scaling back the use of residential care
- Setting a clear strategic vision and communicating clear goals and targets
- Strengthening the child protection and care policy and regulatory framework and its implementation
- Strengthening specific child protection and care system implementation mechanisms
- Reducing or eliminating constraining factors that discourage transition

ORGANIZATIONAL LEVEL

Improving organizational performance and efficacy in the implementation of transition support programs and increasing organizational bandwidth to scale up transition support. Capacity can be built at the organizational level through:

- Benefiting from systems-level strengthening and streamlining efforts
- Improved strategies and methodologies
- Strengthened organizational systems and structures
- Improved partnerships and collaboration, including clearly articulated roles and responsibilities
- Increased resources (financial and human resources)

INDIVIDUAL LEVEL

Increasing technical and functional capacities of practitioners, and scaling-up the workforce providing technical support to transitioning residential care services. Capacity can be built at the individual level through:

- Training
- Work experience
- Mentoring and coaching
- Professional development pathways
- Incentives
- Communities of Practice

Part Two: Building Capacity at the System Level: Creating enabling conditions

ENABLING FACTORS

To support the scaling up of residential care service transition, certain factors need to be in place at the system level to create enabling conditions for transition. These factors are not all that is required to completely reform care systems. Rather they are specific elements that have been identified through research and documentation of transition learning as enabling the transition of residential care services, when present, and constraining when absent. Enabling factors fall within four general categories of system components: political will and commitment, legislative and policy measures, implementation mechanisms, and data and evidence.

Enabling factors are dependent on a shared vision and collaboration between government and CSOs alike. This should lead to a shared understanding of and commitment to the process of transitioning residential care services, and the development/creation of strong and clear government mechanisms that encourage and directly lead to improved investment in children and families.



Political will and commitment

- Government leadership
- Clear public commitment to scaling back residential care and to prioritizing family-based care
- Timebound targets¹ set for scaling back residential care, that are communicated to all relevant stakeholders



Legislative and policy measures

- Moratorium on the establishment of new RCIs
- Clear requirements for the registration/licensing of RCFs
- National minimum standards for residential care services
- Residential care typology in line with the Guidelines for the Alternative Care of Children

¹ Time bound periods can be imposed on a range of steps involved in transition to encourage action, set clear expectations, and create accountability. However, time frames for children or youth's reunification, placement in family-based care or transition into independent living should always be driven by the determinations of best interests for each individual child.

- Clear articulation of the powers of mandated authorities and justifications for (a) the removal of a child from family/parental powers/guardianship (b) placement in residential care
- Clearly described gatekeeping mechanisms and procedures
- Clearly defined, and appropriately constrained powers of residential care service providers
- Prescribed penalties for (a) unlawful operation of an RCF (a) unlawful removal of a child from parental powers or guardianship for admission into an RCF
- Rapid response mechanisms for responding to reports or instances of abuse/exploitation in RCFs
- Provisions and support for family-based care services, including kinship care, for children requiring alternative care



Implementation mechanisms

- Clear commitment to scaling back residential care
- Strategic action plan with clear targets
- Digitized Child Protection Management Information System (CPMIS)
- Adequately resourced and functioning inspectorate system
- Standard Operating Procedures (SoPs) for residential care service transition/closure and reintegration
- Roles and responsibilities of mandated authorities over residential care service transition and closure articulated in policy
- Adequate human, financial resources, and financial mechanisms, to implement transition related action plans
- Stakeholder engagement and communication campaigns



Data and evidence

- Mapping of all residential care facilities and children in residential care (registered and unregistered)
- Mapping of donors of residential care facilities

CONSTRAINING FACTORS

Several specific constraining factors that inhibit the transition of residential care services have also been identified. When these factors are present, they discourage or act as disincentives for residential care facilities to transition. Constraints can result in inefficiencies in the use of time and resources and reduce overall bandwidth for transition across all levels. Known constraints include:

- 1. Policy disincentives:**
 - Setting a minimum number of children required in the RCFs for registration or to maintain a license.
 - Funding models that allocate funds per child in the RCF
 - Requirements for RCFs to accept new children into care during transition or closure.
- 2. Lack of family and community services** (to support children reintegrating back into families and community)
- 3. Positive community attitudes towards residential care**
- 4. Lax or inconsistent enforcement of regulations and policy directives over RCFs**
- 5. Lack of involvement from mandated authorities in the process of transitioning or closing residential care services** (ineffective exercise of mandate)
- 6. Lack of resources to support residential care services to transition**
- 7. Conflicts in the policy framework, including inconsistencies between transition-related strategies and other policies, including social and poverty reduction policies.**
- 8. Lack of appropriate family-based care services for children who require alternative care**

HOW IS SYSTEMS-LEVEL CAPACITY BUILT?

Capacity building at a systems level is concerned with developing or strengthening the enabling factors and removing or minimizing constraints. Prioritizing the development of enabling factors ensures the right building blocks are in place and provides a clear framework for the implementation of residential care service transition and monitoring.

Strengthening the enabling environment and reducing system constraints, positions a country to take a systematic and coordinated approach to transitioning and closing residential care services. It allows countries to move from a 'pilot phase' whereby transition is largely initiated by individual service providers and/or their donors in an ad hoc and voluntary manner, to a

phase where the transition of residential care services is catalyzed by the commitments of governments and systems reform efforts and can be strategically managed. Moving from the voluntary ad-hoc pilot phase of transitioning residential care services to a scalable systems-and-strategic-plan-driven phase requires the development of strategies to:

categorize residential care service providers, based on their compliance with laws and policies,

identify pathways (full transition or closure) appropriate to each category, and

developing differentiated transition strategies that are tailored to each category and pathway.

Innovation Adoption Theory² provides a useful framework for understanding and developing strategies to catalyze widespread change amongst residential care service providers. It shows how change is adopted at different rates by different categories of individuals. It sets out five categories of innovation adopters ranging from those who gravitate to innovation to those who actively resist change. It provides average percentages across each category.

Innovators
2.5%

Innovators are risk takers who gravitate to change, and typically initiate change based on independent learning, reflection, or abstract sources of information (research, data).

Early Adopters
13.5%

Early adopters are opinion leaders, who are quick to recognize the merits of change once new approaches or behavior is modelled by innovators. They are the first cohort to be influenced by innovation and follow suit.

Early Majority
34%

Early majority adopters will typically adopt change once it has been sufficiently mainstreamed in markets or policy and practice. They tend to deliberate for longer and are moderately risk averse. They are inclined to adopt change when the benefits have been tried and tested.

Late Majority
34%

Late majority adopters are typically skeptical of change and may passively resist until it becomes apparent that change is inevitable. They are often risk averse and require extensive external pressure and support to adopt change.

² Mahajan, Vijay; Muller, Eitan; and SRIVASTAVA, Rajendra Kumar. Determination of Adopter Categories by Using Innovation Diffusion Models. (1990). Journal of Marketing Research. 27, (1), 37-50.

Laggards 16%

Laggards are typically those who highly risk-averse, favor established and well-known practices over new ones and may actively resist or sabotage efforts to introduce change. They may only adopt change when it becomes obligatory.

When applied to transition, Innovation Adoption Theory suggests that only a small percentage of residential care service providers are likely to be innovators and early adopters, who will probably transition of their own volition. The majority of residential care services providers are likely to fall within the early to late majority adopter categories. These service providers may require more engagement, more support and more external pressure coming from the implementation of regulations, government directives and action plans. This highlights the importance of building capacity at the systems level and strengthening the enabling conditions to (a) ensure the impetus to change is felt by all residential care service providers, and (b) to develop diversified strategies for engaging and supporting residential care services to transition, based on the characteristics of each cohort. This approach positions countries to significantly scale up their residential care service transition and closure efforts, beyond the innovator and early adopter cohorts. It also ensures the mechanisms are in place to respond to residential care services that may require mandatory closure for non-compliance with regulations, that may fit within the 'laggards' category.

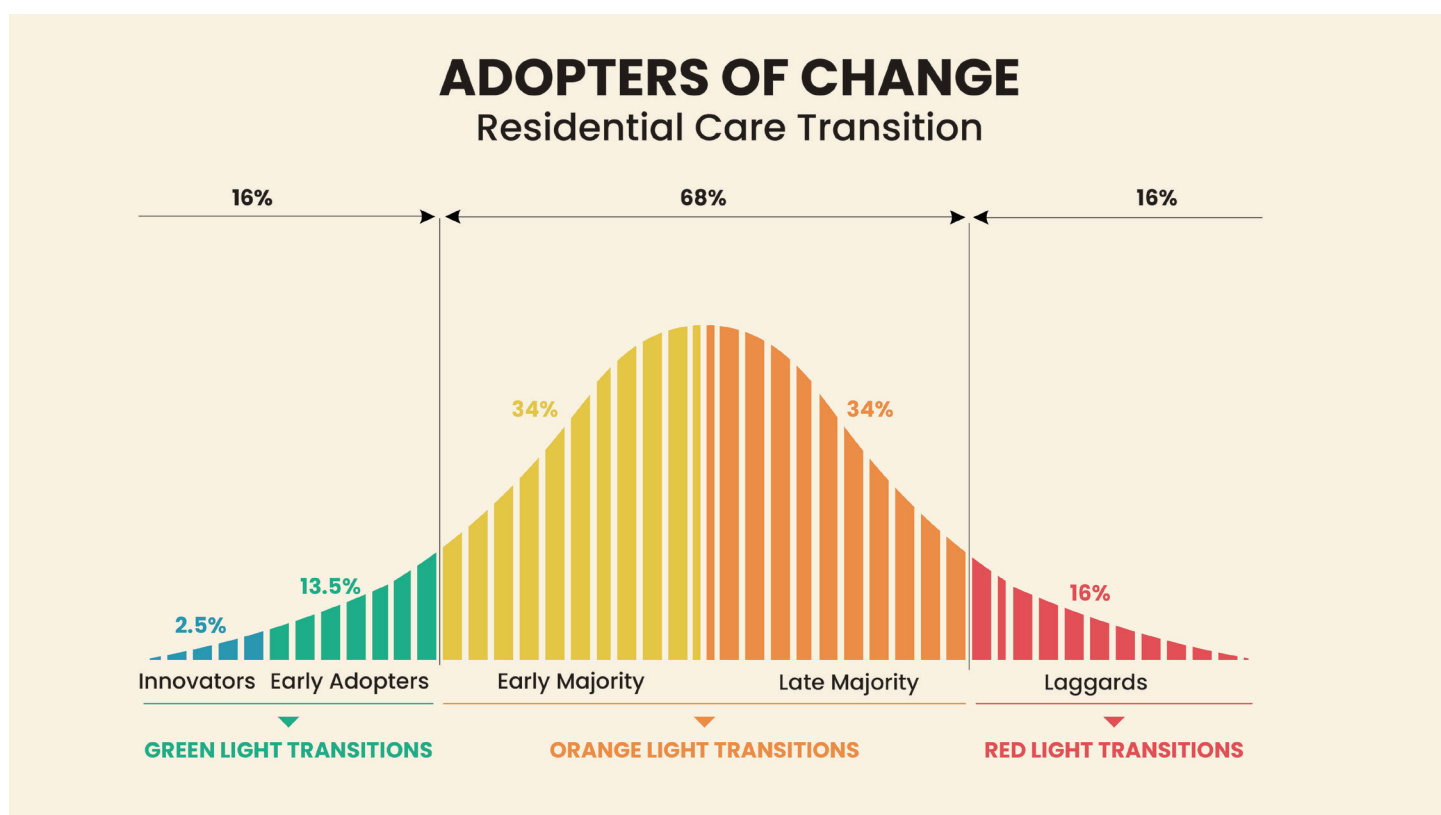


Figure 1 Innovation Adoption Bell Curve

CONCRETE STEPS:

In preparation for scaling up residential care service transition efforts, countries should assess their current child protection and care system to identify current strengths, gaps, and weaknesses that impact the enabling conditions at the system level to build systems-level capacity for transition. Plans should be designed to prioritize developing or strengthening key enabling factors and minimize constraints. Refer to the Residential Care Transition Thematic Brief for recommended policy and concrete measures.

Part Three: Building Capacity at the Organizational Level

Building capacity at the organizational level is concerned with increasing the capacity of organizations that provide technical support services to organizations transitioning their residential care services, in qualitative and quantitative terms. Capacity at this level is built in two main ways:

1. Increased organizational efficacy derived from systems-level capacity-building efforts
2. Improving quality standards through building or strengthening an organization's 'hard capacities' (structures, systems, strategies, methodologies and resources).

INCREASED ORGANIZATIONAL EFFICACY DERIVED FROM SYSTEMS-LEVEL CAPACITY-BUILDING EFFORTS

There is a strong correlation between systems-level capacity building and organizational capacity gains. Intentionally strengthening the enabling environment at the systems level improves the efficacy of organizations or agencies providing technical support to residential care services throughout the transition. It allows for more strategic prioritization and targeting of residential care services for transition and/or closure, and more appropriate pairing of residential care service providers with the right type of technical support. It results in simplified and streamlined processes and reduces the amount of time, effort and resources required

to support each residential care service to transition. It, therefore, increases organizations' bandwidth to support a greater number of residential care services to transition while maximizing resources. The improvements in efficacy derived from the targeted systems-strengthening efforts can be felt by technical support organizations across all three phases of the transition process.

In Phase One: Learning and Exploration- securing buy-in to transition

Systems-level capacity-building can reinforce the requirement for all service providers to comply with law, regulations and government action plans. This results in more appropriate limitations placed on the autonomy and discretion of service providers. It translates into a likely increase in the number of services that proceed with transition or closure because, in addition to services that voluntarily chose to transition, services that do not comply with laws and policies, or meet minimum standards, can be mandated by the government to transition or close. It streamlines the process of securing buy-in for transition or closure from these residential care services and reduces the extent to which practitioners providing technical support need to engage with individual-level decision-making factors. This results in significant time savings for technical support staff and increased capacity for organizations.

The individual-level factors that have been found to have the most significant influence on buy-in and decision-making include³:

- ➔ **Knowledge:** degree of director and/or donor comprehension/understanding of the impetus for transition
- ➔ **Buy-in:**
 - Conceptual buy-in for the transition from the RCF director and principal donor
 - Perceptions of the feasibility of transition
 - Financial capacity/support for transition
 - Director or donor receptivity to change
 - A clear vision for the future
- ➔ **Motives:** Motivations and objectives of directors or donors underlying their involvement in the RCF
- ➔ **Ownership:** Sense of ownership the director or donor has over the RCF, and degree of alignment between psychological ownership and their formal roles.

³ For more information on these individual level factors and their influence on residential care service transitions refer to the *Transitioning Models of Care Assessment Tool*.

- **Loyalties:** Obligations and loyalties of directors and donors involved in the RCF, including towards children
- **Otherring:** The categorization of people into 'in' and 'out' groups that can lead to discrimination and barriers to concepts such as family-based care
- **Structure:** The nature of partnerships between donors and residential care service providers and the degree of structure in place
- **Clientelism:** the presence of patron-client relationships within the RCF that exist to facilitate mutually beneficial exchange and give rise to obligations and non-democratic means of accessing resources and support.

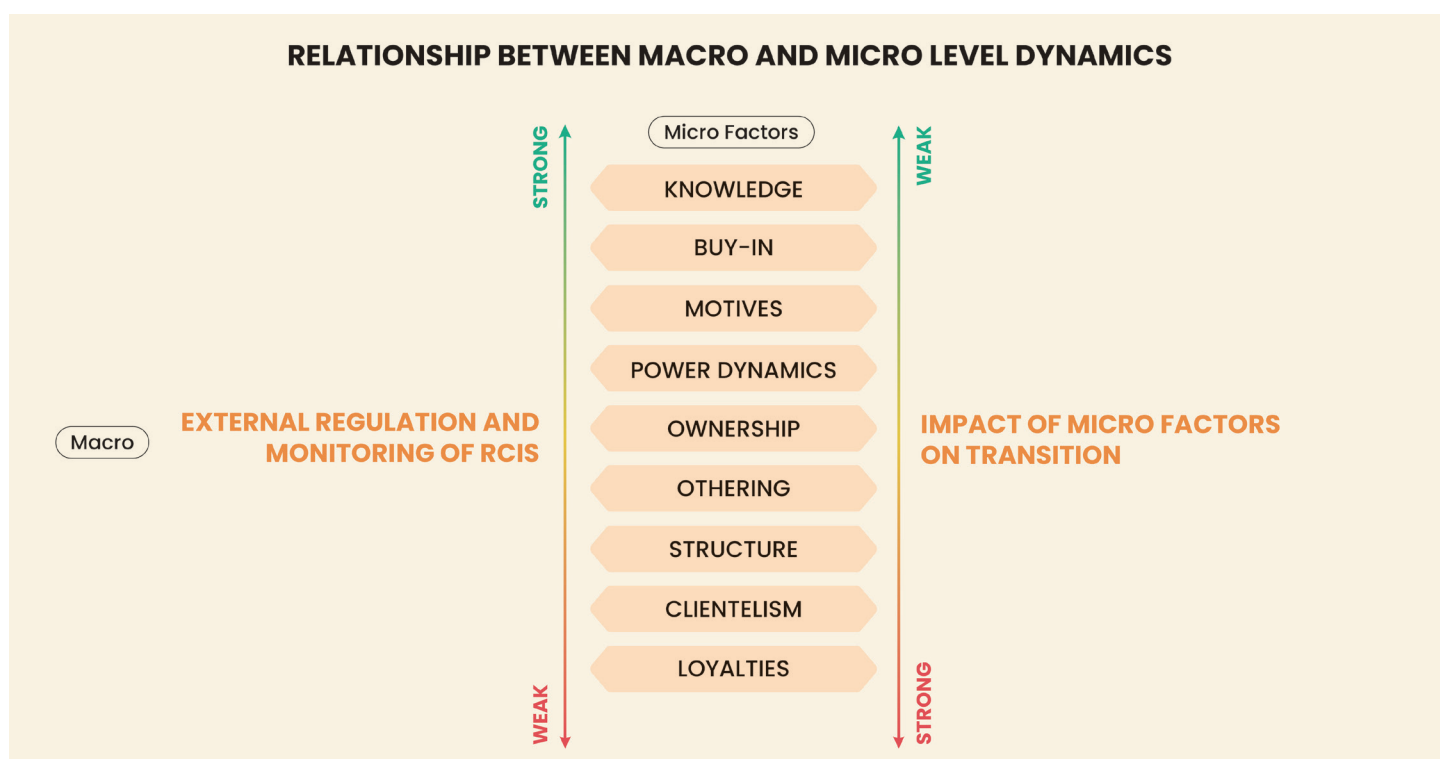
When the impetus to transition does not come from the systems level (policy, regulation and action plans) technical support organizations must engage deeply with these individual-level decision-making factors to secure director and donor buy-in to transition. Evaluations of transition learning show that approaches to securing buy-in for a transition that rely entirely on engaging with individual-level factors and voluntary decision-making can take an average of 18 months and are a resource and time-intensive and complex process. The further down the Innovation Adoption bell-curve graph the residential care service decision-makers are situated, the more time intensive and complex this process will be, and the less likely it is to yield positive results. The time and effort organizations expend to achieve buy-in is greatly reduced when the transition is catalyzed by policy and the implementation of action plans and regulations. The reduced timeframes increased the bandwidth of organizations to support an increasing number of residential care services to implement their transition. As such it has an impact on capacity at the organizational level.

The relationship between macro-level systems factors and individual-level factors that affect residential care service decision-makers buy-in for transition can be seen in the two diagrams below. The first diagram presents these factors situated within concentric circles showing at which level the factors are situated.

FACTORS THAT ENABLE, CONSTRAIN AND INFLUENCE TRANSITION



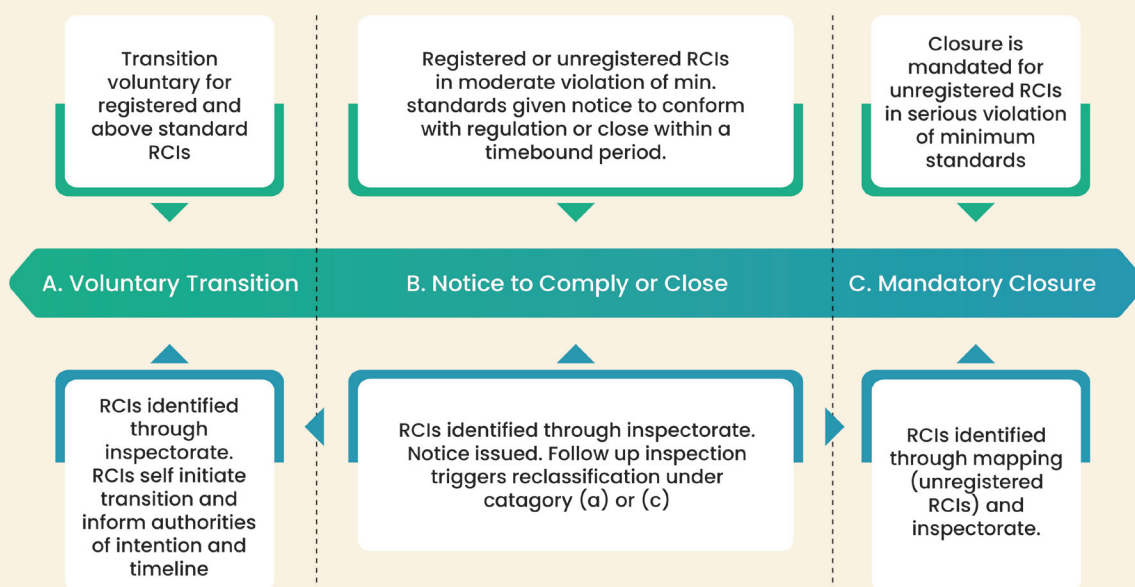
The second diagram shows the correlation between the status of enabling conditions at the systems level (macro) and the degree of influence individual factors (micro) have over transition decisions and outcomes. The stronger the macro systems-level enabling conditions are, the weaker the influence of micro-level individual factors is, and the more straightforward and successful the process of securing stakeholder buy-in for transition is. Conversely, the weaker the enabling conditions are, the stronger the influence of individual factors on decision-making is, and the more drawn out, and potentially unsuccessful the process for securing stakeholder buy-in is likely to be. This demonstrates how efforts to improve enabling conditions at the systems level translate into capacity increases at the organizational level specifically within phase one.



Phase Two: Preparing for Transition- assessments and strategic planning for transition

Improving enabling conditions at the systems level will streamline the process of gathering baseline information and developing the strategic plan for each transitioning residential care service. In systems where inspectorates are functioning effectively, much of the information required to assess the organization, including registration status and minimum standards, may already be available through the administrative data system. Assessment outcomes can be used to categorize and prioritize residential care services for transition or closure and ascertain levels of risk and readiness. This can be seen in the diagram below.

CATEGORIZING AND TARGETING RCIS: LEGAL CONFORMITY



Assessing and categorizing residential care services based on available administrative data can also improve the efficacy of technical support partnerships. Categorization can be used to pair residential care service providers with the appropriate type of technical support, whether that is government, non-government, or a combination of both, with clearly prescribed roles and responsibilities. This determination can be informed by the following factors:

- (a) *The most appropriate/ planned pathway: whether the residential care service is undergoing full transition or closure.*
- (b) *The level of readiness and corresponding level of technical support required.*
- (c) *The level of risk and extent to which mandated authorities may need to exercise their regulatory powers, including for mandatory closure.*

This leads to more effective CSO and government collaboration in the provision of technical support for transition and greatly reduces inefficiencies and risks associated with inappropriate pairings. It translates into increased effectiveness, bandwidth and capacity at the organizational level.

Phase Three: Implementation

Capacity investments made at the systems level ensure the necessary mechanisms for implementation and coordination throughout the implementation phase of the transition are in place. In addition, it allows for standardization of processes, which improves efficacy and efficiency. This includes the process of reintegration or placement of children in more suitable forms of alternative care, collaboration between mandated authorities and partnering CSOs, monitoring and tracking residential care services' progress with transition or closure and responding to incidents or concerns. The streamlining and standardizing of these processes reduce the resources required to provide technical support to each transitioning residential care service. Therefore, it increases organizational bandwidth and capacity.

BUILDING 'HARD' CAPACITY AT THE ORGANIZATIONAL LEVEL

Capacity building efforts at the organizational level should be designed to improve organisations' operations concerning the following 4 quality standards of capacity building:



Quality Standard	Explanation
Strategic	Organizational practices are aligned with evidence. Logical and evidence-based connection between approach and results.
Effective	Organizational practices result in ability to achieve immediate objectives
Efficient	Economical/proportional financial and human resource to results conversion ratio
Sustainable	Impacts able to be maintained. Systems integration for long-term sustainability.

Improvements made concerning these quality standard domains are the most likely to increase capacity for organizations involved in providing technical support to transitioning residential care services. To improve quality standards, several hard capacities need to be intentionally considered in capacity-building efforts, including organizational structures and systems, strategies and methodologies, and resources. Some of these are general, and it is outside of the scope of this roadmap to look at these hard capacities in detail, however, the following list has been included to give visibility to some of the most important considerations.

Organizational structures and systems

This can include efforts to ensure organizations have in place:

- (a) Robust management, governance, finance, and HR systems.*
- (b) Strong staff supervision, to improve staff well-being, prevent burnout, secondary trauma, and associated high rates of staff turnover. This can lead to a loss of critical practitioner expertise that reduces organizational capacity.*
- (c) Enabling policy framework, including practice guidelines, standardized procedures, and context-appropriate models.*

Strategies and methodologies

Improving organizations' strategies and methodologies is closely linked to promoting a strong organizational culture of learning. Strategies need to be evidence-based and aligned with concepts of good practice. However, in addition, organizations need to be committed to documenting their practice, sharing their learning (including their failures), and using their learning to inform emerging sector-wide notions of good practice. This is vital in the field of residential care service transition due to the current limits to available evidence, the complexity of the work and the diversity of contexts in which it is implemented. To build strategic capacity at the organizational level, capacity-building efforts may need to consider how to develop mechanisms to ensure organizations have:

- (a) access to relevant evidence, learning and research,*
- (b) access to evidence-based methodologies, tools, and guidance to inform organizational approaches to providing transition technical support,*
- (c) access to information and data required for organizations to conduct accurate risk and readiness assessments of residential care services in preparation for transition to inform strategic approaches.*
- (d) capacity and support to document practice, learning and disseminate learning to the wider transition practice community,*
- (e) monitoring and evaluation processes built into their programs that create cyclical feedback loops through which practice is shaped by learning,*

- (f) access to coordination mechanisms that allow for interagency and intersectoral partnership and collaboration between relevant stakeholders, including mandated authorities, local authorities, other relevant ministries or subnational bodies, RCF directors, staff, children and families.*
- (g) Access to referral pathways and global networks that will facilitate interagency collaboration across countries, to engage the overseas donors of residential care services and give them access to technical support and coaching to transition their funding model. Geographic, language and cultural divides can often impede the ability of in-country organizations to engage effectively with RCFs' overseas donors. However, research shows that the transition of residential care services can be very difficult and inefficient to progress without strong support and buy-in from the donors from the outset. Interagency cross-border partnerships to provide simultaneous yet differentiated support to transitioning residential care services and their overseas donors is critical to improving effectiveness, efficiency and increasing organizational capacity to provide technical support.*

Human and Financial Resources

To increase capacity at the organizational level, it is vital to ensure there are sufficient human and financial resources available to organizations providing technical support to transitioning residential care services. Insecure funding, or funding strategies that do not provide for realistic timeframes for transition or closure, do not cover the costs associated with generating buy-in or the preparation phases of transition, or underestimate the complexity of transition work, can hinder, and reduce organizational capacity and undermine good practice. For human resources, the scope of processes involved in transition requires a range of competencies that cross different disciplines. This means organizations may need to approach human resourcing through the development of multidisciplinary teams and interagency collaboration. Therefore, efforts to build human and financial resource capacity may need to consider:

- (a) flexible and longer-term funding that is suitable to the timeframes and complex nature of transition work.*
- (b) access to funding to cover the spikes in residential care services' costs that typically occur during the transition, that the RCF cannot independently cover. Accessing additional funding to cover these spike costs is critical to upholding the best interests of children during a transition and ensuring good practice,*
- (c) integrating financing of technical support for residential care service transition into government care reform budgets to promote sustainable funding strategies,*

- (d) mechanisms to develop multidisciplinary technical teams, including through interagency collaboration.*

Multidisciplinary teams formed to provide technical support for transition may be comprised of staff or a mix of staff, consultants, partners, external service providers and residential care service personnel. The types of roles/qualifications that may be desirable on a multidisciplinary team may include:

- (a) social workers/ child protection practitioners*
- (b) psychologists/counsellors*
- (c) project managers*
- (d) mandated authorities*
- (e) practitioners with lived experience*
- (f) specialized therapists (physiotherapists, occupational therapists, speech therapists etc.)*

Part Four: Building the Capacity of Practitioners

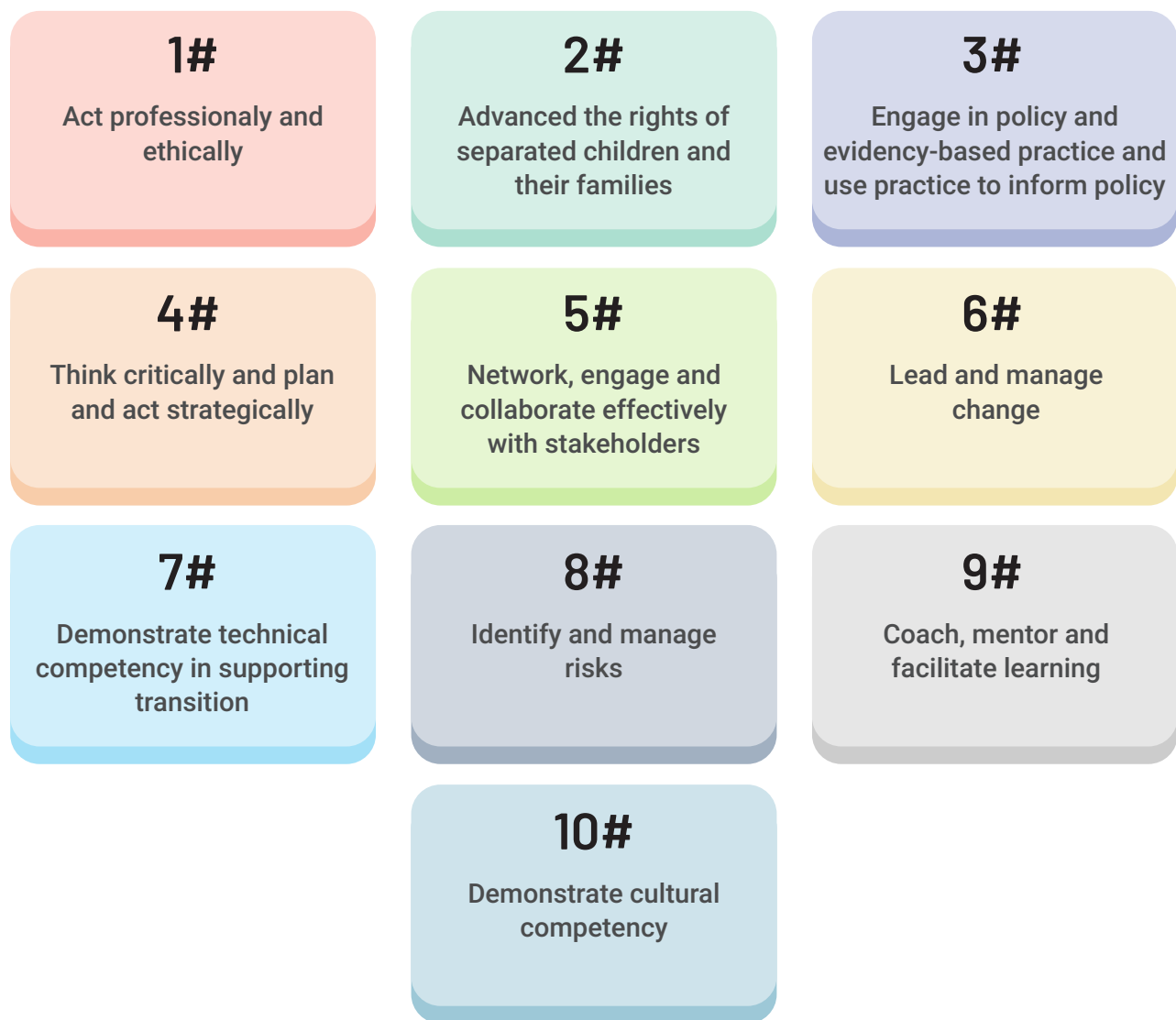
The provision of technical support for the transition of residential care services is a complex field. It requires practitioners to engage with a wide range of stakeholders, often with varying or competing motivations, manage change occurring at different levels, and be capable of conducting a diverse range of activities that comprise the transition process, all the while protecting and pursuing the best interests of individual children. Transition can occur in contexts where child protection and care systems are underdeveloped and/or under-regulated, which increases the degree of complexity and risk involved.

WHY A COMPETENCY-BASED APPROACH?

A competency-based approach is important for increasing the capacity of the technical workforce able to support the transition of residential care facilities. Core competencies can be used to inform and develop training strategies, training courses and modules, capacity-building pathways, recruitment strategies, supervision frameworks, individualized practitioner development plans, and to develop mechanisms to monitor and evaluate work performance.

To provide effective and comprehensive technical support to residential care services, throughout the different phases of transition, organizations and practitioners, or teams of practitioners, need to possess a wide array of competencies. This section of the Capacity Building Roadmap identifies the core competencies for technical support practitioners (or teams), and the specific areas of knowledge, skills and attributes required to develop each competency.

CORE COMPETENCIES OF TRANSITION SUPPORT PRACTITIONERS OR TEAMS OF PRACTITIONERS



Note: It's not a requirement for individual practitioners to possess all of these competencies. Competencies can be developed across a team of multidisciplinary practitioners who work together to deliver comprehensive technical support to transitioning residential care services.

COMPETENCY ONE: ACT PROFESSIONALLY AND ETHICALLY⁴

Practitioners understand the values and principles underpinning social work and child protection and its professional and ethical standards. Practitioners understand the international human rights norms and domestic laws and regulations that are relevant to all aspects of their practice. Practitioners understand the principles of ethical decision-making and can apply principles to all aspects of their practice. Practitioners understand the difference between personal and professional values and can distinguish them in decision-making. Practitioners understand how their personal experiences can influence their actions, reactions and judgements and can exercise self-awareness and self-regulation. Practitioners understand the value of life-long learning and are committed to keeping their skills and knowledge up-to-date and relevant. Practitioners are aware of professional boundaries and foster and maintain them in all professional relationships.

Knowledge	Skills
<ul style="list-style-type: none">• Child safeguarding• Social work ethics• Confidentiality and privacy• Conflicts of interest• Reporting obligations• Legal obligations• Child development (theories and principles)	<ul style="list-style-type: none">• Ability to identify and act on child safeguarding issues• Ability to facilitate meaningful child and youth participation• Interviewing skills• Social work practice• Ability to act ethically and respectfully in all situations• Ability to communicate in an empathetic and supportive way

COMPETENCY TWO: ADVANCE THE RIGHTS OF SEPARATED CHILDREN AND THEIR FAMILIES

Practitioners understand fundamental child and disability rights principles (best interests of the child, non-discrimination, participation, survival, and development) and alternative care principles (suitability, necessity and prioritization of family) and can apply them in their practice. Practitioners understand concepts of rights holders, duty bearers, and obligations and can apply these in strategies and advocacy to advance child rights. Practitioners understand the impact of inequality, discrimination, and structural injustice on the realization of children's rights and strategies designed to eliminate structural

⁴ <https://socialwelfare.berkeley.edu/msw-student-handbook/32-social-work-core-competencies>

barriers. Practitioners can apply their knowledge of child rights to advocate for the rights of children and their families, including children's right to family life, at the system and individual levels. Practitioners can develop and implement creative, collaborative and solutions-focused strategies to overcome barriers at a system or individual level to promote reintegration, reunification and family-based care and solutions. Practitioners can differentiate between rights-based and charity models and promote and advocate for rights-based approaches to service design, delivery, and service access.

Core areas of knowledge	Key skills
<ul style="list-style-type: none"> • Child rights (child rights theories, instruments, norms, pillar principles, rights based approaches) • Child protection • Child participation • Disability inclusion • Alternative care (Guidelines on the Alternative care for Children; principles of necessity, suitability (gatekeeping) and best interests, prioritisation of family, family-based care, continuum of care) • Child separation and institutionalisation (general causes of separation, trauma, developmental impacts of institutionalisation) • Child protection and care sector landscape (bodies, alliances and networks at the global, regional and national level) • Child welfare and child protection system (public health model of child protection, system components; legal framework, mechanisms, services, mandated bodies, • Care reforms: Strengthening and transforming child protection and care reform systems to better protect the rights and best interests of children • Perspectives of care experienced persons, including children, youth, and parents. 	<ul style="list-style-type: none"> • Ability to use international, regional and domestic legal and policy frameworks to advocate for transition • Ability to communicate transition positively and persuasively (using evidence, policy and practice examples) • Ability to facilitate child and youth participation in all stages and aspects of transition including children with disabilities • Ability to make a business case for transition • Ability to map services and facilitate linkages and referrals • Ability to solve problems, overcome barriers, identify creative solutions • Ability to mediate a common vision • Ability to identify and advocate for the best interests of the child in every situation • Ability to gather and analyze information to develop a baseline understanding of the situation of children in the specific RCF undergoing transition

COMPETENCY THREE: ENGAGE IN POLICY AND EVIDENCE-BASED PRACTICE, AND USE PRACTICE TO INFORM POLICY

Practitioners understand the value of evidence, scientific inquiry, and evidence-based practice. Practitioners understand how to access research and the process for translating research into culturally relevant practice. Practitioners know how to use research to underpin all aspects of their practice, including advocacy and service delivery. Participants understand the role of policy in shaping service delivery and know how to access, interpret, and apply relevant policy to their practice. Practitioners understand how evidence shapes social policy which in turn impacts service delivery and child rights. Practitioners understand approaches to building knowledge, including through documenting and evaluating practice and promoting and participating in qualitative and quantitative research. Practitioners know how to use evidence and documentation of practice in policy and advocacy-related aspects of their work.

Knowledge	Skills
<ul style="list-style-type: none"> • Relevant national sectoral plans and strategies • Knowledge of international child and disability rights legal norms and instruments • Knowledge of regional child rights and child protection instruments • National child rights and protection and care system legal and policy framework • Knowledge of the powers, mandates, justifications, and procedures governing gatekeeping and admissions/ referrals into RCFs and how it actually functions in practice • Roles of mandated CP authorities and non-child protection authorities in the transition of all types of residential care facilities • Social protection framework and child and family service system/s • Knowledge of criminal law system, specifically laws/offenses for child abuse, exploitation, trafficking or other child rights violations, and reporting mechanisms • Knowledge of pertinent research and evidence 	<ul style="list-style-type: none"> • Ability to implement evidence-based practice • Ability to document practice and generate and share learning and evidence • Ability to evaluate practice and use evaluations to inform practice • Ability to situate transition within wider reforms and develop policy informed transition strategies and implementation plans • Ability to identify gaps and advocate for services, including for children with disabilities • Ability to work constructively within the national system advocate for system strengthening (rather than bypassing the system)

COMPETENCY FOUR: THINK CRITICALLY AND PLAN AND ACT STRATEGICALLY

Practitioners understand the complexity of transition and the range of variables that affect transition approaches and strategies. Practitioners know how to break transition down into parts and understand the connection and relationship between components. Practitioners know how to analyze a situation from multiple perspectives; gather relevant information using novel methods, develop a baseline understanding, identify obstacles and root causes to obstacles and use this information to make informed decisions and develop innovative solutions. Practitioners know how to navigate change flexibly, creatively, and responsively while keeping sight of the big picture and the impact of individual actions on results. Practitioners understand the complexity of stakeholder motivations and the importance of determining and managing underlying motivations during the transition. Practitioners know how to observe stakeholders and decipher implicit and explicit messages to draw conclusions on motivations and use inference to formulate plans.

Knowledge	Skills
<ul style="list-style-type: none"> Working knowledge of the following concepts/theories: <ul style="list-style-type: none"> <i>Othering</i> <i>Clientelism</i> <i>Ownership</i> <i>Motivations</i> <i>Loyalties/obligations</i> Risk and readiness assessment tool and underlying theories Knowledge of safe divestment principles Strategic planning concepts and theories Project management Phases and stages of transition Community mapping concepts Knowledge of the impact of disability and special needs on transition planning, processes, and implementation Knowledge of local costs to inform budgets 	<ul style="list-style-type: none"> Analytical skills Research and informational gathering skills (online and offline) Strong observation skills Ability to identify biases and barriers Inference skills Judging relevance Creative problem solving Ability to detect indicators of themes in the assessment tool. Ability to conduct a situation analysis and baseline assessments. Ability to conduct and facilitate strategic planning, integrating: <ul style="list-style-type: none"> <i>Situation and baseline analyses</i> <i>Risk management</i> <i>Community and service mapping</i> Ability to plan and implement transition process Resource identification and mobilization skills Ability to develop a baseline understanding of the organization and their operations. Ability to use the cost estimation tool and generate budget estimates

COMPETENCY FIVE: NETWORK, ENGAGE AND COLLABORATE EFFECTIVELY WITH STAKEHOLDERS

Practitioners value relationship building, meaningful engagement with stakeholders and collaboration. Practitioners know how to engage with diverse groups of stakeholders; employing empathy, interpersonal skills, and knowledge of human behavior to diversify their approaches. Practitioners understand how their own experiences or biases may impact their ability to engage with certain stakeholder groups or influence their reactions and can exercise self-awareness and self-regulation. Practitioners can communicate in an effective, informed, inspirational, persuasive, respectful, and non-judgmental manner, and use their knowledge of stakeholder perspectives to tailor communications. Practitioners know how to facilitate collaborative action and engage, unite, and steer multiple stakeholders towards a common goal.

Knowledge	Skills
<ul style="list-style-type: none">• Stakeholder perspectives, concerns and motivations• Good practice examples of transition• Knowledge of communication and behavior change principles and strategies• The role of donors, partners and volunteers in supporting the rights and best interests of vulnerable children• Harms of orphanage tourism and volunteering• Service maps, referral mechanisms and pathways• Child protection and care system landscape (actors, organisations, networks, and alliances)	<ul style="list-style-type: none">• Ability to conduct stakeholder mapping and identify relevant stakeholders, including mandated authorities, care experienced advocates, donors, patrons, transition/care reform champions, and community leaders.• Strong persuasive communication skills• Ability to detect and address stakeholder perspectives and motivations• Ability to design and deliver positive communications strategies targeting different stakeholders• Multi-party negotiation skills• Ability to develop multi stakeholder agreements which outline roles, responsibilities, facilitate collaboration and include monitoring and response mechanisms.• Ability to identify power dynamics in the residential care service and engage all relevant decision making stakeholders• Ability to support donors to redirect funding in support of transition to non-residential services• Ability to work with relevant stakeholders to secure buy-in for transition• Ability to identify the network/denomination or structure that the RCF might be connected to and engaging with the leadership of that structure

Knowledge	Skills
	<ul style="list-style-type: none"> • Networking skills • Ability to work and network effectively with government authorities in ways that promote ownership, accountability and sustainability • Ability to access those schemes and service in preparation for phase 3 • Ability to develop creative and solutions and effective work arounds to overcome system and service gaps • Relationship management skills

COMPETENCY SIX: LEAD AND MANAGE ORGANIZATIONAL CHANGE

Practitioners know how to cast a vision for change and communicate in ways to maintain momentum, enthusiasm, and commitment throughout the change process. Practitioners know how to manage the ambiguity of organizational change yet provide organizations with sufficient stability, clarity, and continuity to sustain the change. Practitioners know how to assess readiness for transition and employ tailored strategies to increase readiness before implementing change activities. Practitioners know how to assess organizational structures, systems, and behaviors, to determine a baseline and use that information to inform decision-making. Practitioners know how to use innovation and novel methods to address and remove resistance to change. Practitioners can use their knowledge of human behavior and grief responses to provide emotional and psychological support to stakeholders throughout the change. Practitioners can use their knowledge of systems and child rights to guide organizations towards new approaches, services or initiatives that are rights-based and contribute towards system-strengthening efforts.

Knowledge	Skills
<ul style="list-style-type: none"> • Organizational change management theories and processes • Cost implications of transition • Project design and project management principles and approaches 	<ul style="list-style-type: none"> • Leadership skills • Active listening skills • Strategic planning skills • Ability to conduct organizational assessments (governance, management, structure, child safeguarding, financial systems, programs)

Knowledge	Skills
<ul style="list-style-type: none"> • Residential care stakeholder perspectives: motivations and common concerns • Strategic planning processes • Legal and policy framework for entity registration, service licensing and labor (country specific) • Management and good governance theories and practices • Self-care and secondary trauma 	<ul style="list-style-type: none"> • Leadership skills • Active listening skills • Strategic planning skills • Ability to conduct organizational assessments (governance, management, structure, child safeguarding, financial systems, programs) • Ability to cast vision for an alternative to residential care and guide resource repurposing discussions • Ability to support organizational strengthening (governance, management, structure, finance, child safeguarding) • Ability to support the organization to design new services in accordance with system needs • Ability to motivate, and maintain momentum • Ability to support or link RCF staff to professional development opportunities • Ability to estimate/identify the cost implications for individual transitions

COMPETENCY SEVEN: DEMONSTRATE TECHNICAL COMPETENCY IN SUPPORTING TRANSITION

Practitioners can use a wide range of relevant industry tools and resources effectively in their work. Practitioners understand how to engage children and young people in the transition process, including children or youth with special needs, and implement an inclusive transition process. Practitioners can use their knowledge of relevant laws, policies and regulations to inform their approach and practice. Practitioners can draw upon their knowledge of child rights and alternative care principles and social work skills to implement case management for reintegration or the placement of children in quality and appropriate alternative care. Practitioners can use their problem-solving, networking, collaboration, and critical thinking skills to develop effective solutions and supports that can overcome barriers to children accessing family-based care. Practitioners are aware of their own experiences (including care experience of experience or working in an institution) and how these may influence or introduce bias in their social work and can exercise self-awareness and self-regulation. Practitioners can draw upon community

development and empowerment principles to foster ownership within communities and families, and with relevant authorities through the transition process. Practitioners can demonstrate rigour in documentation and in meeting all administrative and regulatory requirements.

Knowledge	Skills
<ul style="list-style-type: none"> • Knowledge of in-country social protection schemes, relevant welfare service systems, including eligibility and access criteria and community-based services • Good practices in transitioning youth and after care • Child protection and care system, including law, policy, mandated authorities, coordination and implementation mechanism and inspectorate. • Principles of trauma informed approaches (care, assessment, engagement, parenting) • Knowledge phases of transition and pathways • Communication strategies and aids for children with disabilities • Child friendly messaging and interviewing concepts • Strengths based community mapping principles • Community development theories • Typology/categorization of RCF under law/policy • Permanency planning • Case management principles • Good practices in family tracing 	<ul style="list-style-type: none"> • Ability to conduct special needs screening, including for disability, health, mental health or trauma. • Child friendly interviewing (family tracing and assessment) • Ability to establish and verify children's identity • Ability to utilize strengths-based social work and community development approaches • Family tracing • Ability to conduct permanency planning • Ability to conduct rigorous child and family assessments • Ability design and implement individual care plans • Facilitate service referrals • Effectively use case management systems • Ability to implement case monitoring and use monitoring tools • Ability to appropriately document closure process • Social work skills (pre-requisite) • Ability to support communication and participation for children with disabilities • Child friendly messaging and communication • Work collaboratively with government and mandated authorities.

COMPETENCY EIGHT: IDENTIFY AND MANAGE RISKS

Practitioners understand the range of risks to children and young people that can arise during the transition. Practitioners know how to gather information, assess risks, detect and interpret indicators of risk, and use this information to inform decision-making. Practitioners know how to draw on evidence and documented learning to anticipate and mitigate risks to children and young people. Practitioners understand child protection laws, reporting obligations and mechanisms. Practitioners know how to develop organizational and individual-level risk management and child safety plans. Practitioners can use their knowledge of child protection and safeguarding to respond appropriately to risks, including through the involvement of mandated authorities. Practitioners can use their critical thinking, problem-solving, and networking skills to overcome gaps or weaknesses in the formal child protection/legal system to safeguard children and respond to risks promptly.

Knowledge	Skills
<ul style="list-style-type: none">• Knowledge of transition related risks, including risk indicators• Understanding of risks for young people leaving care and for care leaver participation and advocacy• Knowledge of relevant laws (child protection and criminal law) and reporting mechanisms• Knowledge of orphanage trafficking and exploitation, and its indicators• Knowledge of rapid response/emergency protocols and reporting mechanisms (specific to residential care/alternative care)	<ul style="list-style-type: none">• Risk mitigation skills• Ability to conduct risk and readiness assessments• Ability to iteratively evaluate risks and respond appropriately• Conflict resolution skills• Ability to recognize and effectively address any sabotage from stakeholders• Ability to adapt strategic plan based on ongoing evaluation of risk• Ability to detect indicators of orphanage trafficking and exploitation

COMPETENCY NINE: COACH, MENTOR AND FACILITATE LEARNING

Practitioners can develop open, trusting, and safe relationships and environments conducive to reflection and learning. Practitioners know how to establish goals, expectations, limitations, and boundaries in the relationship. Practitioners can build networks and facilitate connections to create opportunities for exchange, peer learning and professional development. Practitioners know how to listen actively, provide emotional support, and guide self-discovery, reflection and inquiry. Practitioners can

use their knowledge of evidence, research, and documentation to appropriately support learning and discovery and manage the potential for information overload. Practitioners are aware of the influence of their views, experiences or limitations and exercise and self-awareness, self-control to minimize imposing their views. Practitioners can use their knowledge and skills in communication to develop and deliver effective training.

Knowledge	Skills
<ul style="list-style-type: none"> • Coaching and mentoring techniques • Communication approaches (emotional and rational appeals) 	<ul style="list-style-type: none"> • Ability to connect theory to context in training or learning settings • Ability to facilitate open discussions, respond to concerns, • Ability to facilitate peer-learning and exchange • Ability to facilitate experiential learning (reflective learning) • Ability to create a safe space and foster trust • Teaching and training skills

COMPETENCY TEN: DEMONSTRATE CULTURAL COMPETENCY

Practitioners are open-minded, and inclusive and value diversity. Practitioners are aware of their own cultural beliefs and values and how these may differ from other stakeholders involved in the transition process. Practitioners understand the impact their culture and values may have on their reasoning, interpretation of circumstances, reactions, and actions, and can exercise self-reflection and self-awareness. Practitioners know how to gather information and learn about differing cultural perspectives and consider those perspectives in their engagement, communications, and decision-making. Practitioners understand the cultural context in which they are operating and can interpret information through this lens in order to improve the accuracy of conclusions and determinations. Practitioners can identify the strengths in the cultural context in which they operate and draw upon them in promoting transition and developing solutions or supports for children and families. Practitioners can identify cultural barriers, attitudes or challenges that may impede transition or reintegration and develop positive, respectful, and proactive solutions to overcome these barriers.

Knowledge	Skills
<ul style="list-style-type: none"> • Strong knowledge of the local cultural context and language, including of child rearing and parenting practices. • Knowledge of the connection between the formal and informal system (grassroots child protection system and practices) • Theologies of care & faith perspectives driving institutional care (major faiths) • Stigmas and biases relevant to children in institutional care • Understanding traditional community practices regarding children without parental care and children with disabilities (pre-institution) • Community attitudes towards separation, residential care and transition. 	<ul style="list-style-type: none"> • Intercultural communication skills • Cultural intelligence and agility • Ability to understand and engage with diverse cultural backgrounds of stakeholders • Ability to identify and resolve cultural and intercultural barriers to transition • Ability to develop contextually relevant and embedded approaches to transition

GENERAL ATTRIBUTES

Self-aware	Creative
Adaptable	Professional
Good problem solver	Patient
Inclusive	Observant
Open minded	Shows initiative
Respectful of others	Analytical
Thorough	Empathetic
Flexible	Diplomatic
Decisive	Discerning
Strategic	Tenacious

**note: there is a degree of cross-over between skills and knowledge across core competencies. To reduce duplication skills and knowledge have been located under the most appropriate competency, however, should be taken as the body of skills and knowledge required to support transition overall.*

Part Five: Practitioner Capacity Building Pathways

Practitioner capacity can be developed in different ways, including through training, mentoring, coaching, technical support and professional development opportunities. Each of these different methods plays a different role in an overarching residential care service transition capacity-building pathway. All are required to provide opportunities conducive to the development of the full array of competencies reflected in the competencies matrix. National efforts to build residential care service transition technical support capacity at the practitioner level should therefore focus on the development of a full multi-method practitioner capacity development pathway that incorporates all four modalities.



TRAINING

Training programs aim to support practitioners to acquire core knowledge and skills. They are vital and often the first step in a capacity development pathway for practitioners. Transition-related training programs should consider:

1. **Needs-based training** and the development of modules that cover the core knowledge and skills components across the competency matrix. Some of the knowledge components reflected in the matrix are broadly relevant to social work and child protection. They may already be accessible through existing training programs including professional degrees, vocational training courses, specialized training, or online modules. Mapping the knowledge components against existing training programs is a good way of identifying gaps and prioritizing the development of core knowledge and skills modules that aren't currently available elsewhere.

- 2. Integrating modules into existing training programs.** To promote sustainable approaches to capacity-building, to the extent possible, training modules developed, covering core knowledge and skills required of practitioners, should be incorporated into existing and relevant workforce training programs. This may include professional courses such as degree programs, paraprofessional training programs, vocational training programs, specialized courses, in-service training, or short professional development courses.
- 3. Train the trainer programs** should be developed as part of efforts to scale up national capacity. Train the trainer programs may be particularly useful to upskill transition practitioners around the use of specialized technical tools, or highly specialized areas of knowledge not generally required of the wider social service workforce (and therefore not suitable for incorporation into general social service workforce training pathways).

MENTORING AND COACHING

Coaching and mentoring are two different types of professional development interventions that can be used as part of a transition practitioner capacity-building pathway. They provide individualized capacity-building opportunities that build upon knowledge and skills acquired through training. As such they promote continuous professional development.

Coaching uses a solution-focused approach to supporting practitioners to apply knowledge to real-world situations and develop and refine their skills. It also promotes reflection, critical thinking, self-evaluation, innovation, and reflective practice, which contribute significantly to self-led professional development.

Mentoring pairs more experienced practitioners with less experienced practitioners to promote knowledge exchange, peer support, confidence building and professional development primarily through conversations.

Both mentoring and coaching have been known to contribute to social worker practitioner wellbeing and retention, by reducing occupational stress and burnout.⁵

TECHNICAL SUPPORT

Technical support refers to a mechanism through which practitioners can get access to technical input and advice to find solutions to specific timebound practice-related challenges. It is similar to mentoring in that it promotes knowledge transfer from more

⁵ HSCB (2014) Coaching and Mentoring in Social Work – A Review of the Evidence: Commissioned by the HSCB to support Improving and Safeguarding Social Wellbeing a 10 Year Strategy for Social Work.

experienced practitioners or practitioners with specialized experience to practitioners with less experience, however, differs as it is situated outside of a long-term term mentoring relationship. Technical support mechanisms are vital to capacity-building pathways as they provide a means for the transfer of highly nuanced expertise and for solving complex problems. They build practitioner confidence and promote creative problem-solving and innovation.

Technical support mechanisms may be established at a national level and formalized or may comprise tapping into communities of practice, situated at the national regional, or global level, wherever relevant expertise exists.

PROFESSIONAL DEVELOPMENT OPPORTUNITIES

A range of opportunities can be factored into a capacity-building pathway to promote professional development amongst transition practitioners. These can include opportunities to:

- participate in communities of practice,
- join relevant working groups or knowledge-sharing groups,
- attend conferences or webinars,
- enrol in specialized training courses,
- join professional bodies.

National capacity-building efforts may need to incorporate mapping of relevant professional development forums (working groups, CoPs, conferences etc.) so that linkages can be intentionally made. In some cases, it may require the development of working groups, and practitioner communities of practice, where they do not exist. Practitioners can also be encouraged to participate in regional and global forums, including the Transition Working Group under the Transforming Children's Care Collaborative.

Professional development opportunities are important for all practitioners, however, may be especially useful to develop leadership and supervision capacity among senior practitioners.

Additional Resources

For more information about the transition of residential care services, including interagency tools, case studies, and other resources see the [*Better Care Network Transition Hub*](#).

For information and recommendations for strengthening the enabling conditions for residential care service transition, at the systems level, please refer to the Residential Care Service Transition Thematic Brief.

To access the Roadmap for Care Reform developed by Hope and Homes for Children, and referred to in this document, click [*here*](#).

To join the Transforming Children's Care Collaborative and request to join the Residential Care Transition Working Group click [*here*](#) to sign up to the collaborative platform.

To find out more information about the Transition Framework Tools training for trainers and practitioners email [*contact@bettercarenetwork.org*](mailto:contact@bettercarenetwork.org)