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RESIDENTIAL CARE SERVICE TRANSITION FRAMEWORK TOOLS

TRAINING MANUAL

Partnerships **PLUS**

Changing
THE WAY WE
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Transforming
Children's Care
COLLABORATIVE



JSI RESEARCH & TRAINING INSTITUTE, INC.

INTRODUCTION AND ACKNOWLEDGEMENTS

The Residential Care Services Transition Framework Tools Training Manual was developed as a part of the Global Transition Working Group's efforts to build capacity at the national level to accelerate the transition of residential care services.

The training is designed to be delivered as a face-to-face workshop for social workers and practitioners involved in the provision of technical support to residential care services undergoing transition. The objective of the training is to build the capacity of social workers and practitioners to integrate the following three consensus-based technical tools that comprise the transition framework into their practice:

- 1. *Phases of Transition Interactive Diagram***
- 2. *Transitioning Residential Models of Care Assessment Tool***
- 3. *Transitioning Residential Care Cost Estimation Tool***

The training is divided into four parts and comprises 13 interactive sessions designed to be delivered over a minimum of 3 days. In addition to sessions focused on the three technical tools, the training includes a session that links the transition of residential care services to wider care reforms and a session on managing risks, focusing on detecting and responding to trafficking and exploitation in residential care settings. The manual also includes guidance for trainers and is accompanied by a set of training slides and links to other resources that can be used in the delivery of the training. These resources and links can be found in the annex section of the manual.

The training draws heavily on content that was developed and included in other resources developed by BCN and partners, including the Transitioning Models of Care Manual and training videos, the Transition Capacity Building Roadmap, and the About Orphanage Trafficking: Indicators and Descriptions resources.

We wish to thank the following contributors who supported the development of additional content for the manual and who piloted the training at the Global Transition Train the Trainer event hosted in Cambodia in 2023.

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NOTES TO TRAINERS

This section contains notes to trainers on how to adapt the training and materials to context, general guidance on effective facilitating and training, and tips for preparing for and running the training.

Skills of the Trainer

Trainers for the **Transition Framework Tools Training** are expected to have the following skills, knowledge and experience.

Facilitating versus Teaching: A trainer's role is to facilitate learning. During the Transition Framework Tools Training the trainer will sometimes be delivering new content to participants ("teaching") but most often will be working with people who have their own good experiences, and as learning adults, will best absorb new content by being led through exercises to put that content into their own experiences and practice. The facilitator also helps by listening to the group discussion, summarizing learning points and helping with sense-making. The trainer is also an excellent communicator. As a trainer versus a teacher, one aims to speak generally no more than 30% of the training, while participants are in discussions, brainstorming, activities or provide feedback for 70% of the time. This helps participants to engage with the training topic and the tools, and best aligns with the principles of adult learning.

The trainer brings knowledge and practice to the training, but also must balance sharing and over-sharing. Participants will also have knowledge and experience they want to share.

Active Listening: A capable trainer will actively listen to participants and foster an atmosphere of active listening. The trainer has a responsibility to stop people from speaking at the same time or interrupting each other. Setting group norms at the start of the training can help. The trainer needs to pay attention to the participants and group to ensure these norms.

KEY Transition Resources for the Trainer

Better Care Network Library:
[Transition Hub](#)

Phases of transition: [Phases of Transition Interactive Diagram](#)

Transitioning Models of Care Assessment Tool: [Transitioning Models of Care Assessment Tool](#)

Transition Cost Estimation Tool: [Transition Cost Estimation Tool](#)

Listening Skills

6 key active listening skills



1 Pay Attention



2 Withhold Judgement



3 Reflect



4 Clarify



3 Summarize



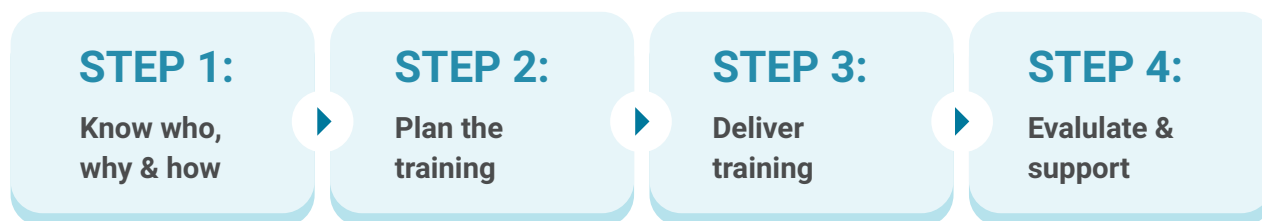
4 Share

Not all participants, nor all trainers, will share the same perspectives on children's care or transition of care services. As a trainer, it is worth taking time to think through how to handle difficult situations, such as topics the trainer might not agree with or that the group may not have consensus on. Some examples:

- Different faith-based perspectives on children's care
- Different cultural beliefs related to child rearing
- Different understandings of the role of residential models of care

It can be helpful to identify some of these potential differences in the introductory session and to explain norms around non-judgement and respectful discussion of differences of opinion. When participants do disagree or say something that challenges the group, it is okay to take a moment to decide how to respond or facilitate. Active listening also involves acknowledging contributions, repeating back what has been heard, asking for clarification, and checking for understanding these are all key skills of the trainer.

Knowledge of Key Resources: For the **Transition Framework Tools Training**, trainers are expected to have experience with transitioning care services, that is, working with organizations through all phases of transition (see Section 2). The trainer will bring contextual and content-relevant examples, case stories, and experience. The trainer should also be comfortable using the [Transition Framework Tools](#) and be able to share country, regional, and global resources with participants as questions or areas of discussion are raised.



STEP 1: KNOW WHO, WHY & HOW

The first step to delivering the **Transition Framework Tools Training** should be understanding who will be attending the training and collecting their contact details. Sometimes training may be requested by another organization. The trainer should understand why training is being requested and ensure that this training meets the needs of the participants and the capacity gap the requested training aims to address. For example, often residential care facilities request training on how to transition. Training of trainers on transition tools may not be the most appropriate starting place for that audience. It is important to make sure the appropriate participants are invited.

THE IDEAL PARTICIPANT SIZE IS NO MORE THAN 20 PEOPLE

The time that participants have to dedicate to the training is also an important consideration in the first step. Although this training was designed to be delivered over three days, it is important to note the following:

1 There are three separate tools included within the Transition Framework Tools Training:

- *Phases of Transition Diagram*
- *Transitioning Models of Care Assessment Tool*
- *Transition Cost Estimation Tool*

Training sessions can be broken up across these three distinct tools and delivered separately. As the Transitioning Models of Care Assessment Tool alone may require 2 to 3 days of training, consider breaking up the training sessions if it may be beneficial to do so.

2 The experience and familiarity with transition practice that participants already possess can significantly impact the amount of time required to deliver this training. Gather information on their existing levels of knowledge to determine how much time should be allocated to the specific tools in the training. As further explained in the next section, determine whether it will be helpful to ask participants to review the Transition Framework Tools in advance of the training.

3 This training was designed to be delivered in one language and did not take into account any additional time required for interpretation into another language. If interpretation into a second language is required, it is recommended that adequate time be allocated accordingly.

STEP 2: PLAN THE TRAINING

The second step is to plan for the training by reviewing and adapting materials to develop a training plan to meet the needs of the who, why and how. Review the suggested training agenda (see Annex), identify the location and venue, and identify co-trainers. The Transition Framework Tools Training is ideally delivered by at least two trainers. Planning for the training should include reviewing the training objectives (see Session 1), deciding on the methodologies, devising activities and preparing materials (pre-training and during training materials). Planning should result in a detailed training plan that all trainers can refer to.

Adapting for Context

The **Transition Framework Tools Training** should be adapted to the context to focus on the reality of the country or community and training participants. The transition of care services work should align with the context in which the change and care reform is happening. This means that:

1. Training should be delivered in the national or local language, and all materials should be translated. This means trainers should have language fluency.
2. Training support organizations, training organizers and trainers should engage with national actors from the beginning. This may mean that the government is fully involved, that they are

invited as participants, and/or that content and materials are adapted to reflect policy or any existing guidelines or regulations.

3. Training teams should identify any existing training on transition that has already been delivered and work to collaborate, leverage and avoid duplication.
4. Trainers should identify or develop local/national content for the training, such as adding or inserting relevant case stories and examples from the context and inserting culturally relevant activities and training methodologies. The Better Care Network library of transition case studies can be used.
5. Effort is made to work with co-trainers from other organizations to deliver the program or use them as resource persons for contextualizing the training.

Ethical Use of Photos, Videos and Case Studies

Photos, videos and case studies help to bring the Transition Framework Tools to life. They go beyond the written word and forms, to help make the content meaningful and relevant. However, as trainers, it is important to recognize that transition involves real children, real families, real managers, and the staff and founders of organizations. Storytelling can become unethical if not done so with the full consent and best interests of the storyteller, whether by photo, written word, video or other medium. Follow this basic guidance when adding photos, videos and case studies for use in the training:

- Only use photos, videos and case studies from organizations that have robust safeguarding and ethical storytelling procedures in place.
- Check that every storyteller (for example, the residential care facility, the organization, or the founder) has given informed consent.
- Avoid using identifying images and consider changing names unless explicit consent has been secured.
- Never use photographs or stories of real children or families – seek open-source images or other kinds of graphics. Please protect anonymity.
- Focus case studies on small, positive changes within the phases – they should illustrate one or more aspects of the phases of transition.
- Always uphold the dignity of the storyteller.
- The story should not provide identifying information about people or organizations (no surnames, or geographic location) unless informed consent to share the story has been obtained.

STEP 3: DELIVER THE TRAINING

About Adult Learning and Delivery Methods

The **Transition Framework Tools Training** trainer needs to understand how adults learn best and be comfortable with a range of different styles of learning. While we all have different styles, learning

new knowledge and skills as adults is most effective when: 1) Learning by experiencing; 2) Learning by observing/reflecting; 3) Learning by thinking/understanding; and 4) Learning by doing/applying.

Using various methodologies to deliver the **Transition Framework Tools Training** ensures the learning of different kinds of learners and their learning styles are covered. Some examples of methodologies are group discussions, case studies, question-and-answer sessions, workbook assignments and feedback sessions, games and participatory activities. Throughout the manual, various methodologies are suggested. The trainer should be comfortable with the selected methodology.

Preparing the Training Atmosphere

Quickly building rapport, atmosphere or environment, and good working relationships with participants are all key to a successful training. Consider:

- How the room is set up. Circles are more conducive to discussions that involve everyone; while squares with a clear “front” is a classroom atmosphere. Decide which is most conducive and set up the furniture accordingly.
- Adapt for different abilities—know if the participants will need accommodations, such as larger print materials or wheelchair accessibility, and be well-prepared to train to the diversity of the participants. This includes respecting the skills, knowledge, experiences, and needs each participant brings to the training.
- Provide water, coffee/tea snacks in accordance with the resources available and contextual appropriateness. Welcome people to bring their own drinks and snacks if they will not be provided in the training. There is nothing like a hungry participant to derail a good training!
- Call people by their names and commit to remembering names. Having name badges can help.

Principles of Adult Learning:

RESPECT Learners must feel respected and feel like equals.

AFFIRMATION Learners need constructive feedback and praise.

EXPERIENCE Learners learn best by drawing on their own knowledge and experience.

RELEVANCE Learning must meet real-life needs of the learners.

DIALOGUE Trainers and learners must enter dialogue and learn from one another.

IMMEDIACY Learners must be able to apply the new learning immediately.

20–40–80 rule Learners typically remember 20% of what they hear, 40% of what they hear and see, and 80% of what they hear, see, and do.

THINKING, FEELING, AND ACTING Teaching is more effective when learners think, feel, and act.

SAFETY AND COMFORT Learners need to feel safe and comfortable in order to participate and learn.

- Allow participants get to know the trainers. Give opportunity for time to team build. Share a bit about trainers in the introductions, if others are expected to do the same.
- Keep mobile phones and computers away, unless they are needed for a training purpose, such as displaying a presentation or making contributions to a digital collaborative platform. Expect this of participants and set it as a ground rule or “norm” from the beginning.
- Breaks can be a great way to connect with participants, but trainers may also need a break—it is important to find the balance.
- Encourage and motivate participants (“That’s a good idea”, “You’re applying this well to your context”, “I like how you are thinking”). As the training progresses, participants will increasingly support and encourage each other.
- Resolve challenges and conflicts quickly and calmly. If a participant is dominating a discussion, interrupting others, or two participants are disagreeing strongly:
 - *Politely ask them to ‘leave the discussion’ as there is a lot to get through during the training.*
 - *Trainers can raise their voice, so they are heard.*
 - *Suggest that participants continue the discussion in the next break.*
 - *Encourage others to speak (for example, “Lucas—what do you think?”)*
 - *Don’t be afraid to speak to someone during the next break.*

Preparing as the Trainer for Training

If trainers need to develop or refresh their skills in the transition of care services, they should take the time to do so well before the scheduled training. Visit the Transition Hub on the Better Care Network website and review the key resources. Make sure trainers are comfortable with the tools and the case stories used. Prepare any adaptations. Find a peer to discuss whether any concepts or tools are unclear. It is important for trainers to ensure their knowledge is up to date.

Prepare before each session by reviewing the facilitators’ guidance, session readings or materials, activities and any notes from the prior session.

A GOOD TRAINING = A WELL-PREPARED TRAINER!
ALWAYS REVIEW THE SESSION GUIDANCE, MATERIALS AND
SLIDES IN ADVANCE OF DELIVERING THE SESSION!

Managing Sensitive Issues

It is important to let the participants know that the training will be covering sensitive issues about children and their care and that discussions about the best ways to care for children can arouse strong emotions. Participants will come with a range of ways that they became involved in transitioning care services, some may even be dealing with their own feelings around their organization’s journey of

change or their own experience in care, which can be difficult. Be aware of these sensitive issues and acknowledge them. Trainers could say, for example, “Let’s remember that we all come to this training with a desire to improve the lives of children. Some of us come with very personal experiences. This is a reminder to all of us to be sensitive to those experiences during our time together.” Prepare before each session by reviewing the facilitators’ guidance, session readings or materials, activities and any notes from the prior session.

STEP 4: EVALUATE AND SUPPORT

Training Evaluation and Feedback

Good feedback is essential for trainers to be able to improve their effectiveness and the quality of the training. In a training of trainers, it is also important to understand whether the knowledge, skills and practices of participants are changing as intended. The following are some potential ways of evaluating and gathering feedback:

- 1 Seeking the reaction of the participants to all or a section of the training. Trainers continuously ask for feedback from participants to ensure that the training is effective and is tailored to each group of participants. Ask during the training: “Any feedback on those points?” “Is this making sense?” “What questions do you have?”
- 2 At the end of each day, trainers can use a daily feedback poster using flip chart paper, markers, or sticky notes (see example on the next page).
- 3 A training evaluation is recommended for the final session of the day. This is distributed to all participants before they leave the training and provides important feedback for improving the next training. See the annex for the evaluation form.
- 4 In order to learn whether this training is helping improve the knowledge and confidence of those who are trained to use the transition framework tools, a pre-and post-test can be used. These measure changes in skills, knowledge, attitudes, and practice by comparing pre-training with post-training standards. See the Annex for the pre-/post-test form. Be sure to have people code (within initials or participant numbers) so that trainers can compare their before and after



Ask participants to list down one side, one thing they liked about the day and, on the other side, one thing they would like to be different tomorrow, etc. Have participants write on the flip chart or sticky notes.



PART 1: BACKGROUND

SESSION 1: Setting Expectations



Purpose

The aim of this session is to set the scene for the training, facilitate introductions between participants and trainers, provide background to the Transition Framework Tools and their development, and set and align expectations.

SESSION TIMING: 45 MINS

SESSION OUTLINE

1. Purpose of training
2. Introductions
3. Expected outcomes over the 3 days
4. Background to the development of the tools
5. Definitions of key terms
6. Pre-training test (see Annex)

Checklist of Required Materials:

- ✓ Laptop, projector, display screen
 - Virtual whiteboard (if not using flip chart for notetaking)
- ✓ PowerPoint slides: Training Background (slides 1-4)
- ✓ Access to the tools (via online and/or soft/hard copies of the tools)
- ✓ Sticky notes, markers, flip chart paper, tape
- Optional items (depending on Implementation Strategies used):
 - Cards with definitions printed on them
 - Collaboration software with word clouds for key words
 - Shareable slide deck with one key term per slide and shareable link



SESSION TIPS:

- Consider facilitating an icebreaker in this session if participants do not know each other well and to warm up the group, particularly for practical and group activities.
- Use this session to make sure all participants are comfortable, at ease and any accessibility issues (including internet access) have been addressed.
- If using the PDF version of the Transitioning Models of Care Assessment Tool, ensure participants have access via soft or hard copy before commencing.

SESSION CONTENT

1) Purpose of the Training



Implementation Strategy

Trainer (T) can start by writing the Session Outline on a whiteboard or projecting it on a slide.

T should explain that they want to start off by telling participants (P) why they are here. Then, T explicitly goes over the purpose of the training as listed.



Time: 3-5 minutes

The training aims to support the capacity building of practitioners providing technical support to residential care service providers to undergo transition. Specifically, it aims to build capacity and confidence to engage with and utilize the three transition framework tools.

In addition, the training aims to build practitioner knowledge around key concepts that impact upon the transition of residential care services, and strategies. The training will therefore include sessions on:

- Shared learning on transition (drawing on documentation and studies) and how this shared learning informs national/sub-national strategies to categorize and target residential care services for transition and coordinate technical support
- Stakeholder engagement
- Detecting and responding to serious child protection risks, more specifically: orphanage trafficking and exploitation



Adult Learning Principle

Adult students are more motivated to learn when they know the purpose behind the course content.

2) Introductions



Implementation Strategy

To emphasize the shared understanding that the trainings will offer, T can showcase the variety of practitioner roles in the training session.

Start by soliciting various names for the roles for individuals in the room. Record the roles on the flip chart or a virtual whiteboard. The idea is that when Ps introduce themselves, T can record their name under their various role(s).



Pro tip: You can write down an example to “start off” the brainstorm if you have a quiet group.

Some answers to anticipate:

technical support practitioners
social workers
child protection officer
case manager

Once the list is complete, have students introduce themselves. There are two strategies depending on the size of your group

If you have a smaller group of Ps,

Have Ps introduce themselves by saying their name, their stakeholder role, and two words that describe how they feel as they start the process. When Ps introduce themselves, T writes down the first name of the individual under the correct stakeholder category on your flip chart or virtual whiteboard.

If you have a larger group of Ps,

T can have Ps introduce themselves to two other people. Then, after the groups are finished, solicit examples for each stakeholder category, having Ps introduce their peers. (e.g., “Did anyone meet a service provider? What was their name? What two words did they use to describe how they are feeling



Adult Learning Principle

Adult students are more likely to retain information that they can relate to their lived experiences. Having learners share their current roles show that you value their experience and contributions.



Time: 15 minutes

3) Expected Outcomes



Implementation Strategy

T will go over the expected outcomes, explaining how Ps will be able to meet all of the outcomes at the end of training.



Time: 3 minutes

After the training, it is expected that practitioners will be able to:

- Explain the interaction between the care and child protection system reforms and the transition of individual residential care services
- Identify the range of stakeholders they must engage with during transition, including which phase(s) and for what purpose(s) they will be engaged
- Describe the purpose of the 3 Transition Framework Tools and their appropriate use
- Demonstrate sufficient technical capacity to begin to integrate and use the Transition Framework Tools in their practice
- Demonstrate awareness of orphanage trafficking and exploitation in residential care settings and understand the indicators and means of detection

4) Background to the Tools



Implementation Strategy

PREDICTION ACTIVITY

T explains provides a general background of each tool (omitting the key audience information):

1. **Phases of Transition Tool**
2. **Transitioning Models of Care Assessment Tool**
3. **Transition Cost Estimation Tool**

Then, T arranges Ps into groups of 3 with a piece of paper for each group. T explains that each tool is meant for different stakeholder audiences and that the groups will have a conversation during which they will predict which stakeholder audience(s) each tool is for. T should assign 1 P per group to write down the names of the three tools and the group's guesses.

Then, the groups should discuss for 3-5 minutes which stakeholders will use the three tools. Once conversation is over, T should solicit the predictions for each tool before going over the answers.



Time: 3-5 minutes

The Transition Framework Tools that are the focus of this training, are interagency consensus-based tools developed by the Better Care Network in conjunction with the Residential Care Transition Working Group. The tools were developed by practitioners to provide a practice framework for transition. They are evidence-based tools supported by documentation of practice, learning and research.

Each of the tools have distinct target audiences:

- **The Phases of Transition Interactive Diagram** targets all stakeholders involved in residential care service transitions, including governments, RCI operators, donors, technical support practitioners, and advocates. It can be used for a wide range of purposes and provides a clear and consensus-based framework for understanding transition and what it can entail.
- **The Transitioning Models of Care Assessment Tool** is a tool specifically for technical support practitioners. It is not designed for residential care service providers, donors, or general advocates.
- **The Cost Estimation Tool** has a primary and secondary audience. The primary audience is residential care service operators and their decision-making stakeholders (boards, donors). It supports them to estimate the financial implications of transitioning their service to support decision-making, fundraising, budgeting, and implementation. The secondary audience for this tool is practitioners providing technical support who may use the tool to support a service provider to develop a cost estimate for an individual transition.



Adult Learning Principle

Introducing a new topic with a prediction activity activates learner's prior knowledge and sparks their curiosity, making the upcoming material easier to process. Using prediction activities with groups of diverse practitioners also fosters collaboration by leveraging a range of experiences and encouraging discussions that draw on various perspectives to enrich the learning process.

The tools are not prescriptive, they do not propose a singular approach to transition, but rather provide a strategic framework for developing context-specific and informed approaches.

5) Definitions of Key Terms



Implementation Strategy

OPTION 1: TEACH EACH OTHER

T separates the group into four groups and gives each group a card with the key words and their definitions. Groups need to decide how to “teach” their word to the rest of the group.

When explaining the activity, T explains groups can create their own slide, devise of a mnemonic device, etc. to get the others to learn the definition and the main points of each key word.



Pro tip: T can have a shareable slide deck prepared and have each group populate the slide of their key word. Groups can refer to their slide as they present the key word and its definition to the whole group.

OPTION 2: ALL-GROUP GUESS THE DEFINITION WORLDCLOUD

Using a flip chart or a collaboration platform, such as Mentimeter, Ps co-create a word cloud of word or short phrase guesses that might pertain to the definitions for each key words.

After going over the word cloud, pointing out select guesses, T should go over the correct definition as listed in the training manual. Then, the group proceeds to word cloud for the next key word.



Pro tip: When going over the definitions with the group, T should point out connections between the guesses and the correct definitions.



ABOUT THE TECH

Shareable slide decks, like Google Slides, are an EdTech tool good for facilitating learner-learner interaction because they require learners to co-create a learning object to share with the rest of the group. T should create the slide deck prior to the training session and make sure that the slide deck and the link are shareable.



Pro tip: Shorten long URL links using a web site like tiny.cc or [tinyurl](https://tinyurl.com).

T should have the word cloud exercise prepared in the collaboration software prior to the session. At the start of the activity, T needs to explain how to use the collaboration platform.

If using Mentimeter, for instance, T can explain that Ps need to log onto the website [menti.com](https://www.menti.com) on their computers or mobile devices, enter the code, and type in their guesses for the key word definition.



Time: 15 minutes

For the training and the Transition Framework Tools, the following terms and definitions will be used:

Key Word	Definition
<i>Transition</i>	For the purposes of this training manual, transition refers to the process of changing the model of alternative care or service provided by an agency or organization, from a residential to a family-based model of care or other community-based service that supports children to live

Key Word	Definition
	<p>in families. Transition involves change at all levels of the organization and includes, but is not limited to, the redesign of services, repurposing of resources, redeployment of personnel, and the individual assessment, preparation and reintegration of children and young people living in residential care facilities (RCFs).</p> <p>Transition outcomes may include full transition to other services, safe closure of the residential care facility, divestment of resources from residential services and reinvestment in family or community-based services.</p> <p>Based on this definition, the following is not considered transition:</p> <ul style="list-style-type: none"> • Change from one residential model of care to another (i.e., shifting from a large institution to a small group home) • Reintegration of children in isolation of fundamental changes to the model of care. Studies show that a positive experience of reintegration can catalyze transition for a residential care service provider; however, where this is the case, it is considered a precursor to transition, and not the commencement thereof
<i>Residential care</i>	Residential care refers to care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes. All types of residential care fall under the broad term of residential care facility (RCF).
<i>Institutional care</i>	Refers to a specific type of care arrangements and care regime are oriented towards the group rather than the individual. 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 centre, and children's villages.
<i>Transition technical support</i>	Transition technical support is the process of providing any form of technical input, across any phase or stage of the transition process, to a third-party residential care service undergoing transition or closure, or to a donor/partner entity undergoing divestment. Technical support can take the form of training, coaching, mentoring and direct implementation support, or any combination thereof.

6) Pre-Training Test



Implementation Strategy

T shares the link to the pre-training test. Before having Ps fill out the test, T should go over the objectives, stating that Ps should notice progress towards the following objectives:

- Identify the range of stakeholders they must engage with during transition, including which phase(s) and for what purpose(s) they will be engaged
- Describe the purpose of the 3 Transition Framework Tools and their appropriate use



Time: 10 minutes



WHERE TO FIND YOUR MATERIALS

For more information on the **Training Evaluation procedure**, see Step 4 of the Skills of the Trainer section of the manual.

For the **Pre-Training Test**, consult the Annex or the QR code in the slide deck.

PART 2: SHARED UNDERSTANDING

SESSION 2: Summary of Transition Learning and Implications for Transition Strategy



Purpose

The aim of this session is to:

- *Situate the transition framework tools, within the broader evidence and learning on residential care service transition.*
- *Situate the transition of individual services within wider care system strengthening efforts.*
- *Make the case for diversified strategies for residential care service transition or closure support and a system of categorization of residential care services.*
- *Present an evidence-based strategic approach to categorizing RCFs within national/state/provincial/county transition and closure strategies.*

SESSION TIMING: 1 HOUR

SESSION OUTLINE

1. Situate transitions in wider care systems reforms
2. Macro-Level Factors
3. Micro-Level Factors
4. The Interplay Between Macro- and Micro-Level Factors and Implications for Transition
5. Innovation and Change Adoption and the Need for Diversified Transition Strategies
6. RCF Categorization: Approach and Importance

Materials Required:

- ✓ Laptop, projector, display screen
- PowerPoint slides: Shared Understanding (slides 5-12)
- ✓ [Transition Macro-Meso-Micro Concentric Circles](#) (high-res graphic link)
- ✓ [Transition Capacity Building Roadmap](#) (content can be drawn from here)
- ✓ Sticky notes, markers, flip chart paper, tape
- ✓ Optional items (depending on Implementation Strategies used):
 - Timer

SESSION CONTENT

1) Situate Transition into Wider Care Systems Reforms



Implementation Strategy

BRAINSTORM ACTIVITY

Trainer (T) can start the session by introducing the idea that transitions occur in various contexts. T can write the word context on the flipboard, have it projected on a blank slide prepared, or use an open-answer Mentimeter activity to collect answers from the brainstorm.

T should divide the learners into groups of 3-4 people and have them predict various contexts that they believe could impact the transition of residential care services. Have groups brainstorm for 3-5 minutes, and then spend 4-5 minutes going over their answers and introducing the remaining concepts.



Pro tip: You can write down an example to “start off” the brainstorm if you have a quiet group.



Time: 7-10 minutes

The transition of residential care services happens in the context of child protection and care systems reforms. This is the context in which it is situated, and which influences how it transpires and needs to be approached. Practitioners need to understand the context in which they are practicing, and the impact that context has on the strategies they need to employ to support residential care services to transition.



The transition framework tools were developed to take into account context and to support practitioners to incorporate and engage with context-specific realities in their approach to supporting residential care services to transition.



Adult Learning Principle

Since adult learners come to your session with real-world experience. Brainstorm activities help them tap into the knowledge that they already know (otherwise known as “activating their schemata”) and allows them to access their prior knowledge more quickly during subsequent activities.

2) Macro-Level Factors



Implementation Strategy

THINK-PAIR-SHARE ACTIVITY

T can introduce the idea of **macro-level factors** by providing a definition and then example(s) of macro-level factors.

Key Word	Definition	Example
<i>Macro-level factors</i>	Specific elements of care reforms that have a direct, positive and catalytic influence on residential care service transition	<ul style="list-style-type: none">• Clear public commitment to scaling back residential care• National minimum standards for residential care services prescribed in law/policy• Lack of family and community services (to support children reintegrating out of care)

Once Ps have a firm understanding on the idea of macro-level factors, T should introduce the idea of **enabling** and **constraining** factors.

T can present the **Transition Macro-Meso-Micro Concentric Circles** to Ps, explaining the planned think-pair-share activity is intended to help make the image less overwhelming. T explains that the blue post-its on the outer circle are enabling factors and the orange post-its are constraining factors.

For this activity, Ps will pick one blue and one orange post-it to concentrate on, then spend 3 minutes thinking about how the factors are both macro-level and either enabling or constraining. Then, Ps will turn to a person close to them and each take 1-2 minute each to explain what they chose and thought about. Finally, T can spend 3 minutes asking Ps to share if their partner had any good insights that could benefit the entire group.



Pro tip: T can prepare the directions for the think-pair-share exercise on a slide prior to the session to help Ps understand expectations.

T can prepare the directions for the think-pair-share exercise on a slide prior to the session to help Ps understand expectations.



Time: 18-20 minutes (3-5 minutes for the definition and example(s) + 10 minutes for the think-pair-share activity + 5 minutes for slides)

Research from diverse countries and regions on residential care service transition has explored **enabling factors** or conditions that are conducive to advancing and scaling transition. These are **macro-level** factors and are specific elements of care reforms that have a direct, positive and catalytic influence on residential care service transition (see diagram). There are also **constraining factors** that have been identified in research (see diagram). The presence and/or absence of enabling factors and the presence of constraining factors make up the macro context, or the state of the system, in which transition occurs.

2) Macro-Level Factors



Implementation Strategy

TIMED COMPARE/CONTRAST ACTIVITY

T can introduce the idea of **micro-level factors** by providing a definition and then example(s) of micro-level factors, explaining how these factors influence stakeholder decision making.

Key Word	Definition	Example
<i>Micro-level factors</i>	Key factors that influence how decision-makers (directors/founders/donors) engage with the concept of residential care service transition	<ul style="list-style-type: none"> • External patrons • Receptivity to change • Sense of ownership over the RCI
<i>Meso-level factors</i>	Factors within organizations that have less of an impact on whether a transition will be agreed upon	<ul style="list-style-type: none"> • Staffing structure • Funding model • Standards of care

T should have Ps find a partner to work with: one partner will be responsible for selecting micro-level factors and the other for meso-level factors. T explains that the purpose of the activity is to compare/contrast the factors in the Transition Macro-Meso-Micro Concentric Circles for **why the factor can (or cannot) influence stakeholder decision-making**. T should set a timer for 5 minutes and tells Ps to compare and contrast as many factors as they can, keeping a tally of how many pairs have completed.



Pro tip: While Ps are participating in the Timed Compare/Contrast activity, T can circulate and listen into the discussions and share 1-3 good examples they heard to the group once the timed activity is complete.



Time: 8-10 minutes (3-5 minutes for the definition and example(s) + 5 minutes for the think-pair-share activity)

At the **micro level**, there are factors that research and learning have identified as the key factors that influence how decision-makers (directors/founders/donors) engage with the concept of residential care service transition. These factors heavily influence their decision-making and buy-in. There are also **meso-level** factors within organizations; however, these appear to have more of an influence on how transition needs to be approached for a given residential care service rather than on whether they will or won't agree to transition.

4) The Interplay between Macro- and Micro-Level Factors and Implications for Transition

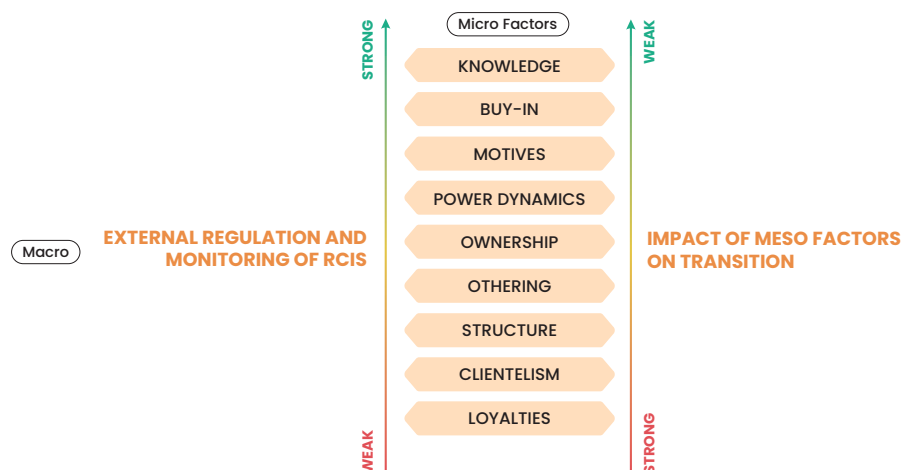


Implementation Strategy

T can show the diagram to Ps and have them take around 2 minutes to read and make sense of the graphic by asking Ps to think about questions, such as:

- What is the relationship between strong (or enabling) macro-level factors and micro-level factors?
- If you were working in a non-enabling system, how might that affect your need to engage with micro-level factors?

RELATIONSHIP BETWEEN MACRO AND MICRO LEVEL DYNAMICS



T can ask for volunteers to share their answer(s) to the question(s) and reiterate the relationship between macro- and micro-level factors and their impact on transition.



Pro tip: When there are some quieter Ps in the group, T can ask one or two of those students (addressing them by their name) at the beginning of the activity whether they would be willing to share their answers. Quieter Ps are more likely introverted and will appreciate having time to prepare answers to direct questions, making participation a little easier for them.



Time: 3-4 minutes

There is a relationship between the macro-level factors and micro-level factors. The more enabling the macro environment is of transition, the less influential the micro factors are, and vice versa. Practitioners working in enabling systems will not need to engage as deeply or extensively with the micro-level factors as they will be constrained by the influence of the macro-level factors. **Practitioners working in non-enabling systems will conversely need to engage deeply with micro-level factors.** This has a significant impact on strategy, timeframes and resourcing.

5) Innovation and Change Adoption and the Need for Diversified Transition Strategies



Implementation Strategy

MINI BRAINSTORM SESSION

T will explain that change adoption and innovation theory have come up with five categories of adopters of change:

1. Innovators (most willing)
2. Early adopters
3. Early majority
4. Late majority
5. Laggards (least willing)

T should ask Ps to think about their own experience with change and which category they might place themselves in. T should ask Ps to think about how much macro- and micro-level factors will influence their ability to adopt a transition.

T can ask 1 or 2 Ps to share their thoughts before explicitly explaining the relationship between the 5 categories of adopters and change adoption, how that relates to macro- and micro-level factors, and how this variability requires diversified strategies.



Time: 8 minutes (3 minutes for the mini-brainstorm session + 2 minute of sharing answers + 3 minutes explicit explanation of the relationship)



Pro tip: If you are low on time, you can skip the sharing answers portion of this strategy.

Residential care service decision-makers will naturally differ in how they gravitate to and adopt change. Change adoption and innovation theory suggests there are **5 categories of adopters** ranging from innovators to laggards. Each group requires **a different time frame and responds to different stimulus**. Groups more naturally resistant to change require more external pressure or stimulus to adopt change compared to innovator and early adopter groups who require very little external pressure

or motivation. Therefore, the more enabling the macro system is, the more external stimulus, motivation, and pressure there is to transition, and the more transition can be catalyzed amongst a wider range of residential care service decision-makers, beyond those early adopter categories. Not only does this show the importance of strengthening the macro environment, but it also reveals the need for diversified strategies, and systems of classification for residential care services, so that strategies can be targeted to specific services and more effective.



Adult Learning Principle

Adult learners prefer to decide what is important for them to learn. Using evidence from change adoption and innovation theory in addition to having learners relate their own experiences to the course content should demonstrate the importance of this material to your learners.

6) RCF Categorization: Approach and Importance



Implementation Strategy

MINI BRAINSTORM SESSION

T should explain that there are factors that help decision-makers decide on the appropriate strategies for their residential care facility (RCF), including:

- Legal conformity and compliance
- Risk and readiness
- Ability to engage with all decision-making stakeholders

If time allows, T can solicit answers to the question “Why might RCF categorization for transition or closure useful?” Otherwise, T should go over the usefulness of the RCF categorization and explain how the tools (which Ps will learn more about in the next session) support the process.

In the last minute of the session, T should go over the objectives, stating that Ps should notice progress towards the following objectives:

Explain the interaction between the care and child protection system reforms and the transition of individual residential care services.



Time: 8 minutes

RCF categorization for transition or closure, and diversified strategies, should be based on several factors:

- Legal conformity and compliance
- Risk and readiness
- Ability to engage with all decision-making stakeholders

RCF categorization is also useful for **facilitating appropriate coordination** between government and civil society organizations (CSOs) for the technical support of residential care services to transition or close. It can **help practitioners determine in which situations** mandated authorities will need to enforce closure, and in which situations CSOs may be best employed to advocate, coach and mentor residential care service operators through their transition journey. It also helps to distinguish **at what point and under what conditions transition is 'voluntary' and at what point closure should be mandated**.

→ The tools can be used in support of the RCF categorization process by supporting risk and readiness assessments. They can also be used post-categorization to work with residential care services throughout either transition or closure.

The assessment tool provides a framework for practitioners to engage deeply with the micro-level factors that affect the residential care service decision-makers, particularly in systems that are constraining of transition.

SESSION 3: The Process of Transition



Purpose

The aim of this session is to:

- *Orientate practitioners to the Phases of Transition Interactive Diagram and its content.*
- *Orientate practitioners to the different transition pathways (e.g, full transition or closure/divestment) and the basis for determining the appropriate pathway.*
- *Demonstrate how the tool can be used in the provision of technical support to residential care service providers, particularly to prepare organizations for what transition entails.*
- *Highlight the variance in time frames for progressing through phases based on factors unique to each transitioning organization.*

SESSION TIMING: 3 HRS, 45 MIN

SESSION OUTLINE

1. Introduction to the Phases of Transition Interactive Tool:

- Purpose and Uses of the Tool
- Layout and Navigation of the Tool

2. Exploring the Phases:

- Phase One: Learning and Exploration
- Phase Two: Preparing for Transition
- Phase Three: Implementing a Transition Pathway

3. Progression Through the Phases: Case Studies and Contextual

Materials Required:

- ✓ Laptop, projector, display screen
- ✓ [Phases of Transition Interactive Diagram](#)
- ✓ PowerPoint Slides: Phases of Transition (slides 13 – 33)
- ✓ Flip chart and markers – other art supplies if desired (colored paper, tape, stickers)
- ✓ [Print out materials](#) (see session handouts)
 - Phases of Transition diagram
 - 3 case story timelines
- ✓ Optional items (depending on Implementation Strategies used):
 - Pre-printed notecard for the Ranking Activity
 - Shareable slide deck and shareable link
 - Collaboration software with open-ended questions



SESSION TIPS:

- This is a content heavy session, be sure to prepare more than one participatory activity to get people up and moving and meet the needs of different learners.
- Ask for volunteers to do a quick energizer whenever you see the room energy fading.
- Read and go through the Phases of Transition Diagram before the session – it will be important to be well prepared to answer questions!
- Since the phases form the foundation for the rest of the training – take your time and allow Ps to understand well before moving on to the other transition tools.



SESSION HANDOUTS:

- Phases of Transition Diagram
- Bridges Safe House Timeline of Transition
- Lighthouse Children's Village Timeline of Transition
- Firefly Orphanage Timeline of Transition
- Family and Community Based Services Graphic (Guatemalan Family)

SESSION CONTENT

1) Introduction to the Phases of Transition Interactive Tool



Implementation Strategy

TOOL EXPLORATION – SKIMMING ACTIVITY

T should project and/or give students the link to or a print out of the Phases of Transition Interactive Diagram, asking students to take 3 minutes skim the first paragraph to identify the purpose of the tool, notice the number phases of the process, identify why there are two pathways at some point in the document.

T can have Ps identify the purpose, phases, and the reason for two pathways.

Purpose: shows the transition process and the planning and coordination required throughout an organization, along with considerations for various contexts

Phase One: Learning and Exploration

Phase Two: Preparing for Transition

Phase Three: Implementing the Transition

Pathways: for different scopes of transition (i.e., full transition vs safe closure and reintegration)

After the skimming exercise, T can add any additional background information they think is pertinent.



Pro tip: Skimming is a reading strategy that helps orient readers and get them to identify key features of a long and/or complicated text. The point of this exercise is to stress the purpose and some structural characteristics of the tool.

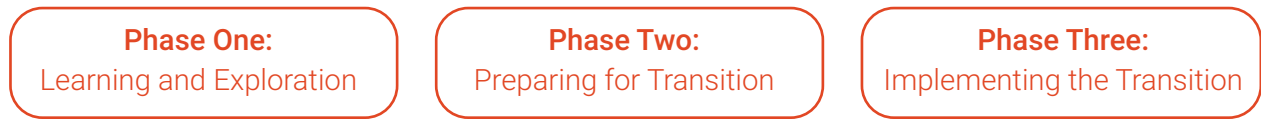


Time: 5 minutes (3 minutes for skimming + 2 minutes for sharing answers)

Session slides 13-33

Making the transition from a residential care service to a family-based care or community service that supports children to live in families is a process that requires planned and coordinated change across all levels of the organization. Transition comprises many different steps, processes, and stakeholders, and can have different pathways. The specific steps and processes that might be involved in a residential care service transition depend heavily on the context: the national context, the individual situation of the residential care service, and the situation of stakeholders including donors, children, and families. This means that it is not possible to develop a universal step-by-step model for outworking the transition of residential care services that will be relevant across all

contexts. However, despite the uniqueness of each transition, in general, all transitions progress through three broad phases:



Each of these three phases comprises a variety of stages and potential steps or actions that may need to be undertaken for the transition to progress in a safe, effective, and efficient manner. The Phases of Transition Interactive Tool provides an overview of what transition entails, breaking it down into phases and stages that can be explored by organizations or with organizations as they consider, plan or progress through a transition process. It represents learning on transition from across the globe and the consensus-based graphical representation of what transition entails. It also maps out two different pathways of transition based upon which end goal is most appropriate and being pursued:

- **Pathway A:** Full transition to other family or community services that support children to live in families, and
- **Pathway B:** Closure and/or divestment.

1a) Purpose and Uses of the Tool



Implementation Strategy

RANKING ACTIVITY

T should introduce the idea that the [Phases of Transition Interactive Diagram](#) was developed to bring **a common framework for practitioners** to use. But why was this necessary?

T should divide Ps into small groups (of 4-5 people) and provide a series of notecards with an identified purposes of the tool printed on them:

Identified Purposes of the Tool Card Set
To inform the development of national guidelines on transition
To raise awareness of what is involved in transition and what it means
To showcase the role of different stakeholders during different stages
To prepare stakeholders for their role in the process of transition
To inform planning and budgeting
To coordinate partnerships and technical support
To identify learning and resources that can support organizations and practitioners in implementing different aspects of transition across the phases and stages
To provide a framework for documentation and capturing learning
To inform the development of national guidelines on transition

Groups should discuss the importance of each purpose and rank the cards in order of perceived importance. T should encourage group members to share their experiences to justify their choices for rankings. T should assign a group leader for each group to keep track of the rankings, serve as the deciding vote, if necessary, and report their group's rankings to the whole group.

Once the groups are finished ranking their cards, the group leaders will negotiate to find a whole group ranking of importance for the identified purposes of the course tool.



Time: 25 minutes (15 minutes for small group work + 10 minutes for the whole group ranking)

Why was it developed?

The Phases of Transition Interactive Diagram was developed to capture and represent the global consensus-based position on what transition entails. It provides stakeholders including practitioners, governments, donors, partners and directors/operators of residential care services with a common framework and language to aid in understanding, coordination and collaboration. It is a tool that can be used for a variety of purposes, including:

- To inform the development of national guidelines on transition
- To raise awareness of what is involved in transition and what it means
- To showcase the role of different stakeholders during different stages
- To prepare stakeholders for their role in the process of transition
- To inform planning and budgeting
- To coordinate partnerships and technical support
- To identify learning and resources that can support organizations and practitioners in implementing different aspects of transition across the phases and stages
- To provide a framework for documentation and capturing learning



Adult Learning Principle

Negotiation skills are valuable for adult students as they foster effective communication, collaboration, and problem-solving. Through negotiation, individuals can express their perspectives, understand diverse viewpoints, and collectively reach agreements that accommodate various needs and preferences within the group. This promotes a more inclusive and cooperative learning environment.

1b) Layout and Navigation of the Tool



Implementation Strategy

TOOL STRUCTURE – SHOW AND TELL

T should demonstrate how to navigate to the [Phases of Transition Interactive Diagram](#) tool from the BCN website by projecting the site. T can show how the tool works as an interactive graphic, which means users can click on any of the stages under the three phases if they wish to take a deeper dive and find information.

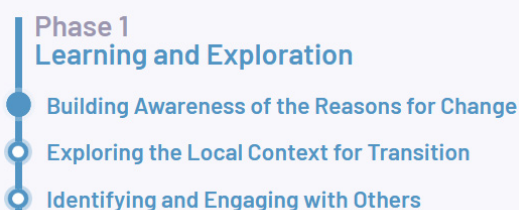
T should click on the [Building Awareness of the Reasons for Change](#) link to demonstrate the layout of each page. First, showing how each page will have:

- The aim of each stage
- The key actions that may need to be taken during the stage
- The key milestones to be reached during each stage
- A list of resources relevant to that stage

T should also point out the link to the main page at the top left,

[← Phases of Transitioning Care](#)

the clickable navigation menu on the left,



and the link to the next stage at the bottom of the page:

Next
[Exploring the Local Context for Transition](#)



Time: 5 minutes

Structure of the Tool

The Phases of Transition Interactive Diagram is a web-based tool. It is located on the BCN library as part of the Transition Hub.

The graphic presents the three phases of transition and lists the stages located under each phase. It is an interactive graphic, which means users can click on any of the stages and access more information including:

- The aim of each stage
- The key actions that may need to be taken during the stage
- The key milestones to be reached during each stage
- A list of resources relevant to that stage

2a) Phase One: Learning and Exploration



Implementation Strategy

PHASE ONE: LEARNING

TEACH EACH OTHER ACTIVITY

T separates Ps into three groups and gives each group a stage in Phase One. Groups need to decide how to “teach” the main points of each stage to the rest of the group:

- Building Awareness of the Reasons for Change
- Exploring the Local Context for Transition
- Identifying and Engaging with Others

When explaining the activity, T explains groups can create their own slide to get the others to learn the main points of each stage.



Pro tip: T can have a shareable slide deck prepared and have each group populate the slide. Groups can refer to their slide as they present about the stage to the whole group.



ABOUT THE TECH

T should have the word cloud exercise prepared in the collaboration software prior to the session. At the start of the activity, T needs to explain how to use the collaboration platform.

If using Mentimeter, for instance, T can explain that Ps need to log onto the website [menti.com](https://www.menti.com) on their computers or mobile devices, enter the code, and type in their guesses for the key word definition.



Pro tip: Shorten long URL links using a web site like tiny.cc or [tinyurl](https://tinyurl.com).



Time: 25 minutes (15 minutes of group work + 10 minutes of “teaching” for the whole group)

Deep Dives: Phase One: Learning and Exploration

Instruction: Navigating the tool online, look over the stages included in Phase One. Explain what is involved including:

- Building awareness on the reasons for change, being prepared to share global or context specific evidence, information on children's needs and about global or country specific care reforms;
- Exploring local context for transition and how to help organizations see how they operate within a context and what to look for based on that context; and
- Identifying who the different actors are in transition and looking at how to engage with each of them. As someone who will support the transition it is important to help organizations think about all the different people involved and what they need to agree to transition.



Adult Learning Principle

Collaboratively co-creating materials with other learners benefits adult students by promoting a shared understanding of the subject matter. This process fosters critical thinking, cultivates teamwork and communication skills, and reinforces a sense of ownership and engagement in their education.



Implementation Strategy

PHASE ONE: EXPLORATION

CO-CREATION ACTIVITY

Using the same groups for the Teach Each Other Activity, T assigns each group one of the three case story timelines. T explains that each group will need to identify the different actors or stakeholders who will be engaged in Phase One of the process.

After 10 minutes, T explains that each group should choose one person to record the group's list to a collaborative platform, such as Mentimeter, or a whiteboard or flip chart.

If using the digital option:

T should instruct group representatives to enter their answers one by one and all at the same time.

If using the low-tech option:

T should have the representative from each group record their answers at the same time.

Once the answers are all entered, T can point out any similarities or differences in the answers or solicit Ps to report the trends they see in the answers.



ABOUT THE TECH

T should have the co-creation exercise prepared in the collaboration software prior to the session. At the start of the activity, T needs to explain (or remind Ps) how to use the platform.

If using Mentimeter, for instance, T can explain that Ps need to log onto the website menti.com on their computers or mobile devices, enter the code, and type in their group's responses.



Pro tip: T should use the open-ended question option if using collaborative software.



Time: 20 minutes (10 minutes of group work + 10 minutes of co-creating the stakeholder list)



Implementation Strategy

PHASE ONE: EXPLORATION

GROUP DISCUSSION

T rearranges groups into triads, shows slide 20, and ask groups to discuss the following prompt:

- Given the unique or individual nature of transition, think of scenarios that would require different approaches to building awareness. Prepare one example of a scenario and approach for building awareness to share with the wider group.

T should assign a group leader for each group to share their group's example to the whole group



Pro tip: T can use this task as an opportunity to assign more quiet or introverted Ps as group leader.



Time: 15 minutes (10 minutes of group work + 5 minutes of sharing out to the whole group)

2b) Phase Two: Preparing for Transition



Implementation Strategy

PHASE TWO: EXPLORATION

T informs Ps they are going to explore Phase Two content with a partner. T can project or hand out a worksheet of questions created from the [Question Bank](#) to each pair. Once Ps have finished exploring the tool to find answers to the questions, T can lead Ps through a share out of their answers.



Pro tip: While pairs are work, T can circulate the room, taking note of any good answers they hear, so they can ask specific Ps to share their answer during the whole group share out.

T can emphasize any points outlined in the key content for Phase Two.



Time: 25 minutes (15 to explore + 10 minutes of sharing answers to the whole group)

Question Bank

How does a thorough organizational governance and accountability audit contribute to determining the adequacy of governance structures during a transition, and what specific aspects should be assessed in this process?

What challenges might organizations face during a transition and how can strengthening child safeguarding procedures address these challenges?

How does stakeholder and partnership analysis help organizations manage relationships, expectations, and minimize tension during the transition, and what factors should be considered in evaluating the nature of partnerships?

What is the importance of a comprehensive residential care service assessment in preparing for the reintegration of children into family-based care, and what key elements should be reviewed in this assessment?

How can organizations use SWOT assessments and Human Resources reviews to determine their readiness for transition, and what role does workforce mapping play in this context?

How does ensuring the transition of an individual residential care service is connected to systems reform efforts contribute to the overall success of transitioning and reintegration efforts, and what role do relevant laws, policies, and procedures play in this connection?

Question Bank (cont.)

How can organizations leverage existing child protection laws, regulations, and policies to inform and guide their transition strategy?

What is the significance of assessing gatekeeping mechanisms and case management systems within the child protection system when developing a transition strategy for a residential care service?

How does understanding gaps in child and family welfare services, as well as the causes of family separation, contribute to the development of contextually relevant transition and reintegration strategies that align with the country's policy framework?

In the process of identifying key topics to inform post transition programming decisions, what considerations should organizations take into account regarding cultural practices, social work standards, and available technical support services?

How does the use of the Transitioning Models of Care Assessment Tool contribute to the synthesis of information collected during assessments, stakeholder engagements, and systems surveying, and what key factors does it help identify, including risks, opportunities, and strategic actions?

What elements should be considered in the planning meetings, particularly when engaging with young people in care, and how does stakeholder engagement, consultation, and communication play a crucial role in this process?

What is the significance of including elements such as risk mitigation strategies, organizational and governance strengthening activities, and human resources development in the strategic plan, and how do these elements contribute to a successful transition process?

How does securing full buy-in from key decision makers for the strategic plan contribute to the successful implementation of the transition, and what challenges might arise if there is a lack of consensus among senior leaders, board members, and principal donors?

What role does a partnership agreement play in ensuring a smooth transition process, and how does it help clarify commitments and obligations of key decision makers, including the director, principal donor/s, and technical support partners?

- Conducting organizational assessments is about **gathering all the information required to establish a baseline**, understand the organization's starting point, strengths, gaps, the risks of transition and an organization's readiness to change. It can encompass **different types of assessments**, including residential care minimum standard assessments, risk and readiness assessments, governance and financial audits and screening assessments to identify special needs amongst children that may influence the transition process and **require mechanisms to support communication and child participation in the process**.
- Making links to the national child protection and care system in the local context is critical to ensuring that **transition is connected to systems reform efforts** and outworked in accordance with relevant laws, policies, procedures, processes, guidelines, or operating standards. It also helps ensure decisions made about post transition programming **are informed by knowledge of the gaps and needs in the child protection and care system**.

- Developing a plan for transition turns all of the information gathered into an actionable plan that is **strategic** and hopefully helps the organization to **avoid pitfalls**, especially with reunifying or placing children.
- Securing agreement from remaining key decision makers means that the process of building buy-in happens in Phase One but also continues as transition moves along. To make it more interactive, ask participants:
 - *In your experience, who are some of the actors slower to buy-in?*
 - *How could Phase Two activities help to get their buy-in?*
- Governance and organizational strengthening through capacity building helps establish a strong foundation for transition by **minimizing and mitigating risks where they exist**.



Implementation Strategy

PHASE TWO: DEEPER DIVE

GROUP DISCUSSION

T can tell Ps they are now going to explore how to help organizations link to wider legal frameworks and international obligations. T can explain how this will help Ps to support organizations when thinking about how to connect with systems of children's care.

- *What are the international frameworks or instruments that relate to residential care service transition?*
- *What are some examples of national laws and policies related to children's care?*

If using the digital option:

T should instruct Ps to type their answers to each questions using the collaborative platform. T should project each question individually and can read the answers either as they appear or review them as a group before proceeding to the next slide.

If using the low-tech option:

T can have Ps discuss each question in pairs and solicit and record answers on a flip chart or whiteboard



ABOUT THE TECH

T should have the open-ended questions prepared in the collaboration software prior to the session. At the start of the activity, T needs to explain (or remind Ps) how to use the platform.

If using Mentimeter, for instance, T can explain that Ps need to log onto the website menti.com on their computers or mobile devices, enter the code, and type in their group's responses.

Next, T should divide Ps into small groups of 3 or 4. Refer groups to the laws/policies that were given as answers to the second question. Have groups select 2-3 laws/policies to discuss the following questions:

- *How do these laws and policies influence the transition process?*
- *What connections need to be made with other actors from the child protection system (i.e., courts, govt. authorities, gatekeeping panels/committees), and at what phase/stage/ or step in the transition process?*

T can lead Ps through a short discussion of their group's discussions/answers.



Time: 25 minutes (10 minutes of collaborative brainstorming + 10 minutes of group discussion + 5 minutes of sharing)

Slide 25 is optional to share information on the United Nations Convention on the Rights of the Child and the UN Guidelines on the Alternative Care of Children.

2c) Phase Three: Implementing a Transition Pathway



Implementation Strategy

PHASE THREE: LEARNING

THINK-PAIR-SHARE ACTIVITY

T explains the implementation of a transition will be heavily influenced by which pathway is being pursued:

- **Pathway A:** Full transition to family-based care or community services designed to support children to live in families
- **Pathway B:** Safe Closure and/or Divestment

For this activity, Ps spend 7 minutes comparing to compare and contrast the two pathways. Then, Ps will turn to a person close to them and each take 2-3 minute each to explain what they chose and thought about. Finally, T can spend 5 minutes asking Ps to share if their partner had any good insights that could benefit the entire group.



Pro tip: T can prepare the directions for the think-pair-share exercise on a slide prior to the session to help Ps understand expectations.

After the activity, T can explicitly go over any additional information or considerations about Pathways A and B.



Time: 16-18 minutes

Deep Dives: Phase Three: Implementing Transition

Instructions: Moving on to a deep dive into phase three, introduce the two potential pathways: Full transition and Safe Closure and/or Divestment.

The implementation of a transition will be heavily influenced by which pathway is being pursued:

Pathway A: Full transition to family-based care or community services designed to support children to live in families

Pathway B: Safe Closure and/or Divestment

The decision as to which of the two pathways is the most appropriate goal in each case is made during the **planning phase of transition**. It may be based on a number of factors including:

- The goals and decisions of the implementing organization and their donors/partners
- National policies or action plans
- Any directives given by the government to the specific residential care services
- The level of risk and readiness identified through assessments
- The financial situation of the service

Pathway A and B are broken down into organizational processes and social work and reintegration processes. The social work and reintegration processes are the same across both pathways. However, the **organizational processes differ based on the pathway**. Notably, where a service is undergoing full transition, some stages address capacity building and the design of new services. When a service is undergoing closure, there may be stages that deal with winding up entities, distributing assets and final reporting.

As supporters of transition, practitioners need to be able to work across levels of both social work and reintegration processes and organizational processes and recognize that each of these has different nuances depending also on the desired transition outcome. Sometimes organizations do

not yet know what their desired outcome is when they start active transition; other times they may start with a desire to transition to new services yet end up closing or divesting.



Implementation Strategy

PHASE THREE: EXPLORATION

COLLABORATIVE ACTIVITY SERIES

T explains Ps will explore the importance of **understanding community services for families** as organizations ought to know what services apart from residential care might be needed. T asks Ps to think of how they would define a “strong family.”

If using the digital option:

T should tell Ps to type their answers into the collaborative platform. T should review the answers with the whole group before proceeding to the next slide.

If using the low-tech option:

T solicits and record answers on a flip chart or whiteboard.

Then, T hands out the **Family and Community Based Services** handout, asking Ps to think about what kinds of services or programs the family in the photo might need in order to be considered strong. T should provide Ps 2-3 minutes to think about their answers before responding.

If using the digital option:

T should instruct Ps to type their answers to co-create the word cloud in the collaborative platform. T should review the answers as a group before proceeding to the next slide.

If using the low-tech option:

T solicits and record answers on a flip chart or whiteboard.

Next, T asks Ps to find a neighbor to investigate a sketch of a family in Guatemala and discuss the following questions:

- *What do you notice?*
- *What are some risks this family seems to be facing?*
- *What problems do you see?*
- *What programs or services might this family need in order to keep their children with them?*

Implementation Strategy (cont.)

After 5 minutes, T can 2-3 groups to share their answers. Then, T can now direct Ps to look for the positives, asking:

- *What things do you see that indicate good things about this family (e.g., a mother is helping a child with schoolwork or they carry a faith in God)?*
- *What kinds of services or programs could help them further build on these strengths?*

T can wrap up the activity by pointing out the wide range of services and programs that any community could have in place and explaining the role that organizational transition can play.

In the last minute of the session, T should go over the objectives, stating that Ps should notice progress towards the following objectives reminding Ps to complete the Training Evaluation:

- Describe the purpose of the 3 Transition Framework Tools and their appropriate use
- Demonstrate sufficient technical capacity to begin to integrate and use the Transition Framework Tools in their practice

? Discussion question:

Why might it be important to look at all these things as part of transition, particularly the transition of children back to families?

Making post-transition programming decisions means determining what, if any, services or programs the organization will provide in the future. Understanding community services gets at the factors that push and pull children into residential care or the root causes of separation; shows any gaps in all kinds of services from child protection services, family welfare services, specialized services (e.g. for disability) and even basic health and education services; and helps us see who provides those services and how government and non-government providers interact. All of this information can inform an organization's priorities for service development.

? Discussion question:

How could an organization use the information from a service mapping to build buy in for transition of the organization to providing new services?



WHERE TO FIND YOUR MATERIALS

Consult the Annex for the **Family & Community-Based Services** & the **sketch of a family in Guatemala** printable handouts.

For more information on the Training Evaluation procedure, see Step 4 of the Skills of the Trainer section of the manual.

PART 3: TRANSITIONING MODELS OF CARE ASSESSMENT TOOL

SESSION 4: Introduction to the Tool



Purpose

*The aim of this session is for practitioners to gain an understanding of the intended purpose and appropriate usage of the **Transitioning Models of Care Assessment Tool**. Utilizing this tool to determine the levels of readiness and risk of any given transition can inform the development of a safe and effective transition strategy.*

SESSION TIMING: 1 HOUR

SESSION OUTLINE

1. **Background of the Transitioning Models of Care Assessment Tool**
 - Power and Impact on the Decision to Transition
 - Working with Decision-Makers in the Internal Ecosystem
 - Focus of the Assessment
 - Trends in Transition Support
2. **Overview of the Tool**
3. **Structure of the Tool**

Materials Required:

- ✓ Laptop, projector, display screen
PowerPoint slides: Introduction (slides 34-121)
- ✓ [Transitioning Models of Care Assessment Tool](#): access to the online version and/or soft/hard copies of the PDF version
- ✓ Sticky notes, markers, flip chart paper, tape
- ✓ Optional items (depending on Implementation Strategies used):
 - Timer
 - Printed examples for the jigsaw activities

NOTE: These examples are listed in the workbook under the Implementation Strategies.



KEY PRINCIPLES:

- The purpose of the tool is to help practitioners **determine the feasibility of safe transition or closure** of any given institution. By assessing the levels of readiness and risk, the findings from the assessment can **inform the development of a safe and effective strategy**.
- The focus of the assessment is on three components: the director of the institution, the principal donor of the institution, and the nature of the partnership between them.
- The tool is not an interview guide to use with directors or donors of institutions, nor is it a minimum standards assessment tool, nor a reintegration manual.
- This tool is best used **within Phase 2: Preparing for Transition of the Phases of Transition**, after practitioners have gathered information through their research, observations, and interactions with the primary stakeholders.



SESSION TIPS:

- As this tool is dense in content, gauge the levels of energy and engagement from the participants while moving through each theme. Remain attentive to the need for spontaneous icebreakers throughout the training in addition to planned breaks.
- Allow sufficient time for participants to discuss and practice filling out the indicator checklists at the end of each theme. Facilitated group work and a final discussion with the trainers on the indicators can help participants develop a deeper understanding of each theme.
- As the case studies are lengthy, participants should have already read the case studies prior to attending the training. The case study summaries are meant to serve as a sort of cheat sheet as participants work through the indicator checklists for each theme.
- Alternatively, if participants have comprehensive knowledge of a specific transition case, they can refer to their own case studies rather than the ones included in the assessment tool.

SESSION CONTENT

1) Background of the Transitioning Models of Care Assessment



Implementation Strategy

BACKGROUND OF THE TRANSITIONING MODELS OF CARE ASSESSMENT TOOL

MINI-LECTURE

T provides a very brief (2-minute) lecture on the **background** of the **Transitioning Models of Care Assessment Tool**, summarizing that the tool evolved as a way to strategically anticipate potential paths for transition. T can project the image on slide 34 during the mini-lecture.



Time: 2 minutes

This tool evolved from the learning and experience of the authors throughout their work to transition privately-run and funded residential care institutions in various countries and regions. Over time, practitioners observed trends and key indicators that enabled them to anticipate how a transition might unfold.

These trends and key indicators often stemmed from dynamics linked to **the motivations and characteristics** of the director and principal donor of an institution, and the relationship and history between them. These dynamics created the 'starting point', or in other words, the enabling environment. By analyzing the enabling environment, practitioners found that they **could anticipate the potential path of a transition and use these insights to develop the safest and most effective strategy possible**. The documentation of these learnings and trends spanning many years led to the development of this tool.

1a) Power and its Impact on the Decision to Transition



Implementation Strategy

THINK-PAIR-SHARE ACTIVITY

T can stress the importance of understanding the power dynamics, which is usually held by three main stakeholders:

1. Government
2. Director
3. Principal Donor

T can then show the Power & Influence over Residential Care graphic (slide 35) and ask Ps to take 2 minutes to look at forms of power, directions of influence, and sources of power represented in the graphic.

Then, Ps will turn to a person close to them and spend 2 minutes (1 minute each) to explain what they noticed.

Finally, T can spend 2 minutes asking Ps to share any good insights that could benefit the whole group.



Think-pair-share activities enable learners to reflect on topics before entering a discussion. In short, they provide an opportunity for students to gather their thoughts before they articulate them.



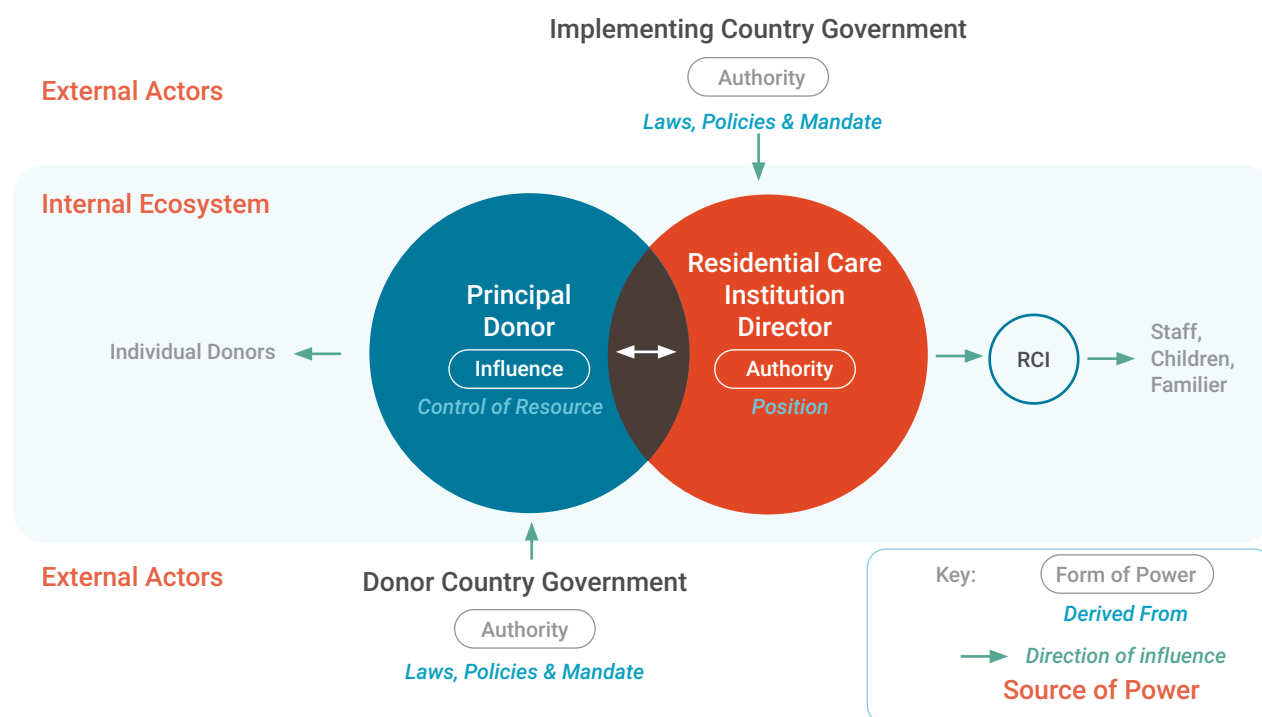
Time: 6 minutes

To effectively outwork the transition of an institution, it is necessary to understand the power dynamics between the key stakeholders and work strategically with this knowledge. Power takes different forms and comes from various sources. When it comes to decision-making, including the decision to transition, power is typically held by three key stakeholders:

1. Government
2. Director
3. Principal Donor

Director	Refers to the director of the institution
<i>Principal Donor</i>	Refers to the person who represents the main donor (primary or largest) or the primary fundraiser who acts as the conduit of funds raised from smaller individual donors
<i>Stakeholder</i>	Within the assessment section, refers to the Director and Principal Donor
<i>Practitioner</i>	Refers to the person/s providing technical support to the organization running or funding an institution, for the purpose of transition

Power & Influence over Residential Care



Governments in both donor and implementing countries exert different levels of power and influence on a transition. This is based on the strength and effectiveness of existing laws, policies, regulations, inspectorates, and child protection response mechanisms.

This is not only true of governments in countries where the institutions are operating. It is also true of governments in donor countries whose laws and regulations impact charities' operations and fundraising efforts. In some cases, this includes regulations around funding or operating overseas institutions.

Having well-established and resourced government systems in countries where the institutions are run can certainly make it much easier to implement a transition and provides critical government support should issues arise. It can also result in government-mandated transitions or closures, which lends full government authority to the process. In many contexts where reforms are underway, relevant laws and policies often exist. However, government resources are limited, and systems are in the early stages of development. This reduces the likelihood of transitions being enforced by government mandates or power. In these situations, it becomes even more critical to tap into the influence and power structures within the internal ecosystem of a given institution, both regarding buy-in and the development of a transition strategy.

1b) Working with Decision-Makers in the Internal Ecosystem



Implementation Strategy

JIGSAW ACTIVITY

T will introduce the concept of the **internal ecosystem** of an institution, providing salient information about the topic and referring to the graphic on slide 36.

Then, T can divide Ps into two groups, giving each group an example to study and relate to the concept of the internal ecosystem. Each group should have one group leader who will share out a summary of the example and the points discussed.

Finally, T can spend 2 minutes asking Ps to share any good insights that could benefit the whole group.



Pro tip: Jigsaw activities foster learner-learner interaction, promote collaboration, and allow learners to master specific components of the material and share their expertise.



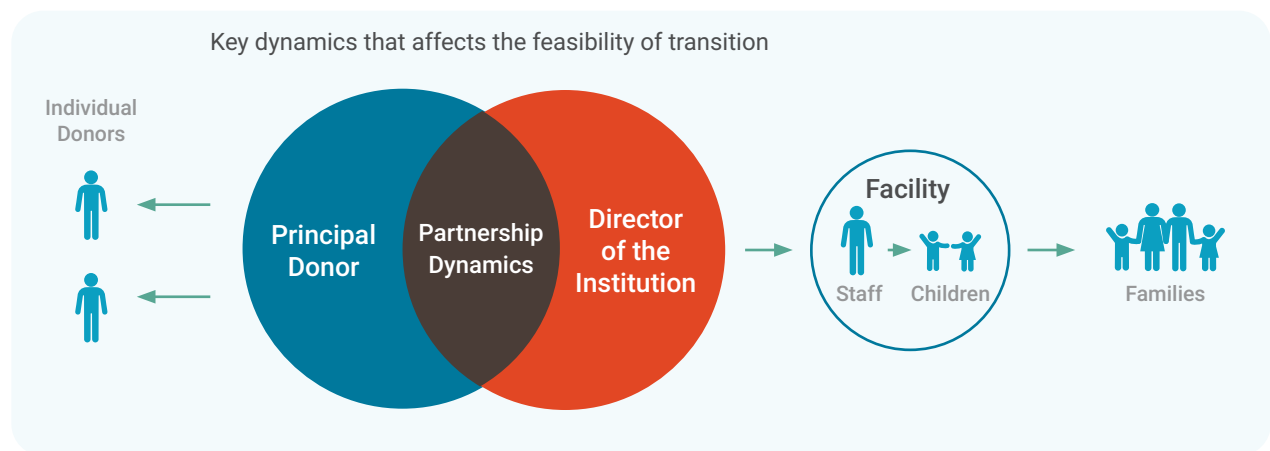
Time: 10 minutes (3 minutes to introduce the concept + 5 minutes of group work + 2 minutes of share out).

The **internal ecosystem** of an institution is comprised of a range of stakeholders including:

- the director of the institution;
- the staff and caregivers of the institution;
- children and families;
- partner charities and organizations supporting the institution;
- individual donors supporting the institution; and
- the original founder of the institution.

In some cases, the founder may also be the director or principal donor, or sometimes both. In other cases, the founder may have stepped out of an active role with the institution and has limited or no involvement.

Internal Ecosystem of an Institution



In this ecosystem, all of these stakeholders have an important role and need to be onboarded to ensure an effective transition. However, the two key stakeholders who **exert the most significant influence on organizational decision-making and therefore the process of transition are:**

- **The director**, who has operational control over the institution, including staff and caregivers; and
- **The principal donor** is the person who represents the main or largest donor, or primary fundraiser. The principal donor:
 - can be an individual or entity;
 - typically represents a charity, organization, church, family trust, or business that is funding the institution;
 - often collects donations from individual donors and is the channel through which individual donations flow to the institution;
 - typically manages the communication with individual donors; and
 - in rarer cases, financially supports the institution independently.

In some cases, the founder of the institution may have transitioned from the role of director into the role of principal donor.

Identifying the director and principal donor as the two key stakeholders does not diminish the important role that staff play, nor does it ensure that they have bought into the transition process. Rather, it recognizes that the director has operational control over the institution. This includes operational control over the staff. The director is therefore a gatekeeper to those relationships and is the primary person who will either manage or undermine staff cooperation, implementation, and compliance with operational decisions.

In the same sense, recognizing the principal donor as a key stakeholder does not undermine the presence of, or the importance of working with, other donors. It realizes the likelihood of the primary or largest donor having the greatest influence on the decision to transition and its effective implementation.

1c) The Focus of the Assessment



Implementation Strategy

THE FOCUS OF THE ASSESSMENT

MINI-LECTURE

T can build on the concept of the internal ecosystem by providing a very brief (2-minute) lecture, summarizing the key takeaways on the **focus of the assessment**. T can project the image on slide 36 during the mini-lecture.



Time: 2 minutes

It is for this reason that the director and principal donor are identified and referred to throughout this tool as the 'primary stakeholders'. Throughout the tool, there are also recommendations that address working with staff and other donors.

The director and principal donor act as the two entry points into discussions about the possibility of transition. Practitioners may first engage with the **director** of an institution to secure buy-in for transition. Alternatively, they may connect with the **principal donor** in order to exert influence through the funding stream. Both entry points are valid, but both might not be equally effective, due to different partnership dynamics.

In privately funded institutions, principal donors are quite often better positioned to bring about change than directors, as they control the funds. However, as the power of most principal donors is influential rather than authoritative in nature, donors are rarely able to independently make the decision to transition.

As such, a successful transition is dependent upon engaging both stakeholders in the discussion and decision-making. This includes:

- 1 Identifying the **power dynamics** between the director and principal donor and adapting the engagement strategy accordingly;
- 2 Analyzing the **partnership dynamics** between the director and principal donor; and
- 3 Identifying strengths and risks resulting from both sets of dynamics and factoring **risk management strategies** into the transition plan.

The primary aim of this assessment tool is to guide practitioners through this process.

1d) Trends in Transition Support



Implementation Strategy

JIGSAW ACTIVITY

T will provide some background information on trends in transition support.

Then, T can divide Ps into the same groups from the 1b) Working with Decision-Makers in the Internal Ecosystem Jigsaw Activity. T will give each group an example to study and discuss how the examples indicate the **entry points to transition**. Each group should nominate a new group leader who will share out a summary of the example and the points discussed.

Finally, T can spend 2 minutes asking Ps to share any good insights that could benefit the whole group.



Time: 7 minutes (1 minutes to introduce the concept + 4 minutes of group work + 2 minutes of share out).



Pro tip: If a group activity takes a bit of time to set up or explain, Ts can recycle the activity and the groups to save time.

As discussed, practitioners typically become involved in the transition of a specific institution through one of two entry points: the director or the principal donor. In the following examples, the practitioners have unique sets of skills and experience they bring to transition. While their entry points to transition are different, whether it is through the director or the principal donor, both are equally valid. However, it is important to recognize that each entry point and set of experiences only reflects one aspect or version of transition, and that it is not the sum total of what transition can entail.

Example #1

After voluntarily completing the transition of his own institution, a local practitioner decides to reach out to the directors of other institutions in his country to advocate for transition. He organizes training workshops on family-based care and the harms of institutional care and is able to successfully onboard a small group of directors who are willing to transition after hearing this information. For this group of directors, his in-depth experience with Phase 3, the implementation phase of transition, is extremely helpful in enabling and supporting their transition. He is able to guide them through their organizational change processes and provides invaluable technical support throughout the reintegration stage.

However, there is a large number of directors who are not interested in the information he presented during the workshops and feel that transition is a threat to their operations for various reasons. As the practitioner has no experience working with directors who may have mixed or ulterior motives, he is not aware of the importance of engaging with the principal donors and other external partners of such institutions to enact transition. As such, he finds a niche in supporting 'early adopter' or 'green-light' transitions where directors have independently made the decision to transition and seek technical support for the process.

Example #2

An international advocate for global care reforms comes into contact with many donors who are interested in the transition of the institutions they support overseas. When speaking at international conferences about the realities of institutional care in many contexts, she is approached by many principal donors who have had increasing uneasiness about the institutions they fund but were not able to articulate their concerns. She is able to support them through the process of onboarding their overseas partners to agree to transition by utilizing strategies to enable donor-led transitions.

However, as she does not possess the contextual knowledge in the various countries where these institutions are located, she connects the donors to local practitioners and organizations that have the expertise and capacity to provide support in ways she does not. The bulk of the guidance and technical support she provides is during Phase 1, the learning and exploration phase, and she helps donors secure partnerships with local organizations for the remaining phases of transition. As many of these transitions fall within the early majority, late majority, or laggards categories along the bell curve of change adoption, she is aware of the significance of deferring to on-the-ground organizations who are well-positioned to respond to any issues that might arise, including reporting to the relevant authorities when necessary. In the latter cases, in partnership with the local organizations, she is able to lead donor organizations through the implementation of safe closures and responsible divestment processes.

It is common for practitioners to be heavily influenced by their geographic location as well as their level of access and proximity to directors or donors, as this has an impact on the types of transitions they have been exposed to and engaged with. It is critical that practitioners are aware of this bias and do not conclude that their experience represents the experience of other practitioners. This is especially important as they broaden their work into new contexts and attempt to apply a one-size-fits-all approach to all scenarios, as they may inadvertently employ a transition strategy that is not suitable or adequate to manage the risks associated with transition.

2) Overview of the Tool



Implementation Strategy

OVERVIEW OF THE TOOL

MINI-LECTURE

T can provide an overview of [Transitioning Models of Care Assessment Tool](#), summarizing the purpose of the tool (slide 39), whom the tool is for (slide 40), what the tool is not designed for, and when the tool should be used (slide 41).



Time: 15 minutes

Purpose of the Tool

This tool aims to assist practitioners to achieve the following objectives when providing technical support to transitioning institutions:

- Determine the feasibility of implementing a successful transition by taking into account the number of positive indicators and/or severity of risk indicators.
- Extract and analyze critical information that informs the approach and allows the practitioner to develop a strategic plan and budget for transition.

The tool recognizes that because the starting point of each institution is different, there is no 'one-size-fits-all' approach. Tailored strategies need to be developed for each individual transition process, taking into account their unique dynamics. The tool has therefore been designed as an assessment framework that assists practitioners to identify and analyze these key starting point dynamics and determine the implications for strategy. In other words, **it is a sense-making tool rather than a ready-made strategy**. The tool can also be used on an evolving basis to help practitioners make sense of new information or indicators that arise throughout the transition process.

Whom the Tool is For

This tool has been written for practitioners who are guiding or providing technical support to third-party organizations operating residential care institutions, to undergo transition. Practitioners may be technical staff, child protection staff or social workers of local or international NGOs, or consultants. They may be providing transition support as an individual practitioner or as part of a multidisciplinary team. Practitioners may be providing technical support to transitioning institutions under a number of arrangements including:

- as part of a program or service offered by their agency;
- as part of a partnership formed with the institution or with their donor entity for the specific purpose of providing technical support;

- as part of a contract or consultancy; or
- as part of a national deinstitutionalization plan which utilizes the technical expertise of a civil society partner to support transitioning institutions.

The tool is primarily designed for use in transitions involving institutions that are:

- privately run;
- largely overseas funded; and
- located in countries with emerging or weak regulatory frameworks.

The tool can be used regardless of whether the transition or closure is voluntary or mandated by government.

What the Tool is Not Designed For

It is important to recognize some of the limitations of the tool and situations that it was not designed for, or where its use is not recommended. These include:

- ***Closure of government-run institutions***

Practitioners supporting the transition of government-run institutions may find some of this tool relevant and useful, particularly regarding stakeholder engagement in the implementation phase. However, it is important to note that the tool was not primarily designed with the transition or closure of government-run institutions in mind. The process of transitioning or closing government-run institutions can be quite different. It can be less complex in terms of the buy-in process and stakeholder management, because it takes place in response to a government directive. Practitioners are also less likely to be involved in the whole process of closure or transition.

- ***Self-assessments for organizations directly operating residential care services***

The tool was not designed to be used as a self-assessment tool to support organizations providing residential care services to independently transition. While it may provide some relevant learning and suggestions, it is not a transition training manual designed to walk an organization through each step of a transition process.

- ***Use in interview settings with directors or principal donors of residential care services***

The tool is designed to help practitioners make sense of the information they have collected, formally and informally. It is not a set of questions to directly ask the key stakeholders, or a survey or form to complete with, or in the presence of, stakeholders. Instead, practitioners can provide key stakeholders or partners with an [overview of the tool](#) found in the Annex section of the PDF tool, if they wish to provide a concise summary of the tools that they will use to develop the transition strategy.

- ***Use by inexperienced or untrained practitioners***

The tool assumes and requires a fair degree of technical knowledge of transition and therefore should be used by practitioners with sufficient training and experience. This reflects the complex nature of transition work that should not be underestimated or minimized.

- ***Use as a reintegration manual***

While reintegration is undoubtedly one of the most important outcomes of a transition process, the tool refers to the broader process of transition entailing the multiple [phases of transition](#). It is not meant to provide guidance on how to outwork a reintegration process. Resources that are designed for this purpose can be found in the [overview of the online tool](#) under the Resources tab, or in the Annex of the [PDF version](#) of the tool.

When the Tool Should Be Used

Practitioners will need to have a fair degree of existing knowledge about the director and principal donor to be able to use this tool. Therefore, the assessment component of the tool should ideally be used during [Phase 2: Preparing for Transition](#) of the overall transition process, after awareness-raising and organizational assessments have already been conducted. It is at this point that practitioners are likely to have gathered sufficient and relevant information to be able to complete the assessment, both from direct observations of, and interactions with, key stakeholders as well as third-party sources of information. However, it is recommended that practitioners read through the tool prior to commencing [Phase 1: Learning and Exploration](#) of a transition as the content is likely to inform the approach to awareness-raising, organizational assessments, and information gathering.

If gaps in knowledge are identified during the process of working through the indicators, it is advisable to seek further information or clarity as far as is possible. This will ensure that practitioners gain the maximum benefit from the tool. Where certain information is not yet known, the questions can be used to guide practitioners to gather further information prior to finalizing the assessment.

3) Structure of the Tool



Implementation Strategy

TOOL STRUCTURE – SHOW AND TELL

T should demonstrate how to navigate to the [Transitioning Models of Care Assessment Tool](#), projecting the BCN website or a PDF version.

T should show how the tool has a set of checklists for the two primary stakeholders; 7 themes (slide 42) further divided into 1) descriptions (slide 43), 2) indicators (slide 44), and 3) scores and implications (slide 45).

After showing the tool, T should provide 10 minutes for students to explore the tool with a partner.

Once Ps have had some time to explore the tool, T can ask Ps which aspects of the tool they think would be most useful for their working context.



Time: 18 minutes (5 minutes of show and tell + 10 minutes of exploration + 3 minute-share out)

The assessment tool is comprised of a set of checklists containing a wide range of indicators and implications pertaining to the director and the principal donor as the two primary stakeholders, as well as their partnership. The tool is organized around the following **seven key themes**:

Theme 1: Making the case for transition

Theme 2: Loyalty and Commitment

Theme 3: Motivations

Theme 4: Othering

Theme 5: Clientism and social obligation

Theme 6: Psychological ownership

Theme 7: Nature of the partnership



Adult Learning Principle

Providing adult learners with time to explore a new tool is an effective teaching strategy as it allows for self-directed learning and empowers them to build practical skills through hands-on exploration.

Each theme is further broken down into the following three sections:

1 Description*

Each theme includes:

- **Definitions and Examples**

Brief overview of the theory each theme draws upon, including examples specific to transition

- **Trends in Transition Support**

Common patterns and inadvertent practitioner biases that have been observed in transition support work, in relation to each theme

- **Relevance of the Theme**

Explanation of how transition can be impacted by each theme and the resulting influence on the overall transition strategy

- **Assessing for the Theme**

Concrete tips and guidance on how and when to assess for each theme

The online tool includes a training video that covers the above written sections as well as a video case study from organizations demonstrating how that theme was expressed in their own transition.

**In the PDF version of the assessment tool, this section is under the heading 'About This Theme'.*

2 Indicators

For each theme, practitioners can select the indicators relevant to, and representative of, the director and the principal donor, and the partnership between them. These indicator checklists form the core of the assessment tool and are designed to help practitioners collate and analyze information about the key stakeholders and explore the potential implications for transition. The indicators are categorized using a traffic light risk rating system:



Green light

positive and/or low risk indicator sets



Orange light

medium risk indicator sets



Red light

high risk indicator sets

3 Score and Implications

After practitioners submit their completed indicator checklists for a theme, a score and a traffic light rating for that theme will be automatically generated. A set of implications that correspond to each color category will be presented, organized into the following sections:

- explanation;
- suggested actions;
- funding implications; and
- where relevant, notes and warnings designed to alert practitioners to risks and assumptions that could prove problematic.

The implications are based on trends observed across numerous transitions and are designed to help practitioners identify more subtle underlying issues. More concrete institution assessment frameworks may not capture these underlying issues, but they are critical to consider as they can significantly impact on transition and, by extension, children.

The list of implications should not be taken as definitive or exhaustive, and this tool does not remove the need for practitioners to conduct in-depth assessments of the institution and

children in care as a part of the transition process. An example of an institution assessment form can be found [here](#).

Once the completed indicator checklists have been submitted for all of the themes, an overall score is generated by collating the findings from each of the seven themes, using the same traffic light rating system. Practitioners will be presented with an overall risk rating for the entire transition and a summary of the following important dynamics:

- the presence of positive indicators that enhance transition;
- the level of complexity ranging from low to high;
- the related risks including risk of interference or sabotage;
- the type and level of technical support required;
- the implications for human and financial resources;
- the stage of transition that should be commenced within the overarching transition timeline; and
- whether a realistic end goal is transition to alternative services or safe closure.

SESSION 5: Theme 1 - Making the Case for Transition



Purpose

The aim of this session is to equip practitioners with the ability to determine how to make an effective case for transition with the primary stakeholders. In particular, understanding that individuals possess and operate in a variety of communication styles can help practitioners tailor their messaging and secure buy-in from stakeholders.

SESSION TIMING: 30 MINUTES

SESSION OUTLINE

1. Definitions and Examples
2. Trends in Transition Support
3. Relevance of the Theme
4. Assessing for the Theme
5. Application / Case Study Activity

Materials Required:

- ✓ Laptop, projector, display screen
- ✓ Theme 1 of the [Transitioning Models of Care Assessment Tool](#) (or the PDF version)
- ✓ Multiple printed copies of [Case Study Summaries](#)
- ✓ PowerPoint slides: Theme 1 (slides 46-55)
- ✓ Video case study: [Making the Case for Transition - Kinected Partner, India/Australia](#)



KEY PRINCIPLES:

- Persuasive communication can take two forms: the rational appeal, which leans heavily on logic and evidence, or the emotional appeal, which leans heavily on the ability to connect reason to emotion.
- Determining the primary stakeholders' preferences for communications styles can help practitioners achieve secure buy-in for transition. Securing buy-in for transition goes beyond agreement on the merits of family-based care and involves giving stakeholders visibility of everything a commitment to transition entails.

SESSION CONTENT

1) Definitions and Examples



Implementation Strategy

PREDICTION ACTIVITY

T can introduce the idea of persuasive communication by introducing the two approaches under discussion: rational and emotional.

T can ask Ps to work with a partner to predict the key characteristics for both styles, including:

1. underlying characteristics,
2. how decisions are made,
3. how evidence and facts are used, and
4. who/what are credible resources.

After 1-2 minutes, T can solicit answers from the whole group before explicitly introducing the Definitions and Examples for Transition.

Key Word	Definition	Examples for Transition
<i>Rational appeal</i>	<ul style="list-style-type: none">• Leans heavily on logic, science, and statistics• Decisions are made with the head• Evidence and facts are used as tools to shift thinking and persuade an individual	<ul style="list-style-type: none">• The case for transition is made by pointing to the body of global research on institutional care and sharing reports written by child development experts.

Key Word	Definition	Examples for Transition
<i>Rational appeal (cont.)</i>	<ul style="list-style-type: none"> Publications, reports, studies, academic papers, and technical experts are viewed as credible resources 	<ul style="list-style-type: none"> A director is persuaded to move forward with transition because she is presented with an article that highlights the harms of institutional care on child development.
<i>Emotional appeal</i>	<ul style="list-style-type: none"> Leans heavily on the ability to connect reason to emotion Decisions are made with the heart Evidence and facts must be taken out of the realm of abstract information and applied to personal and concrete situations to persuade an individual People who can provide personal testimony are viewed as credible resources 	<ul style="list-style-type: none"> The case for transition is made by presenting the information in a more personal way and showing its direct relevance on all of the people who will be impacted by transition, including the children, their families, staff, and/or the director or donor. A donor is persuaded to move forward with transition because he is told about the challenges faced by some of the young people who have aged out of the institution he funds.

Then, T can ask for a show of hands which appeal style Ps prefer before relating the group's answers to the **tendency is for practitioners to prefer the rational appeal.**



Time: 3-4 minutes (1-2 minutes for the prediction activity + 2 minutes for reviewing definitions and examples).

2) Trends in Transition Support



Implementation Strategy

TRENDS IN TRANSITION SUPPORT

MINI-LECTURE & VIDEO CASE STUDY

T provides brief (5-minute) lecture on the **Trends in Transition Support** information and examples.

Then, T explains that the group will watch a video of a practitioner discussing how they used a rational and emotional appeal to two different stakeholders.



Pro tip: Prior to playing the video, T should guide Ps to note the interaction between the appeal approach the practitioner used for each stakeholder, why that appeal approach was used, and what the results were.

After the video is over, T should guide Ps through a whole group discussion on the appeal approach the practitioner used for each stakeholder, why that appeal approach was used, and what the results were.



Time: 15 minutes (5-minute lecture + 8-minute video + 2 minutes for group discussion).

Practitioners supporting transition typically **favor the rational appeal** by default and can **miss critical opportunities for meaningful dialogue** with stakeholders around the merits of transition. While the rational appeal has been categorized under the green-light category in this theme and the emotional appeal orange-light, the communication preference of the stakeholder does not indicate any particular level of risk. However, when practitioners fail to account for the sector bias towards using a rational appeal for all communication styles, regardless of the preference of the stakeholders they are engaging, the risk may stem from a failure to adapt their communication approach because they are not aware that there is a need to do so. When a rational appeal is applied to stakeholders who process information emotionally, it may result in superficial buy-in, which tends to fall apart once the transition has moved past the theoretical stage and moves into the implementation phase.



Adult Learning Principle

Case studies are an impactful learning activity for adult learners because they align with adult learning principles, promote active engagement, and encourage the practical application of knowledge in real-world scenarios.

Example

A director reluctantly agrees to embark on a transition process because the practitioner is able to effectively argue against all of the reasons the director cites as to why he would like to continue running institutional care. However, when the practitioner requests to book an appointment for the social work team to meet with the children in care to begin their assessments for reintegration, the director makes excuses and delays the appointment for months.

Secure buy-in for transition does not only entail having a discussion about why family-based care is preferable to institutional care. Critically, it **requires giving stakeholders visibility of everything that will happen at every stage and level of the transition process**. Stakeholders must understand what a commitment to transition entails so that they can make an informed decision and set shared and realistic expectations.

However, it is common for transition to commence on the basis of insecure buy-in; that is, when a stakeholder expresses interest in transition or even agrees to it but has not yet had a chance to think through the range of implications of transition on their institution and its operations. They may not have fully considered how transition might impact the children in their care or their staff, partners, donors, or future viability as an organization. When stakeholders have not clearly understood what transition entails, have not set realistic expectations, or have outstanding concerns that are not addressed upfront, they can pull out of the process partway through or go back and forth, undermining the transition.

Example

A director agrees to transition with every intention to do so when the discussions remain at a theoretical level about the importance of supporting families and communities. She willingly grants social workers access to the children and remains onboard when initial assessments commence. However, once the discussions become more tangible in dealing with the logistics of children visiting their families during their summer holiday for the purpose of family reconnection, the director begins to have doubts. She realizes that if there are no children in her institution during the summer when overseas volunteers typically visit, it is likely to significantly decrease the funds she is able to raise for the institution.

At this point, because she anticipates that voicing this concern to the practitioner will result in the same discussions about upholding the best interests of children, the director resorts to blocking access to the families of children to prevent social workers from organizing the family reconnection visits. Ultimately, she decides that she will not transition after all because she cannot see a way to retain funding to cover the costs of running the institution while the children are still in her care.

Had the logistics of family reconnection visits been explained to the director in advance as part of a detailed overview of the entire transition process, she could have been guided through a process of considering the full range of impacts on the operations of her institution. Specifically, a diversified fundraising strategy could have been explored to reduce and eventually replace the director's reliance on overseas volunteers to cover the expenses of the institution. She would have been able to make a fully informed decision about whether to proceed with transition, rather than having that reality hit her halfway through the transition process. Her decision to pull out at this late stage came at the expense of children who had already begun discussions with social workers about the possibility of returning home to their families.

For stakeholders who lean towards an emotional appeal, care experienced young people tend to be considered more credible sources than technical experts without lived experience. Those who are familiar with the context where the institution is operating will also be considered more credible than global experts without direct experience of implementing transition within that context. An emotional appeal can draw from the stories, testimonies, and case studies of people who can speak to how they were personally impacted by institutional care, particularly when they are from contexts similar to the one where the institution operates.

Example

For a few years, a donor has been sending published reports on the harms of institutional care to the director of the institution she funds. She has shown the director video clips of child development experts speaking about the impact of institutional care on children's brain development, but the director has not changed her stance on continuing to run the institution. The donor then comes across a video case study of a care experienced young person who shares the challenges he has faced upon exiting an institution located in a neighboring country. Upon seeing the director's positive response to the video, she then seeks to connect with other institutions that have successfully transitioned and collects their personal testimonies about how they navigated the process. She arranges a study tour for the director to hear firsthand from another director about how reintegration is possible within their context.

Stakeholders may not have the same preference for communication style and the messaging should be tailored to each individual. For an example of employing the rational and emotional appeal to two different stakeholders, see the video case study for this theme: [Making the Case for Transition](#).

It is common for stakeholders to agree in theory that family-based care is better for children, but they may view the children in their care as the exception. In these cases, stakeholders may agree with the science and seem to prefer a rational appeal, but they may not be persuaded to transition unless an emotional experience helps them to make the connection to how that science relates to the children in their care. In such cases, it may be that an emotional appeal is more effective, and it becomes necessary to connect the information about institutional care to how the specific children in their care may be impacted.

Example

A director agrees with the concept of reintegration for most institutions but feels that the high quality and standards of care she provides to the children in her institution makes her case exempt. However, when the practitioner encourages her to discuss the idea with some of the older children to facilitate their participation, a young person who had been living in the institution for many years expresses his anger at having been taken away from his mother. The director is shocked to hear this and it is only at this point that she realizes that the research and evidence she has been exposed to also holds true for her own institution and the children in her care.

It is worth noting that the presence of any underlying motivations that are in conflict with and override the rights and best interests of children are likely to affect a practitioner's ability to successfully make a case for transition, regardless of whether a rational or emotional appeal is used. Such motivations may be present in one stakeholder rather than both. In these cases, it can be helpful to focus on making the case with the stakeholder whose motives are uncomplicated and who has concern for the welfare of the children in the institution. That stakeholder can become a valuable ally in helping practitioners develop strategies to bring the remaining stakeholder onboard. If the stakeholders have a long-standing relationship and history of working together, they are likely to have insight into what their partner is likely to respond positively to.

3) Relevance of the Theme



Implementation Strategy

RELEVANCE OF THE THEME

MINI-LECTURE

T provides a very brief (2-minute) lecture on the **Relevance of the Theme** information, explaining that messaging, communication, perspectives, and issues to address lead to stakeholder buy-in. T can project the image on slide 51 when they get to that part of the mini-lecture.



Time: 2 minutes

- Determining primary stakeholders' preferences for communications styles can help practitioners identify:
 - the types of message stakeholders are more likely to positively respond to;
 - the communication tools that might be helpful;
 - whose perspectives they will need to hear to make the decision to transition; and
 - the issues that may need to be discussed early in the process to address concerns that might otherwise become roadblocks.
- Identifying and determining the most effective appeal is critical to:
 - securing genuine buy-in for transition rather than commencing transition on the basis of an ambivalent agreement that stakeholders may later retract; and
 - discovering and addressing stakeholder concerns about transition during the early stages of the process to prevent resistance or harm to children in later stages.



Implementation Strategy

ASSESSING THE THEME

MINI-LECTURE

T provides a very brief (2-minute) lecture on the Assessing the Theme information, emphasizing the importance of:

- examining the stakeholders' original decision to engage in residential care,
- ask stakeholders to share their story of what led them to the point of their involvement in residential care,
- listening to the way they construct the chain of events surrounding their involvement.

T can project the image on slide 52 when they get to that part of the mini-lecture.



Time: 2 minutes

4) Assessing for the Theme

- Examine the stakeholders' original decision to engage in residential care.
- Ask stakeholders to share their story of what led them to the point of their involvement in residential care.
- Listen to the way they construct the chain of events surrounding their involvement.
- Answering 'yes' to the following questions may indicate preference for a rational appeal:
 - *Did the stakeholder come across statistics of orphaned children?*
 - *Did the stakeholder learn about particular groups of children at risk?*
 - *Did the stakeholder conduct assessments or research into the issues facing children they sought to help?*
 - *Was the stakeholder outworking an organizational mandate related to vulnerable children?*
 - *Was the stakeholder replicating a model that appeared to be effective and efficient as presented to them by others?*
 - *Does the stakeholder have a professional background that requires them to regularly engage with evidence, scientific information, and critical thinking?*

- Answering 'yes' to the following questions may indicate preference for an emotional appeal:
 - *Did the stakeholder meet and develop a relationship with a particular child or group of children while visiting the country where the institution is located?*
 - *Did the stakeholder hear a moving presentation or speech by another person?*
 - *Did the stakeholder watch a film about someone who is working with vulnerable children?*
 - *Did the stakeholder meet someone who inspired them?*

5) Application/Case Study



Implementation Strategy

APPLICATION - CASE STUDY ACTIVITY

T provide a 1–2-minute background about the problem of employing the wrong type of appeal in a persuasive communication act.

Then, T can break Ps into the case study groups and remind group leaders they are responsible for completing the indicator checklists, guiding the conversation, and leading the negotiation on any disputes.

(NOTE: Case study groups were established prior to Theme 1's session. During that time, case studies groups were given their Case Study Summaries and a group leader for each session of the day was assigned.)

Next, T can explain that Ps will be completing **indicator checklists** for their respective case studies. T should inform Ps that they are to consult Theme 1 in PDF version of the [Transitioning Models of Care Assessment Tool](#) for the indicator checklists.

T should direct Ps to use the tips from the Assessing for the Theme section before quickly going over the **Case Study Indicators for Theme 1** (slide 53) when completing the indicator checklists.

Groups should take 15 minutes to complete the indicator checklists.



Ps should circulate and check in with each group to answer any questions they may have about the indicators.

Once the groups have completed their indicator checklists, T can ask group leaders to share their scoring and explain the rationale behind the scoring and light rating.

Once the groups have completed their indicator checklists, T should have group leaders present their group's scoring and light ratings.



Time: 22 minutes (2 minutes for background and activity explanation + 15 minutes group work + 5 minutes discussion).



TIME FLIES!

If time's remaining, T lead a brief whole group discussion by either:

Asking Ps to consider how the corresponding implications impacted the transition strategy in each case study.

Asking Ps to answer to the following discussion questions:

- How did you identify the communications preferences of the primary stakeholders?
- What kinds of reasons and resources are most likely to be effective in making the case for transition with each stakeholder?



WHERE TO FIND YOUR MATERIALS

Consult the Residential Care Service [Transition Framework Tools Training Resource Page](#).

SESSION 6: Theme 2 – Loyalty and Commitment



Purpose

The aim of this session is to familiarize practitioners with the most common loyalties and types of commitments that primary stakeholders make to each other or to children and families. Understanding how these loyalties and commitments can impact stakeholders' receptivity to transition and their decision-making throughout the transition process will help practitioners develop an informed and effective transition strategy.

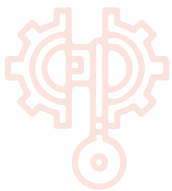
SESSION TIMING: 45 MINUTES

SESSION OUTLINE

1. Definitions and Examples
2. Trends in Transition Support
3. Relevance of the Theme
4. Assessing for the Theme
5. Application / Case Study Activity

Materials Required:

- ✓ Laptop, projector, display screen
- ✓ Theme 2 of the [Transitioning Models of Care Assessment Tool](#) (or PDF version)
- ✓ Printed copies of Case Study Summaries
- ✓ PowerPoint slides: Theme 2 (slides 56-64)
- ✓ Video case study: [Loyalty and Commitment - Enjoy Church, Australia/Myanmar](#)
- ✓ Sticky notes, markers, flip chart paper, tape
- ✓ Optional items (depending on Implementation Strategies used):
 - Flashcards for knowledge check
 - Collaboration software with poll questions for knowledge check
 - Shareable slide deck for knowledge check



KEY PRINCIPLES:

- Loyalty is about showing consistent support and allegiance to another person or group of people, and acting in a way that protects their interests. In transition work, there can be director or donor loyalty towards the children in care, donor loyalty towards the director, or loyalty towards the donor.
- Practitioners often assume that all stakeholders operate with loyalty to the children and can fail to identify and address other loyalties and commitments that are likely to heavily influence the decision-making of the primary stakeholders.
- Determining where the loyalties lie can help practitioners understand where potential tensions and barriers to transition may lie and develop their transition strategy accordingly.

SESSION CONTENT

1) Definitions and Examples



Implementation Strategy

MINI LECTURE

T can introduce the idea of **loyalty** by asking Ps to think of their response to the question:

- *What does loyalty mean to you, and how do you believe it influences professional relationships?*

T can ask if 1 P is willing to share their answer.

After activating schemata, T explains how loyalty is **showing consistent support and allegiance** to another person or group of people, and acting in a way that **protects their interests**.

Then, T can summarize the examples and the directions of loyalty, emphasizing that the most common directions of loyalty are:

- *Director or donor loyalty is towards the children in care.*
- *Donor loyalty is towards the director.*



Time: 5 minutes

Loyalty is about **showing consistent support and allegiance** to another person or group of people, and acting in a way that **protects their interests**. Loyalty is a basic expectation in all close relationships and is fundamental to building trust. In the case of transition, where there are two or more key decision-making stakeholders, it is important to be aware of where their loyalties lie.

When it comes to making decisions or choosing a course of action, it is very rare for people to be fully impartial and to make the decision based solely on the merits of the argument, the situation, or the information they have. More typically, people tend to consider how that decision or action might affect those to whom they feel a deep sense of loyalty, and that consideration can influence their final decision.

Example

The family members of a businessman discover that he has broken the law by repeatedly stealing from his clients. Despite recognizing that what he did was illegal, they hesitate to tell the truth to the investigators because they are worried about what might happen to him as a result. The family members try to justify his behavior to themselves by noting that he has been experiencing severe financial challenges and is going through a difficult custody battle with his ex-wife over their three children. Fearing the drastic consequences, he may face if he is charged with the crime, the family members reluctantly decide to stay silent when questioned by the police. They feel guilty about their decision, but their loyalty makes them feel as if they do not have a choice but to refuse to cooperate with the police.

Example for Transition

A schoolteacher travels overseas during her holiday and meets the director of an institution who is a retired headmaster. The director lives on-site at the vast compound of the institution with his family and is well respected in the community, both for his previous profession and for generously taking in vulnerable children during his retirement. The director and the schoolteacher bond over the similarities in their professional careers and strike up a friendship that continues after the schoolteacher returns to her home country. As the director is not financially compensated for his work with the institution and does not receive a government pension, she decides to send a small sum of money to him every month to help offset his living expenses. She explains his situation to her colleagues, and they start an annual fundraising drive at their school to cover some of the costs of operating the institution. Over time, she becomes the main fundraiser for the institution. While she is glad that she is able to contribute to the welfare of the children in the institution, her primary loyalty lies with the director.

When her school undergoes a change of leadership and the newly appointed child protection specialist suggests that the schoolteacher proposes the transition of the institution, her immediate concerns are regarding how that might impact the director. Although she recognizes the validity of the merits of family-based care, she cannot begin to imagine how she would even broach the topic with the director, for fear of offending him and devaluing his work and stature.

Throughout several months of discussions with the child protection specialist, the schoolteacher oscillates between protecting the interests of the director and advocating for what she has come to believe is the right course of action. Despite now having been convinced that family-based care would be a better option for the children in care, she recognizes that there is a high likelihood that transition will negatively impact the director. It would mean that he and his family would have to secure alternate housing and it could mean loss of face and reputation within his community. Ultimately, she decides that she cannot risk breaching trust with the director and refuses to further engage in discussions around transition.

Directions of Loyalty

Loyalty and commitment can be towards a number of people or groups. In transition work, the most common directions of loyalty are as follows:

- Director or donor loyalty is towards the children in care.
- Donor loyalty is towards the director.

Less common is the following direction of loyalty:

- Director loyalty is towards the donor, especially in cases where the donor is also the founder, or if the director and the donor established the institution together.

Director/Donor to Children in Care	Donor to Director	Director to Donor
This is most common in cases where the institution was established because of a relationship formed between the director/donor and the children.	This is most common in cases where the donor became involved in funding the institution after forming a relationship with the director. This often happens when the director is the founder of the institution, and the donor meets the director on an overseas trip before coming onboard to back the director's vision to support vulnerable children.	This is less common but typically occurs in cases where the donor is the founder of the institution or the director and donor jointly established the institution. It also happens in cases where the director has been hired or appointed to the position by leaders in very hierarchical organizational structures.
Director/donor is more likely to consider the impact of their decisions and actions on the children. Director/donor will seek to act in a way that allows him to fulfill the commitments he has previously made to the children.	Donor is likely to be heavily influenced by how the director feels about transition. Donor is likely to be concerned about how decisions or actions will affect the director, including the impact of transition on the director's income, employment, identity, and status in the community.	Director is likely to be partial to making decisions that protect the interests of the donor. They may be concerned about the impact of transition on the donor's reputation or identity, especially if they are well known for their work with the institution and children.
Director/donor is likely to seek to influence their partner stakeholder to agree to decisions and actions that will protect the interests of the children or fulfill their commitments.	Donor is likely to support transition if the director is onboard and the decisions and actions will not negatively impact the director. If the donor anticipates or experiences resistance from the director, he may be reluctant to support transition, regardless of how he personally feels about it.	Director is unlikely to raise the prospect of transition as it may be perceived as disloyal or challenging authority, especially if there is a power differential at play. If the director anticipates or experiences resistance from the donor, the director may be reluctant to support transition, regardless of whether he agrees with the merits of transition.

2) Trends in Transition Support



Implementation Strategy

TRENDS IN TRANSITION SUPPORT

MINI-LECTURE & VIDEO CASE STUDY

T provides brief (3-minute) lecture on the **Trends in Transition Support** information and example.

Then, T explains that the group will watch a video of a practitioner discussing loyalty.



Pro tip: Prior to playing the video, T should guide Ps to note the loyalties described by the practitioner in the video.

Then, T explains that the group will watch a video of a practitioner discussing loyalty.



Time: 10 minutes (3-minute lecture + 6-minute video + 1-minute group discussion).

Practitioners typically focus on the best interests of children and **assume that all stakeholders will operate with loyalty to the children**. But it is important not to demonize behavior that stems from loyalty, as it is a highly normative component of close relationships. Instead, practitioners can work within this dynamic towards **managing the loyalties and commitments, as part of the transition strategy from the outset**. If these loyalties are ignored or dismissed, there is a risk of transition being blocked or derailed at critical moments.

It is also possible for a director to have loyalty to a founder who is no longer actively involved in the institution. In these cases, the director may seek to preserve the founder's reputation and founding story and may not be willing to make any changes. There are certain situations in which this dynamic is exacerbated, such as when the founder is:

- a parent or relative of the current director;
- a religious leader; or
- a public figure.

In some instances, a key stakeholder's loyalty can shift during the process of transition.

Example

A donor is loyal to the director he has supported for many years. Initially, he is concerned with how transition will impact the director and he is hesitant to pursue transition for this reason. However, as transition eventually commences, practitioners and social workers uncover significant manipulation, financial misappropriation, and abuse by the director. The donor shifts his loyalty to the children and, despite the emotional difficulties of coming to terms with years of deception by the director, he remains involved in pushing for safe closure because he feels he cannot abandon the children.

Because the function of loyalty is to ensure predictable behavior within a trusting relationship, once that trust has been broken, there is no longer a purpose for that loyalty, and allegiances can then shift to someone else. What can be challenging in these cases is that loyalty will seek to defend the person until the evidence is irrefutable. Therefore, if accusations are made prematurely or without sufficient evidence, the donor's loyalty towards the director, or vice versa, may cause the stakeholder to discredit and sever ties with practitioners who make the accusations. If this happens, it can result in the transition completely stalling or children being left in a situation of risk.

3) Relevance of the Theme



Implementation Strategy

RELEVANCE OF THE THEME

MINI-LECTURE

T provides a very brief (2-minute) lecture on the **Relevance of the Theme** information, explaining that the director's loyalty plus donor loyalty makes an impact on decision making. T can project the image on slide 61 when they get to that part of the mini-lecture.



Time: 2 minutes

- Understanding loyalties and commitments, and the impact they have on decision-making is an important consideration in the development of a transition strategy.
- Determining the directions of loyalty can give practitioners insight into:
 - what some of the barriers to transition might be;
 - how to redirect or re-envision commitments so that they are no longer barriers;
 - what to factor into discussions throughout the transition process;

- when to raise certain topics; and
- whose buy-in should be secured first.
- Failure to identify and manage loyalties can result in practitioners unintentionally creating tension between the primary stakeholders. Conversely, understanding loyalties can inform the development of an approach that avoids creating new barriers that may result from such tension.

4) Assessing for the Theme



Implementation Strategy

ASSESSING THE THEME

KNOWLEDGE CHECK

T provides a very brief (3-4-minute) introduction on the **Assessing the Theme** information, emphasizing the importance of:

- Listening to the way each stakeholder talks about the founding story of the institution.
- Paying attention to who they talk about most and the language they use.
- Paying attention to the concerns stakeholders raise when the topic of transition is introduced, especially regarding who the transition will impact.

T can project slide 62 when they get to that part of the mini-lecture.

Then, T can introduce the knowledge check that asks Ps to quickly identify whether phrases are more likely to refer to loyalty to children from a director or a donor. Ts can have students guess through the utilization of a poll on a collaborative platform, a projected slide deck, or a series of flashcards.

Directors and donors	Donors
speaking about the children in a way that mirrors a parent - 'my' children	are familiar with the names and details of the children in care
speaking about goals that have been set - 'raising the children to be leaders'	speaking about children in individual terms rather than as a group of children
speaking about breaking poverty cycles	are especially close to a few specific children
speaking about converting children to a certain religion.	favor specific children by providing them with special gifts or opportunities that are not equally provided to all of the children in care.



Pro tip: Knowledge checks are valuable tools for learning as they assess understanding, reinforce learning, provide immediate feedback, engage learners actively.



Time: 8-9 minutes (3-4 minutes for the mini-lecture and 5 minutes for the knowledge check)

- Listen to the way each stakeholder talks about the founding story of the institution or how they became involved. Pay attention to who they talk about most and the language they use.

Directors and donors' loyalty is likely to be towards the children if they:

- speak about the children in a way that mirrors a parent - 'my' children;
- speak about goals that have been set - 'raising the children to be leaders';
- speak about breaking poverty cycles; and/or
- speak about converting children to a certain religion.
- Donors' loyalty is likely to be towards the children if they:
 - are familiar with the names and details of the children in care;
 - speak about children in individual terms rather than as a group of children;
 - are especially close to a few specific children; and/or
 - favor specific children by providing them with special gifts or opportunities that are not equally provided to all of the children in care.
- In the latter case, those specific children the donor is close to will likely be the donor's reference point for considering transition, even though their decisions and actions will affect all children.
- Pay attention to the concerns stakeholders raise when the topic of transition is introduced, especially regarding who the transition will impact.
- Ask who else should be part of the discussions; however, be aware that the stakeholder may not be forthcoming with this information, with the aim of protecting the person she is loyal to.

5) Application / Case Study Activity



Implementation Strategy

APPLICATION - CASE STUDY ACTIVITY

T can explain that they are going to revisit their case studies through the lens of loyalty.

Then, T can break Ps into the case study groups. (NOTE: Case study groups were established prior to Theme 1's session. During that time, case studies groups were

given their Case Study Summaries and a group leader for each session of the day was assigned.) Group leaders will be responsible for completing the indicator checklists, guiding the conversation, and leading the negotiation on any disputes.

Next, T can explain that Ps will be completing indicator checklists for their respective case studies. T should inform Ps that they are to consult Theme 2 in PDF version of the Transitioning Models of Care Assessment Tool for the indicator checklists.

T should direct Ps to use the tips from the Assessing for the Theme section before quickly going over the Case Study Indicators for Theme 2 (slide 63) when completing the indicator checklists.

Groups should take 18 minutes to complete the indicator checklists and consider the following discussion questions:

- *How did you determine the directions of loyalty in the primary stakeholders?*
- *How do the directions of loyalty you identified impact how you might make the case for transition with each stakeholder?*
- *What does that information tell you about how to approach decision-making throughout the transition process?*
- *How can the corresponding implications impact the transition strategy in each case study?*

Once the groups have completed their indicator checklists, T should have group leaders present their group's scoring and light ratings in addition to their answers to the discussion questions.



Time: 28 minutes (2 minutes for background and activity explanation + 18 minutes of group work + 8-minute discussion)



WHERE TO FIND YOUR MATERIALS

Consult the Residential Care Service [Transition Framework Tools Training Resource](#) Page for the Case Study Summaries.

SESSION 7: Theme 3 - Motivation



Purpose

The aim of this session is to familiarize practitioners with the different types and categories of motivations that can underpin directors' and donors' involvement in residential care, and influence their receptivity or reluctance to transition. Identifying underlying motives is critical to detecting risk, determining the right pathway and developing an effective strategy.

SESSION TIMING: 45 MINUTES

SESSION OUTLINE

1. Definitions and Examples
2. Trends in Transition Support
3. Relevance of the Theme
4. Assessing for the Theme
5. Application / Case Study Activity

Materials Required:

- ✓ Laptop, projector, display screen
- ✓ Theme 3 of the [Transitioning Models of Care Assessment Tool](#) (or the PDF version)
- ✓ Printed copies of Case Study Summaries
- ✓ PowerPoint slides: Theme 3 (slides 65-76)
- ✓ Video case study: [Understanding Stakeholders' Motivations - ACCIR, Cambodia](#)
- ✓ Sticky notes, markers, flip chart paper, tape
- ✓ Optional items (depending on Implementation Strategies used)
 - Collaboration software with open-ended questions



KEY PRINCIPLES:

- Motivations are the forces that influence people's behavior and how they act and react in various situations and contexts. Motivations can be broken down into several categories and orientations, including intrinsic and extrinsic cognitive and social, and promotion- and prevention-oriented, and self- or others-focused.

Practitioners tend to assume that cognitive motivations are the most powerful driver of all directors and donors of residential care, and thus they can fail to identify cases and secure buy-in where other types of motivations may be driving the actions of the primary stakeholders.
- Determining the range of motivations of the primary stakeholders and identifying how to harness or redirect them where appropriate, is perhaps one of the most critical factors in the development of a safe and effective transition strategy.

SESSION CONTENT

1) Definitions and Examples



Implementation Strategy

PREDICTION ACTIVITY

T can introduce the idea of **motivation** by introducing the two main types of motivation: **extrinsic** and **intrinsic**.

T can ask Ps to work with a partner to predict the definitions and examples for both.

After 1-2 minutes, T can solicit answers from the whole group before explicitly introducing the Definitions, Examples, and Examples for Transition for **Cognitive Motivation (Intrinsic)**, **Social Motivation (Extrinsic)**, **Promotion-Oriented**, and **Prevention-Oriented**.

Type	Cognitive Motivation (Intrinsic)	Social Motivation (Extrinsic)	Promotion-Oriented	Prevention-Oriented
Explanation	A person's actions are based on his knowledge or experience, and he is likely to change his behavior as the result of learning and processing new information.	A person's actions are driven by the reactions of others, to have approval from them, to avoid disapproval from them, to meet their expectations, or for social gains.	A person responds best to optimism and praise, and he is more likely to take chances and take advantage of opportunities to create new ideas.	A person's actions are driven by fear of the possibility of criticism, failure, loss, and negative consequences, she is less likely to take chances, and is more likely to be cautious.
Examples	A person decides to stop smoking because a doctor told her that it can cause lung cancer.	A person decides to stop smoking because it is not popular anymore and her friends think it makes her smell bad.	A person buys toothpaste because she saw a commercial advertising the benefits of fresh breath and white teeth.	A person buys toothpaste because she saw a commercial advertising how it can help fight against cavities and avoid visits to the dentist.

Type	Cognitive Motivation (Intrinsic)	Social Motivation (Extrinsic)	Promotion-Oriented	Prevention-Oriented
Examples for Transition	A director decides he must transition because he did not realize that residential care is harmful for children. Despite knowing that his fellow institution directors will be upset with him, he feels he has no choice but to act on the information he has learned (child-focused) .	A director agrees to transition because many of the other directors in his community are reintegrating children and he doesn't want to be the only one not to do it (self-focused) .	A director agrees to transition because he is excited by the idea that his organization will be recognized as the first one in the country to develop a reintegration process (self-focused) .	A director agrees to transition because he is afraid that the government will implement a deinstitutionalization plan in his country and donors will stop funding residential care (self-focused) .



Time: 4-6 minutes (1-2 minutes for the prediction activity + 3-4 minutes for reviewing definitions and examples).

Motivations are the forces that drive people to do what they do. Motivations influence people's behavior and how they act or react in different situations or contexts. Motivations can be broken down into several categories and orientations:

- Intrinsic motivation: driven by internal rewards such as self-esteem, satisfaction, and a sense of altruism
- Extrinsic motivation: driven by external rewards such as money, status, or recognition
- Intrinsic motivations can be further broken down into:
 - Cognitive motivation: acting in accordance with knowledge or experience
 - Autonomous motivation: self-determination and self-awareness
- Extrinsic motivations can be further broken down into:
 - Social motivation: driven by the reactions, approval, disapproval, or expectations of others, and peer or social recognition
 - Controlled motivation: driven by the desire to abide by external rules and regulations, fear of consequence

- Orientation of motivations:
 - Promotion-oriented: response to optimism, seeking praise, opportunities to innovate and advance
 - Prevention-oriented: driven to avoid failure, loss, and negative consequences

Type	Intrinsic Motivation	Extrinsic Motivation
Explanation	A person is motivated to do something or act in a certain way because it is internally rewarding. It may be because it is enjoyable or satisfying, or it causes the person to feel a sense of accomplishment and take pride in doing something well.	A person is motivated to do something or act in a certain way because the person wants an external reward in return. It may be for money, status, or recognition.
Examples	<p>A person goes for a bicycle ride to feel relaxed.</p> <p>A person volunteers to look after the elderly because he cares about them and wants to help.</p>	<p>A person goes for a bicycle ride to practice so she can win a race.</p> <p>A person volunteers to look after the elderly because he wants his friends to praise him for his community service.</p>

Type	Cognitive Motivation (Intrinsic)	Social Motivation (Extrinsic)	Promotion-Oriented	Prevention-Oriented
Explanation	A person's actions are based on his knowledge or experience, and he is likely to change his behavior as the result of learning and processing new information.	A person's actions are driven by the reactions of others, to have approval from them, to avoid disapproval from them, to meet their expectations, or for social gains.	A person responds best to optimism and praise, and he is more likely to take chances and take advantage of opportunities to create new ideas.	A person's actions are driven by fear of the possibility of criticism, failure, loss, and negative consequences, she is less likely to take chances, and is more likely to be cautious.
Examples	A person decides to stop smoking because a doctor told her that it can cause lung cancer.	A person decides to stop smoking because it is not popular anymore and her friends think it makes her smell bad.	A person buys toothpaste because she saw a commercial advertising the benefits of fresh breath and white teeth.	A person buys toothpaste because she saw a commercial advertising how it can help fight against cavities and avoid visits to the dentist.

Type	Cognitive Motivation (Intrinsic)	Social Motivation (Extrinsic)	Promotion-Oriented	Prevention-Oriented
Examples for Transition	A director decides he must transition because he did not realize that residential care is harmful for children. Despite knowing that his fellow institution directors will be upset with him, he feels he has no choice but to act on the information he has learned (child-focused) .	A director agrees to transition because many of the other directors in his community are reintegrating children and he doesn't want to be the only one not to do it (self-focused) .	A director agrees to transition because he is excited by the idea that his organization will be recognized as the first one in the country to develop a reintegration process (self-focused) .	A director agrees to transition because he is afraid that the government will implement a deinstitutionalization plan in his country and donors will stop funding residential care (self-focused) .

Type	Intrinsic Motivation	Extrinsic Motivation
Explanation	A person takes an online training course because she feels that she cannot do her job well without that knowledge (cognitive motivation) .	A person takes an online training course because her job stipulates that it is a requirement of all office employees (controlled motivation) .
	A person exercises because he has set a personal goal for the year to improve his lifestyle and become healthy (autonomous motivation) .	A person exercises to lose weight so he can look good to others (social motivation) .
	A person stays late at work because she is working on a complex case, and she is energized by the thought of developing a solution to the problem that no one else has thought of before (promotion-oriented) .	A person stays late at work because she wants her boss to notice and increase her salary (promotion-oriented) .
	A person cleans his house because he has promised himself will do so, and he does not want to fail at his personal goal (prevention-oriented) .	A person cleans his house because he does not want his family to be mad at him for creating a messy place for them (prevention-oriented) .

Type	Intrinsic Motivation	Extrinsic Motivation
Explanation	<p>A director agrees to transition because she cares about the children and wants to do what is best for them. However, when there are steps in the reintegration process that she thinks could place the children at risk, she blocks those steps until she is convinced that the children will be safe (prevention-oriented, autonomous motivation, child-focused).</p> <p>A donor feels a deep sense of responsibility to do the right thing and acts to self-correct her funding of institutional care, regardless of what the reception will be from the people she fundraised from for so many years (cognitive motivation, child-focused). She assumes that they are all also intrinsically motivated and shares a harsh negative message about the need to transition but fails to understand that some donors may be extrinsically motivated and require a positive message that will reap them praise for their ongoing commitment to funding institutional care (social motivation, self-focused). She is excited about pioneering a new model of reintegration because she can see how that will enable many children to benefit from family-based care (promotion-oriented) and is frustrated by the donors who have concerns that the new model may not work (prevention-oriented).</p>	<p>A donor agrees to transition because she has seen that it is now more popular than supporting orphanages and she thinks she can be interviewed in newspapers about their reintegration work (promotion-oriented, social motivation, self-focused).</p> <p>A director initially opposes transition because he does not want to lose his status in the community as a respected figure who is well-known for providing a home for vulnerable children (social motivation, self-focused). The principal donor is concerned about the institution's lack of compliance with the national minimum standards (controlled motivation) and encourages him to explore alternate ways in which he could retain his status without institutionalizing children and continuing to risk government-mandated closure (prevention-oriented).</p>

2) Trends in Transition Support



Implementation Strategy

TRENDS IN TRANSITION SUPPORT

MINI-LECTURE & VIDEO CASE STUDY

T provides brief (3-minute) lecture on the **Trends in Transition Support** information and examples.

Then, T explains that the group will watch a video of a practitioner discussing how they used a rational and emotional appeal to two different stakeholders.



Pro tip: Prior to playing the video, T should guide Ps to note the way that the motivations of stakeholders affected transitions.

After the video is over, T should ask Ps to work with a partner to discuss the way that motivations of the stakeholders affected transitions from the video in addition to what they found most and least surprising while watching the video.



Time: 15 minutes (3-minute lecture + 9-minute video + 2-minute pair work).

A common assumption is that cognitive motivations are the primary or most powerful driver of all directors and donors and that their knowledge drives their actions and behavior. This typically translates to **practitioners placing a strong emphasis on providing evidence on the harms of institutional care on child development**, expecting that once they 'know better', stakeholders will act differently and be motivated to transition. This can be the case for people who are **intrinsically and cognitively motivated, promotion-oriented, and child-focused**. Stakeholders who have this type of motivation profile are very strong candidates for being trained and supported to outwork the transition with a high degree of independence. They are often the 'early adopters' or the first cohort of stakeholders to agree to transition in their context or amongst their stakeholder group. However, they do not necessarily represent the majority of stakeholders and it is critical not to assume that the approach that works for them will automatically work for everyone else.

By using this type of approach as a default, practitioners often fail to achieve buy-in for transition because they have ignored the range of other motives that are often driving the actions and behavior of directors and donors. Many stakeholders have a mix of motives, with common self-focused motives being a concern for their jobs, their income, their **identity and status in the community**. **If they have gained these through running the institution, they may fear losing those same things through transition.** These motives are normal and understandable and do not always indicate risk. However, they can indicate where resistance or barriers might stem from, if those motives aren't properly addressed. Resistance, whether subconscious or intentional, can compromise key processes in transition, including reintegration. Therefore, it is important to identify the motives that stakeholders have and explore alternate means of meeting stakeholders' motivational goals as a part of the discussion, framing, and planning of transition. By understanding the orientations of the motivations, practitioners can provide the corresponding opportunities or stimulus.

It is important to accept that not all stakeholders will be motivated by the best interests of children and that most people will have mixed motives, including self-serving interests. However, non-child focused motives are only of concern in cases where a **stakeholder's self-interest is in conflict with and overrides the rights and best interests of children**. They are also of concern where they

are nefarious and result in harm, commodification, and/or exploitation of children in care. These situations make transition highly complex and potentially dangerous for children. Where the motives or actions stemming from the motives are of a serious nature, children may already be in a situation of harm, or at high risk of harm, in the care setting. It might be necessary to call on authorities to support immediate interventions to protect the children in these cases.

In these situations, the approach should not be to find alternate means of meeting stakeholder's motivational goals. Instead, identify appropriate ways of curtailing the stakeholders' ability to act on those motives that put children at risk. This may include tightening up systems and increasing transparency. It might involve reporting to the authorities if the threshold for reporting has been met. It could also involve relocating children in conjunction with the appropriate government authorities, and/or removing stakeholders from their roles where their behavior is in violation of codes of conduct, constitutes abuse or is criminal in nature.

3) Relevance of the Theme



Implementation Strategy

RELEVANCE OF THEME

COLLABORATIVE BRAINSTORM & GROUP DISCUSSION

T can tell Ps they are now going to explore the importance of understanding stakeholder motivations through a collaborative brainstorm and discussion.

- *In what ways do you think it is important to determine motivations when deciding whether to pursue full transition or closure?*
- *What stakeholder motivations should serve as a warning that we will need to harness or redirect to push transition forward?*

If using the digital option:

T should instruct Ps to type their answers to each question using the collaborative platform. T should project each question individually and can read the answers either as they appear or review them as a group before proceeding to the next slide.

If using the low-tech option:

T can have Ps discuss each question in pairs and solicit and record answers on a flip chart or whiteboard



ABOUT THE TECH

T should have the open-ended questions prepared in the collaboration software prior to the session. At the start of the activity, T needs to explain (or remind Ps) how to use the platform.

If using Mentimeter, for instance, T can explain that Ps need to log onto the website menti.com on their computers or mobile devices, enter the code, and type in their group's responses.

T can lead Ps through a short discussion of their group's discussions/answers.



Time: 6 minutes (4 minutes of collaborative brainstorming + 2 minutes of sharing).

- Identifying the motivations of primary stakeholders is perhaps one of the most critical factors in the development of a safe and effective transition strategy.
- Recognizing that stakeholders are likely to have mixed motivations is key to working towards understanding the full range of motives, which are dominant, and how they might be impacted by transition.
- Motivations can be **harnessed or redirected to push transition forward** in cases where they do not override the best interests of children.
- Determining motivations is key to making the decision about whether to pursue full transition or closure because they can indicate whether it is appropriate for stakeholders with ulterior motives to continue working with children or whether reporting might need to take place.
- Safe closure and/or reporting to the relevant authorities may be the most appropriate course of action in cases **where the ulterior motivations of primary stakeholders have resulted in harm to children** or placed them at serious risk.



Adult Learning Principle

Asking adult learners to explain the relevance of an issue requires them to connect new information to their existing knowledge and experiences. This process enhances understanding and provides a deeper and more meaningful learning experience.

4) Assessing for the Theme



Implementation Strategy

ASSESSING THE THEME

MINI-LECTURE

T provides a very brief (2-minute) lecture on the **Assessing the Theme** information, emphasizing the importance of identifying the full range of stakeholder motivations and how this can be done by:

- listening to the founding story of the institution
- listening to their concerns about transition
- reviewing the promotional materials of the institution
- taking note of how the stakeholders are presented in public-facing communications
- observing how the stakeholders relate to others within the organization or the community

T can project the image on slides 72-74 when they get to that part of the mini-lecture.



Time: 2 minutes

- Identify the full range of specific motivations the stakeholders have and determine which are dominant. Motivations can be identified by:
 - Listening to the founding story of the institution
 - Listening to their concerns about transition
 - Reviewing the promotional materials of the institution
 - Taking note of how the stakeholders are presented in public-facing communications
 - Observing how the stakeholders relate to others within the organization or the community
 - Determining how dependent the stakeholders are on the institution for their livelihood
 - Observing how they respond to information, encouragement, and potential risks
 - Introducing a range of topics regarding how transition can provide new opportunities, mitigate risks, increase impact in the community, etc., and observing whether they respond positively or negatively
- Determine whether the source of the motivations is intrinsic or extrinsic and appeal to the stakeholders' sense of self or external rewards to encourage transition.

- Determine the orientation of the motivations to decide whether to appeal to the stakeholders' love of innovation or aversion to risk.
- Determine whether the motivations are self-focused or others-focused and speak to their interests accordingly.
- Create safe spaces for stakeholders to be forthcoming about their full range of motivations.
- Practitioners can only make their best guess as to the motivations of stakeholders, using the information available to them. The more practitioners continue to interact with stakeholders as transition progresses, practitioners can and should further refine their understanding of the motivations, as well as all the other themes, and adapt the transition strategy as necessary.

5) Application / Case Study Activity



Implementation Strategy

APPLICATION - CASE STUDY ACTIVITY

T can explain that they are going to revisit their case studies through a motivation perspective.

Then, T can break Ps into the case study groups. (NOTE: Case study groups were established prior to Theme 1's session. During that time, case studies groups were given their Case Study Summaries and a group leader for each session of the day was assigned.) Group leaders will be responsible for completing the indicator checklists, guiding the conversation, and leading the negotiation on any disputes.

Next, T can explain that Ps will be completing indicator checklists for their respective case studies. T should inform Ps that they are to consult Theme 3 in PDF version of the [Transitioning Models of Care Assessment Tool](#) for the indicator checklists.

T should direct Ps to use the tips from the Assessing for the Theme section before quickly going over the Case Study Indicators for Theme 3 (slide 75) when completing the indicator checklists.

Groups should take 13 minutes to complete the indicator checklists.



Pro tip: Ps should circulate and check in with each group to answer any questions they may have about the indicators.

Once the groups have completed their indicator checklists, T can ask group leaders to share their scoring and explain the rationale behind the scoring and light rating.



Time: 16 minutes (13 minutes group work + 3-minute share out).



TIME FLIES!

If time's remaining, T lead a brief whole group discussion by either:

Asking Ps to discuss how the corresponding implications impacted the transition strategy in each case study.

Asking Ps to answer to the following discussion questions:

- *What are the motivations you identified in the primary stakeholders?*
- *What does that information tell you about how to make the case for transition with each stakeholder?*
- *What does that information tell you about which end goal may be the most appropriate pathway - full transition or safe closure?*
- *How can you determine whether the existing motivations of the stakeholders can be redirected or whether reporting may need to take place?*



WHERE TO FIND YOUR MATERIALS

Consult the Residential Care Service [Transition Framework Tools Training Resource](#) Page for the Case Study Summaries.

SESSION 8: Theme 4 - Othering



Purpose

The aim of this session is to equip practitioners with the ability to identify and counter othering where it might be occurring in transition work. Understanding how othering can influence concepts of child well-being and risk can help practitioners address potential bias and discrimination by stakeholders, both in their views of families and communities where children may be placed, as well as their receptivity to the idea of transition.

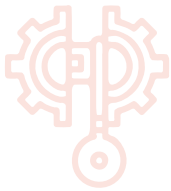
SESSION TIMING: 45 MINUTES

SESSION OUTLINE

1. Definitions and Examples
2. Trends in Transition Support
3. Relevance of the Theme
4. Assessing for the Theme
5. Application / Case Study Activity

Materials Required:

- ✓ Laptop, projector, display screen
- ✓ Theme 4 of the [Transitioning Models of Care Assessment Tool](#) (or PDF version)
- ✓ Printed copies of Case Study Summaries
- ✓ PowerPoint slides: Theme 4 (slides 77-86)
- ✓ Video case study: [How Othering Can Impact Transition and Reintegration - Global Child Advocates, Thailand/United States](#)
- ✓ Sticky notes, markers, flip chart paper, tape
- ✓ Option items (depending on Implementation Strategy used):
 - Collaborative software for word cloud
 - Prediction activity



KEY PRINCIPLES:

- Othering is a phenomenon whereby people, or groups of people, are categorized into in-groups and out-groups based on the actual or perceived differences between them. Othering occurs along many lines, including the following which are highly relevant to transition work: spatial and geographic, ethnic and cultural, religious, and class.
- Because concepts of well-being and risk are often culturally specific and heavily influenced by the perspectives of dominant groups, othering can impact assessments for reintegration. Practitioners should be mindful of their own cultural perceptions within their transition work, especially for those working in cross-cultural settings or across ethnic/religious/class lines.
- Determining whether othering is occurring and identifying strategies for breaking othering down, prior to the reintegration stage, is critical to ensuring that social work assessments and placement decisions do not rely on stereotypes of certain groups to assess risk for children.

SESSION CONTENT



Implementation Strategy

PREDICTION ACTIVITY

T can introduce the idea of **othering** by introducing asking Ps to think about what kinds of ways stakeholders can be othered.

If using the digital option:

T should instruct Ps to type their answers to co-create the word cloud in the collaborative platform.

If using the low-tech option:

T solicits and record answers on a flip chart or whiteboard.

After 1-2 minutes, T should review the answers as a group. Then, T should explicitly introduce the Definitions, Examples, and Examples for Transition for the types of othering, including **Spatial and Geographic, Ethnic and Cultural, Religious, and Class.**



Time: 5-6 minutes (1-2 minutes for the prediction activity + 4 minutes for reviewing definitions and examples).

1) Definitions and Examples

Othering is a phenomenon whereby **people, or groups of people, are categorized into 'in-groups' (us) and 'out-groups' (them), based on differences between them.** Othering is less about the actual difference between people and more about the perception of difference, and the value ascribed to that difference.

Differences can be real or based on unfounded assumptions and stereotypes. In most cases, othering occurs **when dominant groups, who are the people with power (in-group), construct stereotyped narratives about minority groups (out-groups), and apply those narratives as if they are fact.** These narratives create and sustain uneven power relationships between groups of people. They create **hierarchies, bias, and exclusion.** With othering, there can be a tendency to assume that differences make people inferior, of less value, or threatening, and thus othering is strongly associated with discrimination and protectionist behavior.

Example

Citizens of a country (in-group) hold a perception that migrants from other countries (out-group) are coming to steal their jobs, even though they have no direct experience of losing their jobs to people who have migrated. This narrative is based on a perception and stereotype, and not a lived reality, but it can influence policy based on discrimination and result in the segregation of migrant populations.

Othering occurs along many lines, the following of which are highly relevant to transition work:

- **Spatial and geographic**

Groups of people are physically separated by geographic distance, such as the divide between urban and rural areas. Othering along spatial lines includes the segregation of refugees and asylum-seekers from the population at-large, and they are at high risk of being demonized in many countries.

- **Ethnic and cultural**

Groups of people are devaluated or discriminated against, based on ethnic and cultural differences. This form of othering results in ethnocentricity and colonialism.

- **Religious**

Groups of people are discriminated against, or they fear and/or experience persecution, based on religious differences. In some cases, othering can result in stereotyping of the majority group by minority groups.

- **Class**

Groups of people are discriminated against, based on formal caste systems or classifications such as education, status, and wealth.

Type	Spatial and Geographic	Ethnic and Cultural	Religious	Class
Examples	People in urban areas (in-group) view themselves as more cultured and educated than people in rural areas (out-group) whom they view as less cultured and uneducated.	Ethnic majority group (in-group) perceives tribal groups or ethnic minority groups as less 'civilized'	Members of a minority religious group (out-group) distrust people who ascribe to a more dominant religion in the country (in-group) and avoid interaction.	Wealthy people (in-group) believe that people living in poverty (out-group) are lazy and would not be poor if they worked harder.

Type	Spatial and Geographic	Ethnic and Cultural	Religious	Class
Examples for Transition	A director who grew up in the urban capital city of the country (in-group) opposes reintegration because she believes that rural families (out-group) do not know how to take good care of their children and will neglect them.	A donor partners with a director from the dominant ethnic group (in-group) to establish an institution because they believe that they must rescue children from ethnic minority families (out-group) who sell their children to traffickers.	A donor who established an institution for the purpose of converting children to her own religion (in-group) fears that reintegration will cause them to revert to the religion of the country where the institution is located (out-group).	A director from a higher caste (in-group) who strove to provide opportunities for children from lower caste families (out-group) feels that reintegration will be a step backwards for their future.

Othring is fueled by distance between the in-group and out-group. That distance can be spatial, in cases where geography determines that people live far away from each other and have few opportunities to interact. That can include the urban/rural divide as well as gaps in socio-economic status that determine the neighborhoods people live in, the schools that children attend, and the groups they socialize with.

Distance can also be ideological, in cases where people's religious beliefs or political affiliations lead them to create 'us' and 'them' groups.

Regardless of whether the divide is spatial, ideological, economic, religious, or political, the distance between in-groups and out-groups is what allows for the in-group to perceive the out-group as homogenous and to stereotype them.

In the same way that distance enables othering to occur, proximity and relationship tends to break down othering. Bringing in-groups and out-groups together to close that distance between them and giving them opportunities to interact allows them to get to know each other. As they form relationships and find common ground with each other, they begin to view each other as whole people, and the stereotyping and othering can often be broken down.

2) Trends in Transition Support



Implementation Strategy

TRENDS IN TRANSITION SUPPORT

MINI-LECTURE & VIDEO CASE STUDY

T provides brief (3-minute) lecture on the **Trends in Transition Support** information and examples.

Then, T explains that the group will watch a video of a practitioner discussing how they used a rational and emotional appeal to two different stakeholders.



Pro tip: Prior to playing the video, T should guide Ps to list the examples of othering they notice, and the effect they have on the case(s) the practitioner shares.

After the video is over, T should ask Ps to work with a partner to compare/contrast their lists.



Time: 17 minutes (5-minute lecture + 10-minute video + 2 minutes of pair work).

Othering is particularly relevant to the child protection sector because **the concepts of well-being and, to some extent, risk can be culturally specific and are heavily influenced by the perspectives and norms of dominant groups.** It can also affect transition, particularly regarding stakeholder receptivity to the concept of reintegration, when there is **a cross-cultural or inter-ethnic dynamic in one or both of the primary stakeholders.**

Example

A tourist visits a foreign country on holiday and decides to establish an institution for children living in poverty. He believes that it will be best for children to learn the language of his home country so that they can move abroad to attend university there and receive what he views to be a proper education. Even though he recognizes that children should be with their families, he is opposed to reintegration because he genuinely believes that the children will never have a good life if they miss out on the opportunity to learn his language.

Othering often occurs within alternative care and transition in the following ways:

- **Ethnocentric perceptions, definitions, or indicators of poverty and neglect**

These often stem from a narrow economic definition of poverty and ethnocentric values regarding material conditions, such as housing conditions, standards of living, and living and sleeping arrangements. These are common factors used to justify or legitimize the removal of children from their families and placement in an institution. The language often used is of

‘providing better opportunities’ or labeling parents as neglectful or failing to protect or care for their children.

Example

In many communities in rural Cambodia, family homes have two thatched walls, another wall that is formed by a sheet of plastic tarp, and a semi-open doorway at the front of the house. Social workers who are from urban areas in Cambodia may not be familiar with the common structure of family homes in rural areas. They might therefore conclude that children who live in such homes are not being adequately protected by their families and are at high risk, and they might justify their removal or decide against their reintegration on that basis. If that family home were located in the middle of the capital city of Phnom Penh, it would likely be classified as high risk.

But in rural Cambodia, where the climate is very hot, most houses don’t have regular access to electricity, and where there is a strong sense of community with low crime rates, it does not necessarily indicate risk at all. Openings in walls and doors are an intentional feature to allow for maximum airflow to manage hot climates and regular power cuts. Further, social workers from the city are unlikely to be familiar with the rural practice of families sleeping together in one room in such communities. Parents sleep on the outer part of the circle with children in the middle of them to protect them. Extended families live in houses clustered together to create a protective environment.

Thus, importing cultural or context-specific ideas of risk into another culture or environment, even within the same country, can result in incorrectly classifying situations as high risk and inadvertently overlooking protective factors, discriminating against families, and unnecessarily removing children or preventing their reintegration under the banner of neglect.

For this reason, many organizations promote engaging grassroots community workers and social workers from similar communities to the ones where children might be reintegrated into. They often understand the context and possess the local relationships that can safeguard against othering creeping into assessments and influencing placement decisions. For more on this, see Better Care Network’s practitioner learning video: [Strengthening Families and Preventing Separation](#). In this video, Ngath Sophorn from Cambodian Children’s Trust, who shared the above example about family homes in rural Cambodia, addresses how othering can influence the identification of risk in assessments.

- **Classifying risk on the basis of ethnicity**

Dominant groups might justify the removal and institutionalization of children based on a stereotype that families of certain ethnic minority groups cannot take adequate care of their children. There are many examples in history of widespread campaigns to remove minority children from their families, causing intergenerational trauma and harm. Discrimination often results in disproportionate numbers of certain groups of minority children coming into contact with child protection services, after which they are often placed in alternative care for long periods of time.

Example

During much of the 20th century, government policy in Australia sanctioned the forced removal of many Indigenous children from their families, on the basis of their ethnicity. These children are known as the Stolen Generations and many were adopted by white families or placed in institutions, with the justification that their lives would be improved if they assimilated into the white community. In many cases, their names were changed, they were forbidden from speaking their own languages, they were denied access to their families, and taught to reject their own heritage and culture in favor of white culture.

- **Cultural, ethnic, or class discrimination regarding parenting practices, caregiving practices, and the capacity of families to provide adequate care**

Families from minority backgrounds have often been subjected to othering and exclusion. When a negative value is ascribed to any difference in their way of life, their traditional health care practices, their parenting practices, how they provide supervision or discipline their children, or the way they organize family and community, they can be classed as inferior and deemed unsuitable parents. These factors are often divorced from the broader community and social context, misinterpreted, and can be inaccurately defined as risks. In these cases, removal is often justified based on what the dominant group perceives to be 'neglect'.

Example

A foreigner establishes an institution for the purpose of removing children from a certain ethnic minority group. Despite never having conducted any assessments nor having any evidence of actual risk, she believes that all families from this ethnic group sell their daughters when they turn 15 years old. She uses this as justification for removing children from their families and believes she is rescuing them from being trafficked.

- **Lack of awareness of structural inequality as a root cause of disadvantage and vulnerability**

Failure to recognize and address the structural forces which restrict opportunity for certain groups, or structural discrimination, typically results in families, ethnic groups, or classes being personally blamed for the symptoms of disadvantage and the impacts on children's care. This results in constructed narratives around 'unfit parents' and supports removal decisions and the termination of parental rights.

Example

A social worker visits the mother of a child to assess for potential reintegration. The mother describes the hardships she came across after her husband left the family. Despite everything she did to try to set up a business selling cakes in front of her house so that she could look after her younger children at home, no one wanted to buy food cooked by someone with tuberculosis because they were afraid of contracting it from her. When she was unable to

pay for her children's school fees, her oldest son migrated to a neighboring country and was sending back some money occasionally, but she felt guilty at having sent him away and guilty for being unable to provide for her younger children and eventually placing them in an institution. She dealt with those overwhelming feelings of guilt at having failed her children by drinking rice wine every day to numb her pain.

Although she might have appeared to fit the 'poor, lazy, alcoholic' stereotype, the social worker understood that it was very normal human behavior for someone in the mother's position to feel hopeless and disempowered, and that the mother's circumstances were not a result of her personal wrongdoing. Instead of judging her as unfit to parent, she worked with her to design and fund a small business washing clothes at home so that she could resume care of her children and to develop positive coping mechanisms to deal with stress.

- **Hesitation to engage with family-based care or reintegration due to religious differences**

Stakeholders might be reluctant to explore transition or consider reintegration if it will result in children returning to families or communities who practice a religion different to the one practiced in the institution. Even if they theoretically agree that families are better for children, that may be outweighed by their fear of the children reverting to the religion of their families. In other cases, if they ascribe a negative value to the religious traditions of the families, they may deem families unfit to parent their children because of certain religious practices they uphold.

Example

A donor opposes reintegration because of a stereotype she holds of families who practice animist religions. She believes that they would rather spend their money on buying food to sacrifice to spirits than on feeding their own children.

Where these forms of othering are in existence, **strategies to address them must be developed and factored into the overall transition strategy**. As othering can sometimes be subtle and may not become apparent until the start of placement decisions, it is important to observe as early as possible whether it is a dynamic at play, and to **think strategically about how to break down stereotypes** that might be affecting stakeholder decisions or perceptions towards transition and reintegration. This is critical to ensuring that full buy-in is achieved, and that assessments and placement decisions are free of bias and discrimination. If othering is occurring but is not addressed, it is very likely that it will continue to be a roadblock that will either stop transition from happening or continue to influence it towards a bias throughout the implementation phase.

Othering can also be exacerbated in cases where the directors and sometimes even donors or fundraisers live on-site at the institution and have little or no contact with the community around them. This is an example of segregation that can fuel othering. They might hold stereotypical views on families in the community because they do not have relationships with individual families that could help break those stereotypes down. **Encouraging stakeholders to meet and develop relationships with families in the community** can be the first step in opening them up to the possibilities of children being cared for in the community and by families.

It is also important to recognize that practitioners themselves should be very mindful of carrying their own cultural perceptions and othering into their transition work. Particularly in cross-cultural settings, it is as critical for practitioners to be self-aware and regularly examine themselves for bias as it is to identify it in the primary stakeholders.

3) Relevance of the Theme



Implementation Strategy

RELEVANCE OF THE THEME

MINI-LECTURE

T provides a very brief (2-minute) lecture on the Relevance of the Theme information, explaining the impact that othering can have on transition work. T can project the image on slide 82 when they get to that part of the mini-lecture.



Time: 2 minutes

- Othering is highly relevant to transition work in cases where there are cross-cultural, interethnic, interclass, and/or interreligious distinctions between the primary stakeholders or between the stakeholders and the community at large. It can also occur with practitioners supporting transition.
- Othering can have a strong influence on the concepts of child well-being and risk, and therefore can lead to bias or discrimination in how stakeholders view families and communities where children may be placed.
- It is critical to identify and break down othering prior to the reintegration stage to ensure that social work assessments and placement decisions do not rely on stereotypes of certain groups to assess risk for children.

4) Assessing for the Theme



Implementation Strategy

ASSESSING THE THEME

MINI-LECTURE

T provides a very brief (2-minute) lecture on the Assessing the Theme information, emphasizing the importance of:

- listening to the language used by stakeholders when they talk about the families, communities, and cultures of origin of the children in care.

- listening to the founding story for the reasons cited by stakeholders for establishing the institution and placing children into care.
- determining where there are geographic, cultural, ethnic, class or caste differences.
- observing whether stakeholders speak the local language and interact with local family to determine how well-integrated stakeholders are into the community.

T can project the image on slides 83-84 when they get to that part of the mini-lecture.



Time: 2 minutes

- Listen to the language used by stakeholders when they talk about the families, communities, and cultures of origin of the children in care.
- Listen to the founding story for the reasons cited by stakeholders for establishing the institution and placing children into care.
- Determine whether there are geographic, cultural, ethnic, class, or caste differences between either the director and the donor or the director/donor and the communities where the children originate.
- Determine how well-integrated stakeholders are into the community by observing whether they speak the local language and interact with local families.

5) Application / Case Study Activity



Implementation Strategy

APPLICATION - CASE STUDY ACTIVITY

T can explain that they are going to revisit their case studies through the lens of othering.

Then, T can break Ps into the case study groups. (**NOTE:** Case study groups were established prior to Theme 1's session. During that time, case studies groups were given their Case Study Summaries and a group leader for each session of the day was assigned.) Group leaders will be responsible for completing the indicator checklists, guiding the conversation, and leading the negotiation on any disputes.

Next, T can explain that Ps will be completing **indicator checklists** for their respective case studies. T should inform Ps that they are to consult Theme 4 in PDF version of the [Transitioning Models of Care Assessment Tool](#) for the indicator checklists.

T should direct Ps to use the tips from the Assessing for the Theme section before quickly going over the **Case Study Indicators for Theme 4** (slide 85) when completing the indicator checklists.

Groups should take 16 minutes to complete the indicator checklists and consider the following **discussion questions**:

- *How did you determine whether othering was occurring?*
- *If othering is occurring, what kind of impact might it have on how you make the case for transition?*
- *If othering is occurring, what are some of the ways you can minimize the impact it might have on assessments and placement decisions?*

Once the groups have completed their indicator checklists, T should have group leaders present their group's scoring and light ratings in addition to their answers to the discussion questions.



Time: 27 minutes (1 minute for background and activity explanation + 16 minutes group work + 8-minute discussion).



WHERE TO FIND YOUR MATERIALS

Consult the Residential Care Service [Transition Framework Tools Training Resource](#) Page for the Case Study Summaries.

SESSION 9: Theme 5 – Clientilism and Social Obligation



Purpose

The aim of this session is to familiarize practitioners with how clientelism and the social obligations that arise from patron-client relationships can impact on transition. Determining whether an institution is operating in a socio-cultural context where clientelism is likely to manifest in residential care settings, and identifying clientelism where it does indeed exist, can help practitioners assess the level of associated risk and the implications for a transition strategy.

SESSION TIMING: 45 MINUTES

SESSION OUTLINE

1. Definitions and Examples
2. Trends in Transition Support
3. Relevance of the Theme
4. Assessing for the Theme
5. Application / Case Study Activity

Materials Required:

- ✓ Laptop, projector, display screen
- ✓ Theme 3 of the [Transitioning Models of Care Assessment Tool](#) (or the PDF version)
- ✓ Printed copies of Case Study Summaries
- ✓ PowerPoint slides: Theme 5 (slides 87-100)
- ✓ Video case study: [Managing Social Obligations in the Transition Process – Kinnected Myanmar](#)
- ✓ Sticky notes, markers, flip chart paper, tape
- ✓ Optional items (depending on Implementation Strategies used)
 - Flashcards for knowledge check
 - Collaboration software with poll questions for knowledge check
 - Shareable slide deck for knowledge check



KEY PRINCIPLES:

- Clientelism is a hierarchical system of two-way social relationships to facilitate reciprocal exchange, between a patron and a client. In institutional care, directors have often been identified to be in patron-client relationships with many stakeholder groups, including children, families, officials, brokers/child finders, and donors/founders.
- Practitioners are often unaware of the presence or the extent to which clientelism is influencing the operations of residential care services and/or a transition process. This can result in clashes and tensions when establishing or enforcing gatekeeping policies, commencing reintegration assessments, developing structured financial systems, and hiring qualified staff and social workers.
- Identifying clientelism where it exists and developing ways to harness or carefully manage how it influences the transition process, including understanding when it may be used in coercive ways and introduces risks to children, is an essential component of a transition strategy.

SESSION CONTENT

1) Definitions and Examples



Implementation Strategy

MINI LECTURE & THINK-PAIR-SHARE

T can introduce the concept of clientelism by asking Ps to think of their response to the question:

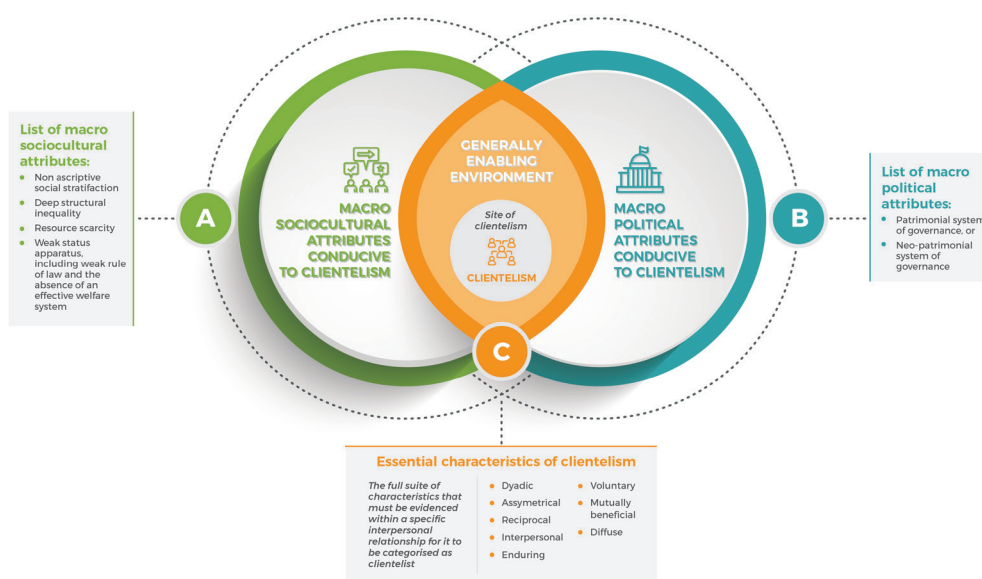
- *What comes to mind when you think of a patron-client relationship?*

T can ask for 2-3 Ps to share their answer(s).

After activating schemata, T explains how clientelism is a vertical or hierarchical system of two-way social relationships that exist to facilitate reciprocal exchange and summarize the essential characteristics.

Then, T can show Ps the Conceptual Model for Identifying New Sites of Clientelism (slide 90) and guide them through a think-pair-share activity. First, Ps take 1-2 minutes to notice what is happening in the conceptual model. Then, they turn to a partner and spend 1 minute each (2 minutes total) to share their thoughts. After that, T can solicit volunteers to share any meaningful insights that anyone learned from their partner. Finally, Ts can fill in any of the knowledge gaps missing from the information shared by the volunteers.

CONCEPTUAL MODEL FOR IDENTIFYING NEW SITES OF CLIENTELISM





Pro tip: For some students, sharing what their partner has shared is sometimes easier than sharing their own thoughts. These students might be afraid to lose face if their own thoughts found incorrect.



Time: 8 minutes (2 minutes for the introductory question + 6 minutes for the think-pair-share activity)

Definition of Clientelism and Environments Where it Thrives

Clientelism is a vertical or hierarchical system of two-way social relationships that exist to facilitate reciprocal exchange. These relationships are called patron-client relationships. The essential characteristics used to define clientelism are:

- Dyadic
- Asymmetrical
- Mutually beneficial
- Reciprocal exchange
- Diffuse
- Enduring

Clientelism thrives in certain sociocultural environments that are enabling of clientelism. The characteristics of these environments are shown below:

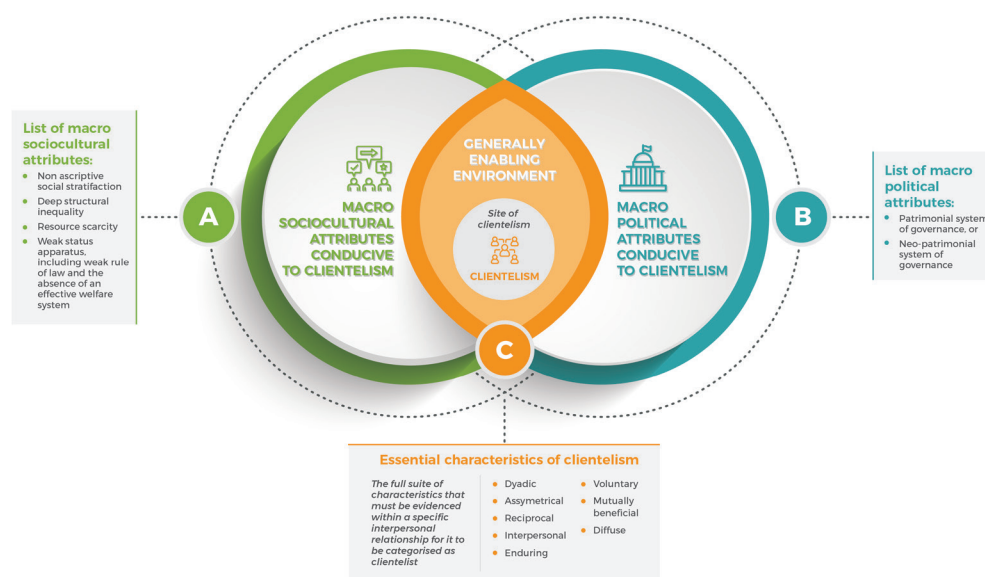


Adult Learning Principle

If an adult learner is unwilling to "lose face," they may hesitate to ask questions or seek clarification, potentially hindering their understanding and learning progress. This fear of appearing incompetent can create a barrier to effective communication and collaboration in the learning environment.

Figure 1: Conceptual Model for Identifying Clientelism¹

CONCEPTUAL MODEL FOR IDENTIFYING NEW SITES OF CLIENTELISM



¹ Nhep, R. (2024) Identifying Clientelism in Orphanages, Children's Geographies, (<https://doi.org/10.1080/14733285.2024.2318362>.)

If all the socio-cultural and political factors in Parts A and B of the diagram are present in a particular context, then it can be said to be enabling of clientelism. This means that patron-client relationships are likely to be widespread and common across different sites in that society. If all of the essential characteristics of clientelism in Part C of the diagram are evident in the relationships between stakeholders involved in the residential care service, then clientelism can be confirmed as operating within the residential care service itself.

Patron and Clients: Who is Who?

In all clientelist relationships, there are two persons: the patron and the client. The person with higher status, more resources, and more power will be the patron. The person with lower status, less power, and less access to such resources is the client.

The function of these patron-client relationships is to allow the upwards and downwards flow of a range of benefits and supports. Patrons typically provide their clients with protection and access to resource and opportunity that they may otherwise not have. Clients offer to patrons their alliance, allegiance, and support, and in some cases, they may also provide money or resources. Patron-client relationships are unequal, but they are designed to be mutually beneficial, even if they are not mutually beneficial in each individual exchange. In patron-client relational systems there can also be people who act as brokers linking clients to higher-up patrons and brokering the flow of resource and opportunity.

2) Trends in Transition Support



Implementation Strategy

TRENDS IN TRANSITION SUPPORT

MINI-LECTURE & VIDEO CASE STUDY

T provides brief (5-minute) lecture on the **Trends in Transition Support** information and examples, with a focus on **patron-client relationships, how to detect clientelism, and clashes between clientelism and transition.**



Pro tip: To engage Ps in the topic, T should start the lecture by asking them to think of what the phrase *“Don’t bite the hand that feeds you”* means to them.

Then, T explains that Ps will watch a video of a practitioner discussing clientelism.

After the video is over, T should guide Ps through a whole group discussion on the themes described in the video.



Time: 15 minutes (5-minute lecture + 7 ½ minute video + 2 ½ minute group discussion).

In institutional care, patron-client relationships have been identified between:

- Directors and families
- Directors and children
- Caregivers and children
- Directors and officials (local authorities, child protection authorities, higher-level political figures)
- Directors and brokers/child finders
- Founder/donor and director

Examples of Clientelism in Institutions and Transition

A common example of the intersection between clientelism and institutions is when institutions are set up to benefit children and families from the director's own community of origin. The director is expected to admit children who are clients or the children of clients, rather than basing admissions of children on objective assessments or the need for alternative care. In a case like this, the admission of these children falls under the social obligations of a patron-client relationship, or a socially binding contract.

If practitioners were to expect the director to reintegrate those children into their families of origin, it would come at the expense of meeting their ongoing social obligation and could be perceived by families and the director as a breach of that social contract. This could bring shame upon the director, which they would act to avoid. Unless practitioners acknowledge the presence of a social obligation and find a way for that social obligation to be met using a different strategy, where at all possible, then it is likely that the director will block it, at least for any children who fall under that social obligation.

Acknowledging the social obligation and factoring it into the strategy can allow practitioners to create a win-win situation. In the example given above, perhaps the post-transition service could be a community education center or a partnership with the local school, brokered by the director, his organization, or his donors, to improve the quality of education available. Then the social obligations of the director towards the families could be met, even as children are reintegrated, by using the director's networks and connections to fulfill his end of his social contracts with his clients. As Htoo Say suggests in the video, finding solutions for directors to fulfill their social obligations and continue to support the children in other ways can break down resistance and pave the way towards successful transition.

Families may also be resistant to reintegration if they perceive it will result in a disconnection from the clientelist network they rely on for current or future support. This has been seen in cases where parents from lower socio-economic backgrounds have placed their children in institutions run by public figures or in foreign-run institutions. Their expectation in placing their child there is that they will be connected in the long-term to a more powerful patron. Their hopes are often that this will benefit their children, and by extension, the broader family, over the life course, including through opportunities to attend university or even go abroad for marriage.

Therefore, the idea of reintegration may seem negative and a backward step in their plan, even if they have the capacity to care for their children and deeply love their children. They might view the

removal of their children from the residential care service as breaking their social obligation to the director and conclude that the risk of the long-term implications for the entire family is too high, especially in countries where the formal social protection system is underdeveloped. It does not indicate that the family does not care for their children; rather, it can mean that they have been put in a difficult position in which they stand to lose too much. In these cases, they may block reintegration because they are trying to protect potential future opportunities for their children that they otherwise and independently could not provide them.

Social obligations can also extend to the relationships between the director, donor, and staff of the institution. In some cases, directors can be patrons to the staff. In more limited cases, donors might be considered by directors to be their patron, even if the donor is unaware. Donors' obligations as patrons are to maintain the flow of income, which in turn allows the director to continue to provide salaries to staff. Directors may resist transition if they believe that staff, to whom they have an obligation, will lose their jobs. To keep the income flowing, directors may side with a resistant donor to whom they owe loyalty, in exchange for keeping the income flowing in, as that allows them to meet their ongoing obligations to staff. This may be the case even if the director agrees with transition but does not want to break their social obligation to remain loyal to the donor. Therefore, their roles and obligations are interdependent, as are their allegiances.

Where clientelism is present and influencing the operations of residential care services, there are certain points during the transition process where clashes and tensions most typically arise and may indicate patronage, such as when:

- **Establishing or enforcing gatekeeping policies and mechanisms to prevent or regulate admissions.**

This can leave stakeholders without a means to fulfil their social obligations to clients in their network or can restrict their ability to fulfil obligations to a patron who refers children to them for admission.

- **Commencing reintegration assessments.**

Pursuing reintegration for children who are relatives of the director, staff, or for children who have been admitted into care based on social obligations to families can create challenges for the director, as reintegration may be perceived to be at odds with the commitment that directors have made to the children's families.

- **Developing structured financial systems, including budgets and reporting.**

Tightening financial processes may mean that funds can no longer be used in a discretionary way. This may prevent directors from providing resources and responding to needs which fall outside of the scope of the program or beneficiary group.

- **Hiring suitably qualified staff and social workers.**

Stakeholders may have historically hired staff who are related to them, or in the director's or a board members' patronage line. If a requirement to hire staff based on qualifications is introduced, such as trained social workers, it could be met with some resistance. This is exacerbated if existing staff who are relationally connected to the director will be replaced.

There is a higher likelihood of tension related to social obligation arising **in transitions that involve a cross-cultural dynamic**, such as when the international practitioner may not be aware of the presence of clientelism and the resulting social obligations.

Example

While reviewing a list of children who will receive a set of school uniforms and hygiene supplies as part of their reintegration support packages, an international practitioner providing technical support for transition notices what she believes to be an error. She knows that the social work assessments of two of the children on the list revealed that their families had the financial capacity to resume care of them, and she wonders why the social worker would have included those two children on this list.

Assuming it is a mistake, she asks the social worker to remove the two children from the list and to send her an updated copy. The social worker looks uncomfortable before admitting to the practitioner that the director instructed her to include those two children on the list. She explains that because the director recruited and admitted those two children from his home village, everyone will wonder why he has stopped supporting them. She points out that the cost of the support packages is minimal and that it is better to include them on the list than to have the director block their reintegration altogether.

In these cases, the termination of support from the institution would clash with a director's social obligation to provide resources to the families. Clashes are never set up intentionally, but they can block certain aspects of transition. It is important to consider how to minimize the risk of setting up a clash between a stakeholder's social obligations under clientelism and the steps and processes involved in transition, where that is possible and does not compromise quality or outcomes for children.

Tension arising from social obligations in transitions involving cross-cultural dynamics can also be observed in cases where **the director may view the relationship with the donor through the patron-client lens, even if the donor is unaware of it**. In these cases, practitioners may need to act as cultural mediators in the strategy development stage between the donor and director.

Patron-client relationships are more common in unregulated institutions and are often used to facilitate recruitment and irregular admission, and to safeguard institutions from regulatory or legal action when they are operating in contravention to laws and policies. There have also been many cases uncovered in the early stages of transition where stakeholders are exploiting the system of clientelism inherent to the culture, as a way to control and coerce parents. In these cases, it is important to understand what is taking place and assess for severity, as it will have an impact on the willingness of parents to engage in reintegration.

Example

An organization employed a strategy of establishing orphanages in conjunction with establishing churches. In each new community where they intended to establish a church and orphanage, they would employ a few people in the community to work for the church, including a pastor and one or two leaders. They would then recruit the children of the pastor and leaders employed in the church into the orphanage. These children were often the first to enter the orphanage and use to establish its 'legitimacy'. Then then recruited the children of families accessing benefits from services run by the church. They would send profiles of the children in the orphanage to overseas donors, and funds raised also supported the cost of their church.

The families in the community were invited to an awareness-raising event run by another organization and came to realize how much better family-based care is for their children. However, they lamented that they couldn't ask for their children to be returned because they would lose their jobs and access to the other services and support the church provided to their community. They explained that they were required to sign a contract agreeing to leave their children in the orphanage until they reached 18 years old, and despite the agreement not being legally binding, felt obliged to uphold the contract out of loyalty to their patron.

In cases like this, where directors or donors are abusing the system of clientelism to coerce families, they may have significant power to disrupt or sabotage the transition process, even after children have returned to their families. In the worst cases, it can point to activity that may be unlawful or criminal. There have been cases where directors have abused their power as patrons and called ahead to families prior to assessments, instructing them to lie to social workers to thwart assessments and reintegration efforts. This has even occurred in cases where the directors have already been removed from their positions.

Patron-client relationships do not always play out negatively in transition. Patrons do sometimes use their influence with communities to promote reintegration and family-based care and provide assurance to families that external social workers could never have provided alone. Therefore, part of assessing for clientelism is assessing to what extent relationships can be harnessed to make transition more effective for children and their families.

3) Relevance of the Theme

- It is important to identify whether clientelism is present in the country where a practitioner is working, as it may also be present in the institutions they are supporting to transition. Patron-client relationships will likely have an influence on how function, how the admission and recruitment processes work, the expectations of families whose children are in care, and the behavior of individual stakeholders.

- The social obligations that stem from patron-client relationships can influence stakeholders' receptivity to changes that may be introduced during transition. Similar to loyalties, sometimes clientelism can be harnessed, particularly if patrons are favorable and open to transition, and can help influence other stakeholders who are their clients. In other cases, clientelism may be a barrier that needs to be carefully managed. When clientelism is used in coercive ways, it can introduce risks to children during transition.

Understanding the relevant social norms and obligations and identifying the behaviors that can be directly attributed towards those norms, can help practitioners avoid creating unnecessary tension or hostility between families and the director, the donor and director, or between technical support staff and the director. It can inform the development of alternate ways for stakeholders to meet their social obligations without resorting to the use of residential care or blocking transition, resulting in better cooperation and transparency.



Implementation Strategy

ASSESSING THE THEME

MINI-LECTURE

T provides a very brief (2-minute) lecture on the **Assessing the Theme** information, emphasizing the importance of:

- Reflecting on the cultural and social context in which the transition is happening.
- Taking note of how strong and structured the operating framework is during Phase 2: Preparing for Transition and determining how well it is adhered to.
- Determining whether there is a relationship between the stakeholders and the community where children come from
- Taking note of whether children are referred into the institution along a common relational line.
- Listening for the language of obligations and debts of gratitude.
- Listening to the way stakeholders speak about each other and refer to each other.
- Considering the profile of the stakeholders:
 - *Are they public figures?*
 - *Is their socioeconomic standing much higher than that of the families?*
 - *Are they connected with powerful families, networks, or figures in the community?*

T can project the images on slide 97-98 when they get to that part of the mini-lecture.



Time: 3 minutes

4) Assessing for the Theme

- Reflect on the cultural and social context in which the transition is happening. Clientelism is likely to be present in the operation of institutions when it is a strong feature of the culture and is a dominant means of organizing relationships in that particular society.
- When conducting organizational assessments in Phase 2: Preparing for Transition, take note of how strong and structured the operating framework is and determine how well it is adhered to. Some institutions have set up structures and procedural frameworks that minimize the influence of social obligations on the operations of the institution, such as:
 - a formalized and independent gatekeeping process; or
 - a strictly enforced policy of only admitting children under court orders.

This will provide insight into the extent to which the influence of clientelism is being minimized in cases where it is a strong feature of the sociocultural context. Be mindful that it can still be present even with strong structure and possibly be masked by the structure. It is therefore helpful to cross analyze this with other indicators.

- Determine whether there is a relationship between the stakeholders and the community where children come from:
 - Are there significant numbers of children all coming from one community?
 - Does the director or any of the staff have strong ties to that community?
 - Is that community the director's hometown?
 - Is that community linked to the director's ethnic group?
- Take note of whether children are referred into the institution along a common relational line:
 - Are children primarily referred by the same government official or community leader?
 - Are there numbers of children in care who are related to the director or to staff?
- Listen for the language of obligations and debts of gratitude. This often indicates that the relationships are framed as patron-client. Obligations can include verbal contracts limiting family contact or preventing families from removing their children from care.
- Listen to the way stakeholders speak about each other and refer to each other. Observe whether they are using prefixes that indicate status or familial relationships, such as age-related prefixes. In many cultures, instead of referring to someone simply by their name, it is standard to add the age-based prefix that seems appropriate based on the other person's age with respect to you or your parents. But if someone was using an 'older sister' or 'older brother' prefix to refer to a person who was clearly younger than them, this might indicate patronage.
- Consider the profile of the stakeholders:
 - Are they public figures?
 - Is their socioeconomic standing much higher than that of the families?
 - Are they connected with powerful families, networks, or figures in the community?

5) Application / Case Study Activity



Implementation Strategy

APPLICATION - CASE STUDY ACTIVITY

T can explain that they are going to revisit their case studies taking clientelism into consideration.

Then, T can break Ps into the case study groups. (**NOTE:** Case study groups were established prior to Theme 1's session. During that time, case studies groups were given their Case Study Summaries and a group leader for each session of the day was assigned.) Group leaders will be responsible for completing the indicator checklists, guiding the conversation, and leading the negotiation on any disputes.

Next, T can explain that Ps will be completing **indicator checklists** for their respective case studies. T should inform Ps that they are to consult Theme 5 in PDF version of the [Transitioning Models of Care Assessment Tool](#) for the indicator checklists.

T should direct Ps to use the tips from the Assessing for the Theme section before quickly going over the **Case Study Indicators for Theme 5** (slide 99) when completing the indicator checklists.

Groups should take 10 minutes to complete the indicator checklists.



Pro tip: Ps should circulate and check in with each group to answer any questions they may have about the indicators.

Once the groups have completed their indicator checklists, T can ask group leaders to share their scoring and explain the rationale behind the scoring and light rating.



Time: 13 minutes (10 minutes group work + 3-minute share out).



TIME FLIES!

If time's remaining, T lead a brief whole group discussion by either:

Asking Ps to discuss how the corresponding implications impacted the transition strategy in each case study.

Asking Ps to answer to the following discussion questions:

- *Did you identify clientelism as a dynamic in any of the case studies? If so, who was it between?*

- *What influence do you think clientelism was having on the transition in the case studies where it was present? Do you think it posed any risks to the transition process or the children and families?*
- *What does that information tell you about how you may need to approach the transition strategically?*



WHERE TO FIND YOUR MATERIALS

Consult the Residential Care Service [Transition Framework Tools Training Resource](#) Page for the Case Study Summaries.

SESSION 10: Theme 6 – Psychological Ownership



Purpose

The aim of this session is to familiarize practitioners with the most common ways in which psychological ownership pertains to institutional care settings and transition. Determining a stakeholder's level of psychological ownership versus their formal role will help practitioners understand how buy-in and decision-making may be impacted and adjust their transition strategy accordingly.

Materials Required:

- ✓ Laptop, projector, display screen
- ✓ Theme 4 of the [Transitioning Models of Care Assessment](#) Tool (or PDF version)
- ✓ Printed copies of Case Study Summaries
- ✓ PowerPoint slides: Theme 6 (slides 101-110)
- ✓ Video case study: [Working with Highly Invested Stakeholders throughout Transition - Helping Children Worldwide, Sierra Leone/United States](#)
- ✓ Sticky notes, markers, flip chart paper, tape
- ✓ Option items (depending on Implementation Strategy used):
 - Notecards with three scenarios and examples printed on them
 - Shareable slide deck and shortened HTML link



KEY PRINCIPLES:

- Psychological ownership refers to the sense of ownership a person feels over something. Psychological ownership is not the same as legal ownership but the two often overlap.
- Practitioners often interact with stakeholders based on the formality of their role instead of the stakeholders' own sense of ownership over the role in the institution. This can introduce tension particularly in cases where the stakeholders' psychological ownership is more than their formally established roles or where psychological ownership has been cultivated for manipulative purposes, and often results in a failure to secure buy-in for transition.
- Determining each stakeholder's sense of ownership and sensitively working towards the clarification of roles in a transition process can help practitioners establish the necessary boundaries without causing undue tensions and redirecting their involvement to more appropriate areas while keeping them invested in and committed to the transition.

SESSION TIMING: 45 MINUTES

SESSION OUTLINE

1. Definitions and Examples
2. Trends in Transition Support
3. Relevance of the Theme
4. Assessing for the Theme
5. Application / Case Study Activity

SESSION CONTENT



Implementation Strategy

MINI LECTURE

T can introduce the definitions, examples, and examples of transition for the concept of **psychological ownership**.



Time: 2 minutes

Psychological ownership refers to the sense of ownership a person feels over something, such as an object, a project, an organization, an outcome, a mission, or even a physical space. Psychological ownership is not the same as legal ownership, which is where a person has legal rights and tenure over something. Psychological ownership and legal ownership often overlap.

Example

A person owns a house and has legal responsibility over it. They also feel a high level of psychological ownership over the house and look after the house, make repairs when necessary, and ensure that it is kept clean.

Psychological ownership can also often occur in cases where there is no legal ownership.

Example

A person keeps photos of their children and a bouquet of plastic flowers at their desk at work. The desk belongs to the company, so they do not have legal ownership of it, but they still decorate and personalize it because they feel a sense of psychological ownership over it.

Where psychological ownership exists without legal ownership, it is a perception or sense of ownership rather than actual ownership. This sense of ownership is often intentionally cultivated through establishing roles, as seen in the following two examples.

Example

A person feels psychological ownership over their job and the outcomes and objectives associated with their job, even though they are not the legal director of the organization they work for.

Example for Transition

Because of the psychological ownership that is cultivated in child sponsorship programs, sponsors are more likely to maintain their commitment to funding over a long period of time, when compared to other fundraising approaches. Many organizations have struggled to move away from this fundraising model for this reason, despite recognition of its issues. It also explains why transitioning an institution that still has a child sponsorship program in place can pose additional challenges. Sponsors often feel that they have a right to influence decisions about what happens to the children because of the sense of responsibility and psychological ownership that has been intentionally cultivated by the institution.

In some limited instances, cultivating psychological ownership can be part of maintaining a situation that is deceptive or manipulative.

Example for Transition

A director has three separate donors to the institution she established but for many years she has led each of them to believe that they are the founders and sole donors of the institution. In her communications with each donor, she fabricates the orphanhood status of the children and exaggerates the extent of their vulnerability. She has cultivated in the donors such a strong sense of psychological ownership and responsibility for the children in care that the donors struggle to consider terminating funding, despite their growing concerns of unethical and exploitative behavior in the institution.

2) Trends in Transition Support



Implementation Strategy

TEACH EACH OTHER ACTIVITY & VIDEO CASE STUDY

T separates Ps into three groups and gives each group a psychological ownership scenario. Groups need to decide how to “teach” the scenario to the rest of the group.

When explaining the activity, T explains groups can create their own slide to get the others to learn the main points of each stage.



Pro tip: T can have a shareable slide deck prepared and have each group populate the slide. Groups can refer to their slide as they present about the stage to the whole group.



ABOUT THE TECH

T should have the shareable slide deck prepared prior to the session



Pro tip: Shorten long URL links using a web site like tiny.cc or [tinyurl](https://tinyurl.com).

Then, T explains that Ps will watch a video of two practitioners discussing how highly-invested stakeholders can provide input to the transition process.



Pro tip: Prior to playing the video, T should guide Ps to notice how the practitioners make connections between psychological ownership and highly invested stakeholders.

After the video is over, T should ask Ps to work with a partner to compare/contrast what they noticed.



Time: 21 minutes (5 min of group work + 6 minutes of “teaching” (2 minutes of “teaching” per group) + 8-minute video minutes + 2 minutes of pair work).

Tensions and unnecessary complications can arise when practitioners work and interact with stakeholders based on their perception of their role or the formality of their role, versus the stakeholder’s own perception of their role and sense of ownership. By recognizing the ownership dynamics, practitioners can often strategically harness them and enhance the transition. Where it reveals coercion, however, it is important to identify the dynamics of how psychological ownership has been cultivated and for what purposes. This will give practitioners significant insight into the risks associated with the transition and help them determine how to minimize such risks or respond to them.

There are generally one of three scenarios at play with stakeholder ownership in transition work:

➔ **Scenario 1: Ownership is as per clearly defined roles and responsibilities.**

In some cases, the roles and responsibilities of the stakeholders may be clearly defined, and authority is delegated to each stakeholder in accordance with their formalized roles, responsibilities, and agreements. In these cases, both the director and the donor would expect to be engaged, consulted, and permitted to make decisions in accordance with their formalized roles and responsibilities, both during the buy-in stage and throughout the implementation of the transition.

The donor will likely feel ownership only over funding decisions, despite being interested and passionate about the work as a whole. The donor might agree with the rationale for transition, and commit to funding the transition, but would not expect to make the final decision as to whether the institution will transition or not. These decisions and control over the implementation rest with the director, and all parties are likely to respect the director’s autonomy and authority in such cases. Similarly, the director would likely feel usurped if others, including the donors, were brought in to make those decisions in any capacity other than in an advisory one.

➔ **Scenario 2: Psychological ownership is more or less than formally established roles and responsibilities**

In other cases, stakeholders may perceive their roles to be more or less than their established roles, particularly when it comes to donors. It is common for donors not to see their role as restricted to funding and funding-related decisions. Instead, they often see themselves as implementing partners, and as a result, they will feel and assert some sense of ownership over the institution and operational decisions. There are some situations where this may be actual, such as when there is a legal relationship established between the overseas funding

entity and the local implementing entity running the institution, through which power and ownership is granted to the donor entity. Or it can happen when a donor is a member of the board of the institution, giving the donor the dual roles of funding and governance. This is common in cases where the donor has established the institution, eventually moves into a purely fundraising role, and hires or appoints a director, but continues to exert a high degree of power and control over the operations, despite their new formal role.

A director's power can be constrained due to the degree of control exerted by the donor, whether the donor is the founder or not. Despite the director having legal authority over the entire implementing organization and its programs, in practice, their role may be reduced to managerial roles. All effective decision-making power rests with the donor, whether the donor has power because of their control over the fundraising or because they founded the institution. The director may perceive themselves as an employee of the donor and may not feel empowered to actively engage in transition without the donor's prior permission and involvement. However, they may be very willing to engage after this level of involvement has been secured from their donor.

Donors with a degree of psychological ownership that exceeds their formal role can sometimes feel that their authority is not being recognized and respected if they are not adequately engaged, and they can react by blocking or undermining aspects of the transition. In many cases, the issue is not about whether the donor fundamentally agrees or disagrees with transition, but rather it is a means of the donor asserting their authority when they feel it has been overlooked or discredited. In such cases, practitioners may have come into the picture without realizing that the donor's sense of ownership exceeds that of his formal role, and in viewing and interacting with the director as the primary decision-maker, practitioners may unintentionally appear to be dismissing or even attempting to dismantle the operating rules of the institution.

For practitioners who have primarily supported voluntary director-led transitions, their experience tells them that it is typical for directors to hold decision-making power and they should be able to exercise their agency for change within the institution. As such, practitioners who have had very limited or no engagement with donors in a transition process are likely to engage solely with the director and inadvertently exclude the donor. In situations where the donor holds the decision-making power, practitioners may then find themselves in unfamiliar territory and inaccurately interpret the donor's reaction as resistance to the concept of transition. They might label it as interference or sabotage, rather than recognizing it as an understandable reaction from a deeply invested stakeholder who may feel that his authority is coming under threat by an outsider.

These types of tensions and misunderstandings frequently compromise transition before it can even start, and in worse cases, they may derail transition during the implementation phase and disrupt children's placements. It is therefore important for practitioners to be aware of any bias they may have towards one type of transition, seek to understand the various dynamics of psychological ownership that can be at play in any given transition,

and work constructively with it. If the levels of ownership need to be adapted or changed to safely outwork a transition, it should be done thoughtfully and in a participatory way.

Psychological ownership can also be an issue when donors exert so much control over an institution, despite not having a formal operational or governance role, that they remove and replace anyone in positions of authority that challenge them. This is most typically seen with founders who have transitioned into fundraising roles, and it can often derail attempts to transition.

Example

A director is well underway with a family reconnection program, in line with the national minimum standards. When the donor who appointed her into her position finds out about this program during one of his visits from overseas, he instructs the director to order all of the children back from their families immediately and fires her on the spot. She is made to clear out her desk by the next morning and the possibility of transition abruptly ends for the 80+ children who remain in care following her departure.

→ Scenario 3: Psychological ownership is intentionally cultivated to exceed formal roles.

In the final scenario, perceptions of ownership, as opposed to legal or actual ownership, are intentionally cultivated to extend beyond formal roles and responsibilities. This is most typically used to secure a stronger guarantee of funds from donors, and it can be borderline deceptive or manipulative. The most extreme examples of this are institutions with multiple names, one for each of their donors, all of whom have been led to believe that the institution is their project and that they are the sole donor and founder. This type of cultivated ownership creates a sense of responsibility in the donor to fully meet all the needs of the institution and often results in requests for funds to meet exceptional needs that are only loosely connected to the children in care.

Where this level of ownership has been cultivated for manipulative purposes, the stories of children that have been found in crisis and are brought into the institution for care have often been falsified or exaggerated.

Example

A child is brought into care for access to education, but the donors have been told that the child's parents are drug addicts and abusive. The directors know that the latter is a more emotional story that is likely to result in funds from donors who feel driven to help a child in crisis.

The sense of ownership that has been cultivated in the donors means that they will often go to extreme lengths to secure more resources to respond to these crises. However, it is more likely that children are being recruited for admission or placed into care for reasons of poverty. Thus, cultivating psychological ownership can be a strategy used to finance or profit from the care of children.

Example

The donors to an institution are led to believe that they are members of the formal board of directors and have a legal governance responsibility over the institution in the country where it is operating. The nature of those responsibilities is exaggerated as a means of extracting increasing amounts of funding from the board members. The donors are told that their responsibility as a legal board requires them to provide certain benefits and salary levels to staff. These requirements are hugely inflated, well beyond what the government labor laws prescribe.

It is later discovered that the director has created a fake organizational structure diagram, and the board has not been formally registered in-country. Therefore, the donors have no actual authority or responsibility over the institution or its staff, despite the director providing false evidence that they do. The reality is that the director, his wife, and his nephew comprise the legally registered board and carry full legal responsibility for the entity. The entire scheme was devised as a means of cultivating psychological ownership for profit reasons.

3) Relevance of the Theme



Implementation Strategy

RELEVANCE OF THE THEME

MINI-LECTURE

T provides a very brief (2-minute) lecture on the Relevance of the Theme information, explaining the impact that stakeholders' sense of ownership and responsibility can have on transition work. T can project the image on slide 106 when they get to that part of the mini-lecture.



Time: 2 minutes

- It is critical to understand each stakeholder's sense of ownership and responsibility and, to the extent possible, work with each accordingly towards the clarification of roles and responsibilities. **Clear boundaries should be set during Phase 2: Preparing for Transition** to prevent stakeholders from overstepping their roles during the implementation phase.
- The sense of ownership directors and donors may feel over the institution and outcomes for children has a **strong bearing on the role they will play throughout the transition** and **how much responsibility they will expect to take on**. It will also influence the degree of involvement or control they will expect to have during different stages of the transition.
- Stakeholders' psychological ownership will be reflected in the **roles and responsibilities they ascribe to themselves**, regardless of whether it is the role they actually play or the role that has been formally established for them in structural terms.

4) Assessing for the Theme



Implementation Strategy

ASSESSING THE THEME

MINI-LECTURE

T provides a very brief (2-minute) lecture on the **Assessing the Theme** information, emphasizing the importance of:

- Paying particular attention to how the donor and director refer and defer to each other.
- Observing the reactions of both stakeholders when discussing the potential for transition, whether speaking with each stakeholder individually or with both simultaneously.
- Determining who the founder is and whether the founder is now in a funding/fundraising role or continues to be on the operational side.
- Reviewing the promotional materials and public-facing communications to gauge psychological ownership.
- Observing whether there are photos of donors hung up on the walls or if children refer to donors as 'mum' or 'papa' during site visits.
- Taking note of whether the institution has multiple names that are used for different donors.

T can project the image on slides 107-108 when they get to that part of the mini-lecture.



Time: 3 minutes

- Pay particular attention to how the donor and director refer and defer to each other. If the donor says things like, “We can’t tell the organization what to do” or “We support transition but it’s up to our partner to decide if they want to do it” it is likely that the psychological ownership of both the donor and director is aligned with their formal and legal roles and responsibilities. The donor is indicating that they recognize their authority over matters related to funding, while the director is authorized to make decisions over the operation of the institution, including whether or not to transition. Therefore, practitioners should engage with them on that basis.
- Observe the reactions of both stakeholders when discussing the potential for transition, whether speaking with each stakeholder individually or with both simultaneously.
 - *Does the director appear uncomfortable having these discussions without the donor present?*
 - *Does the director remain passive throughout the discussion?*
 - *Does the director give no indication of how they feel about transition?*
 - *Does the donor refer to both themselves and the director as a single unit, using the language of ‘We think...’ and ‘We don’t feel like...’?*
 - *When you ask questions, does the director wait for the donor to answer first or look to the donor before answering?*
- Answering yes to these questions may indicate that the director has a low level of psychological ownership and that the ownership and decision-making power rests primarily with the donor. Practitioners may not make much progress towards buy-in until the donor is brought into the conversation in a way that aligns with their level of psychological ownership. It also indicates that the donor may need to be involved quite heavily in the communications, stakeholder buy-in, and perhaps even some aspects of the implementation. If the donor is not engaged proactively, it is possible they might create back channels of communication that can create a lot of confusion and undermine the transition. Therefore, it is important to recognize and harness their ownership.
- Determine who the founder is and whether the founder is now in a funding/fundraising role or continues to be on the operational side. If the founder has moved into a fundraising role, which is very common over time, but roles and responsibilities are poorly defined and governance mechanisms are weak, this tends to increase the likelihood of psychological ownership still resting with the founder, even when their role has changed. Founders understandably often continue to have a strong sense of psychological ownership even when they have moved out of their former operational roles.
- Review the promotional materials and public-facing communications to gauge psychological ownership. If the donor entity’s website uses the language of ‘our’, such as ‘our home, our children, our orphanage’, rather than ‘our partner’, that can indicate the level of ownership they feel. If they use the language of ‘our partners’ then this tends to indicate the opposite.

- During site visits to the institution, observe whether there are photos of donors hung up on the walls or if children refer to donors as 'mum' or 'papa'. This may indicate a strong relationship between the donor and the children and typically means that the donor feels a high level of ownership over the institution.
- Take note of whether the institution has multiple names that are used for different donors. This may be reflected in communications materials at the institution or online.

5) Application / Case Study Activity



Implementation Strategy

APPLICATION - CASE STUDY ACTIVITY

T can explain that they are going to revisit their case studies and applying a lens of psychological ownership.

Then, T can break Ps into the case study groups. (**NOTE:** Case study groups were established prior to Theme 1's session. During that time, case studies groups were given their Case Study Summaries and a group leader for each session of the day was assigned.) Group leaders will be responsible for completing the indicator checklists, guiding the conversation, and leading the negotiation on any disputes.

Next, T can explain that Ps will be completing **indicator checklists** for their respective case studies. T should inform Ps that they are to consult Theme 6 in PDF version of the [Transitioning Models of Care Assessment Tool](#) for the indicator checklists.

T should direct Ps to use the tips from the Assessing for the Theme section before quickly going over the **Case Study Indicators for Theme 6** (slide 109) when completing the indicator checklists.

Groups should take 14 minutes to complete the indicator checklists.



Pro tip: Ps should circulate and check in with each group to answer any questions they may have about the indicators.

Once the groups have completed their indicator checklists, T can ask group leaders to share their scoring and explain the rationale behind the scoring and light rating.

- *How did you determine the levels of psychological ownership each of the stakeholders felt over the institution?*
- *What does that information tell you about how to make the case for transition with each stakeholder?*
- *What does that information tell you about how to approach decision-making throughout the transition process?*



Time: 17 minutes (14 minutes group work + 3-minute share out)



TIME FLIES!

If time's remaining, T can ask Ps to share their score and the rationale behind the scoring and light rating.



WHERE TO FIND YOUR MATERIALS

Consult the Residential Care Service [Transition Framework Tools Training Resource](#) Page for the Case Study Summaries.

SESSION 11: Theme 7 – Nature of the Partnership



Purpose

The aim of this session is to equip practitioners with the ability to determine the nature of the partnership in place between the organization running the institution and the donor or fundraising entity. Understanding whether the partnership between the primary stakeholders is contractual or relational can help practitioners anticipate and manage potential risks that might arise during transition.

Materials Required:

- ✓ Laptop, projector, display screen
- ✓ Theme 4 of the [Transitioning Models of Care Assessment](#) Tool (or PDF version)
- ✓ Printed copies of Case Study Summaries
- ✓ PowerPoint slides: Theme 7 (slides 111-121)
- ✓ Video case study: [Strengthening Partnerships to Aid Transition, Heaven's Family, United States/Myanmar](#)
- ✓ Sticky notes, markers, flip chart paper, tape
- ✓ Option items (depending on Implementation Strategy used):
 - Collaborative board (such as Lucidspark, Figjam, or Miro) with two columns: 1) "Have tos" and 2) "Get tos"



KEY PRINCIPLES:

- Partnerships can be contractual in nature, where they are formalized, structured, and supported by policies and written agreements, or they can be relational in nature, where they are less formal and tend to rely on verbal agreements rather than written contracts.
- While relational partnerships are not inherently inferior to contractual partnerships, because they typically lack the structure that builds in regular checks and balances, they can be easier to exploit and hide unethical behavior. As a result, stakeholders with ill intentions are more likely to seek relational partnerships, or relational partnerships can create an enabling environment in which opportunistic profit-seeking behavior can emerge over time.
- Determining the nature of the partnership between the primary stakeholders is critical because it helps practitioners understand the system within which an institution operates, and therefore the starting point of a potential transition. This will heavily shape the transition strategy and scope of work.

**SESSION TIMING:
60 MINUTES
(2X 30-MINUTE
SESSIONS)**

SESSION OUTLINE

1. Definitions and Examples
2. Trends in Transition Support
3. Relevance of the Theme
4. Assessing for the Theme
5. Application / Case Study Activity

1) Definitions & Examples



Implementation Strategy

COLLABORATIVE ACTIVITY + MINI-LECTURE

T can introduce the idea of **contractual vs. relational partnerships** by asking Ps to think of how they approach work that they have to do and work that they get to do.



Pro tip: T can suggest that Ps think of an adjective to describe how they feel about the “have tos” and the “get tos.” T can share their own answers to the whole group to kick off the activity.

If using the digital option:

T should prepare a collaborative board (such as Lucidspark, Figjam, or Miro) with two columns: 1) “Have tos” and 2) “Get tos”. T instructs Ps to type their answer in each column.

If using the low-tech option:

T can solicit a few answers from the group and record them on a whiteboard or flip chart. T should divide the whiteboard or flip chart into two columns: 1) “Have tos” and 2) “Get tos”.

Then, T can ask Ps to ask Ps to work with a partner discuss how the lists relate to contractual vs. relational partnerships. After 1-2 minutes, T can solicit answers from the whole group before explicitly introducing the **Explanations and Examples in Institutional Care** for contractual vs. relational partnerships.



Time: 9 minutes (1-2 minutes for the collaborative activity + 2 minutes for group share out + 5 minutes for mini-lecture with explanations and examples).



Adult Learning Principle

Introducing a new concept by having students relate it to a general topic related to their lived experiences provides a relatable framework, allowing learners to tie abstract ideas to familiar contexts.

Partnerships can be contractual or relational in nature, as categorized and described below:

Type	Contractual Partnership	Relational Partnership
Explanation	Formalized, structured, and supported by policies and written agreements	Less formal and less structured, and tend to rely on verbal agreements rather than written contracts
	Formed between individuals or between organizations and are a way of: <ul style="list-style-type: none"> • focusing partnerships on a clear agreed upon goal • protecting the investment made into the partnership • managing the personal, financial, legal, and reputational risks of involved stakeholders 	Typically formed between individuals, evolve out of personal relationships, and are based on trust and good faith
	Relies on documented terms, obligations, responsibilities, and boundaries or limitations of partnership, which might include: <ul style="list-style-type: none"> • timeframes of partnership • number of resources allocated 	Relies on the integrity of the stakeholders and not upon explicitly stipulated terms

Type	Contractual Partnership	Relational Partnership
Explanation	<ul style="list-style-type: none"> narrowing of focus of partnership to certain activities or programs 	
	Reporting against an agreed and documented framework	Reporting geared towards enabling promotion and fundraising
	Any behavior that violates the terms of the written agreements is considered a breach of the partnership	One party breaching the trust of the other party, or a significant moral failing by one party that has nothing to do with the project activities or the children's care but compromises the integrity of that individual, can undermine and terminate the partnership
Examples in Institutional Care	<p>A visitor traveling overseas visits an institution as part of a tour group. She inquires about the various programs implemented by the organization and requests a copy of the annual budget. She registers a funding entity and sends the director a written agreement that outlines the amount and the programs she is interested in funding.</p> <p>The terms of the agreement stipulate the type and expected timeframe of the submission of reports to the donor. After six months of delayed reports, the donor terminates the partnership and withdraws her funding from the institution.</p> <p>The director is expected to provide the donor with monthly financial acquittals against the annual budget and submit quarterly narrative reports detailing the progress of activities and programs that are funded by the donor.</p>	<p>A visitor traveling overseas meets the director of an institution and decides that she wants to support the institution by raising money from her family and friends. Over many years of support for the institution, a friendship forms between the director and donor. The donor eventually registers a funding entity, but the partnership continues to be based on the trust and friendship formed between her and the director, rather than on any written agreements or formal structures. There is no timebound limitation placed on the partnership and the expectation is that as long as the friendship remains intact, the partnership will continue.</p> <p>The donor visits for a few days once a year, spends time with the director, interacts with the children, and asks a few questions about expenses and collects some receipts. Twice a year, the director sends some photos and anecdotal stories about the children to be shared with the children's individual sponsors.</p>

Type	Contractual Partnership	Relational Partnership
Examples in Institutional Care	<p>A written funding agreement outlines how much funding the donor plans to contribute towards a budget detailing the expenses associated with operating the institution. It specifies the activities or programs the funds should cover and stipulates the frequency of funds transfers.</p> <p>A portion of the funding is allocated to pay for the private schooling of children who live in the institution. The director uses funding allocated to another budget line to pay for the private schooling of her own biological children and relatives without having a discussion with the donor. This would likely be considered a breach of the partnership terms.</p>	<p>A verbal agreement stipulates that the donor will transfer a monthly lump sum based on a set amount of funding per the number of children in care. The donor also often sends additional funding at the request of the director, such as when unexpected medical care expenses arise for a specific child. Because the donor trusts the integrity of the director, he trusts that all decisions made by the director will be integrous and appropriate, and the donor does not feel the need to have detailed discussions about how the funds are spent.</p> <p>The director uses some of the monthly funding to pay for the private schooling of her own biological children and relatives without informing the donor. As long as the donor's faith in the integrity of the director is still intact, this is unlikely to be considered a breach of the partnership because the director is given wider discretionary powers based on the trust between the two individuals.</p>

2) Trends in Transition Support



Implementation Strategy

TRENDS IN TRANSITION SUPPORT

MINI-LECTURE & VIDEO CASE STUDY

T provides brief (5-minute) lecture on the **Trends in Transition Support** information and examples.

Then, T explains that Ps will watch a video in which two practitioners discuss how they strengthened partnerships to aid transition.



Pro tip: Prior to playing the video, T should guide Ps to compare/contrast the two partnerships discussed by the practitioners.



After the video is over, T can divide Ps into small groups to discuss benefits and drawback of having a partnership agreement. Then, T can ask 2 groups to share out the main points from their discussion. If time allows, T can ask if anyone had an experience with a relational partnership similar to the one discussed in the video that they would like to share before the break.

Time: 21 minutes (5-minute lecture + 8-minute video + 4 minutes of small group discussion + 4-minute whole group discussion).

Relational partnerships are not inherently inferior to contractual partnerships. However, because **relational partnerships rely on trust and reputation for transparency and accountability, they typically lack external safeguards or structure that builds in regular checks and balances.** This makes them easier to exploit and to hide and perpetuate unethical and unlawful behaviour. As a result, stakeholders with the intention to exploit children or misappropriate funds are more likely to seek relational partnerships where that behavior can be concealed and perpetuated.

Example

A donor looking for an opportunity to groom children intentionally cultivates a trust-based relational partnership with a director to be able to access the children in the care of the institution.

Example

A director who recruits children for profit reasons seeks out trust-based relationships with foreign donors and establishes friendships with them in the hopes that they will begin to fund the director without a formal framework that might put their practices under scrutiny.

In some cases, **the lack of structure in relational partnerships can inadvertently create an enabling environment** in which opportunistic profit-seeking behavior can emerge over time. The starting point of the relationships may have been marked by genuine trust and the integrity of all parties. Over time, and due to various circumstances and financial pressures, unethical behavior may have crept in, and because of the lack of structure, it may have remained hidden and sustained. This type of behavior is often uncovered during a transition process and can cause a major fracture in the relationship as it constitutes a breach of trust. Identifying this early on allows practitioners to develop strategies to address and reconcile it, manage the associated risks, and prevent the derailing of the transition and causing harm to children.

Example

A director genuinely wants to help other children living in poverty, just as he experienced when he was a child, and he establishes an institution to care for them. He meets a donor who starts

sending money into his personal bank account, anytime he requests it, but the donor does not hold the director accountable to any recordkeeping or financial reporting. When the director's aunt suddenly becomes very ill and must spend several nights in a private hospital, he decides to borrow some of that money to pay off the medical bills. Although he fully intends to return the money into the bank account, he is unable to do so for several months, but the donor never notices or questions him, so he assumes that it is probably ok not to pay it back since it was an emergency case.

After some time, the director notices that interest is accruing in the bank account and he decides that because it is such a small amount compared to the amount he withdrew for the medical bills, he may as well use it for his personal expenses rather than use it to cover the cost of operating the institution.

When the institution's financial records are later reviewed during a governance audit as part of the transition process, the practitioner initiates a discussion with the director about the unaccounted funds and discovers that while he recognizes that it may not have been the best decision to use the funds without permission from the donor, the director notes that the donor expresses her gratitude to the director for making so many sacrifices to care for the children in the institution, and he does not think that she would have been opposed to him using the funds if he needed them. Rather than labeling it as corruption and alarming the donor with the findings, the practitioner presents the donor with similar examples of how funds can be misused if the appropriate financial controls are not in place, and emphasizes establishing such processes as a priority, to avoid any future confusion or misunderstandings about how funds should be spent.

In some cultural contexts, transparency and accountability can be fostered through relational systems such as collectivism or even patronage, as explored in Theme 5. These relationships can involve well-defined social obligations and built-in shame mechanisms that affect social control. However, this may not carry over to relationships where one stakeholder is outside of the culture, patronage system, or the direct hierarchical lines of the partner stakeholder.

Example

Privately-run institutions are largely funded through their overseas partners who are not typically part of the same relational systems and boundaries. They are likely to be interacting with each other through cross-cultural situations where there may not be a shared set of implied relational rules. In these situations, the cultural and geographical distance can make transparency and accountability more difficult to foster in relational partnerships because there are no shared rules of engagement.

In many cases, the partnership between the primary stakeholders is more about demonstrating support to the other party than it is about the provision of support to the children in care.

Example

A university professor lectures at an international conference for several years in a row and forms a friendship with a local teacher. One year, the teacher invites the professor to visit the institution he founded and operates. The professor does not feel strongly about the cause of supporting orphaned children, but he is invested in his relationship with the teacher and decides to raise funds to help him achieve his vision.



BREAK TIME!

3) Relevance of the Theme



Implementation Strategy

RELEVANCE OF THE THEME

MINI-LECTURE

T provides a very brief (2-minute) lecture on the Relevance of the Theme information. Notably, T may want to stress that determining whether a partnership is contractual or relational can help practitioners develop a transition strategy that takes into account all of the previous themes. T can project the image on slide 117 when they get to that part of the mini-lecture.



Time: 2 minutes

- Determining the nature of the partnership between primary stakeholders is critical because it **helps practitioners understand the system within which an institution operates**, and therefore the starting point of a potential transition. This will heavily shape the transition strategy and scope of work.
- Determining whether a partnership is contractual or relational can help practitioners develop a transition strategy that takes into account all of the previous themes. It will inform the development of an effective approach to change management as part of the transition process, as well as identifying potential risks that need to be mitigated prior to the implementation phase.

4) Assessing for the Theme



Implementation Strategy

ASSESSING THE THEME

MINI-LECTURE

T provides a very brief (2-minute) lecture on the **Assessing the Theme** information, emphasizing the importance of:

- conducting an [organizational governance and accountability audit](#) of both the institution and the funding organization.
- reviewing the policy and documentation framework of both the institution and the funding organization.
- listening to the founding story and ask questions about how the partnership was originally formed.
- asking questions about how decisions are made, how funding requests are made and on what basis, what type of reporting is required, and how the donor and director communicate with each other.

T can project the image on slide 118 when they get to that part of the mini-lecture.



Time: 3 minutes

- Conduct an [organizational governance and accountability audit](#) of both the institution and the funding organization.
- Review the policy and documentation framework of both the institution and the funding organization.
- Listen to the founding story and ask questions about how the partnership was originally formed.
- Ask questions about how decisions are made, how funding requests are made and on what basis, what type of reporting is required, and how the donor and director communicate with each other.

5) Application / Case Study Activity



Implementation Strategy

APPLICATION - CASE STUDY ACTIVITY

T can explain that they are going to revisit their case studies and indicator checklists one final time, applying what they have learned and discussed about psychological ownership.

Then, T can break Ps into the case study groups. (**NOTE:** Case study groups were established prior to Theme 1's session. During that time, case studies groups were given their Case Study Summaries and a group leader for each session of the day was assigned.) Group leaders will be responsible for completing the indicator checklists, guiding the conversation, and leading the negotiation on any disputes.

Next, T can explain that Ps will be completing **indicator checklists** for their respective case studies. T should inform Ps that they are to consult Theme 6 in PDF version of the [Transitioning Models of Care Assessment Tool](#) for the indicator checklists.

T should direct Ps to use the tips from the Assessing for the Theme section before quickly going over the **Case Study Indicators for Theme 6** (slide 119) when completing the indicator checklists.

Groups should take 1 minutes to complete the indicator checklists and consider the following discussion questions:

- *What does the nature of the partnership, whether contractual or relational, reveal about the potential scope of work required during Phase 2: Preparing for Transition?*
- *How would you prioritize the gaps that should be addressed urgently?*
- *What are the potential risks if those gaps are not adequately addressed prior to Phase 3: Implementing a Transition?*



Pro tip: Ps should circulate and check in with each group to answer any questions they may have about the indicators.

Once the groups have completed their indicator checklists, T should have group leaders present their group's scoring and light ratings in addition to their answers to the discussion questions.



Time: 25 minutes (1 minute of background and activity explanation, 17 minutes group work + 7-minute share out)



WHERE TO FIND YOUR MATERIALS

Consult the Residential Care Service [Transition Framework Tools Training Resource](#) Page for the Case Study Summaries.

PART 4: MANAGING TRANSITION COST AND RISK FACTORS

SESSION 12: Transition Cost Estimation Tool



Purpose

The goal of the tool is to help the funders and operators of residential care services to:

- *consider the cost implications of transition and*
- *generate cost estimates that could*
- *help the decision-makers with their planning, and*
- *help with securing a commitment to transition from key stakeholders.*

The goal of the training is that the participant:

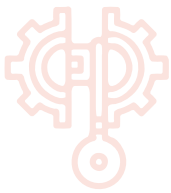
- *Explains how transition cost estimation connects in with the other Transition Framework tools.*
- *Explains the importance of estimating the impact of transition on budgets and finance.*
- *Identifies when and how to use the cost estimation tool in a transition process, including interpreting the Transition Cost Estimation Tool Report.*
- *Demonstrates awareness of the tensions that can arise when working with residential care services on cost estimation and the funding implications.*
- *Explains and trains others to use and understand the tool.*

Materials Required:

- ✓ Laptop, projector, display screen
- ✓ PowerPoint Slides: Transition Cost Estimation Tool (122-132)
- ✓ Access to the [Cost Estimation Tool](#)
- ✓ Access to the “Cost Estimation Tool Technical User Guidance Notes” PDF document

Examples 1-4:

- Excel cost estimation worksheet including sample data (include a tab for each of the 4 examples)
- 4 example financial reports or budgets
- 4 example Transition Cost Estimation Tool PDF Reports



KEY PRINCIPLES:

- This tool does not replace comprehensive budgets, rather offers a valuable summary baseline and documents assumptions and forecasts based on the user's available information.
- The report generated from the use of the tool can be used as a decision-making aid in various scenarios:
 - Assist governing boards in approving the transition journey, addressing budget concerns, making them aware of potential spike costs, and establishing realistic expectations for cost savings.
 - Provide transparency regarding the estimation of spike costs when approaching grant funders and donors.
 - Empower residential care service operators to understand what they are requesting when applying for grants and funding, encouraging them to make requests well in advance.
 - Serve as a mid-transition reference point, reminding stakeholders of the factors considered in transition costs and acting as a simple reminder when unexpected spike costs arise, reinforcing that these costs were anticipated and planned for.
 - Function as a management tool for evaluating the accuracy of assumptions. Recognizing that not all assumptions will prove correct, the power lies in understanding the assumptions made, assessing the implications of deviations, recognizing changes, and adapting plans accordingly. This adaptability is a normal aspect of any change management process, assessing progress against initial expectations and understanding any deviations.
- Ultimately, the final post-transition budget will align with the actual funding available. Less funding translates to fewer new services, as organizations must balance their budget, especially if they lack assets to sell.

SESSION TIMING: 1 HOUR AND 45 MINUTES (1X 1-hour-and-15-minute session and 1X 30-minute-session)

SESSION OUTLINE

Structured into 3 parts:

- **Part A: The Importance of Estimating the Cost Impact of Transition on Budgets and Finances (25 minutes)**
- **Part B: When and How to Use the Cost Estimation Tool (50 minutes)**
- **Part C: Working with Partner Residential Care Service (30 minutes including discussion, Q&A)**



SESSION TIPS:

- Try to draw out some of the participants' own experiences that highlight the importance of cost estimation in a transition.

The trainer can add in their own experiences of the importance of cost estimation or focus on one of the four examples which might particularly align with their experiences or the experiences of the participant group.
- Tips to facilitating the session:
 - *Utilise the example data sets as for training them, which they can also use in training others.*
 - *Utilise the Technical User Guidance Notes for training them, which they can also use in training others.*
- Tips to facilitating the session:
 - *Discussion, what if...scenarios, devil's advocate, sabotage conversations*
 - *Talk through examples from a different angle*

SESSION CONTENT

Part A: The Importance of Estimating the Cost Impact of Transition on Budgets and Finances



Implementation Strategy

WARM-UP DISCUSSION & MINI-LECTURE

T arranges Ps into small groups of 3-4 and asks them to briefly discuss the question:

- *When working with a personal or professional budget, what sorts of issues have you found most challenging?*

After a 2-minute discussion, T can introduce the topic: **why estimating the cost impact of transition is important.**

T explains why Ps should **consider the cost implications of transition** and **generate cost estimates** that could help the decision makers with their planning and how this **can help them to secure a commitment to transition** from key stakeholders (slide 123). Then, T can provide some reasons why this consideration is important.



Time: 5 minutes (2-minute discussion + 3 minute-lecture).

Introduction

The Transitioning Residential Care Cost Estimation Tool was designed to help the funders and operators of residential care services **consider the cost implications of transition and generate cost estimates that could help the decision makers with their planning, and with securing a commitment to transition from key stakeholders.**

Refer to Transitioning Residential Care Cost Estimation Tool, Technical User Guidance Notes, pages 1-4.

Why is this important?

- Sessions 1 to 12 reinforce the complex nature of transition.
- Primary users (residential care service management and governance team) should be expected to have limited understanding or experience with transitioning residential care.
- It is to be expected that primary users will call upon **technical advisors** to assist them in many aspects of transition, including in utilising the cost estimation tool and considering the implications of the results.
- **Decision-making** is particularly challenging when it comes to working through the stages of transition for a range of compounding reasons, such as:
 - Multiple stakeholders with potentially competing objectives.
 - Rarely does all the relevant information lay with just one of those stakeholders.
 - Sourcing funding for spike costs is always a challenge, especially when they may already be facing ceilings or shortfalls in funding their ordinary baseline cost budget.
 - Budgeting for technical factors, which may be hard to quantify.
 - Reconciling advice from technical partners on what is necessary for the best interests of the child, versus the operational realities of staffing and funding the organization.
 - Starting or expanding non-residential care services will require changes to staff, facilities and donor communications, which, for the most part, will not be compatible with residential care operations.
- **Spike costs**
 - The process of transitioning a residential care service is associated with a number of costs that typically create a spike in budget at certain points.



Adult Learning Principle

Introducing a topic to adult learners using a personal question establishes an immediate and relevant connection, capturing their attention and interest. This approach taps into adults' experiences, fostering a sense of relevance and personal investment in the learning process, which can enhance engagement and retention of the material.

- As the residential care service moves through the phases of transition, their baseline costs continue with their business-as-usual operational costs, while new costs such as hiring social workers, training staff, family tracing and reintegration activities all get added on top of the baseline budget.
- The evidence shows that these extra transition costs will be incurred across Phases 1 to 3, while baseline cost savings occur mid-Phase 3 onwards. Costs can therefore be expected to increase before they decrease during a transition process.
- **Securing a commitment to transition from key stakeholders.** For this purpose, we are focused on financial barriers which can get in the way of the residential care service governing board, key donors and funders, and other influential individuals committing to transition, which can be crudely summarized in two questions: **How much is this going to cost? Who or how are we going to pay for it?**



Implementation Strategy

SMALL & WHOLE GROUP DISCUSSIONS

T can introduce an example scenario from India (slide 124), taking approximately 2 minutes to go over the context.

Then, T can ask Ps to return to the same small groups of 3-4 from the warm-up discussion and ask them to discuss the following questions:

- *Who has had similar experiences (decision making, spike costs or funding challenges)?*
- *What was the impact on transition budgets or finances?*
- *What lessons have been learned? or What would you have done differently?*

After 5 minutes of small group discussion, T can ask for volunteers to share a summary of their group's discussion, pointing out similarities or differences in answers.



Pro tip: If T circulates the room during the small group discussion, they can listen for contrasting experiences or lessons learned. Then, they can approach those groups to see if they would be willing to contribute to the whole group share out.



Time: 5 minutes (2-minute introduction to the context + 5-minute small group discussion + 3 minute-whole group discussion).

India Example and Discussion

India Example (before the development of the cost estimation tool)

- Multi-site orphanages, multi-entity structure, founder no longer on the board causing trouble, conflict between local RCF directors, conflict between Australian board and some of the local RCF directors, funding stress and financial accountability concerns.
- Australian management made the decision that transition was necessary, while the Australian board, local RCF directors, founder and key donors were unconvinced.
- Management and board were finding it difficult to budget for the organization with funding stagnating/decreasing, while expenses were increasing, which paralysed their decision making.
- Management was incapable of forecasting or estimating spike costs and the board/management had a negative evaluation of the funding implications. They relied on the technical advisor to create a budget including spike costs and to provide funding implications and options, but management lacked confidence to own these budgets, and this lack of confidence fuelled the board's hesitancy towards transition.
- Management and board felt plagued by financial uncertainty, which led to circular decision making (we agree to transition but will reassess and question every step along the way).
- Meanwhile the organization's financial position was going backwards slowly, as they delayed investing in the necessary spike costs to further transition.
- Delays between management conversation and technical advisors; management and board; management and founder (and key donors); board and technical advisors.
- Budgets, finances and the inability to quantify costs or cost implications can be a roadblock to key stakeholders (board, management and funders) agreeing to proceed with a transition.
- The delays in estimating spike costs and budgets restricted the organization's ability to apply for grants or raise additional funds, which exacerbated their financial position. The pressure to source spike cost funding was put onto the Technical Advisors.
- Once transition finally did progress, some of the residential care services hired social workers, then rushed the child and family assessments, so that reintegration happened at the end of school term, when the children would return home for school holidays. The result was reducing spike costs by quickly winding up the residential care service while disregarding the best interests of the children.



Implementation Strategy

PART A: SUMMARY

MINI-LECTURE

T provides a very brief (2-minute) lecture summarizing the factors that Ps should be aware of when estimating transition costs, including:

- awareness
- funding timeframes
- unknowns
- sabotage
- meeting timeframes

T can project the image on slide 125 when they get to that part of the mini-lecture.

T can wrap up Part A with a quick think-pair-share activity, asking Ps to identify which factor they would find easiest to meet and which one might be most difficult.



Time: 5 minutes (2-minute lecture + 3 minutes for the think-pair-share activity).

Part A Summary

- **Awareness:** Finances and budgets are a source of contention, especially when expenses are greater than income
- **Funding timeframes:** Sourcing funding for spike costs requires planning ahead
- **Unknowns:** There will be more unknowns than decision makers are comfortable with, which can lead to deferring decisions or commitments to transition.
- **Sabotage:** Organizations under funding stress or who simply do not want to change, can use any uncertainty around costs or funding as a reasonable and financially sensible excuse for delaying transition decisions.
- **Meeting timeframes:** Finance decisions will involve board and governance processes or donor/funder engagement which can be time consuming. It is important to be aware of the decision-making requirement of each situation: board meeting dates and frequency, who needs to sign off, and any external timeframes. When there is a 2- or 3-month gap between conversations about transition and the board meetings, there will be competing priorities on the meeting agenda for the board's attention.



Adult Learning Principle

Making connections to earlier material in a lesson enhances learning continuity by reinforcing foundational concepts and promoting a cohesive understanding of the subject matter. Additionally, this approach helps learners see the interrelatedness of different components, facilitating better retention of knowledge.

Part A Recap

The tool is focused on this challenge of estimating how much transition is going to cost, when there are so many unknowns to transition, by:

Why is this important?

- Giving users access to a model based on what has been learned about transition costs from others who have gone through transition. **This provides a baseline model for the unknowns** and allows users to adjust for what is known; **the biggest known being the residential care service's current baseline budget.**
- Providing users with an estimation of the costs across the phases of transition based on the RCF's variable selections, along with the assumptions being made. In any decision it is always a balance of filling the gaps between what is known with **forecasts, assumptions and educated guesses.**

This tool aims to provide users with a **forecast/assumption report** that is based on the residential care services' own baseline data, and which having been documented, can then be tracked, compared, and adjusted, as the residential care service progresses through the transition phases.



Implementation Strategy

WHEN AND HOW TO USE THE TRANSITION COST ESTIMATION TOOL

MINI-LECTURE

T provides brief (5-minute) lecture on **When and How to Use the Transition Cost Estimation Tool**. To start, T can explain what Ps will need at the beginning of the 5-step process.

Then, T walks Ps through the 5 steps, referring to slides 126 and 127, as needed. T can mention that Ps will receive a PDF of the results via email.

After pointing out the graphical representation at Step 5: Results, T can ask Ps to take a minute to look at the graph and notice any trends. T can ask for one volunteer to share what they noticed.

Finally, T can ask Ps to jot down a number between 1 and 5 indicating how confident they feel about using the Transition Cost Estimation Tool.



Pro tip: When facilitating skills-based learning (e.g., how to use a tool), having learners rate their confidence levels before and after using the tool is a quick way to get them to recognize how much they have learned.



Time: 7 minutes (5-minute lecture + 2-minute focus on the graph on slide 127).

Part B: When and How to Use the Cost Estimation Tool in a Transition Process



Implementation Strategy

RECAP

T provides a very brief (2-minute) recap on the **Transition Cost Estimation Tool**. Notably, T may want to mention the tool helps practitioners with the unknown costs in the transition process.

T can also take the opportunity to reassure any Ps who are not “numbers of people” that the tool was designed to help them!



Time: 3 minutes

Introduction to the Tool

Very brief tool walkthrough, alongside referencing the Technical User Guidance Notes.

Users will need to have access to some basic information to utilize this tool, including:

- The residential care service annual budget or 12-months of operating income and expenditure.
- The size and number of children in the RCF
- Staffing numbers, including a breakdown between social workers, care staff and those involved in non-residential activities such as education or community programs.
- Information about other programs the organization may run in the community.

Next:

- Assist the residential care service to work through each step in the tool in order from Step 1 through to Step 4.
- At each step or sub-step, read through the instructions, respond to questions using the tick boxes or by selecting from the drop-down menu, enter data where required, and adjust the median estimates for each cost point, using the toggle feature.
- Tool tips are provided throughout, which users can hover over to access tips and additional explanation.

Step 5: Results

- This contains the overall estimates that are presented in a table and a line graph **reflecting the costs spread out over the phases of transition**.
- Users can go back to any step in the tool and adjust figures up and down. Any changes made in Steps 1 through 4 will be reflected in the summary table and line graph.

- Once the estimate seems reasonable, users can click on the submit button to generate a PDF of their unique estimate. This will contain all the data and responses to questions in Steps 1 through 4 as well as the overall estimate results in Step 5.
- The PDF of the results will be emailed to the email address provided.



Pro tip: Ts should practice using the tool prior to the session so they can point out any tips, tricks, or potential errors.

Once the worked example is complete, T can assign the groups one of the remaining example data sets to work through together. (**NOTE:** Depending on the size of the whole group, T may need additional copies of the documentation for Examples 2-4.) If a group completes their work with activity time remaining, T can assign them another example to work through.

While groups are working through the examples, T should circulate the room, troubleshooting any issues or answering any questions that arise.

In the last 5 minutes of this activity, T will lead Ps through a whole group discussion, asking about different levels of information, approach, etc.



Time: 39 minutes (? minutes for small group work + ? minutes for the whole group ranking + 5 minute whole group discussion)

Example Data Activity (Examples 1-4)

Consider 4 examples: The residential care service financial information is coming from 4 different types of reports. Work through each of the 4 reports, look at how to process using the excel worksheet example, consider additional information required and data entry into the tool.

Outline of the 4 different examples:

- **Example 1:** Financial Statements that include a profit and loss statement with a low level of itemised detail, providing 12-months actual data
- **Example 2:** Management style financial statements, including a profit and loss, with a mid-level of itemised details, providing 12-months actual data
- **Example 3:** Excel spreadsheet providing 12-months budget data (not actual), with a higher level of itemised detail
- **Example 4:** Written notes with unstructured budget figures (not actual)



Adult Learning Principle

Adult students are partial to hands-on practice because it actively engages them in the learning process, allowing for practical application of theoretical knowledge and fostering a deeper understanding through experiential learning.

Steps to work through:

- Use the template excel sheet to process into Cost Estimation Tool expenditure categories
- Review, discuss, gather additional information
- Enter data into the tool
- Create the PDF report (we will look at the reports in Part C)

Part B Summary



Implementation Strategy

PART B: SUMMARY

MINI-LECTURE

T provides a very brief (2-minute) lecture summarizing when and how to use the Transition Cost Estimation Tool.

Then, T asks Ps to jot down their confidence level using the Transition Cost Estimation Tool after working through the four examples. T can ask for any volunteers to share their scores if time allows.



Time: 4 minutes (2 minute-lecture + 2 minutes for the confidence rating).

When to use the tool?

- Phase 1, as early in the process as possible
- During Phases 1 and 2, if new information is obtained, the report can be updated
- When key decisions need to be raised, made, addressed
- When facing roadblock or decision points

How to use the tool?

- Focus on the key information that is available. As the 4 examples show, every organization does their financial processes slightly differently, but it can still be used in the tool.
- Think about unknowns in terms of forecasts and estimates.
- Users can create their own baseline as a reference point (and as a way of navigating the unknown and uncertain details).
- Think about the decisions to be made and the roadblock users are or will be facing.

Unless any of the Part B learning activities went over time, 10 minutes should remain for Q & A.

Part C: Working with Partner Residential Care Services



Implementation Strategy

EXAMPLE REPORTS REVIEW

THINK-PAIR-SHARE ACTIVITY

T can ask to spend 3-4 minutes looking at the report graph observations for each of the 4 example reports, suggesting that they focus on:

- Looking at funding position, is it strong/weak?
- Looking at new services, and beneficiary impact
- Considering grant and donor fundraising issues:
 - Donor retention on the journey
 - Donor messaging and expectations
 - Spike costs - future cost savings, increased impact
 - Community activities, family-based care with increased impact

Then, Ps should turn to a partner and spend 2 minute each (4 minutes total) sharing their observations. After that, T can solicit volunteers to share any meaningful insights that came from the pair discussion. Finally, Ts can fill in any of the knowledge gaps missing from the information shared by the volunteers. (NOTE: T can consult the Possible Tensions Discussion Points for inspiration.)



Time: 10 minutes

Example Reports Review and Discussion

Possible Tension Discussion Points:

- Phase 3 spike costs at their peak create extreme budget pressure: management looks back, questioning “Why did we agree to this transition when we were better off before?” (organizationally that might be true).
- They are successful with a large grant towards spike costs: during implementation, residential care service staff forget about their previous chronic budget shortfalls and drag their heels on reintegration.
- During Phase 3 implementation, funding is running out: management may be tempted to rush reintegration to resolve the budget tension.
- Phase 3, past the 50% reintegration, the organisation has realized cost savings, and the budget is looking good: Residential care service staff tempted to stop reintegration progress,

leaving them with a small residential care service and new activities. They avoid trying to reintegrate the hardest cases.

- Phase 1 and 2 with limited funding: Management stay caught up in the day-to-day operations of the residential care service, avoiding the next steps of transition.

NOTE: the Excel worksheet tab for each example includes 3-4 dot point observations and insights for each of the examples.



Implementation Strategy

TOOL STEP 4: NEW SERVICES

MINI-LECTURE

T provides brief (6-minute) lecture on **Tool Step 4: New Services**, focusing on Funding Position (4.1) and New Non-Residential Care Services (4.2). T can refer to slide 131, as needed.



Time: 6 minutes

Tool Step 4: New Services

4.1 Funding Position

- A residential care service embarking on transition needs to think about **how they are going to fund the spike costs**. Ongoing organizational funding, maintaining donors needs to be considered in order to avoid an operating budget deficit as well as spike costs.
- For organizations choosing Pathway A, they will be continuing with activities post-transition. That means **post-transition funding freed up from cost saving can be reallocated to new programs**. For some organizations, donors who were highly invested emotionally in the residential care service may choose not to continue with their support, leading to reduced funding. It is reasonable to expect that some residential care services who are seeking technical assistance may already be experiencing funding pressures.
- However, it is also reasonable to consider that transition and new community or family services presents the residential care service with an **opportunity to re-energize their donor base** with a new focus that could maintain or increase their funding.

4.2 New Non-Residential Care Services

This is a vital part of the story, painting a post-transition picture of what might be possible. Under any scenario, a residential care service will always be able to reallocate budget to impact more beneficiaries. **Residential care services are cost intensive, and it is known that funding redirected into family and community services will have a multiplied impact on the number of beneficiaries.**

This is not about the specifics, because post-transition could be 2 to 3 years away, so this is about **showing where you are headed**. The minimum impact multiple for family-based care is 2x, and community-based services should be planning for at least 5x, so that is the simple starting point.

If the user already has family-based care or community activities, with costs and beneficiary numbers that are known, then the residential care service can calculate and plug in their own known multiples, making this simple picture even more powerful.

This is key information that can be used in donor, supporter, and grant messaging and further supported in the user's written narratives on residential care service transition.

The technical user should consider leveraging this to energize the board and management decision makers through the challenges of transition. If the residential care service could keep the same funding coming through and relocate to family and community services, then **how many more beneficiaries could be assisted?**



Implementation Strategy

PART C: SUMMARY

MINI-LECTURE

T provides a very brief (2-minute) lecture summarizing the main points related to working with Residential Care Services, including:

- Tensions to manage
- Funding limitations
- Pressure to finish
- Managing expectations

T can refer to slide 132 during the mini-lecture.

Then, T asks Ps to jot down their confidence level using the Transition Cost Estimation Tool one final time. T can ask for new volunteers to share their scores if time allows.



Time: 3-4 minutes (2 minute-lecture + 1-2 minutes for the confidence rating).

Part C Summary

- Working with the tension of balancing looking at the past (reporting), present (what needs to be done) and future (the post-transition). This is a tension to manage.
- Sitting with the tension of Phase 3 implementation is uncomfortable; spike costs are at a maximum; funding is stretched, and you will be encountering all the unforeseen issues.

- Keeping the transition on track and making sure support and services are not withdrawn too quickly.
- Donor and funding management, especially when the reintegration job looks done (transition will look done to donors/funders before it is actually complete).



WHERE TO FIND YOUR MATERIALS

Consult the Residential Care Service [Transition Framework Tools Training Resource](#) Page to access the Technical User Guidance and examples.

SESSION 13: Identifying and Managing Child Protection Risks – Trafficking, Exploitation and Abuse



Purpose

The aim of this session is to:

- ensure practitioners understand child trafficking and exploitation in residential care facilities (orphanage trafficking),
- are aware of the possibility of detecting child trafficking and exploitation while providing support to transition or close an RCF,
- know what the indicators of orphanage trafficking and exploitation are and how to detect and interpret them, and
- know how to respond should orphanage trafficking, exploitation or abuse be disclosed, reported, uncovered, or reasonably suspected in the course of their work.

Materials Required:

- ✓ Laptop and data projector or display screen
- ✓ PowerPoint Slides: Identifying and Managing Child Protection Risks (slides 133-144)
- ✓ About [Orphanage Trafficking Information Sheet](#) (OT information sheet)
- ✓ [Orphanage Trafficking Description](#) of Indicators Sheet
- ✓ Lighthouse Case Study: Transitioning Models of Care Assessment Tool



KEY PRINCIPLES:

- Orphanage trafficking involves **the act of recruitment/unlawful removal, transfer, and admission/receipt into a residential care facility + exploitation or profit**, or an intent to exploit or profit from a child's institutionalisation.
- Orphanage trafficking is most common in **unregistered residential care facilities** that are not legally authorized to operate or receive children into their care and where unlawful removal/irregular admission can be immediately established for all children.
- Practitioners involved in residential care service transitions need to be aware of the indicators of orphanage trafficking and **examine the legality and process** of children's removal and admission into the residential care facility at the commencement of transition to ascertain if there is a risk of orphanage trafficking.
- Children are unlikely to disclose abuse, exploitation, or trafficking while still in the residential care facility. Pushing for disclosure can, in some instances, **exacerbate the risks to children** who remain under the control of perpetrators involved in trafficking and exploitation.
- Residential care services involved in orphanage trafficking are **red-light category transitions** where the risks to children and of sabotage are high. Transition or closure strategies need to be informed by risk assessment and careful consideration of children's safety. Forced closure by mandated authorities is often the most appropriate approach.

SESSION TIMING: 1 HOUR

SESSION OUTLINE

1. **About Orphanage Trafficking (OT) Information Sheet:**
 - Definition of orphanage trafficking
 - Elements of orphanage trafficking
 - How to situate orphanage trafficking under your domestic laws
 - Forming a reasonable suspicion of orphanage trafficking
2. **Indicators of Orphanage Trafficking** (*draw content from Description of OT indicators sheet*)
3. **Responding to Orphanage Trafficking Detected in the Course of Residential Care Service Transition Work**
3. **Group Discussion – Lighthouse Case Study**

SESSION CONTENT

1) About Orphanage Trafficking (OT)



Implementation Strategy

MINI-LECTURE

T can introduce the topic of **orphanage trafficking** by going over its definition (slide 134), salient points related to (slides 135-137):

- Elements of orphanage trafficking
- How to tell if a child's admission is recruitment/unlawful removal
- How to tell if recruitment or unlawful removal was part of trafficking?

Then, T can ask Ps partner with a neighbor and take 3 minutes to discuss the question:

- What are the relevant human trafficking and exploitation laws and policies in your country?
 - *If you don't know, how could you find information on the relevant laws and policies?*
- What experience have you had, if any, with human trafficking (i.e., case work, advocacy, policy)?

T can help guide any Ps they notice are struggling to come up with an answer. For example, T can ask a leading question, such as: *What phrases would you Google?*



Pro tip: Asking leading questions helps guide learners in their critical thinking, encouraging them to analyze and articulate their thoughts while promoting a more interactive and engaging learning environment.

After the pair discussions, T can discuss how/where Ps can know if and when orphanage trafficking is an offense in a country (slide 138).

Then, T can summarize who can detect orphanage trafficking (slide 139), including:

- Child protection authorities
- Social workers
- Law enforcement
- Service providers



Time: 17 minutes (14-minute lecture + 3 minutes discussion).

2) Indicators of Orphanage Trafficking



Implementation Strategy

INDICATORS OF ORPHANAGE TRAFFICKING

TEACH EACH OTHER ACTIVITY

T can briefly explain that there are three categories of indicators of orphanage trafficking: indicators of acts, purposes, and means. Then, T separates Ps into four groups and assigns each group 2 Indicators (slides 140-143).

(NOTE: Since Indicators 1.1 and 2.4 have more content than others, T can separate Ps into six groups. For larger-sized whole groups, T can separate Ps into 8-10 groups and assign each group 1 Indicator.)

Groups need to decide how to summarize the main points of each stage to the rest of the group without simply reading the slides. A volunteer from each group should present information about the indicator that they were assigned.

T can explain that the summaries can be quick—under 60 seconds.



Pro tip: T can use the timer on their phone or a projected online countdown timer to keep the pace during this activity.



Time: 15 minutes (5 minutes of group work + 8 minutes of “teaching” for the whole group)



Adult Learning Principle

Having students “teach” material to others promotes a deeper understanding as it requires them to articulate concepts in their own words, which reinforces their learning. Additionally, the act of teaching enhances retention, confidence, and communication skills.

3) Responding to Orphanage Trafficking Detected in the Course of Residential Care Service Transition Work



Implementation Strategy

RESPONDING TO ORPHANAGE TRAFFICKING DETECTED IN THE COURSE OF RESIDENTIAL CARE SERVICE TRANSITION WORK

MINI-LECTURE

T provides brief (3-minute) lecture on how to respond to orphanage trafficking. T can refer to slide 144 during this mini-lecture.



Time: 3 minutes

Responding to Orphanage Trafficking and Exploitation

- Social workers involved in reintegration and practitioners providing technical support to transitioning residential care services are considered front line personnel more likely to come across indicators of orphanage trafficking in the course of their work. It is therefore imperative that practitioners are **trained in the detection of orphanage trafficking indicators and child safe reporting mechanisms**.
- Organizations involved in providing technical support to transitioning residential care services should have a generic response plan developed for high-risk transitions where trafficking and exploitation is suspected or evidenced. This should include **reporting responses and options for rapid interventions** where children need to be immediately removed from high-risk environments. In some countries, these rapid response mechanisms are in place and are enacted by mandated authorities (often inter-ministerial task forces) in response to reports (this is the ideal situation). In other contexts, these rapid response mechanisms may not yet exist in the child protection regulatory framework. Where they do not exist, organizations should:
 - a) develop interim response plans in conjunction with mandated authorities to promote coordinated and swift action to protect children where risk is manifest and imminent and
 - b) advocate for government-led rapid response mechanisms to be incorporated into regulation.
- **Routine checks of child files and documentations** should be conducted in Phase 2, the planning phase of a residential care service transition, to surface risks that can be considered early and before social worker/reintegration case management commences. This can minimize risks to children and result in more expedient interventions.
- Non-routine interviewing of children in residential care, where orphanage trafficking and exploitation is suspected, may increase the risks to those children, particularly if they remain in the care of the alleged or suspected perpetrator. Such **non-routine interviewing to encourage disclosure may alert suspected or alleged perpetrators of suspicions and place children at risk of threat or coercion before an intervention can be staged**. Practitioners should prioritize gathering information on administrative anomalies to make or substantiate a report to authorities over interviewing children.
- Where reports or disclosures of abuse or exploitation have been made, practitioners should advocate with authorities for investigations to routinely examine the legality of the child's removal and placement in the residential care facility to ascertain whether orphanage trafficking may have occurred. All children in the residential care facility (past and present) should be considered potential victims and access appropriate support for victim identification purposes. **Young people who have left the residential care facility may need to be traced and contacted and provided with support** in addition to children in care at the time of detection.

- In countries where rule of law is weak or there are known barriers to accessing justice, practitioners should carefully consider the most appropriate ways to make a report, considering **legal obligations (including mandated reporting obligations), ethical obligations, child safety, and options for providing children with access to independent legal support** throughout the process.

4) Group Discussion – Lighthouse Case Study



Implementation Strategy

LIGHTHOUSE CASE STUDY

SMALL & WHOLE GROUP DISCUSSIONS

T instructs Ps to skim the Lighthouse Case Study (from the Transitioning Models of Care Assessment Tool) and identify the indicators of orphanage trafficking they notice.

Then, can divide Ps into small groups, explaining that groups will need to:

- discuss and rate the risks to children indicated by the details of case study.
- discuss what response mechanisms are available in participants' countries and what types of responses they think are appropriate to protect children, considering the availability and efficacy of redress mechanisms in country.

After 10 minutes, T can ask for volunteers to share their group's ratings of the risks to children and a summary of their group's discussion.



Pro tip: While each group is sharing out, T can take notes on the ratings.

Once all groups have presented, T can lead an 8-minute whole group discussion on a choice of topics:

If there is variation in the groups' ratings

T can refer to specific ratings and ask the groups questions about their ratings, like:

- to explain the rationale behind the ratings
- to summarize the conversation their group had to arrive at their rating

If there is slight variation in the groups' ratings

T can ask Ps to share about their experience, such as:

- What did you find most difficult about doing the ratings?
- How confident did you feel when you were discussing the response mechanisms available?



Time: 25 minutes (2-minute introduction to the activity + 5 minutes for skimming + 10-minute-small group discussion + 8-minute-whole group discussion).

After the Q&A, T should go over the objectives, stating that Ps should notice progress towards the following objectives before reminding Ps to complete the Training Evaluation:

- Demonstrate awareness of orphanage trafficking and exploitation in residential care settings and understand the indicators and means of detection



WHERE TO FIND YOUR MATERIALS

Consult the Residential Care Service [Transition Framework Tools Training Resource](#) Page for the About OT materials and case studies.

Post-training Test



Implementation Strategy

T shares the link to the post-training test. Before having Ps fill out the test, T should go over the objectives, stating that Ps should notice progress towards the training objectives:

- Explain the interaction between the care and child protection system reforms and the transition of individual residential care services
- Identify the range of stakeholders they must engage with during transition, including which phase(s) and for what purpose(s) they will be engaged
- Describe the purpose of the 3 Transition Framework Tools and their appropriate use
- Demonstrate sufficient technical capacity to begin to integrate and use the Transition Framework Tools in their practice
- Demonstrate awareness of orphanage trafficking and exploitation in residential care settings and understand the indicators and means of detection



Time: 10 minutes



WHERE TO FIND YOUR MATERIALS

For the **Post-Training Test**, consult the Annex or the QR code in the slide deck.

For more information on the **Training Evaluation procedure**, see Step 4 of the Skills of the Trainer section of the manual.

ANNEX SECTION

Links:

- [Transitioning Models of Care Assessment Tool \(digital\) \(PDF\)](#)
- [Phases of Transition Interactive Diagram](#)
- [Transitioning Residential Care Cost Estimation Tool](#)
- [Transitioning Residential Care Video Case Studies](#)
- [A Case Study of Conditions Leading to a Safe Transition: Bridges Safehouse](#)
- [A Case Study of the Process of Change: Transitioning Firefly Orphanage](#)
- [A Case Study of a High-Risk Transition: Lighthouse Children's Village](#)
- [Transition Hub \(BCN website\)](#)
- [Financial Impact of Transition Annex: Bridges Safehouse](#)
- [Financial Impact of Transition: Lighthouse Children's Village](#)
- [Transition Framework Tools Training- Master Slide Deck](#)
- [About Orphanage Trafficking](#)
- [Orphanage Trafficking: Indicators and Descriptions](#)
- [Case Study Summary PDF](#)
- [Residential Care Service Transition Framework Tools Training: Resource Page](#)

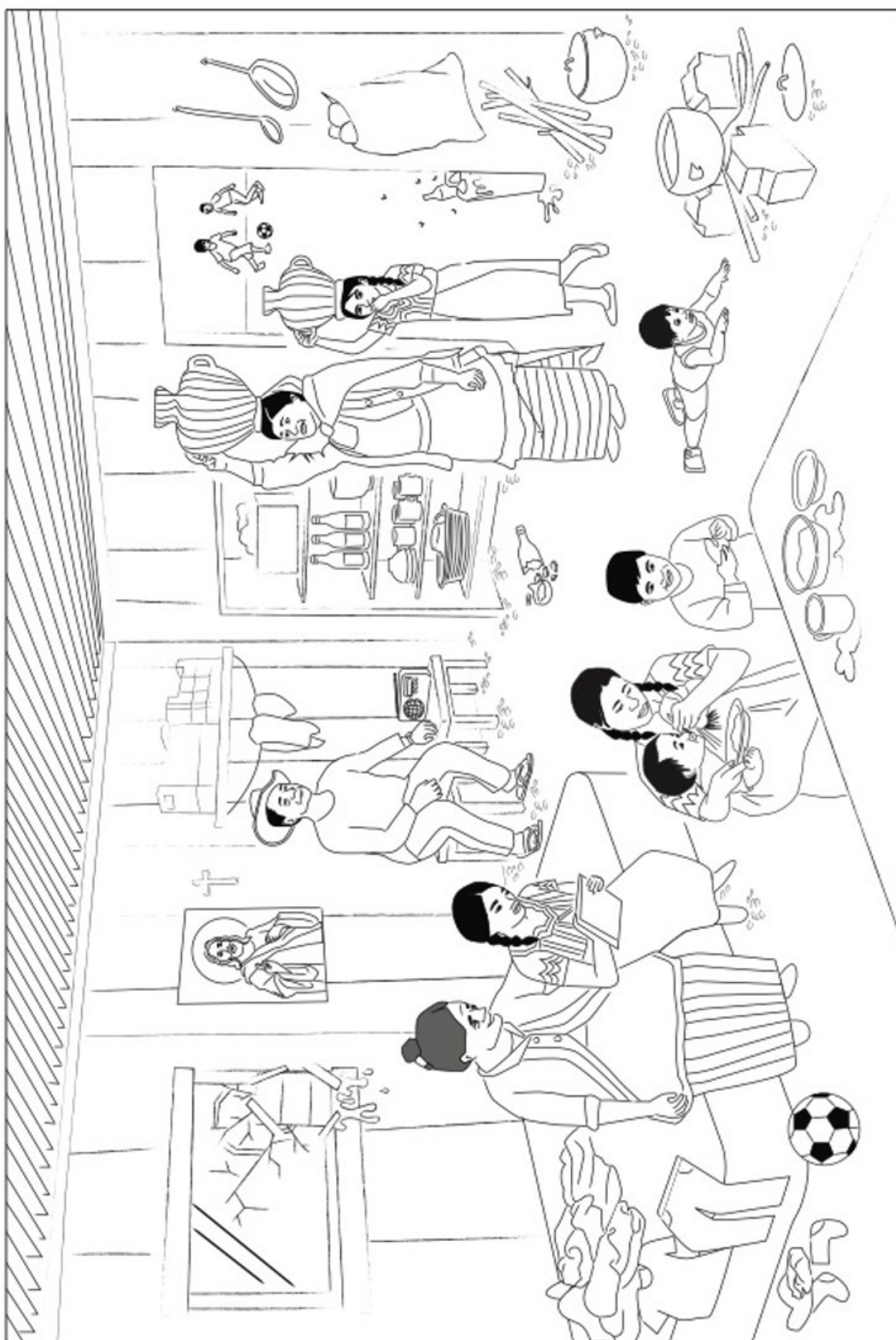


Figure 1: Family and Community Services Handout- Guatemalan Family

Family & Community Based Services

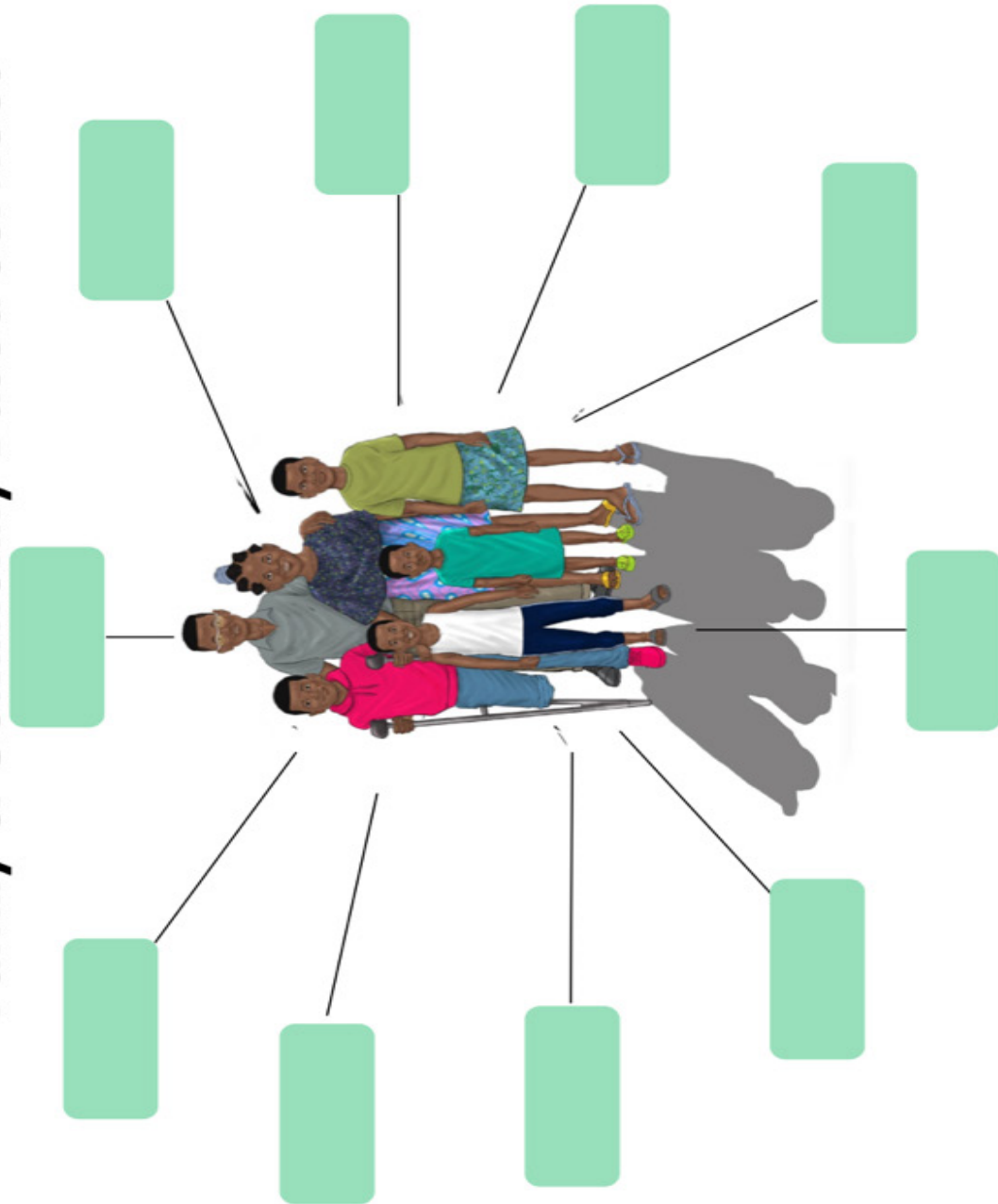


Figure 2: Family and Community Services Handout

TRANSITION FRAMEWORK TOOLS TRAIN THE TRAINER EVENT

PRE / POST-TEST

Name: _____

The purpose of this pre/post-test is to understand how effective the training of trainer's workshop is in increasing your knowledge, skills and confidence.

1 The definition of transition is (fill in the blank, in your own words) _____

2 To support growing momentum for residential care transition, and to promote safe and evidenced-based practice, capacity needs to be built around the three levels below. Please describe what each level means and what factors need to be considered in each:

1. Macro level:

2. Organizational level:

3. Individual Level:

For the following areas please circle the appropriate number, where 1 = not at all and 5 = completely/very much

3 How confident do you feel to train others to use the transition framework tools?

Phases of transition tool: 1 2 3 4 5

Transitioning models of care assessment tool: 1 2 3 4 5

Transition cost estimation tool: 1 2 3 4 5

4 How prepared do you feel to:

Explain the purpose of the framework tools to others:

1 2 3 4 5

Utilize the training manual in your own training:

1 2 3 4 5

Prepare materials needed to deliver the training to others:

1 2 3 4 5

Design and facilitate the training using adult learning and participatory methodologies

1 2 3 4 5

Engage with the range of stakeholders who are involved in transition

1 2 3 4 5

THANK YOU!

TRANSITION FRAMEWORK TOOLS TRAIN THE TRAINER EVENT

Training Workshop Evaluation



Objectives:

By the end of the workshop, participants will:

1. Familiarity with and capacity to use the transition framework tools;
2. Have capacity to deliver the ToT in their own country and context;
3. Understand how to use the ToT manual and other training materials;
4. Feel more connected to peers working in transition; and
5. Have increased knowledge and capacity around transition risk management and stakeholder engagement

With this in mind, please answer the following questions as honestly as possible in order to help us evaluate this workshop and improve future workshops.

Please circle the appropriate number, where 1 = not at all and 5 = completely/very much

1 To what extent did the workshop meet the learning objectives above?

Obj 1:	1	2	3	4	5
Obj 2:	1	2	3	4	5
Obj 3:	1	2	3	4	5
Obj 4:	1	2	3	4	5

2 How well equipped do you feel to use the transition framework tools in supporting transitions?

1 2 3 4 5

What areas need more work?

3 How well equipped do you feel to train others to use the transition framework tools in their work to transition services?

1 2 3 4 5

What areas need more work?

4 What will you do differently as a result of this workshop?

5 What was the most useful part of this workshop for you?

6 What was the least useful part of this workshop for you?

7 What recommendations do you have for future workshops?

Any other comments are welcome! Thank you!

TRANSITION TRAINING: EXAMPLE AGENDA

Day 1

Time	Topic	Facilitator
8:30 – 9:00	Trainer and Participant Introductions Purpose of Training & Expected Outcomes Pre-training survey	
9:00 – 10:00	Shared Understanding	
10:00 – 10:15	Morning Tea	
10:15 – 11:15	Shared Understanding – continued	
11:15 – 12:00	Process of Transition <ul style="list-style-type: none"> • Stages of transition • Explore the interactive diagram tool • Deeper dive: phase 1 <ul style="list-style-type: none"> • Identifying stakeholders and stakeholder roles • Deeper dive: phase 2 <ul style="list-style-type: none"> • Understanding context 	
12:00 – 1:00	Lunch	
1:00 – 3:00	<ul style="list-style-type: none"> • Deeper dive: phase 2 continued <ul style="list-style-type: none"> • Understanding community services • Deeper dive: phase 3 <ul style="list-style-type: none"> • Understanding actively transitioning • Full transition vs. divestment 	
3:00 – 3:15	Afternoon Tea	
3:15 – 3:45	Transitioning Models of Care Assessment Tool <ul style="list-style-type: none"> • Introduction to the tool • Purpose and use of the tool • Focus of the assessment and analysis 	
3:45 – 4:15	Structure of the Tool Indicators and Implications Using the findings for developing tailored strategies	
4:15 – 4:30	Q&A	
End of the day evaluation		

Day 2

Time	Topic	Facilitator
8:30 – 8:45	Assign groups, review case study narratives	
8:45 – 9:15	Theme One: Making the Case for Transition	
9:15 – 10:00	Theme Two: Loyalty and Commitment	
10:00 – 10:15	Morning Tea	
10:15 – 11:15	Theme Three: Motivations	
11:15 – 12:00	Theme Four: Othering	
12:00 – 1:00	Lunch	
1:00 – 1:45	Theme Five: Clientelism and Obligations	
1:45 – 2:30	Theme Six: Psychological Ownership	
2:30 – 3:00	Theme Seven: Nature of Partnerships	
3:00 – 3:15	Afternoon Tea	
3:15 – 3:45	Theme Seven: Nature of Partnerships - continued	
3:45 – 4:15	Overall Scoring and Implications	
4:15 – 4:30	Q&A	
<i>End of the day evaluation</i>		

Day 3

Time	Topic	Facilitator
8:30 – 9:00	Review of Day 2 / Q&A	
9:00 – 10:15	Cost Estimation Tool	
10:15 – 10:30	Morning Tea	
10:30 – 11:00	Cost Implications of Transition – continued / Q&A	
11:00 – 12:00	Identifying and Managing Transition Risks	
12:00 – 1:00	Lunch	
1:00 – 2:00	Q&A	
2:00 – 2:45	Feedback Mechanisms	
2:45 – 3:00	Post-Training test & final training Evaluation	
3:00 – 3:15	Afternoon Tea	
3:15 – 3:35	Close	