



# Residential Care Service Transition

## THEMATIC BRIEF

### Introduction

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The transition of individual residential care services for children is a critical part of child protection and care systems reform. It is one of several critical measures required of governments to implement commitments made at the international level to phase out the institutionalization of children and reorientate the system towards family-based care.<sup>1</sup> To support the scaling up of transitioning residential care services, and to ensure it is done in a manner that is safe, effective and puts children's best interests first, certain factors need to be in place at the system level to create enabling conditions for transition. Factors include clear legislation and policy frameworks, guidance and Standard Operating Procedures, data management system and adequate human and financial resources, including for monitoring and evaluation and technical support. Providing such support is essential to the



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<sup>1</sup> UN General Assembly, *Rights of the Child: resolution adopted by the General Assembly, 18 December 2019, A/RES/74/133* (2019)

safe reintegration of children currently in residential care, and the effective redirection of resources towards the development of community-based services that support family care.

## AUDIENCE

This thematic brief was developed to support governments develop frameworks conducive to the transition of residential care services, as part of a comprehensive care reform initiative, pursuant to international commitments to phase out institutionalization, including the UN General Assembly Rights of the Child Resolution 2019.<sup>2</sup>

## SUMMARY OF CONTENT

The brief contains high-level guidance and recommendations for policy and decision-makers and development partners to consider in designing frameworks to scale up, coordinate and support the transition of individual residential care services. It includes:

1. Key policy statements fundamental to achieving change,
2. Concrete steps to drive implementation while keeping the best interests of the child at the centre of the process, and
3. Practical examples from diverse contexts.

***Note:** To learn more about the rationale for the shift away from residential care and prioritisation of family-based care, please see the Additional Resources section of this brief for links to key resources.*

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<sup>2</sup> *ibid*

# Definitions

**Residential care service ‘transition’:** Transition for the purpose of this brief refers to the process of changing the model of alternative care or services provided by an agency or organization from a residential to a family-based model of care or other community-based service that support children to live 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. Transition outcomes may include a full transition to other services, safe closure of the residential care service, and divestment of resources from residential services and reinvestment in community-based services that support family care.

**Care Reform:** Care reform refers to changes to the child protection and alternative care systems and mechanisms that:

- Promote and strengthen the capacity of families and communities to care for their children,
- Address the care and protection needs of vulnerable or at-risk children to prevent separation from their families,
- Decrease reliance on residential care and end child institutionalisation, and
- Promote reintegration of children into their families and ensure appropriate family-based alternative care options.

**Residential Care:** 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.<sup>3</sup>

**Institutional Care:** 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.

<sup>3</sup> UN General Assembly. (2009). Guidelines for the alternative care of children. A/RES/64/142. Para 29 c. iv. Retrieved at <https://bettercarenetwork.org/library/social-welfare-systems/standards-of-care/guidelines-for-the-alternative-care-of-children-english>

# International Commitments and Recommendations

## **A/RES/74/133 2019 UNGA Resolution on the Rights of the Child Article 35 (g)**

*Progressively replacing institutionalization with quality alternative care, including, inter alia, family and community-based care and, where redirecting resources to family and community-based care services, with adequate training and support for caregivers and robust screening and oversight mechanisms;*

## **A77/41/2021 Committee on the Rights of the Child: Recommendations from the Day of General Discussion on Children's Rights and Alternative Care.**

### **Annex II 2.42**

*States should develop and implement time-bound and adequately budgeted national deinstitutionalization strategies. They should emphasize redirecting resources from institutional care towards family-based and community-based care, by increasing access among families to the social and financial support needed to appropriately care for children, including children with disabilities, at home and within the community, ensuring access to community-based universal health care, education and targeted, inclusive, non-stigmatizing services and managing the transfer of children from institutions into family-based and community-based settings.*

## **CRPD/C/5 Committee on the Rights of Persons with Disabilities Guidelines on deinstitutionalization, including in emergencies. Para 67.**

States parties should adopt a high-quality and structured plan for deinstitutionalization, which must be comprehensive and contain a detailed action plan with timelines, benchmarks and an overview of the necessary and allocated human, technical and financial resources. States parties should make maximum use of their available resources without delay. Deinstitutionalization strategies require a cross-governmental approach throughout implementation, entailing high-level political leadership and coordination at ministerial or equivalent level, with sufficient authority to initiate and lead legislative reform processes and to direct policymaking, programming and budgeting. Persons with disabilities, and their representative organizations, including those of children with disabilities and particularly those of survivors of institutionalization, should be involved and consulted at all stages of deinstitutionalization.

# Policy Statements

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Specific policy measures need to be put in place to create the enabling conditions at the system level for the transition of residential care services. The section below contains recommended policy measures that have been grouped around the four objectives listed. The objective of these policy measures is to:

- Communicate to all stakeholders the commitment to transition residential care services and phase out institutionalization of all children.
- Set out a clear pathway and plan to guide cohesive action around the transition of residential care services.
- Establish the framework for implementation of residential care service transitions, including coordination, oversight, and monitoring.
- Uphold the best interests of children and youth most impacted by the transition of residential care services throughout the process.

## Commitment to Ending Institutionalization of Children

- Ensure the commitment to phasing out institutionalization, prioritizing family-based alternative care, and developing and scaling up services that support and strengthen families is clearly articulated and reflected across the entire child protection and alternative care policy landscape.
- Establish a moratorium on the establishment and registration of new residential care institutions for children and put in place an accountability mechanism for its enforcement, this should be tracked through the national data and inspection system.
- Align the classification system for alternative care services with the Guidelines for the Alternative Care of Children<sup>4</sup> for service registration/ accreditation, gatekeeping, and inspection and monitoring purposes.
- Recognize commitments and obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) within the child protection and alternative care policy landscape to ensure that children with disabilities are not left behind and are considered and included in residential care service transition strategies equally.

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<sup>4</sup> <https://bettercarenetwork.org/library/social-welfare-systems/standards-of-care/guidelines-for-the-alternative-care-of-children-english>

- Ensure that national child protection data/information management systems can track children in alternative care, including their movement in and out of care, and that data are used for decision-making and monitoring.
- Commit to meaningfully engaging people with lived experience (including youth, children, families, and people with disabilities) in the development of strategies and action plans for phasing out institutionalization and transitioning of residential care services. The mechanisms for engaging people with lived experience, and implementing this commitment, should be prescribed in relevant policies or sector-based action plans.
- Identify and remove all policy disincentives to the transition of residential care services, such as:
  - Requirements in law or policy for a minimum number of children in a residential care facility for registration, renewal, or approval.
  - Funding disincentives to transition (e.g., priority resource allocation to residential care, per child funding packages for residential care services)
  - Requirements for residential care services to receive and admit new children whilst in the process of transition or reintegration.

## Regulation of Residential Care Services

- Ensure the conditions for the lawful operation of residential care services are clearly prescribed in law and policy. This should include:
  - Residential care facility registration and operational authorization requirements.
  - Admission procedures, including gatekeeping mechanisms and lawful powers of residential care service providers to receive and admit children, standardized across private and public-run facilities.
  - Prohibitions on recruitment of children into residential care and unlawful removal of children from parental care or guardianship.
  - Minimum national standards of care for residential care, including for case management of children in care and reintegration.
  - Clear mechanisms of accountability for residential care service providers, including reporting responsibilities.
- Ensure gatekeeping mechanisms are independent of residential service providers to prevent conflicts of interest in admissions and placement review processes.

- Prescribe in law and regulation appropriate penalties for unlawfully operating a residential care facility, recruitment/unlawful removal and admission of children into residential care, and failing to comply with relevant regulations, including minimum standards of care. Ensure these penalties are routinely enforced.
- Ensure the jurisdiction of mandated child protection authorities (with residential care service monitoring responsibilities) is clearly established over all facilities providing residential care, irrespective of registration or affiliation with other line ministries.
- Incorporate awareness-raising and engagement initiatives in transition or phasing out strategies and action plans to ensure residential care service providers are informed about new policies, plans, and the implications for their operations.

## Support and Oversight for Transitioning Residential Care Services

- Ensure residential care service transition is defined in policy or guidelines and standardized definitions of transition and residential care are used.
- Develop a national action plan to guide the transition of residential care services. This should factor in the provision of adequate technical support and capacity building for transitioning services, including organizational change management, reintegration case management and redesigning new services or connecting to existing services, as well as the process of closure. Mechanisms for collaboration and involvement of non-state actors, including civil society organizations (CSOs) and care-experienced persons and advocates, should be integrated into action plans to enhance coordination of CSO supports for transition and CSO-government-service provider collaboration. Realistic and timebound targets for the transition of residential care services to family and community-based services, or their closure, should be set and widely communicated.
- Develop Standard Operating Procedures (SOPs) for the transition, closure, and divestment of residential care services, to promote good practice approaches, safeguard the well-being and safety of children and ensure individual transitions are linked to the appropriate national or subnational child protection system reform efforts.
- Ensure roles, functions, and powers of mandated authorities over the transition and closure of residential care services are clearly prescribed in policy and that mechanisms for raising awareness and building the capacity of these authorities are in place.

- Consider including a grandfather clause <sup>5</sup> into residential care service registration laws and policies to grant provisional or temporary registration to unregistered residential care facilities to provide oversight throughout the transition process without having to meet the full requirements for licensing.
- Include experienced and qualified providers that offer transition technical support in any policies that aim to resource non-governmental organizations to provide services.

## Ensuring Children’s Best Interests and Safety in the Transition and Closure Process

- Ensure adequate child protection incident reporting and response mechanisms are prescribed in law or policy, as well as training provided to all relevant authorities and stakeholders. This is to ensure all incidences or reasonable suspicions of risk, harm, abuse, trafficking, or exploitation uncovered during the transition are reported and addressed in a timely and appropriate manner. It should include mechanisms and protocols for rapid responses, immediate closure, providing safe alternatives for children requiring immediate removal from unsafe facilities, cooperation between law enforcement and child protection agencies and reporting to law enforcement.
- Ensure inspection systems require inspectors to look for and report the presence of indicators of unlawful conduct, including regulatory and criminal law violations, in residential care services. Inspectors must be adequately trained in detection and appropriate response and reporting mechanisms.
- Ensure child protection risk assessments are mandated in policy, guidelines, and/or SOPs as a preparatory step in residential care service transition or closure.
- Ensure SoPs include guidance on meaningfully engaging children and young people in the residential care service’s transition process, including in the communications, planning and implementation of transition.

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<sup>5</sup> Grandfather clause refers to a section of law or policy that limits how new laws/policies are applied to pre-existing activities.



## Examples of Good Practice: Policy Measures

### CAMBODIA

In 2015, the government enacted a Sub Decree on the Management of Residential Care Institutions to strengthen the regulation of residential care. To implement this, a 3-year Action Plan on Improving Children's Care, developed jointly between the government and CSOs, was launched in 2016. It included a moratorium on the registration of new residential care institutions, improved and digitized inspections and a goal to reduce the number of residential care institutions and number of children in institutions by 30%. In addition, the government partnered with UNICEF to conduct a country-wide mapping to identify and gather data on all RCIs in operation, registered and unregistered, information used for the development of the action plan.

A Child Protection Management Information System (CPMIS) was established, and data on children in residential care were entered into the system. The government CPMIS was made interoperable with the digital case management system used by civil society partners to enable collaboration on case management. Outreach and awareness-raising activities were conducted with residential care service providers to encourage transition. Services that notified authorities of their decision to voluntarily transition or close were provided with technical support throughout implementation. A small number of services were closed by mandated authorities due to serious violations of minimum standards. These measures resulted in a 43% reduction in the number of RCFs in operation by 2019 and continued to decrease by 16% in 2022.

### KENYA

In 2017, in an effort to overcome resource constraints and advance the care reform agenda, the Kenyan government made a concerted effort to foster collaboration between government agencies with child protection responsibilities and civil society organisations (CSOs). This led to the formation of a National Care Reform Core Team, led by the National Council for Children's Services, and including the Department of Children's Services, UNICEF and key CSOs involved in elements of care reform. The National Care Reform Core Team were able to support the drafting of the recently approved National Transition Guidelines, drawing on the different experiences and expertises of members. The Transition Guidelines outline the standardised process of transition for charitable children's institutions across the country, in line with the National Care Reform Strategy. They are designed to provide clarity to transitioning residential care services, government agencies and CSO partners, and therefore promote and accelerate transition.

## NEPAL

Nepal experienced a spike in the number of residential care facilities in the aftermath of the 2015 earthquake. Cases of orphanage trafficking rose as increased donor funding led to the establishment of new, and in many cases, unregistered residential care facilities. Between 2016 and 2021, the collective response led by the Ministry of Women, Children and Senior Citizens and the National Child Rights Council (NCRC), with contributions from CSOs has resulted in strengthened laws and policies. This includes the development of Alternative Care Regulation (forthcoming) and the development of the National Five-Year Strategic Plan 2023-2027 with one of its key priorities on care reform through deinstitutionalization and strengthening alternative care and preventive services in the communities. The 2018 Act and corresponding 2022 Regulation Relating to Children were enacted and criminalize the illegal placement of children in residential care. CSOs work closely with the government to support the transition and closure of residential care facilities, the rescue and rehabilitation of children who were trafficked into residential care facilities, and the reintegration of children into their families. These efforts have led to a 36% reduction in the number of children in residential care between 2016-2021.

## RWANDA

Between 1994 and 1995 the number of RCIs in Rwanda increased from 37, caring for 2,800 children to 77 with 12,700 in care. This was due to a rapid rise in the number of children orphaned or separated because of the genocide and AIDS-related mortality. In 2007 the President made a declaration to strengthen the child protection system and support family-based care. In 2010 a commitment was made to transition and close RCIs. A national survey was conducted to gather data on residential care services and the situation of children in care. Data was used to inform policies and action plans. A National Strategy for Child Care Reform was developed and approved in 2012. The strategy provided clear guidance on how to focus in its first phase on safely reunifying children living in orphanages with their families, the placement of children who could not return to the family with foster care by newly recruited social workers and psychologists, and the transformation of former orphanages into child-friendly community centres. To activate this strategy, the Tubarerere Mu Muryango (TMM) Programme was subsequently developed to provide an implementation framework that led to the closure of over 91 residential care services in Rwanda. Over 1,300 children were reintegrated into families and communities, and a range of community services, including community hubs, child development networks,

and family-based care services were developed. Rwanda is on track to be the first African country to fully reform its child protection system.<sup>6</sup>

## ROMANIA

In Romania, in 2000, there were over 100,000 children in alternative care, predominantly in large-scale residential care institutions. In 2019, fewer than 7,000 children were in institutional care. Initial attempts to take a 'fast route' to reform the care system, through improving standards in residential care institutions and encouraging domestic adoption, failed to produce strong results. Then, the government adopted legislation and policy that put transition and the phasing out of residential care institutions at the center of the agenda. Key to implementing this new approach was garnering sufficient political will, building the capacity of the social service workforce, and gathering data on the exact number of children in residential care and their situation. The data was used to make a financial case for transitioning residential care services and to inform the development of individually tailored services for children transitioning out of residential care. Public-private (CSO) partnerships were used strategically to pilot transition. Evidence generated from pilots was used to sustain political will and momentum and to inform strategies for scaling up transition efforts.

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<sup>6</sup> For more indepth information and learning on the Rwanda example click [here](#)

# Concrete Steps

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A range of concrete steps should be taken to promote effective and safe transition and closure of residential care services and to ensure the safe reintegration of children from residential care into families. The section below contains concrete recommendations grouped around three objectives:

- Creating an enabling environment for transition.
- Addressing concerns and barriers and socializing policy and its implications through communication strategies.
- Promoting effective implementation, coordination, and monitoring of transition plans and strategies.

## Creating an Enabling Environment for Transition

Several practical macro systems level steps need to be implemented in the preparation phase to build a strong foundation for scaling up residential care service transition efforts. These steps enable transition-related policies and action plans to be implemented in ways that are strategic, effective, and safe for children. They are also vital for managing risks and challenges that can arise in the implementation phase. To prepare for the implementation of transition-related plans and policies, governments should:

- Conduct service mapping to identify all residential care services operating within the country, including registered, unregistered or inappropriately registered services and ensure the data on all children in residential care services are included in national child protection data management systems. The data should be used to inform the development of transition strategies and budgetary allocations. A strategy for engaging proactively and positively with directors of residential care services in preparation for and throughout the mapping process is critical to fostering trust, transparency and promoting participation.
- Ensure a standardized case management approach and system is developed and used by all government and non-government service providers with child protection functions and supporting children in residential care. This is critical to support the delivery of consistent and quality services and to improve referral pathways.

- Strengthen the effectiveness of the regulatory framework for residential care services for children, including the enforcement of registration requirements, inspections, adherence to minimum standards and moratoriums. This demonstrates strong political will for transition.
- Ensure sufficient timely budget allocation to support the transition of residential care services and the implementation of national strategies. Ensure resources are earmarked and assigned in appropriate ways to each stage of transition.
- Conduct donor mapping to identify sources of private funding for residential care services and to facilitate donor outreach and engagement in the transition process. Donor information should be routinely gathered through registration procedures and/or inspections to aid with divestment and the redirection of resources.
- Garner support, and political will and foster cooperation amongst all mandated authorities to embrace, encourage and consistently implement policies, strategic plans, and SOPs governing transition.

## Communicating change

Efforts to scale back the use of residential care through transition and closure should be supported by a communication strategy. This strategy should aim to disseminate information to relevant stakeholders, promote a change in community attitudes, and secure buy-in and support for the change from local authorities, community leaders, mandated authorities, service providers and donors. Communication strategies may incorporate stakeholder outreach strategies, awareness raising, and behaviour change campaigns. This may include:

- Residential care service provider engagement strategies to socialize relevant policies, action plans, and SOPs and to share information on relevant mechanisms for implementation, coordination, and monitoring. In addition, and where possible, opportunities should be provided for residential care service providers to engage in experiential learning and reflection to complement technical and evidence-based training. Experiential learning has proven to be highly effective in promoting buy-in for transition and reducing resistance. This includes peer-to-peer learning, learning from care-experienced persons, and reflection on outcomes and experiences of children who are or were previously in their residential care facilities.

- Donor communications promoting family-based care, divestment from residential care, and the redirection of resources towards transition support and family- and community-based services. This may target in-country and overseas donors and incorporate campaigns to discourage orphanage tourism, voluntourism, and volunteering, which are used as a means of fundraising. Consideration should be given to the role of government in donor engagement and advocacy to improve donor buy-in and cooperation for transition.
- Behaviour change campaigns to address community attitudes towards residential care and promote the importance of family-based care for children's development and wellbeing. These should be targeted towards families, community leaders, religious leaders, and local authorities.
- Communications and behaviour change campaigns to address stigma and discrimination against children in residential care, whether because of their care history or due to some part of their background, in support and preparation for scaling up transition and the reintegration of children.

## Promoting Effective Implementation

The transition and closure of residential care services needs to be approached as an integrated component of broader care reforms. It should be coordinated and monitored through child protection and alternative care monitoring mechanisms, including inspection. This is an important part of managing risks, ensuring accountability, and to the extent possible aligning the redirection of resources (human, financial and physical) with national or subnational plans to scale up community-based and family-strengthening services.

To promote effective implementation in transition, governments should:

- Ensure appropriate links are made between the residential care registration, inspection and monitoring system and residential care service transition and closure plans. Minimum standard inspection outcomes or scores, registration status, risk and readiness assessments and other reports (including abuse, exploitation, or serious child protection concerns) should be used to support the identification, categorization, and prioritization of specific residential care services for:
  - Immediate intervention and forced closure (for high-risk, exploitative, unlawfully operating and/or below minimum standard RCIs)

- Planned closure.
- Transition into family-based care or other community-based services that support family care.<sup>7</sup>
- Encourage or require residential care service providers to submit notification to relevant authorities of their intention to transition and/or close for oversight, support, and monitoring purposes. In addition, residential care service MoU renewal processes should be linked to demonstrating and reporting on progress with the transition or closure of their service, compliance with any moratoriums on new admissions, and the reintegration of children.
- Enact a moratorium on further admissions of children covering all residential care services that:
  - Have submitted a notification of intention to transition or close.
  - Been flagged for forced closure.
  - Are actively undergoing transition or closure.
- Strengthen the technical capacity of the workforce to support transition, focusing on building the core competencies as identified in the Transition Capacity Building Roadmap.<sup>8</sup> Workers must be trained, supported, and supervised to carry out the specific tasks of transition in ways that ensure children's best interests are prioritized at each stage.
- Ensure risk and readiness assessments<sup>9</sup> are conducted for all residential care services flagged for closure or transition and closure or transition plans are appropriate to the level and types of risks identified in assessments.
- Ensure individual residential care service transition or closure plans are informed by special needs screening of children (inclusive of disability, learning and trauma) as this may have implications for budgets, planning or additional requirements to facilitate inclusive child participation and child-friendly messaging.
- Develop indicators to monitor the implementation of transition strategies and to gauge levels of success/effectiveness. This is a critical part of monitoring progress at a national level, implementation of international commitments, and informing emerging concepts of good practice in transition.
- Consider mechanisms to build strong alliances with CSOs to mobilize sufficient technical and financial support for transitioning residential

<sup>7</sup> See Transition Capacity Building Roadmap for more information on residential care categorization.

<sup>8</sup> [https://bettercarenetwork.org/sites/default/files/2023-09/transition\\_capacity\\_building\\_roadmap-3.pdf](https://bettercarenetwork.org/sites/default/files/2023-09/transition_capacity_building_roadmap-3.pdf)

<sup>9</sup> <https://bettercarenetwork.org/transitioning-models-of-care-assessment-tool-overview>

care services. Ensure government-CSO collaboration is well coordinated (i.e., through technical working groups) and roles and responsibilities are appropriately defined and delineated. This is critical to fostering strong government ownership and buy-in, improving effectiveness and ensuring residential care service transitions are integrally linked to the national inspection and alternative care monitoring system.

- Integrate and link transition planning and implementation with broader multi-sector multi-agency care reform efforts to:
  - Coordinate and improve the effectiveness of individual transitions.
  - Link transitioning residential care services with efforts to scale up preventative services including community development, creation of gatekeeping mechanisms, disability-inclusive services, and prevention models/interventions to support micro-level systems change.
  - Ensure human, financial, and other resources are effectively redirected and redeployed towards wider child protection and care systems strengthening goals.
- Ensure the process of reintegration or placement of children in transitioning residential care services in family-based alternative care is rigorous, based on individual assessments, utilizes a standardized case management system, and follows SOPs for reintegration and case management. This may be achieved through training and upskilling of residential care service staff and/or the involvement of external technical support or case management services provided by mandated authorities.
- Ensure adequate support is available for young people leaving care and transitioning into independent or semi-independent living.
- Ensure gatekeepers are adequately trained and resourced to take up their roles.
- Ensure an appropriate mechanism exists and is utilized to facilitate care experienced youth and children to participate in all aspects of transition, including policy, planning, and implementation.



# Examples of Good Practice: Concrete Steps

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## GUATEMALA

As part of efforts to scale up the transition of residential care services in Guatemala, capacity building initiatives were implemented to upskill government officials, social workers and psychologists from private and publically run residential care facilities in two Changing the Way We Care demonstration areas; Guatemala City and Zacapa. Capacity building efforts focused on gate-keeping, reintegration and case management and comprised ongoing on-the-job training sessions, provision of SOPs and tools, case conferences and one-to-one mentoring with more experienced social workers. This enabled the transition of two privately run residential care facilities and safe reintegration of all of the children under their care. In addition numerous children from government-run facilities were reintegrated back into their families. To scale up capacity building and transition efforts, the case management approach has now been integrated into a competency-based curriculum included in the service training programme for professionals at a local university as part of child protection and social service work force work strengthening efforts.

## MOLDOVA

After 60 years, the Hîncești Auxiliary Boarding School, a public residential institution for children with disabilities in Moldova, closed its doors in May 2022. The country has coupled care reform with strong development of inclusive education in public schools. Moldova's commitment to inclusive education dates back to 2011 with the government's adoption of the Programme for the Development of Inclusive Education (2011 - 2020). The expansion of inclusive education services has led to a reduction in the number of children referred to residential care institutions for education purposes. The closure of Hincesti was a result of collective efforts by government, community, and CSOs. It took years of laying the groundwork for reintegration, coordinating closely with the Government of Moldova, and conducting assessments on all aspects of the institution and of every child and every family to inform the development of case plans.

## SIERRA LEONE

In 2020, the government of Sierra Leone committed to scaling back residential care and strengthening gatekeeping mechanisms to prevent the automatic referral of children in need to alternative care to institutions.

The Child Reintegration Centre (CRC), a non-governmental organization that works in partnership with the Ministry of Gender and Children's Affairs, scaled up its training and support of other organizations to promote transition, family tracing and reintegration. In addition, they developed a communications strategy to change community attitudes towards residential care. This strategy was built around strong engagement with the media, including media outlets, broadcasters, and journalists, in addition to direct advocacy through radio and television programming. To influence how children's issues were presented in the media and ensure family-based care was strongly featured and promoted, a media education and training workshop was held in the district of Bo for radio and television media broadcasters. In addition, CRC staff made monthly radio and TV appearances in shows broadcast by media outlets in various cities around the country to continue to profile the importance of family-based care and shift community attitudes towards institutions. Radio programs often featured listener call-in segments where listeners could engage in discussions and ask questions.

## UGANDA

In 2016, the Tororo District local government signed a MoU, for the transformation of the district's child protection and care system through partnerships with active participation from community leaders and residential care service providers. By 2018, the Local District Government of Tororo implemented a moratorium on new residential care service registrations. The government took the lead in mapping all residential care facilities in the area. Five residential care facilities with 137 children and young adults were identified within the district, all were transitioned or closed, and children safely transitioned to family-based care. Peer-to-peer and experiential learning opportunities were provided, enabling stakeholders to exchange knowledge and advance district care reform. Through government and civil society collaboration, resources from residential care services were redirected towards family and community-based services that support children to live in families and address gaps in the child protection system. This included service mapping, training for para-social workers, and the establishment of grassroots child protection infrastructure. Community support and child protection networks were created, and community parents were identified, trained, and registered as foster carers. To engage potential donors and showcase the transformed vision for Tororo, an inspirational video was developed. This video effectively conveyed the mission, importance, and impact of redirecting resources towards community-based care.<sup>10</sup>

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<sup>10</sup> For more in-depth information on this example, see the full case study on the [Transformation of Tororo District](#).

# Additional Case Studies and Resources

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To access learning on other important aspects of transitioning residential care services included in this brief please click on the links below:

- Estimating the cost of transitioning residential care services
  - [Financial Impact of Transition: Bridges Safehouse](#)
  - [Financial Impact of Transition: Lighthouse Children's Village](#)
- Redirecting financial and human resources to family and community services
  - Malaika Babies Home [Uganda](#)
  - [Transitioning from residential to family and community services in Guatemala](#)
  - [Transitioning from residential care to family care in South Africa](#)

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To explore residential care service transition in further depth, or to access the resources referenced throughout this document please click on the following links:

- Phases of Transition Diagram
- Transitioning Residential Care Cost Estimation Tool
- Transitioning Models of Care Assessment Tool
- Transition Hub: Resource Library
- Transition Capacity Building Roadmap

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To learn more about the background to care reforms, including the rationale for moving away from the use of residential care in favour of family-based care and family strengthening, please visit the BCN website [www.bettercarenetwork.org](http://www.bettercarenetwork.org)

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This thematic brief is part of a series of briefs being developed under the Global Policy and Advocacy Working Group (GPAWG) of the **Transforming Children's Care Collaborative** to be part of a global toolkit to support policy and decision makers at national, regional, and international levels to actively implement global commitments relevant to children's rights and care.

Each thematic brief is developed by a Task Force led by members of the Collaborative through an inclusive process which includes the contributions of actors who have relevant experience and expertise to share, including from different regions and contexts, and from groups and communities who are particularly concerned or affected.

The briefs aim to articulate a set of practical measures that should be taken across different areas of care reform in order to achieve system change. They are framed by international standards and principles but seek to go beyond those to articulate what needs to be done to implement them, based on evidence and practice learning about implementation in a range of contexts and regions. Each brief includes country case examples illustrating efforts to implement these measures and lessons learnt from those.

Once finalized the thematic briefs are approved by the GPAWG before being published as a joint document of the Collaborative. Aspects of children's care and implementation that are cross-cutting between different thematic briefs will be highlighted within each brief with links to other relevant briefs.

The thematic briefs should be seen as part of an evolving Toolkit that helps clarify and guide implementation and advocacy. They will be updated and refined in light of evidence and evolving standards and practice, and new context specific examples will be added. **If you have learning or examples to add to these briefs or would like to actively contribute to their development, we encourage you to reach out to the co-convenors of the Global Policy and Advocacy Working Group at: [contact@transformcare4children.org](mailto:contact@transformcare4children.org)**

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