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Better Care Network

DIVESTMENT OF RESIDENTIAL CARE SERVICES

GUIDELINES AND RECOMMENDATIONS FOR DONORS SUPPORTING RESIDENTIAL CARE SERVICES

Partnerships PLUS

Transforming Children's Care
COLLABORATIVE

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Introduction

BACKGROUND TO DIVESTMENT

Increasing awareness of the substantial benefits of family-based care for children and the harms and risks associated with growing up in residential care has led to a global shift in practice. Governments, organisations, churches, and donors are moving away from supporting children to be cared for in children's homes, shelters, orphanages, and other residential settings, to supporting children to live with their families or in family-based care, such as kinship care and foster care.

Young people with experience of growing up in residential care all around the world are at the forefront of these changes. Overwhelmingly, care-experienced young people have affirmed that the best place for a child to grow up is in a family. This is why they are using their experience and expertise to advocate for governments and the international community to invest in families and not residential care.

Country-level and global data and evidence show that most children who are in residential care have a family who could care for them if they could access support and services within their community. Family and community services are much more cost-effective, but they may be lacking in some communities, which is why children continue to be placed in residential care. If funds currently invested in residential care could be redirected towards family strengthening and community services, children could access the best of both worlds; the support, education, services, and opportunities they need, within their family, which is the only environment where their deep-seated need for love, security, belonging, individual care and attention, and attachment can be met. Improved community services benefit all children, preventing further separation of children from their families and enabling children currently in residential care to return home with support. And for children who truly are not safe within their families of origin, investments in family-based alternative care options, such as kinship care and foster care, ensure children receive the individualised, personal care they need within their community.

This is why we are inviting and encouraging those who partner with and donate to residential care services to join the global movement to change the way we care for children, by redirecting their support to invest in services that build strong families and strong communities.

Donor Reflections

> *There were so many things we didn't know when we first got involved [in supporting residential care]. We had no reason to believe that the children were not orphans. We saw that there were cultural differences and we made assumptions about how things worked there. We didn't think to question what we were being told because we wouldn't even have known what to question."*

To learn more about the shift away from residential care towards family-based care, see the Annex section for recommended resources and websites.

WHAT IS DIVESTMENT OF RESIDENTIAL CARE?

Divestment, as it is used in this context, refers to the process of you, a donor or partner, withdrawing your financial support from a residential care service. Divestment is most relevant to you if you are in a long-term partnership with a residential care service and provide recurring financial donations. Although the focus of divestment is a planned withdrawal of financial support, it may also involve concluding other forms of support such as in-kind donations, and volunteering or short-term mission trips. As a donor divesting of residential care services, you may be an individual, business, charity, church, or family trust. You may be divesting of one or multiple residential care services.

Ideally, you would support your partner residential care service to 'transition', which is the process of changing their model of care or service, from a residential care service to family-based alternative care or family and community services that support children to live in families. In this scenario, you play two critical roles. First, by continuing support, you ensure transition can be implemented safely and effectively for children and is not compromised by a lack of resources. Second, you invest in the new services the organisation develops that support children to return to family, remain with family, or be placed in family-based alternative care.

Defining 'Transition':

Transition of residential care services refers to the process of changing the model of alternative care or services provided by an agency or organisation 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 organisation 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.

If supporting transition is not possible (the residential care service is not willing to transition, or other circumstances prevent them from transitioning), then a planned and thoughtful divestment is the next best thing. Once your funding has been withdrawn from the residential care service, you can then invest in new partnerships and services that provide children with family-based alternative care or family strengthening services.

[1] *For travel organisations primarily divesting of orphanage volunteering, see the Orphanage Divestment Resource for the Travel and Volunteering Sectors.*

PATHWAYS FOR CONCLUDING SUPPORT OF RESIDENTIAL CARE SERVICES

There are three distinct pathways that ultimately result in the conclusion of your financial support of residential care. These pathways are:

1. ***Transition:*** this is where you and your implementing partner work together to fundamentally change the model and service to a non-residential service that supports children to live in families.

2. ***Closure:*** this is where the residential care services conclude without evolving into a different type of service. Closure can be planned, or it can be rapidly enacted, typically by the government, often in cases where there are serious risks to children that warrant their immediate removal and closure of the service.

3. ***Divestment:*** this is where you withdraw your financial (and other) support for a residential care service that will continue to operate.

The process of transition and planned closure is described in detail in the *Phases of Transition Interactive Diagram*. These guidelines assume donors/partners are already familiar with the Phases of Transition Interactive Diagram and the concept of transition in general. If that is not the case, you may want to press pause and visit the Phases of Transition Interactive Diagram first. These guidelines build on the Phases of Transition Diagram, providing more in-depth insight and guidance into the divestment pathway. The guidelines have been written to guide donors and partners through the process of gathering information, making the decision to divest, securing buy-in internally for divestment, engaging with your partner and other stakeholders, developing your divestment plan, communicating your plan, and addressing any child safety concerns.

Linked to these guidelines are case studies of donor and partner organisations who have gone through the process of divestment and shared their learning and experience.

WHEN AND HOW TO MAKE THE DECISION TO DIVEST

First things first! The first step is always to explore transition. Raise the issue of transition with your partner, share information with them, offer to support them financially, and connect them with others who can walk alongside them. Visit the *Transition Hub* and *Phases of Transition Diagram* to gain insight into the process and find resources that can help your partner. Allow a reasonable time for these conversations (4-6 months).

When to move on to divestment?

Progressing with transition isn't always possible. Sometimes there is a lack of agreement or willingness from your partner. Sometimes your partner is interested, but there are other, perhaps larger donors in the mix who aren't. Other times, it comes to light that the residential care service isn't operating for the right reasons or with the right motives. In these cases, and despite your best efforts to advocate for transition, divestment might be the more feasible, realistic, or responsible option.

Donor Reflections

> *We knew that as long as we continued to fund, there would no incentive for [the director] to make any changes."*

> *[Seeing young people forced out of the RCF with no support] was really eye-opening for us, to see that there was no system in place to help the kids ultimately do well in life, beyond the orphanage. …What is the point, then? If we're bringing them in and they're growing up here, only to be tossed out on their ear to suffer and struggle on their own? What really is the point of this place?"*

Referring to the *Phases of Transition Interactive Diagram*, divestment planning occurs in Phase 2, once sufficient time has been dedicated to exploring transition and gathering information, which has confirmed that divestment is the right pathway. This may include instances where the process of exploring transition has resulted in any of the following:

- You have reached a mutual decision to conclude the partnership.
- Your implementing partner has clearly communicated their intention to continue to run residential care services, with or without your financial support.
- Your implementing partner has declined your offer of support for them to transition.
- After considerable time and effort, conversations about transition have stalled, failed to progress or result in a commitment to transition, and you believe there is no genuine willingness to proceed with transition.
- You have uncovered serious misconduct such as:
    - *Serious financial misappropriation that suggests your partner is operating as a business rather than a genuine child protection service.*
    - *Fraudulent misrepresentation of children, suggesting children are being institutionalised for profit.*
    - *Abuse, exploitation (child labour, sexual exploitation) or other serious risks to children's safety.*

Deciding to divest of a residential care service you've been funding can be a difficult decision to make. It can be challenging to work out when options for exploring transition have been exhausted and it's time to switch to divestment planning. The checklist below is designed to help you consider whether you have done everything in your power as a donor to encourage transition and if moving on to divestment is now warranted.

Donor Reflections

Instead of asking:
'What will happen to the children if I stop funding?'
Ask:
'What will happen to the children if I don't stop funding?'"

CHECKLIST: Is it time to move into divestment?

Have I:

- [ ] Discussed transition with my partner (in person where at all possible) by:
  - *Providing adequate and accessible information about the merits of transition and benefits for the children in care?*
  - *Addressing my partner's concerns about transition (to the best of my ability) and assuring them of our commitment to a child-safe transition process?*
  - *Making clear our offer of continuing financial support throughout the transition process and for new services developed in lieu of residential care?*
  - *Sharing learning from other residential care services that have undergone transition, including through connecting them with peers?*
- [ ] Contacted in-country child protection organisations and connected them with my partner to ensure they have the technical support necessary to implement a transition?
- [ ] Worked through Phase One of the Phases of Transition Interactive Diagram and taken all relevant steps to raise awareness and secure buy-in from my partner?
- [ ] Connected with other donors (where possible) to involve them in discussions and encourage them to jointly support transition?
- [ ] Allowed sufficient time for these discussions, steps and processes?

If you have checked every box in this checklist then you can be confident you have exhausted all efforts and can move on to divestment.

If you haven't checked every box, there are still steps you can take to try to encourage your partner to transition. Consider taking these final steps first, referring to the Phases of Transition Diagram for tips, ideas and resources, before progressing with divestment.

WHO ARE THE GUIDELINES DESIGNED FOR?

This tool is designed for donors supporting residential care services to a reasonably significant level under an arrangement that would be considered a partnership (formal or informal). It is geared towards donors who have direct contact and the ability to liaise and communicate with the residential care service provider's leadership, i.e., the director or manager. These guidelines are less relevant to individuals who make small donations (for example at a child sponsorship level) and individuals who give via an intermediary organisation that acts in a fundraising capacity (such as an international organisation, charity, church or rotary club).

If you are an individual donor who gives via an intermediary organisation and wish to conclude your support, contact the intermediary organisation and let them know of your decision, reasons and desire to redirect your support towards family-based care. Share these divestment guidelines with them as a potential resource. This can help influence their engagement with the residential service they partner with and may even lead to constructive conversations about transition. Consider letting the intermediary organisation know that you'd be interested in reconsidering support in the event the residential care service formally embarks on transition.

If you are an individual making regular small donations directly to the residential care service provider, you may wish to consult these guidelines for some advice. However, you may find it unnecessary and unrealistic to complete all the steps. In your situation, it may be appropriate to inform the residential care service provider of your decision to conclude support on a set date and do so without a gradual reduction. It may not be within your power or purview to engage with in-country child protection organisations unless there are specific child protection concerns you are aware of that need to be reported.

These guidelines also assume a reasonable knowledge of the concept of 'transition' and the *Phases of Transition Interactive Diagram*. If you have yet to explore transition and the Phases of Transition Interactive Diagram, we recommend you do so before progressing with these divestment guidelines.

Lastly, these guidelines will direct you to develop a considered plan of action based upon the information you have access to or are able to collate. However, it's important to acknowledge that you may not be able to answer every question posed with 100% accuracy or confidence. That's OK! This is about making the most ethical choices you can with the information you have and putting safety measures in place to address unknowns and situations outside of your control. That is what these guidelines will help you do.

COMMITTING TO CHILD-SAFE DIVESTMENT

Once you've concluded that divestment is the right pathway to pursue, the first commitment to make is to a **child-safe divestment**. Divestment must be approached responsibly, ethically and with children's best interests in mind. This is why divestment is a planned process and not just a decision. It requires adequate time, good communication and strong coordination. You may need to seek support from the government or other child protection organisations in the country where the residential care service is situated.

Committing to putting children's best interests first is also the reason for divestment. In situations where you are withdrawing funding from a service that will continue to run, it's common to question whether this will further harm the children and leave them without enough food or other support. To safeguard children, there are recommended practices included in this guidance such as:

- Giving your partner advance notice of your decision to conclude funding.
- Reducing funding levels over a period of months before concluding support altogether.
- Notifying the government agency with oversight of children in residential care so they can monitor the situation.
- Informing other in-country child protection organisations or NGOs that support residential care services to transition that may be able to intervene, including providing support for reintegration and family strengthening if necessary, and even redirecting your funding to these organisations so they are ready and able to help.

Donor Reflections

I saw that [the residential care system] was broken. I saw the older kids age out and end up in labor work... It wasn't how it was supposed to be."

It just came to the realisation that what we were doing was continuing to harm rather than help those kids that we loved. And so we had to pull away from it."

It's also important to remember that different actors play different roles with corresponding spheres of responsibility. Some have more direct responsibility for children's welfare both legally and practically.

Those with direct responsibility over children include:

Governments: ultimate responsibility under law for all children outside of family care and in child protection services. They are responsible not only for the children but for monitoring the services that care for the children. They are responsible for taking appropriate action against service providers who fail to protect children or fail to abide by standards and laws.

Service providers (residential care services): direct responsibility for children they have brought into their care. They are responsible for delivering services according to national or minimum standards established by the government and abiding by laws designed to safeguard children.

In-country child protection organisations (NGOs): support the government in the fulfilment of its mandate over children. They may address gaps in capacity, technical expertise, resources or even services provided directly to children, such as reintegration and case management services.

Donors and overseas partners play a critical role but are several steps removed from having direct responsibility over the children. Donors are more limited in their ability to directly control the situation for children. Their sphere of influence and responsibility is in support of other actors who work directly with the children and have responsibilities under the law. By investing in in-country programs and organisations that operate lawfully, are child-safe, and deliver services that are in the best interests of children, donors and overseas partners can ensure the best impact on children. Where making that decision leads to divestment, donors are responsible for divesting ethically (as these guidelines will outline) and for supporting other actors to fulfil their more direct duties towards children in the process. This is why it's important to report to the government where there are concerns and provide information and even financial support to other child protection NGOs who are authorised to intervene if children are at risk and need additional support. It is through effective collaboration and coordination that we can make divestment safe and minimise risks to children along the way.

Donor Reflections

Having to leave the children separated from their families was one of the most difficult parts because I lacked the power to change the situation. But I don't have control over the other donors or the orphanage administration. The only thing I could control was the involvement and investment of my own church."

Divestment Guidelines

THE STRUCTURE OF THE GUIDELINES

The following section provides concrete guidance and recommendations for how to divest in a way that is ethical, safe, and in the best interests of children. The guidelines are broken down into nine key steps as follows:

1. **Understanding the funding landscape**
2. **Securing internal buy-in for divestment**
3. **Identifying and managing child protection risks**
4. **Engaging with in-country child protection organisations**
5. **Determining your timeframe and approach**
6. **Determining your redirection/reinvestment plan**
7. **Developing your communications plan**
8. **Giving your partner notice**
9. **Implementing your divestment plan**

The guidelines act as a planning tool. Each step includes key aims, actions, questions, considerations and milestones to help guide decision-making. The steps guide you to develop a series of sub-plans that together comprise your overarching divestment plan. In step nine you will be directed to integrate the sub-plans into a project management tool or template to streamline implementation. Woven throughout are links to helpful resources and reflections from donors who have divested to provide concrete examples.

STEP 1: Understanding the funding landscape

Aim:

This step is all about developing a clear picture of the funding situation and an understanding of how reliant your partner residential care service is on your support for their operations.

Step 1 is broken down into four components:

1. **Quantifying the scale of your investment**
2. **Identifying other funding sources**
3. **Determining your donor profile**
4. **Making sense of it all: Understanding influence and reliance**

Key Actions, Questions and Considerations :

A. Quantifying the scale of your current investment

The starting point for understanding the funding landscape is quantifying the scale of your investment in the overseas residential care service you partner with. Investment can comprise financial support, in-kind support, staffing or administration support, and ownership of assets used to run the residential care service.

The table below helps you complete an inventory of your investment. It poses four questions that will give you visibility of the scope of your investment and ascertain its scale. If you fund multiple residential care services, you may need to undertake this exercise for each individual service.

Question			
How much do you contribute towards the operating costs of the residential care service?	Monthly	Per annum	% of the total ops budget
What additional financial contributions do you make?	Capital building projects	Personal support for directors*	Special events
What other contributions do you make?	In-kind	Volunteers	Services**
Is the residential care service reliant on any assets you own or have claim to, such as the land or buildings?	Yes (describe below)		No

**Personal support for the director may include covering the cost of their children's education or health care, housing, or additional salary or stipends.*

***Services may include administrative or professional services such as website maintenance, social media and communications support, donor management or finance support. It may also include any external services you cover the cost of, including through direct payment to service providers, such as children's medical, dental, and school fees.*

B. Scoping for other donors or funding sources

Once you've completed an inventory of your support of the residential care service, the next step is to gather information on other sources of financial support. Step 3 explains why this is important.

It's common for residential care services to have multiple income streams, which could include a combination of any of the following sources:

- **Private donors**
- **Child sponsorship**
- **Government funding**
- **Online giving**
- **Crowdfunding and social media fundraising**
- **Volunteering or visiting programs**
- **Income generating activities**

You may or may not have existing knowledge or visibility of all the income streams of your partner residential care service. There are different ways you can consider gathering this information including:

- Through open discussions with your partner. This will largely depend on the strength of the relationship you have with your partner.
- By checking annual reports and financial reports (if produced). These may be available on the organisation's website, via a charity regulator online repository (if they are a registered charity and mandated to publish regular reports) or via a government repository if financial transparency reporting is required by the government agency with oversight of residential care services.
- By visiting the organisation's website and looking at whether they run child sponsorship programs, provide online giving options or advertise for volunteers.
- Checking social media for fundraising campaigns or posts about teams or volunteers or donor visits. It can be helpful to check the organisation's own social media page as well as search for posts where the organisation is tagged.
- Conducting a Google search, which may bring up crowdfunding campaigns or websites of other donors who have information on their site about their partnership with the residential care service provider.
- Government records.

Donor Reflections

> *We did lots of Google searching, connected with the founders, connected with other donors. You'd also be surprised how much [the directors] will tell you if you just ask."*

> *We got connected to the principal donor through our denominational connections. There's a directory of all the ministries our denomination supports, and it wasn't hard to figure out who their other donors were."*

Once you've gathered as much information as you can (acknowledging you may not be able to identify all income streams), use the table below to complete an inventory of other sources of support you are aware of.

Question			
Does the residential care service receive government funding?	Yes (add amount below if known)	No	Unsure
Are there other donors?	Yes (how many?)	No	Unsure
Does the residential care service run a child sponsorship program?	Yes	No	Unsure
Does the residential care service have social media or crowd funding campaigns or other online giving options?	Yes	No	Unsure
Does the residential care service advertise for/receive volunteers?	Yes	No	Unsure
Does the residential care service run any income generating projects or activities?	Yes	No	Unsure

C. Determining your donor profile

The purpose of identifying other funding sources is to understand the broader financial position of the residential care service provider and the degree of reliance on your contribution for day-to-day operations. This helps you clarify what type of donor you are, which in turn influences the approach to divestment. There are three donor profiles used in these guidelines:

1. **Sole donors: donors who exclusively fund the residential care service, covering 100% of operation costs.**

2. **Principal donors:** the main and largest donor, who may be an individual or organisation. The principal donor may be an organisation or charity that collects or raises funding from individuals; however, for the purposes of the residential care service provider, the principal donor is the one who sends the collated remittance that make up a significant portion of the residential care service's budget.

3. **General donors:** donors whose support makes up a small or less significant percentage of the overall operations budget.

Considering the inventory of your own support of the residential care service and other sources of support you've identified, use the table below to determine your donor profile and estimate the level of reliance on your support.

Question			
Based on the information you have gathered, which donor profile best reflects your situation?	Sole donor	Principle donor	General donor
Considering other sources of financial support, rate the overall reliance of the residential care service on your support for day-to-day operations?	100% reliant	50-80% reliant	Less than 50% reliant

What if information is not readily accessible?

Determining whether you are a sole, principal, or general donor is not always a straightforward process. In some cases, donors who have been led to believe or explicitly told they are the sole donor discover other donors during discussions about transition or divestment.

Donor Reflections

[The director] had another donor whose funding came from very generous donors in England, so when they had the funding, they had to spend it. [The director] was their go-to guy and he got the Sheraton Hotel children's home. I believe that's really one of the reasons [the director] didn't want to transition, because it would hurt what he had, and it wouldn't tick the donor's box."

In the absence of comprehensive information, you can conduct a quick sense check to gauge whether realistically, the level of support you provide could in fact sustain the residential care service operations in the absence of other funding sources. Consider the following questions:

1. *Divide your total support by the number of children in care to generate a per-child monthly figure. Could this reasonably cover the cost of a child's care per month?*
2. *Is the residential care facility owned or rented? Could your regular support and/or any larger one-off donations you've made realistically cover the cost of purchasing or renting the facility?*
3. *Was the residential care service already established and operational prior to your engagement with your partner? If so, how was it previously funded?*
4. *Are there any other assets that you're aware of, that you've not provided funding for, such as vehicles, playgrounds, and computers?*

Donor Reflections

> *Look at the economics of how much you're funding and how much it costs for the orphanage to run. Notice if there are new buildings or assets when you visit and ask where that funding came from."*

Anecdotal evidence suggests that directors clearly communicating their intention to continue residential care typically have other funding sources, as they have sufficient funding to continue their operations even if you divest. This can be an indicator that you may not be the sole or principal donor, even if this is contrary to previous understandings.

D. Making sense of it all: Understanding influence and reliance

The purpose of surveying the funding landscape and determining your donor profile is to consider the implications for the two variables that will most significantly impact the approach you take to divestment. These two variables are ***influence*** and ***reliance.***

Influence

Research and learning shows that donors have a significant amount of influence over the decisions residential care service providers make. The larger the donor, the greater their influence is. Donors may seek to use their influence positively in the process of divestment in several ways:

- To encourage their partner to first consider transition.
- To promote the reintegration of children into families or placement in family-based alternative care.
- To improve child protection and safeguarding.
- To link their partner with child protection agencies/organisations in-country who may be able to provide ongoing technical support.

However, donors should gauge their level of influence and adjust their expectations, plans and timeframes accordingly. As a rule of thumb, the more influence you have, the more opportunity you will have to participate in decision-making and the more time you should invest in encouraging your partner to transition and in influencing their approach to transition. It is very common for sole donors to be able to catalyse transition because of their influence and ability to provide assurance of financial support throughout the transition. It is much less common for general donors to be able to catalyse transition due to their limited influence and limited ability to guarantee the stability of funds throughout a transition. Therefore, general donors with less influence should still encourage their partner to transition; however, acknowledging their limited influence, they should communicate upfront their intention to divest and move more quickly into planning for a safe divestment.

Donor Reflections

"In hindsight, I wish we would have divested sooner. By continuing to support them for as long as we did, we were hurting children and breaking up families. The faster we could end that, the more children and families we could really help."

Reliance

Reliance and influence are closely linked. The more reliant the residential care service provider is on your funds for their day-to-day operations, the more influence you likely have. However, reliance needs to be considered separately to influence as it will have a bearing on the timeframe for scaling back funding and the approach taken to divestment. As a rule of thumb, the higher the degree of reliance, the more notice you need to give of your intention to divest and the more staged the process of divesting your support may need to be. In these situations, and to manage the risks to children, divestment plans may also need to include a stronger focus on reporting to the government or providing information to in-country child protection agencies or organisations to ensure the situation of the children is monitored during and after the withdrawal of funds. Funds may need to be redirected to these child protection agencies to enable them to monitor and rapidly intervene with support for reintegration as required.

Note: *It is possible for reliance to change or fluctuate over time with implications for transition and divestment. Anecdotal evidence shows that in some instances, directors may initially agree to transition based on the encouragement of their principal donor while they intentionally stall progress with transition. This can be a strategy to buy time to find new donors and reduce reliance on the principal donor's funds. If successful, they may discontinue with transition, even if an agreement has been reached or signed, once new donors have been secured.*

For general donors, divestment may have a less significant impact on the day-to-day operations of the residential care service. Children will likely receive the same or similar levels of care and support, even with the withdrawal of your funding. General donors should still follow the guidelines for safe divestment; however, timeframes may be reduced, and processes simplified due to the lower level of reliance.

Milestone:

The key milestone associated with this step is the completion of your funding landscape analysis and development of your donor profile. Once this is completed, you are ready to move on to Step 2.

STEP 2: Securing internal buy-in for divestment

Aim:

This step is all about securing the agreement of key decision-making stakeholders in your organisation to divest of your partnership with the residential care service.

Step 2 is broken down into three parts:

1. Identifying decision-making stakeholders	**2.** Building awareness of the reasons for divestment	**3.** Securing formal buy-in for divestment

This step is ***relevant to donors who are organisations*** (charities, churches, businesses) who have leadership structures that need to be engaged in the decision-making process.

This step is ***not relevant to donors who are individuals*** funding their partner residential care service out of their private funds. If you are an individual donor using these divestment guidelines, please skip to Step 3 on page 22.

Key Actions, Questions and Considerations :

Depending on the size, structure and nature of the donor organisation, there might be numerous people in leadership roles who need to be involved in deciding to divest or who need to approve of any divestment plans or proposals put forth. Some of these leaders may not yet be aware of the reasons for divestment. It is important to think through ways to get everyone on the same page before it comes to decision-making time. This can take time, and depending on how invested individual leaders are in the residential care service, can require a great deal of sensitivity. However, failing to secure buy-in from leaders who have a role in decision-making can result in numerous complications ranging from confusion to serious conflict and disrupted divestment plans.

A. Identifying decision-making stakeholders

The first component is to list all your organisation's stakeholder groups with an interest in the residential care service you fund. Only include those whom your organisation has a direct responsibility to involve, inform or communicate with.

This may include:

- → **Governance or advisory boards**
- → **Senior leaders or management of your organisation**
- → **Project, program or fundraising staff or volunteers**
- → **Senior pastors or mission pastors of your church**
- → **External executive bodies if you are affiliated with a movement or membership-based network**
- → **Individual donors**
- → **Child sponsors**
- → **Corporate donors or sponsors**

Once you have listed the stakeholder groups relevant to your organisation, divide them into two groups:

I. Stakeholders ***involved*** in decision-making

II. Stakeholders ***impacted*** by decision-making

Both groups of stakeholders need to be considered in your divestment plan. However, only decision-making stakeholders need to be considered in your buy-in strategy.

B. Communicating the reasons for divestment

Now that you have identified your decision-making stakeholders, consider the best way to engage them and build awareness of the reasons for divestment. Think about:

- What they need to know, including how their decision will benefit children
- What concerns or barriers they may have that need to be addressed
- What aspects of divestment may be attractive to them that can be highlighted
- What type of resources will be most informative and persuasive
- Who has the trust and credibility to speak to them about this issue

Typically, the best person to lead these conversations with organisational leaders is the person from within the organisation who has oversight over the partnership. This person has likely visited the residential care service, met with the director and children and has some level of knowledge of the context and culture.

Some organisations find it helpful to engage external experts to support certain aspects, such as board-level conversations and meetings. Experts with lived experience of residential care are particularly influential in leadership-level discussions as they can respond to concerns from a technical, cultural and lived experience perspective.

To locate resources, find further information on communication strategies, or identify organisations with expertise that may be able to offer support, visit the *BCN Transition Hub* or the *Faith to Action* website for Christian faith-based resources.

C. Securing formal buy-in for divestment

Once your organisational leaders and decision-makers are sufficiently aware of the reasons for divestment, it is time to secure a formal decision to proceed. Formal decisions should be in writing and should include some of the most important terms or components of the decision, such as:

- A clear statement of commitment to divest of all support of the residential care service. This could be made specific to the types of support your organisation provides, including funding, volunteers, in-kind or material goods, and services. This helps ensure the scope of divestment is clear to all involved.
- A commitment to a planned and child-safe divestment process. This gives license to those involved in the development and implementation of divestment plans to propose and take an approach that puts the best interests of children at the centre.
- A commitment to reinvesting the funds withdrawn from the residential care service into other services that support children to live with families. This enables funding to be ring-fenced and redirected towards a child-safe divestment process (as required), supporting other organisations who may assist in the monitoring of the children's welfare post-divestment or other family-based care programs.
- An organisation-wide decision to divest of residential care in favour of family-based care and community-based programs that support families. This makes the organisation's position clear and helps prevent the funding or formation of new partnerships with residential care services in the future.

Having a written record of the divestment decision and terms provides a clear pathway for implementation. It acts as an important reference point that can be used to resolve any confusion or conflict that may arise along the way. It supports transparency and accountability, and helps preserve institutional memory to ensure future funding and partnership decisions are consistent and not contrary to this commitment.

To determine the right approach to securing a formal commitment to divest from within your organisation, consider the following questions:

I. ***Who in your organisation must formally sign off on the decision to divest? For example, it could be one or a combination of the following stakeholders:***

a. Board
b. Executive director
c. Leadership team
d. Senior pastor

II. ***What is the most appropriate/required forum for this decision to be made in?***

a. Board meeting
b. Leadership meeting
c. Bilateral meeting with the key decision-maker

III. ***What needs to be prepared in advance to support this decision being made and clearly articulated? This could include:***

a. Divestment agreement letter for review and/or signature (stipulating the terms as per above).
b. Background document including a summary of the partnership with the residential care service, funding and support level, and outcomes of any discussions about transition.
c. Supporting information, i.e., a statement from a care experienced person's network or government, a summary of research/rationale for divestment, links to key resources.

Ahead of any key meetings to secure a formal agreement to divest, it is also worth thinking through how the formal decision to divest, once secured, needs to be integrated into the organisation's internal operating framework. Consider for example whether there are:

- Policies that need to be updated to reflect the organisation's new position on supporting residential care.
- Processes that need to be amended; for example, vetting funding applications, new partnerships, and overseas volunteer/voluntourism companies.
- Orphanage volunteering or short-term mission trip opportunities advertised online that need to be removed from listings.
- Staff or other key personnel that need to be informed ahead of any broader stakeholder communications.

These considerations may influence what you need to prepare in advance of meetings, or discuss during meetings, to ensure the divestment decision can be implemented once secured.

Milestone:

The key milestone for this step is securing a formal agreement, signed by decision-making stakeholders, outlining the commitment to a child-safe divestment. Once you have secured this agreement in writing, you are ready to move on to Step 3.

STEP 3: Identifying child protection risks

Aim:

This step is all about developing a clear picture of the situation of the residential care service and the children in care. The information you surface during this step will help you consider child protection risks and inform the child safeguarding steps you integrate into your divestment plan.

Step 3 guides you to consider two sets of factors about the residential care service you partner with:

A. **Their compliance with relevant laws and policies**

B. **Known child protection risks**

A. Considering legal compliance

To the best of your knowledge, answer the five questions in the table below, ticking the appropriate column for each.

	Yes	No	Unsure
Is the organisation properly registered as a local or international non-government organisation or association?			
Do they have the required permission/ authorisation/approval to run a residential care service for children from the relevant government ministry? (i.e., ministry of social affairs)			
Do they comply with the Minimum Standards of Residential Care as set out by the government?			
Do they work closely with local mandated authorities, including regarding children's admission and reintegration?			
Is the facility regularly inspected by the government as a part of monitoring?			

How do I find this information? *In most cases, donors will draw on a mix of anecdotal information gathered through discussions and information collected through due diligence assessments, field visits, or periodic reports to respond to these questions. If you have a strong relationship with your partner, you may be able to request this information and/or evidence such as registration certificates or inspection reports to confirm any assumptions or anecdotal information you've gathered. In more limited cases, some of this information, e.g., a list of registered organisations, might be publicly accessible through online searches.*

If you're unable to find out the answers to these questions, tick the 'unsure' column. In Step 4 you'll be guided to connect with in-country child protection organisations and provide them with the information you have. In many cases, in-country child protection organisations have access to additional information or sources of information that can help you fill in these blanks and create a more comprehensive picture of the child protection situation.

If you need more information on child safeguarding and what constitutes a child protection risk, see the Resources section at the end of the document for some helpful tools and links.

Explanation:

Residential care services that are properly registered, fully compliant with minimum standards, regularly inspected, and who admit and reintegrate children in consultation with mandated child protection authorities are considered lower risk from a divestment perspective. This is because the service is already operating under the oversight of the government and is subject to routine monitoring by child protection authorities. The government's mandate over these facilities is already clearly established and any issues and risks detected should be addressed by mandated authorities in accordance with procedures set out in law and policy.

Residential care services operating unregistered, below minimum standard and without sufficient oversight are higher risk environments for children. There is insufficient monitoring of the children's well-being and little or limited accountability for the operators. Donors divesting of partnerships with residential care services that are unregistered or unregulated may need to factor in additional reporting steps to ensure government agencies and/or in-country child protection organisations are aware of the service and your plan and timeframe for divestment.

Considering your answers to the above questions, rate the level of risk related to legal compliance for the residential care service you fund/support. If you ticked 'yes' for all answers, the level of risk associated with legal compliance is low. If you ticked 'no' to any of the above questions, the level of risk associated with legal compliance is moderate to high.

Question	*Low Risk*	*Moderate to High Risk*
Risk Level		

B. Child protection and safeguarding:

Answer the question in the table below, ticking the appropriate column to indicate your answer.

Question: *Do you have **evidence** or **reasonable suspicion** that any of the following are occurring in the residential care service:*	***Yes***	***No***
1. Children are placed at risk of significant harm due to a lack of adequate supervision, subpar conditions in the residential care facility, or neglect.		
2. The residential care service is facilitating orphanage tourism or volunteering in the facility.		
3. Children are being falsely portrayed as 'orphans' for fundraising purposes.		
4. Children are being subject to or exposed to abuse (physical, sexual, emotional abuse and/or neglect).		
5. Children are being subject to exploitation, including sexual exploitation, labour exploitation or are being institutionalised for profit purposes.		

Explanation:

A 'yes' response to any of the questions in the table indicates a high likelihood of serious risks that need to be reported to relevant government agencies or in-country child protection organisations as part of the divestment plan. Additionally, when divesting of high-risk residential care services, it is increasingly important to consider redirecting resources (at least temporarily) to other child protection organisations that operate in-country and can support the necessary actions and interventions required to protect the children in care.

Note: *There are tools available to help you conduct a comprehensive due diligence assessment of the residential care service and your partnership. However, we recognise that it's not always possible to get access to the level of information required to complete these assessments, particularly at the point where you're already considering or discussing divestment. And it's not always necessary to have this information to develop a divestment plan. That's why we've short-listed the most important factors in this section. For a more comprehensive assessment tool, see the ReThink Orphanages Partnership Due Diligence Assessment Tool.*

[2] Government agencies or departments with responsibility for child protection, children in alternative care, or child welfare more broadly. These may be district or county level departments, provincial or state-level departments and in some cases, Ministry-level departments.

Donor Reflections

> *The more information we gathered, visiting their home villages, seeing where these kids were coming from, meeting with older kids who were out of the orphanages and clearly had emotional attachment issues… was very impactful. It took years for us to figure out how bad it was and how much the kids were being harmed."*

Milestone:

The key milestone associated with this step is determining the legal and child protection risk profile of the residential care service you are divesting support of. This profile will be used to inform what you provide to in-country child protection agencies as per the next step.

STEP 4: Connecting with in-country child protection organizations

Aim:

This step is all about helping you identify and make links to in-country child protection organisations that may be able to aid in the divestment process. These organisations may be able to support the reporting and monitoring of the residential care service you are divesting support of, particularly if risks have been identified. Additionally, they may be able to help you identify appropriate options for the redirection of your funding.

Key Actions, Questions and Considerations :

The first consideration in Step 4 is whether you already have all the contacts with in-country child protection organisations you need, or whether there is a need for further outreach. Ideally, the type of organisation you want to connect with are those specifically involved in child protection and care reforms, with strong working relationships with government and recognised expertise. These types of organisations are best placed to provide guidance, act as a bridge with the government for reporting purposes and assist you in making informed decisions about the redirection of your support.

Donor Reflections

> *I just kept trying to tell different people because I knew that I ultimately didn't have control over what happens with the orphanage. But I wanted whoever it is that has the control, I wanted them to exercise that control. For the benefit of the kids!"*

It is common for faith-based donors to seek in-country organisations who share the same faith to make the process easier. However, if that's not possible, it's important for donors to be open to working with secular child protection organisations with the ultimate goal of securing the best possible support and outcomes for children.

If you don't already have such connections, now is the time to identify organisations and reach out. You could do this by:

A. *Visiting the Better Care Network Directory of Organisations. Search by country and type of work. The directory will bring up profiles of organisations and contact details.*[3]

B. *Making inquiries through your existing contacts or country or regional-level networks to request referrals and introductions to relevant in-country organisations.*

C. *Inquire via the Transitioning Residential Care Working Group.*[4]

Once you've made contact, inform the in-country child protection organisation of the situation, including background on the residential care service, your intention to divest, the risks you identified in Step 3, and any other relevant information. Discuss and/or seek their advice on the following:

- The best way to provide information to the government (if required or necessary) or report any child protection concerns.
- How to connect your partner residential care service with in-country child protection organisations, or relevant networks, that may be of benefit.
- How to access any required technical support, particularly to mitigate any child protection risks (i.e., support to monitor or check in on the children throughout and post-divestment). This could be through the organisation you connect with or via a referral to another organisation.
- Recommendations for family-based care, family strengthening and/or care leaver support services you could consider for the redirection of funds, including services that may be able to support the children currently in care in the event they are reunified without due process and support, or exit care over time.
- Any other relevant context-specific information that should inform your divestment plan.

The outcomes of each discussion point above comprise your child-safe divestment steps and actions. This includes any decisions made to form partnerships with in-country organisations to access technical support or services for the children in care. These outcomes should be written down and form the child safeguarding component of your divestment plan. Ensure each step or action has a clear timeframe and a responsible person assigned to it. Partnership agreements made during this step should be in writing and include clearly outlined roles, responsibilities and expectations for all parties, costs and any other partnership terms, and timeframes for any required actions such as reporting.

[3] Organisations featured in the BCN Directory of Organisations are not vetted and inclusion in the directory should not be taken as an endorsement of any kind.
[4] To connect with the Transitioning Residential Care Working Group, join the Transforming Children's Care Collaborative and request to join the working group.

Milestone:

Formulating the child safeguarding section of your divestment plan is the key milestone associated with this step.

STEP 5: Determining your divestment timeframe and approach

Aim:

Step 5 is all about determining your approach to divestment, based upon your donor profile (as per Step 1). In this step you'll be guided to consider reaching out to other donors, considering your collective donor profile, and determine an appropriate notice period and timeframe for scaling back support.

Key Actions, Questions and Considerations :

A. Engaging with other donors

B. Determining time frames and notice periods

A. Engaging with other donors

If you identified other donors in Step 1, it is worthwhile engaging with them at this point in the process to explore whether there are opportunities to collaborate and coordinate action. The approach you take will be influenced by whether you have an existing relationship with the donor or whether you are connecting for the first time.

Inform each donor you have identified of your decision to divest, the reasons for the decision and a summary of any discussion you may have already had with your partner residential care service provider about transition. To the extent possible, create opportunities for conversations with these other donors, with the aim of supporting them to also explore transition or divestment, and to coordinate action.

Donor Reflections

Work out what the donor's motivation is and speak to that. If they visit often and are emotionally connected to the children, focus on your concerns about the care of the children. If they are primarily invested in their relationship with the director, discuss post-transition job transformation."

Donor Reflections

> *Try to work out what their 'hot button' issues are. Talk about money mismanagement, talk about your concerns about the care of the children. Get your local colleagues to present this evidence if they're using cultural misunderstandings as justification for doubting what you're saying."*

Be mindful that in some cases, donors may have been led to believe they are the sole donor. If this is the case, expect some level of initial shock and even defensiveness and give them a reasonable amount of time to work through the information you've provided. Consider determining a timeframe in advance, so that you know when to move forward if these conversations are not gaining traction.

Donor Reflections

> *[The other donors] saw me as a meddler, they accused me of being colonialist and telling [the director] what to do, even though the children were being harmed. They told me, 'They should tell you what the ministry is, and you decide if you fund it or not.'"*

> *I found the other donors reluctant to believe me [regarding evidence of financial misappropriation by the director]. I think they thought, 'Well, he's our good friend so he wouldn't do that to us.'"*

> *One of the most challenging things is realizing that a lot of these orphanages are not going to tell you the truth, and that they have ulterior motives. And from my own experience, getting other donors to see through that was incredibly hard.*

If, however, other donors are willing to support transition or divest, consider reassessing the collective levels of influence and reliance (as per Step 1). As a group of donors, you may be able to offer sufficient support to make transition feasible for your partner residential care service provider. It's worth revisiting the conversation! If not, consider coordinating your divestment plan as a donor collective. While you may be a 'general donor' as individual donor, collectively you may reach the level of reliance commensurate with a principal donor, or sole donor, and may want to consider proceeding accordingly. Discuss this with the other donors willing to divest before moving on to the next step and determining your timeframes and notice period. If there is an appetite to coordinate, consider creating a donor working group to facilitate coordination, share progress updates, liaise with in-country technical support as needed, and encourage each other along the way.

B. Timeframes and notice periods

The main factor that determines your timeframe for divesting is whether you are the sole, principal or a general donor. Step 1 guided you to consider your individual donor profile and the level of reliance on your funding for the residential care service's day-to-day operations. In Part A of this step, you may have determined a collective donor profile, based upon the outcome of engagement with other donors and a decision to coordinate divestment as a donor collective. The table below provides some general recommended ***minimum*** timeframes based on the three donor profiles. You can use this as a ***guide*** irrespective of whether you are progressing in an individual donor or collective capacity.

	Notice period given before scaling back of funding commences	*Timeframe for scaling back financial support*
Sole Donor	6 months' notice	Over a 6 – 12month period
Principal Donor	4 - 6 months' notice	Over a 6 - 9month period
General Donor	3 months' notice	Over a 3 – 6month period

For sole or principal donors, consider a scaling-back timetable that reflects smaller decremental decreases in the first 3 months, and larger decremental decreases in the last 3 months. This gives time for the service provider to make alternate arrangements.

Note: *It is possible that once you formally provide notice of your intention and plan to divest, your partner may reconsider transition and reintegration. This may happen upon receiving notice or within the notice period before reductions in funding commence. This is more likely to happen if you are a sole or principal donor. It may indicate that efforts to find new sources of funding have failed. In some cases, it occurs because residential care service providers are surprised that their donors progressed with divestment plans, despite preceding conversations. Either way, if transition and reintegration of the children in care under proper process is a viable option, it is worth pursuing. However, be clear in your communication regarding timeframes and hold your partner accountable to expectations and commitments made. There have been cases where service providers have used stalling tactics to retain funding, without any real intention to transition.*

Donor Reflections

> *"We did a draw down of the food money and gradually reduced our support over a period of one year. We hoped the local church would step in to fund the food, but in the end the principal donor took over and filled the gap."*

If divestment triggers reintegration (potentially without your knowledge), this approach to scaling back ensures funding is relatively stable whilst reintegration may be taking place. It aligns with evidence of financial trends in transition that show that the cost of running residential care services reduces at the point when 50% of children have left care.

Donor Reflections

> *Even though we'd been saying to [the director] for over a year that our funding was conditional upon his participation in transition, he was flabbergasted when we told him that we were going to stop funding."*

While funding may need to be decreased gradually at the end of a notice period, concluding orphanage volunteering, visits, or in-kind support can often be enacted more quickly. We recommend informing your partner that you will cease sending or facilitating volunteers, teams or visitors immediately upon providing written notice of your intention to divest. Allowing teams, visitors or volunteers to continue to visit the residential care service during the divestment period is likely to confuse the message and complicate the process.

For any in-kind support or other services, consider the impact and most appropriate timeframe to conclude each type. For example, if you produce content for their social media page, you may be able to conclude this type of service at the same time you provide notice of your intention to divest. If you provide children with an education pack annually as an in-kind donation (uniform, bag, books etc) you may want to consider how close it is to the start of the school year, and the impact on children's education before deciding whether to provide packs for one final year as part of winding up your partnership.

Considering your responses in Step 1, use the table below to determine a notification period, time frame and approach to scaling back your financial and other support, appropriate to your circumstances. This can be carried over into your notification letter and divestment plan.

<table>
<tr><th>Consideration</th><th colspan="6">Response/decision</th></tr>
<tr><td>What is your donor profile? (Step 1)</td><td colspan="6"></td></tr>
<tr><td>How reliant is your partner on your funding? (Step 1)</td><td colspan="6"></td></tr>
<tr><td>What notification period will you give before commencing scaling back of funding?</td><td colspan="6"></td></tr>
<tr><td>Over how many months will you scale back your funding?</td><td colspan="6"></td></tr>
<tr><td rowspan="2">In what decrements will you scale back funding per month?</td><td>1.</td><td>2.</td><td>3.</td><td>4.</td><td>5.</td><td>6.</td></tr>
<tr><td>7.</td><td>8.</td><td>9.</td><td>10.</td><td>11.</td><td>12.</td></tr>
<tr><td rowspan="4">When will you conclude other types of support?</td><td colspan="6">Volunteering:</td></tr>
<tr><td colspan="6">In-kind support:</td></tr>
<tr><td colspan="6">Service:</td></tr>
<tr><td colspan="6">Other:</td></tr>
</table>

Milestone:

The key milestone associated with this step is developing your divestment schedule, which includes your determined notice period and timeframe for scaling back funds, the monthly decrements and the timeframes for concluding in-kind support and services. Make sure you share the divestment schedule with everyone who has a role in actioning various steps that need to be informed by this schedule, for example, your finance team so they can make adjustments to regular transfers.

STEP 6: Determining your redirection / reinvestment plan

Aim:

Step 6 is all about identifying the new services or organisations you will redirect your funding towards as you scale back investment in residential care and post-divestment. This step ensures that divestment does not lead to an overall reduction in funding and programs for vulnerable children and families, but rather contributes towards scaling up services that support children to live with their families or in family-based care.

Key Actions, Questions and Considerations :

A. Identifying prospective partners and projects

B. Due diligence assessments

C. Forming new partnerships

A. Identifying prospective partners and projects

In deciding which organisations and programs funds will be redirected towards, donors may consider one or a combination of the following options:

- Redirecting funds to other existing partnerships with organisations that provide family-based care or community services that support children to live in families.
- Redirecting funds towards supervised community living or foster care for children who are unaccompanied or separated due to migration (alternatives to immigration detention).
- Redirecting funds to an in-country child protection organisation identified in Step 4 that will support the divestment process.
- Redirecting funds to an international or in-country organisation that provides family-based care or family strengthening services, such as those that may have been identified or recommended in Step 4.

Using the table below, short-list the potential organisations and programs that you could consider redirecting your funding towards, and for each consider the following questions:

- *Does the program address the root causes of family separation (i.e., poverty, discrimination, migration, family violence, substance abuse, access to education or childcare)?*
- *Does the program strengthen families and increase their capacity to care for their own children?*
- *Does the program provide family-based alternative care services such as foster care or kinship care?*
- *Does the program provide reintegration services to assist children who are in residential care to return to their families or be placed in family-based care?*
- *Can the program be scaled up with additional funding?*

Potential Partner Organisation	*Prospective Program or Service*	*How will the program support family care for children?*	*Can the program be scaled with additional funding?*

This step may require some back-and-forth dialogue with potential partners to ascertain the answers to these questions. Once you've narrowed your shortlist down, it's important to conduct partner due diligence checks before making a final decision and commitment. If you decide to increase funding for an existing partner that has previously been vetted, you can skip Part B and C of this step and move forward with adjusting your existing partnership agreement to reflect a change in funding levels and arrangements. If it's a new partner, or a funding increase for a previously unvetted partner, proceed to Part B: Due Diligence Assessments below.

B. Due diligence assessments

A due diligence assessment is an evaluation process undertaken before the formation of a new partnership to help donors determine which organisations to partner with.
Due diligence assessments typically cover the following areas:

- → **Legal compliance**
- → **Governance and accountability**
- → **Vision and Strategy**
- → **Financial and asset management**
- → **Safeguarding**

If you don't have your own due diligence tool already developed, consider using one of the checklists linked below to vet your shortlisted prospective partners.

- *Norwegian Refugee Council Partnership Assessment Checklist*
- *Rethink Orphanages Partnership Due Diligence Checklist*
- *ACCI Due Diligence Guidelines*

Use the findings of your due diligence assessment to make your final decision about which organisations to proceed with and redirect your funding towards.

C. Forming new partnerships

Having now determined which organisations and programs you will redirect your funding to, it is time to proceed with forming a new partnership. Many donors have their own partnership formation processes and agreement templates. If your organisation has formed relational rather than structured partnerships in the past and you're looking to develop a more structured approach, refer to *The Partnering Initiative* website for helpful tools and resources.

Milestone:

The primary milestone associated with this step is identifying organisations and programs to redirect funding towards. For existing partnerships, this may culminate in an agreement to increase funding levels. For new partnerships, this step will culminate in the formation of a new partnership agreement.

STEP 7: Developing a stakeholder communications plan

Aim:

Step 7 is all about determining your approach to communicating your decision to divest with all other non-decision-making stakeholders identified in Step 2. The goal is to design a clear and effective communications plan that will allay concerns and share the vision to redirect support towards services that support children to live in families.

Key Actions, Questions and Considerations :

Step 7 is broken down into three key considerations that will shape your communications plan:

A. Levels of stakeholder investment and involvement	**B.** Messaging and modes of communication	**C.** Timing and order of communications

A. Levels of stakeholder investment

When developing your approach to communications you first need to consider the existing relationship each stakeholder or stakeholder group has with the residential care service provider and the level of personal investment they may feel. Typically, the more personally involved and invested each stakeholder group is, the more questions and concerns they will have when informed of your decision to divest and the more in-depth and personalised your communications will need to be with them.

Stakeholders who have visited the residential care service, and formed relationships with individual children, via visits or child sponsorship programs, are likely to be amongst those most personally invested. Donors with personal relationships with the director, or who have made significant donations to land, buildings or other assets, are also likely to be highly-invested stakeholders.

Donor Reflections

From the beginning our relationship was with the kids, our visiting teams connected with the same group of kids every summer, we got to watch them grow up. But for the other donors, they were personally connected with [the director], they knew him from other ministries he had served in, and it was a stronger connection to him over the children. In the end, that prevented transition because they were really committed to the director and supporting him."

You also need to consider whether donors are entities or individuals. Your approach to communicating with donors such as churches or corporations who collect donations from their congregations, employees or clients may differ from your approach to individual child sponsors. In the case of a church or company, you may have one representative, such as a pastor or a representative employee, who is highly invested, and who collects donations from individuals in the church or company whose level of personal investment is much lower. Therefore, you may need to take a more individualised approach with the pastor or company representative and make available to them more general donor communications materials they can distribute to their congregants or employees or integrate into regular fundraising campaigns.

It is also important to identify which stakeholders may have direct communication with children (via social media platforms such as Facebook), or the director of the residential care service. In some cases, these communication channels have been used to undermine divestment and to encourage individual donors to continue to support the residential care service directly. This can cause considerable disruption and be detrimental to children, if not identified and managed appropriately. As a component of your communications plan, consider providing guidance to stakeholders who have direct contact with the director or children on the appropriate way to respond to concerns raised by the children or the director. This should include the appropriate person to refer any concerns to, an example of a response they can provide to the director or child encouraging them to speak to the appropriate person, and information about the potential detriments of donors directly intervening, particularly with children's support or care arrangements, to discourage such actions.

Level of investment	*Implications for communications*
Stakeholders with low levels of personal investment	• General donor communications may be sufficient. • Present an overarching positively framed message that states your intention to shift your approach to supporting children to be raised in families and to prevent separation.
Moderately invested stakeholders	• May require more personalised communication (i.e., emails addressed to them by name). • May need to be given opportunities for discussion where they can raise concerns, ask questions, seek clarifying information. This could be in a group or one-on-one forum.
Highly invested Stakeholders	• May require direct and individual communication (call or meeting) in addition to any general donor communications material. • Is likely to be concerned about the implications for individual children (particularly children they sponsor). • May need more in-depth communications to address any misconceptions (regarding orphanhood, abandonment, families, causes of separation). • For child sponsors, communications may need to address sponsors' perceptions of their relationship with the child (see learning on child sponsorship and transition). • For stakeholders with direct contact with children or the director, communications strategies may need to pre-empt direct contact and include information on the child safeguarding procedures built into the divestment plan (in-country technical support), appropriate ways for donors to raise concerns reported to them directly by children or directors, and guidelines for appropriate communication.

Now that you have identified the levels of investment of each stakeholder group, it's important to consider:

- What you will communicate to each stakeholder group
- How you will communicate
- When you will communicate

What to communicate

Learning from organisations who have divested and or supported their partner through a transition suggests that general donor messaging should be positive in tone and provide clear information on the redirection of funds and how the shift will benefit children and families.[5] It should state the time frame for phasing out support of residential care and the process for supporting or ensuring the well-being of children in care (links to in-country support). It should emphasize that there are now greater opportunities in the country where the residential care service is located to strengthen families, prevent separation and support

[5] *See the Resources and Tools section at the end of the Guidelines for links to websites and resource to help you with your communications.*

children to be raised in families, which promotes better outcomes for children. It should be framed as a logical and progressive step forward that is in children's and families' best interest.

Messaging that is negative, focuses heavily on the detriments of institutional care, or makes donors feel as if they have contributed towards harming children is typically met with resistance and defensiveness. While the harms of institutional care may need to be addressed to some level as part of donor education and awareness raising, it should be balanced with a positive message of how donors can contribute constructively towards the future of vulnerable children. The aim is to retain as many donors as possible and redirect that funding towards new services and partnerships that support children in families.

Donor Reflections

> *From the beginning our relationship was with the kids, our visiting teams connected with the same group of kids every summer, we got to watch them grow up. But for the other donors, they were personally connected with [the director], they knew him from other ministries he had served in, and it was a stronger connection to him over the children. In the end, that prevented transition because they were really committed to the director and supporting him."*

For some stakeholder groups, (larger donors or representatives of churches or corporate donors) more information may need to be provided, or more in-depth conversations facilitated. These conversations may delve further into the issues with institutional care, or specific concerns that have come to light with the partner residential care service that have contributed towards the decision to divest, such as issues related to child protection or financial transparency.

Donor Reflections

> *It's hard to have those difficult conversations, not only with the director but with the donor base. The stakes just really run deep and it feels like we can't unwind this thing now, we're too deep into it. But it's absolutely clear we made the correct decision."*

How to communicate

For each stakeholder group, think about:

- What kind of mode, forum or mix of methods should be used to communicate. This may include a combination of newsletters, email outs, social media posts, information on your website, videos, invitations to attend an information session (virtual or in-person), personal phone calls, in-person meetings and presentations at scheduled events (conferences etc).

- Who is best to communicate which messages with which stakeholders. You may want to design a communications strategy that brings in multiple voices to help convey the message. This may include trusted leaders, recognised experts and care experienced experts.

Consider conducting stakeholder empathy mapping to identify the types of individuals, their motivations, concerns, what may excite them about the change, what to share and how to share it. There are numerous empathy mapping resources available online, including *customisable empathy map templates* accessible via Miro.

When to communicate

Consider the overall timing of your communications, including:

→ **The order of communication.** The order of communication will differ from one organisation to another, based on your unique stakeholder dynamics. However, there may be some stakeholders that should be informed before others, due to their status, influence, or other factors. Consider:

- who needs to be informed first, in a more individualised way before a general communication is sent out.
- If there are stakeholder groups who are key to influencing others, who therefore need to be engaged with earlier on so they can help to positively influence others.

→ **When to commence communication.** The decision as to when to inform donors of the plan to divest is influenced by relational dynamics which vary from organisation to organisation. To determine what's best for your organisation, consider the potential ripple effects of launching your communications, and how to set off the right kind of chain reaction- one that helps you retain as many donors as possible and minimise confusion. Specifically consider:

- Whether there are stakeholders who need to be informed before your partner is provided with formal notice of divestment.
- The likelihood of different donor or stakeholder groups sharing information with each other.
- The likelihood of the director or children communicating directly with different stakeholder groups.
- The likelihood of retaining or losing donors.
- Whether you are required to give donors opt-in or opt-out options to continue their support (unless required under fundraising law or other policy, opt-out approaches are preferable and generally result in better donor retention rates).
- The notice period you intend to give your partner, and whether (based on your estimated donor retention rates and the likelihood of donors being directly contacted by the director and children) you should inform donors

at the same time as giving notice to the director, or at the end of the notice period when scaling back of funding commences.

Based on these factors, decide when to commence communications with each stakeholder group using the intended date to inform your partner and the notice period as the two reference points.

- **The progression of communications.** It is rarely sufficient to 'say it once'. The message may need to be conveyed numerous times, in different ways and from different people or sources. Think about how you build and layer your communications to reinforce messages and retain support.

- **Removing communications.** In addition to new communications you develop and release, there may be existing communications you need to remove from websites or social media channels. This may include messages, videos, posts, and blogs that promote funding the residential care service, volunteering or short-term mission trips to orphanages, or include personal information about children in residential care. Conduct an audit of your existing communications, with a focus on online communications to identify what needs to be removed, from where and when.

Once you've considered the types of messages, modes of communication, order and progression of communications, and when to commence, put this together in a communications plan. This should include a timeline that reflects the start date and progressive roll-out of your communications plan. It should also integrate plans for when existing online communications (website, social media, third-party sites) should be taken down.

For more information about messaging, and to access donor advocacy resources see The Better Care Network *Transition Hub* and *Faith to Action* Journey of Transition Toolkit.

Milestone:

The key milestone associated with this step is the development of your communications plan and timeline. It may also include the commencement of communicating with any stakeholder groups who need to be informed before your partner residential care service provider, which is the focus of the next step.

STEP 8: Giving your partner notice

Aim:

Step 8 is all about providing your partner residential care service provider with formal and written information about your decision to divest and the timeframes and terms. This step commences your formal notice period and sets your timeframe in motion.

Key Actions, Questions and Considerations :

Step 8 is broken down into two key actions:

A. Communicating the timeline with in-country child protection organisations	**B.** Informing your partner residential care service provider

A. Communicating the timeline with in-country child protection organisations

At this point in the process, all the 'planning for divestment' has essentially been done. Before you provide written notice to your partner, make sure any in-country child protection organisations you are relying on for in-country support are aware of your start date. This ensures they can give notice to the government if required, and/or monitor the situation directly as part of your child-safe approach.

B. Informing your partner residential care service provider

By now your partner residential care service provider is already aware of your intention to divest, due to the preceding conversations. However, at this stage, you should provide formal written notice that includes the following information:

- A clear statement of your organisation's decision to divest and cease supporting residential care services.
- A brief statement of your rationale for divestment.
- The notice period after which funding will cease or start to be scaled back.
- The time frame and approach to scaling back funding (the decrements and number of months during which funding will be scaled back) and any other terms or conditions.
- The last expected payment date.
- The decision to withdraw any other forms of support (volunteering, teams, visits, in-kind support, services) and the timeframes or terms.
- Information about any in-country support that is accessible to your partner (technical support, reintegration services support), including to intervene in response to any child protection risks identified.

Donor Reflections

We told them that we didn't feel we could continue to fund the thing that was separating families."

You may also want to consider any other offers you wish to make such as:

- To reconsider supporting transition, should your partner residential care service provider decide to proceed with transition in response to your written notice.
- To support children's reintegration, via a third-party child protection organisation in-country, should the director wish to commence reintegration for children currently.

Milestone:

The key milestone associated with this step is sending the written notice to your partner and commencing your notice period.

STEP 9: Implementing your divestment plan

Aim:

Step 9 is all about implementing the various components of your divestment plan that have been developed in previous steps.

Key Actions, Questions and Considerations :

The previous steps have culminated in the development of a series of plans that comprise your divestment plan and approach. This includes your:

Child safeguarding plan (Step 3 & 4)	**Divestment timeframe and approach** (Step 5)	**Redirection of funding plan** (Step 6)	**Stakeholder communications plan** (Step 7)

A. Integrate your plans into a project management tool

By this point, you have also already notified your partner residential care service provider of your intention to scale back support and commenced the notice period. Now it is time to methodically implement the aforementioned plans in sequence.

It may be helpful to integrate all the components of your divestment plan into an overarching project management tool, template or platform. This may make it easier to manage, coordinate, monitor progress and adjust your plans along the way. You may already have a platform your organisation uses such as Teams, Trello, Google Projects, Click up or Slack. You may also wish to use the Transition Tracking Tool, which has a specific tab and template for tracking divestment progress linked to these guidelines.

B. Make any required policy changes

In Step 2 and in preparation for securing internal buy-in for divestment, you may have identified a range of internal organisational policies and processes that need to be updated, amended or developed to reflect your organisation's new commitment to family care. This may include partnership policies or partnership vetting procedures, funding policies, fundraising policies, volunteering policies or short-term mission policies.

Make sure any policy and procedural changes that are outstanding are reflected in your divestment plan and included in your list of actions. This will ensure all future decisions about partnerships and funding are informed by the learning that underpinned your divestment process.

C. Document your learning

As you monitor your progress and adapt aspects of your divestment plan accordingly, don't forget to document and share your learning. Such learning contributes towards the development of evidence-based practices and tools and guidance just like this one! Learning is also invaluable for other organisations who may be considering divestment in the future and can glean from your experience. Learning could be in the form of case studies, written reports, interviews, reflections, blogs, or formal evaluations.

To share your learning, consider joining the *Transition Residential Care Services* Working Group, a working group hosted on the Transforming Children's Care Collaborative Platform. Or you can share documentation of your learning via the *Better Care Network Library* by sending resources to *contact@bettercarenetwork.org*

Milestone:

There may be a series of small milestones linked to the implementation of the various plans that comprise your divestment strategy. In addition, the bigger milestone associated with this step will be reached once the divestment timeframe comes to an end and the final funding payment has been sent. At that point your organisation has divested, and fully reinvested in other services that are supporting children to live with families.

Congratulations in making it through this process and for the significant contribution your divestment and reinvestment has made to the global movement to change the way we care for vulnerable children.

Frequently Asked Questions

If my partner isn't interested in transition, should I continue to fund the residential care service?

While we advocate for responsible divestment, we don't encourage donors to continue to fund residential care services long-term. Institutionalisation is harmful and never in a child's best interests. Ongoing funding props up these services, discouraging change. Redirecting resources is key to changing the way children are cared for and seeing more appropriate services developed and scaled up.

Case Study Highlight

A non-profit organisation in the United States had been funding 48 residential care facilities across 10 countries for several years before making the decision to divest of residential care. After spending 5 to 7 years exploring the concept of family-based care and facilitating in-depth discussions with all their overseas partners, the non-profit organisation embarked on the process of transition with their partners who were willing. Over the next 6 years, a few successfully completed transition and ceased providing residential care services; many disengaged with transition partway through; while others declined to participate in transition from the start and continue to operate their residential care facilities.

Reflecting upon their experience of parting ways with those who chose to continue providing residential care, the president of the non-profit organisation shared, "It was difficult to make the decision. We asked ourselves, 'Do we have all the information? Are we making the right decision?' It took years to really feel comfortable with the decision and we wanted to continue supporting our partners until we figured out what to do. We gave them so much benefit of the doubt. But we gave them every opportunity to participate in transition. We had a good solid plan in place, and we didn't feel [our partners] could legitimately argue against the fact that we were doing our best for the kids. So eventually we felt very comfortable stopping funding."

What if there are no other options in-country? Should I still divest?

Many donors are concerned that there are no alternatives to residential care in the country where their partner operates, and therefore question whether they should divest as a result. This may be partially true. Foster care may still only be in its infancy. Kinship care likely exists but may be largely informal. The good news is most children in residential care don't need alternative care at all.

Most just need support to stay with their families. So, either way, whether you divest to redirect the resources towards families, enabling them to care for their own children, or whether you redirect it towards family-based care, through divestment and reinvestment, you are helping change the status quo of children's care in that country. You are investing in the development and scaling up the most positive options and alternatives. Divestment is therefore more, not less, critical in countries where other options are limited.

Case Study Highlight

A church in the United States had been a long-time donor and supporter of a residential care facility in a war-torn country where care reforms were in their infancy and there were few formal family-based alternative care options. However, a review of the child rosters revealed that most of the children in the facility had at least one living parent, while some had both. The director even acknowledged that across the country, poverty and limited access to education in conflict areas were the primary reasons for admission into residential care.

Despite this, the director was firmly opposed to transition and had the full support of their founding partner and larger donor base to continue providing residential care services. Although the donor church worked tirelessly for 5 years to bring the founder onboard with the idea of supporting transition, competing motivations won out over the best interests of the children, and the founder and the residential care facility's leadership both formally rejected the donor church's proposal to transition.

During the process of divesting of their funding to the residential care facility, the donor church simultaneously reinvested their funding into a local organisation working to strengthen families and prevent family separation. Through this organisation, social workers were able to work with the families of some of the children who had been sent away from the residential care facility by the director. These families and children now receive support for education fees, medical care, and vocational training through ongoing support from the donor church as well as the partnerships they have established with community-based services and clinics.

The individual representing the donor church reflected on their decision to divest, "Now that we know we should have been helping families right from the start, now we get to do it. We made assumptions and had good intentions, but the good intentions were not enough. We feel like we did the wrong things for so many years because we just didn't know, and so now that we know better, it's been a way to step forward in a way that feels right and feels good, based on our learnings. It feels like redemption to be part of reversing some of the things we were involved in that were harmful to children. God has given us peace, and the opportunity to still be involved in the country and work in family strengthening has given us such resolve."

Case Study Highlight

One of the largest providers of residential care around the world made the decision to divest of residential care in some of the countries where they were operating. One of the head representatives of their country program office in Indonesia shared that while she agreed with the concept of transition, it was not feasible for them because there were no family-based alternative care options for children who couldn't return to their birth families.

Unbeknownst to her, a foster care initiative launched jointly by the government and a well-known child protection organisation had been operating for several years in the same provincial town where their residential care facility was located. She was shocked to learn of this information, supporting anecdotal evidence that many residential care facilities operate in complete isolation from their surrounding communities, as well as lacking awareness of existing government services for children.

Isn't it better that children receive some support in a children's home than none at all?

The goal of divestment is not to reduce children's access to support, but to bring about new services that better address the real needs of children and don't come at the expense of living with their family. A common approach to prevent a dichotomy of support via an institution or not support at all is the approach of 'the money follows the child'. This means that for every child that leaves a children's home and is reunified with their family, the funding that was allocated to their care, should be redirected to support them to live with their family. This could be in the form of a cash transfer for the family, payment of school fees, or investment in critical community services that the child can then access for free. Children should be offered the most appropriate, least invasive, and highest quality services that address their needs without stripping them of important rights, like their right to family life. Divestment should be followed where possible by reinvestment in services that meet that criterion or in their development.

Case Study Highlight

A donor had been funding multiple residential care facilities in a Southeast Asian country for many years before learning that most of the children in care had families who loved and cared for them but could not afford to send them to school. In the absence of universal services and social welfare programs, families had to make the difficult choice between keeping their children at home and sending them to a residential care facility to be able to access education.

After making the decision to divest of funding to residential care facilities, the donor partnered with a local organisation specialising in the reintegration of children from institutional care. In cases where directors actively participated in the transition of their residential care services to family strengthening programs, social workers from the local organisation were able to conduct assessments of the children in care and of their families. These assessments determined the level of support needed for children to safely return to and be cared for by their families. The donor then transferred their funding from the support of children in residential care to the support of children in their families. The directors of the transitioned facilities were redeployed as advocates for family-based care and community outreach workers identifying families at risk of separation.

For the cases where directors chose to continue operating residential care services, the donor divested of their partnerships and redirected their funding to their partner local organisation. Social workers remained in contact with some of the children from these residential care facilities and were able to work with them once they left the facility. The donor also provided funding for these children and families in the form of support for education, housing repairs, and income generation activities.

Through the divestment and reinvestment of their funding, the donor was able to directly support dozens of children and their families as well as 100+ children and families that social workers from the local organisation have helped to reunify.

What will happen to the children if I stop funding? Won't they be forced to beg for food out on the streets?

Although it is impossible to definitively answer as to how children fare after a donor divests, anecdotal evidence from donors divesting of dozens of facilities in various contexts demonstrates that in the vast majority of cases, one of the following happens:

- directors already have or manage to obtain other funding sources to be able to continue feeding and housing children, with other donors often funding the gap left by the divesting donor;
- children are transferred to another residential care service;
- children are sent back to their families.

In the latter case of children being sent back to their families without due process, and in cases where the termination of funding forces the facility to close and cease operations, this can often be an opportunity for other organisations to step in with case management services to ensure that children receive the material and emotional support they need to be safely reunified with their families.

Therefore, if the divesting donor is not the principal donor, the termination of their funds is unlikely to compromise the children's basic survival needs. If the divesting donor is the principal donor, that donor likely holds the influence to be able to encourage and support the transition out of residential care.

If I stop funding, will children be sent home to high-risk situations?

It is never ideal for children to be sent home without reintegration support, even if the situation is not high risk. Sending children home without providing proper reintegration services that ensure they are safe and supported most often happens in instances where the residential care service is unregistered and operating without government oversight and when funding is immediately withdrawn without a process of notifying other in-country child protection agencies or government. Unregistered residential care services are already considered high-risk environments. They lack oversight, and accountability and are typically of much poorer standard. Continuing to fund these services will not protect children from risk and may exacerbate it.

If you find out you are funding an unregistered children's home, it's critical you reach out to other child protection organisations and seek their support during the divestment process. They may be able to help you report information to the government who can monitor the situation and monitor the welfare of any children who return home. Consider redirecting your funding to a child protection organisation who can provide reintegration services to the children and ensure they access critical support.

Case Study Highlight

A group of Australian missionaries came into contact with a network of residential care facilities during their overseas travel to a country with a long history of political turmoil. While their primary objective was to support and fund the programming and capacity building of a local organisation they had established, their contact with residential care facilities led them to begin funding some of the facilities, both through the local organisation and as individuals. However, as none of the facilities in the network were registered with the government, the complete lack of oversight resulted in sub-standard care in most of the facilities.

In one particular facility, leaky roofs flooded the bedrooms during rainy season, children were sometimes given only rice and salt to eat, and there was one caregiver assigned to nearly 40 children. Although the director of this facility approached the donors during what he claimed was an emergency situation, with assurances that new funding could provide a better environment for the children, the donors soon came to realise that their funds were likely being spent elsewhere. Despite multiple trips overseas to ensure that their funds were fully invested in hygienic housing, nutritious food, and hiring new caregivers to ensure appropriate child to carer ratios, the director made minimal improvements while continuing to make excuses for the lack of progress.

During this period, the donors had heard about family-based care and made the decision to divest of residential care. They encouraged the director to participate in a new program that had been designed by a child protection organisation to transition a cohort of residential care service facilities. Although he formally agreed to transition, he openly voiced concerns that it would be dangerous for children to return to families he labeled 'unfit to parent'. He regularly made appointments for social workers to visit the children in his facility, only to cancel at the last minute or turn them away when they arrived.

Eventually, the donors made their ongoing funding to the facility conditional upon the director's active engagement with the transition process. When he repeatedly failed to allow social workers to conduct child assessments, while conditions in his facility remained poor, the donors gave him formal notice of their intention to terminate funding in 6 months' time and divested of their partnership with the facility accordingly. Through the engagement of the child protection organisation, the facility is on the government's radar, with the aim that it will be part of the country's national deinstitutionalisation plan in the future.

Looking back on his experience with the director and the facility, one of the donors spoke of the lengths he went to, in reviewing budgets line by line for financial accountability, in having the same conversation with the director an exhaustive number of times, and the difficulty of having to make the decision to divest: "It took too long for me, I knew it was wrong, and I wanted to [divest]… But it was too hard. …It had become too apparent, I was just determined, and I wanted to do it earlier, but I was a bit of a softie when I was over there. Of course we worried about what would happen to the kids but we could already see that they weren't cared for. …I found it really frustrating but you do it for the kids that are there."

Shouldn't my partner be the one to determine whether they continue to provide residential care? Isn't it overstepping my role as donor to try to influence them to transition their residential care service?

While it is important for distinct roles and levels of involvement to be appropriately assigned to individuals within a partnership, it is equally critical for donors to acknowledge their influence as funding partners and exercise due diligence to ensure they are supporting safe programs for children. Although it may be uncomfortable for donors to exert their influence to push for the transition of residential care services, they shoulder the responsibility of evaluating whether their funds are positively impacting children, rather than displacing that burden onto the residential care provider. On the flip side, it is common for residential care providers to show reluctance to engage their donors in discussions about transition for fear of upsetting them or compromising their funding streams. By tiptoeing around the issue rather than working collaboratively as genuine partners to explore transition, donors and directors may both underestimate the potential for positive change. support.

Case Study Highlight

A long-time donor to a residential care facility in West Africa had spent many years believing that the children were receiving high quality care until several incidents and allegations came to light. Upon learning that funds allocated for the children's food were spent elsewhere and that children were subject to harsh physical punishment for sub-par academic performance, among a myriad of other concerns, the donor engaged in many discussions with the leadership of the residential care facility to push for positive change. By that time, she had been introduced to transition and family-based care and learned that most of the children in the facility could be supported to live with their families.

However, the leadership offhandedly dismissed the incidents and allegations and were wary of the idea of transition. They repeatedly informed the donor that she did not understand their cultural norms and that they were only responsible for overseeing what was outlined in their job descriptions, which did not include what happened to children outside of the facility walls. Recognising the limitations of her influence, the donor reached out to the principal donor of the residential care facility, with the expectation that they would be equally concerned by what she had discovered. She hoped that all the donors could be unified in communicating to the facility that they cared for the welfare of the children and that they could all journey through transition together. Her attempts to onboard the principal donor for transition were ultimately unsuccessful, despite having approached them from all possible angles. The donor formally notified the residential care facility of her intention to divest and completed their final funds transfer according to the 12-month timeline.

When reflecting on her experience of engaging with the head representative of the principal donor, she shared: "Eventually he agreed with everything I was saying… He saw the sense in it, but he said he wouldn't step in [with transition] until the local leadership said that's what they wanted to do. He wanted it to be locally led and would do it if that's what they wanted to do, but that [the donors] would never take a leadership role to say that they thought that's what the residential care facility should do. He said, 'They define the programming, and we just provide the money for the infrastructure.' …That's terrible donor practice! In any organisation, even in a company, or a for-profit business, you should always be asking questions, 'Is the way that we're doing things still the best way to do them? Or is new information available that says we need to pivot a little bit?' There was none of that."

Resources and Tools

Better Care Network Transition Hub (transition and divestment related resources)

Divestment case study

Ethical Divestment of Orphanage Volunteering (guidelines)

Faith to Action (website and resources)

Families not Orphanages (white paper)

Keeping Children Safe: A toolkit for child protection

Leaving Alternative Care and Reintegration (resources)

Oxfam Australia Child Safeguarding Toolkit

Phases of Transition Interactive Diagram (interactive tool)