Life of Award Report

OCTOBER 2018 TO MARCH 2024

Contents

Executive Summary

Changing the Way We Care^SM (CTWWC) is a global initiative designed to promote safe, nurturing family care for children that also acknowledges the need for collaboration between families, communities and national governments as well as regional and global stakeholders. Since 2018, the initiative has focused on the reform of national systems of care for children, strengthening family care, reunifying separated children and families, and transitioning care services. CTWWC has contributed to increased momentum and a growing interest in long-term change. Grounded in demonstration country work in Guatemala, Kenya and Moldova, and in smaller projects in Haiti and India, a robust learning and influence agenda has shaped family care systems, civil society and faith communities, and has influenced a shift in resourcing, public attitudes and behaviors nationally, regionally and globally. As a global development alliance (GDA) of three donors (the MacArthur Foundation, the GHR Foundation and USAID), implementing partners (Catholic Relief Services [CRS] and Maestral International, LLC) and other critical organizations including Better Care Network (BCN), the Transforming Children's Care Global Collaborative Platform (TCCC), and Faith to Action (F2A), CTWWC has achieved real and measurable progress toward family care for all children.

The initiative's ideas were bold: convince governments to promote and support family care; provide convincing and emotionally compelling evidence on children staying in and returning to families; and champion a paradigm shift to create meaningful commitments toward family care. CTWWC's theory of change and results framework utilized a "design-build" project management style and evolved over time, both recognizing two critical dynamics: people with lived-experience of care play an active role in transforming care nationally, regionally and globally; and learning promotes adaptation and supports transformation of care nationally, regionally and globally.

In Guatemala, CTWWC contributed to care reform by building learning and evidence, developing tools, implementing programs and fostering local capacity building within government agencies and other stakeholders in Zacapa, the Western Highlands and beyond. CTWWC has laid a foundation for sustainable change in Guatemala's care system while influencing the Latin American region. Significant results include: 1) increased municipal interagency coordination through Municipal Offices for Children and Adolescents (OMNA) and Family Care Commissions, which are now in 15 municipalities and are being replicated in other departments across the country; 2) networking platforms and spaces for people with lived experience of care, including a national foster family network and a care leaver network, both of which have been established as legal entities; and 3) caregivers' high satisfaction with services and sustained protective factors and child wellbeing, all of which suggest demonstration programs and practices are effectively equipping families for independence and building long-term resilience. Further, a comprehensive analysis of care reform initiatives in Latin America fostered relationships, which lead to a regional advocacy strategy that prioritized documentation and the faith sector's role. The Guatemala team responded to requests for knowledge sharing and assistance from stakeholders across the region, and leveraging their experiences and
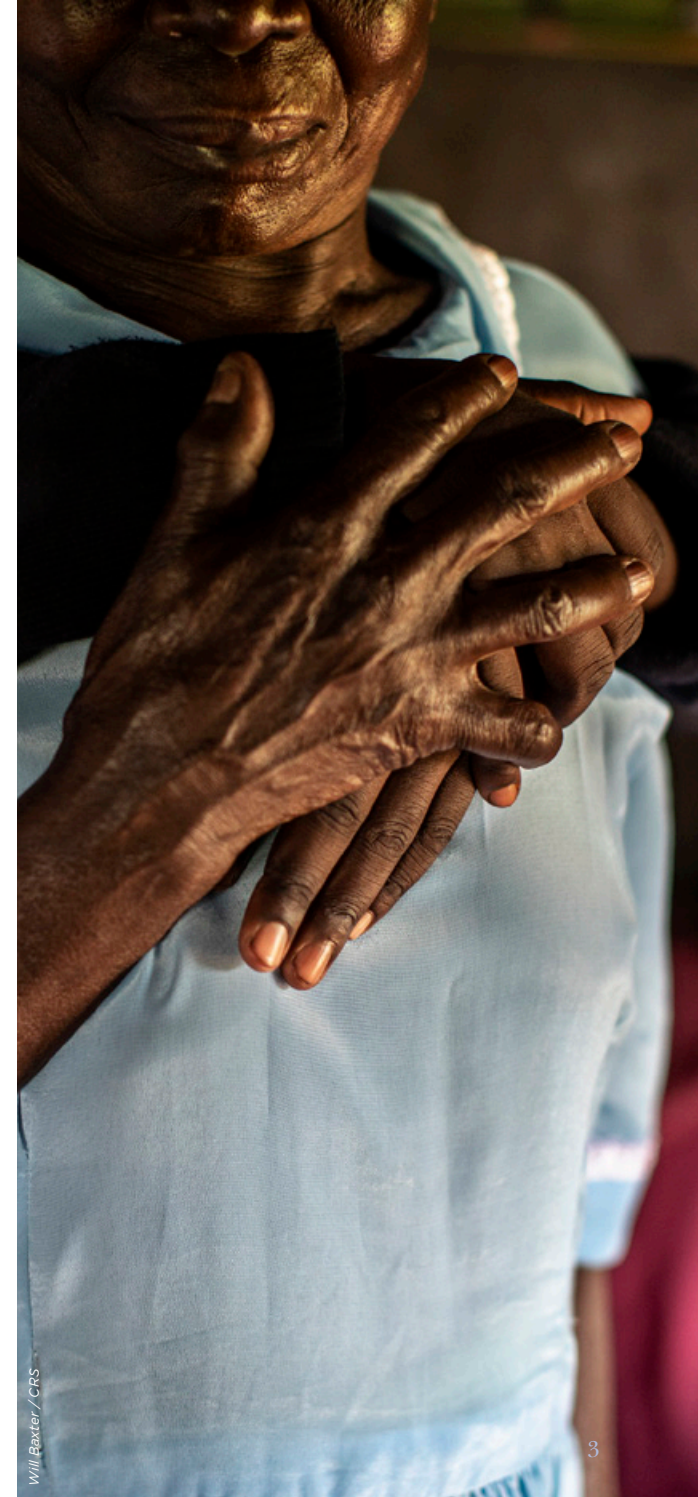
learning, trained, mentored and collaborated with actors in Peru, Costa Rica, Mexico, Honduras and beyond, helping launch a regional network of Catholic Sisters and chairing a Spanish-language sub-working group of the TCCC.

In Kenya, CTWWC ensured full buy-in and ownership of the national government from the beginning, slowly building capacity and supporting coordination, which culminated in a validated and costed National Care Reform Strategy (2022–2032) and monitoring framework. Using this strategy, county action plans were developed. By partnering with local organizations and the faith communities of Kenya, CTWWC has contributed to a Kenya able to continue reforms. CTWWC progressed care reform work in Kenya by building capacity and understanding, convening key actors, providing training and technical support, raising awareness and sensitizing faith communities, and partnering with people with lived experience. Through demonstration counties, CTWWC and partners worked to build learning around child and family well-being, case management, disability inclusion, social norms, transition of residential care centers and the redirection of resources. Major results included: 1) development and promotion of policies, tools, guidance packages and standards endorsed

by the government of Kenya; 2) improved data systems and better evidence to inform decision-making; 3) disability measurement tools, inclusion training, and strengthening of disability networks; and 4) increasing transition of residential services to community-based family support. CTWWC influenced, shared learning and engaged in Eastern and Southern Africa (ESA), connecting learning from Kenya to regional dialogues through the ESA Regional Learning Platform and CRS' Strategic Change Platform #5. A regional training on transition support reached 11 countries.

CTWWC began operations in Moldova in 2018 amidst government reforms and notably reduced the number of residential institutions and children in them. Despite progress, vulnerable groups remained institutionalized, and models of alternative care and family services struggled to replicate. Moldova showed political will and a robust policy framework, including a deinstitutionalization strategy. CTWWC focused on closing large institutions, facing challenges while doing so, but also strengthening ties with stakeholders. Transitioning to a CRS office from Lumos in 2021, CTWWC engaged diverse stakeholders using a collective impact approach. Research guided programming, addressing issues like the influx of Ukrainian refugees in 2022. CTWWC

continues its commitment to Moldova's care reform, now influenced by the European Union accession process. Achievements have included: 1) the declaration by the government of Moldova to achieve zero children in institutions by 2026; 2) a new network of care leavers has been registered as a local NGO; 3) the National Program for Child Protection, which includes care reform, was validated; and 4) the groundbreaking *Investment Case for Family Care* was validated and accepted by the government of Moldova. CTWWC has engaged in learning and influence throughout Europe, notably contributing numerous resources to the BCN library, responding to the Ukraine crisis with support and learning, and organizing and hosting two seminal international conferences.

Despite challenges like the COVID-19 pandemic, the Russian-Ukrainian conflict, political unrest, changing governments and consortium dynamics, CTWWC helped the sector make substantial progress. Globally, awareness was raised and shifts in behaviors and practices were noted amongst faith actors, particularly the Catholic Church, as well as more widely in the care sector, which has seen a shift away from the environment of 2018, which was marked by competition, coordination and definitional challenges, as well as institutional interests that hindered

reforms. CTWWC has prioritized advocacy, collaboration and stakeholder engagement at the global level, partnering with sector leaders and bringing in new voices. By 2022, *global momentum shifted toward family-based care, propelled by CTWWC's contributions to reports and collaborations*, according to the Year 3 evaluation. Significant sector achievements contributed by CTWWC include: 1) the Lancet Commission on Institutionalization and Deinstitutionalization of Children, 2) the 2019 United Nations General Assembly (UNGA) Resolution, which focused on children in alternative care and 3) the 2021 Committee on the Rights of the Child's Day of General Discussion. Coordination and joint advocacy actions amongst over 150 organizations led to the formation of the TCCC, now over 1,000 members strong. Over the life of the project, CTWWC has participated in 89 regional and global coalitions and collaborative platforms. Further, CTWWC's commitment to producing and sharing all learning from its work in demonstration countries is evident in the 371 publications, academic articles, toolkits and other resources, which, as of the writing of this document, have been downloaded 81,000 times.

Schimbator Studio for CRS

In 2018, CTWWC embarked on a journey of iterative learning, involving the following:

→ **In terms of scaling and sustainability**, significant strides were made in care reform, providing promising models for national replication. The lessons here underscored the complexities of systems change and emphasized the need for a strategic blend of bottom-up and top-down approaches, time investment and enduring commitment. Effective scaling requires investing in relationships, applying learning to facilitation, and adapting interventions to evolving system dynamics. CTWWC prioritizes fortifying structures, modeling interventions and leveraging successes, and adopting a design-build approach to proactively lead change. Enabling conditions such as promoting a culture of learning, flexible processes and collaboration with like-minded entities are crucial. Collaboration with government and local partners that emphasizes co-creation, leadership cultivation and advocacy consensus is vital for national scalability and sustainable change for children.

→ **Faith communities**, which are rooted in their historical role of caring for vulnerable groups and their teachings emphasizing compassion, hold significant potential in influencing family care. Effective engagement with faith actors, facilitated by trusted partners like CRS, allows for deeper influence within religious communities. Building trust is paramount, particularly when navigating the transition from residential care, and requires time and sensitivity to cultural and emotional factors. Influence efforts must extend beyond leadership to include those responsible for implementation and those working "on the ground." Messaging should blend faith and evidence, incorporating local voices and the voice of lived experience. Beginning with understanding and listening to foster strategic engagement and the needed relationship building, ongoing accompaniment and capacity building are crucial for sustained change.

→ **Flexibility in funding** has been critical to respond to the iterative nature of the initiative's approach and the changing contexts within the demonstration countries, regions and globally. Flexibility of funding was needed in terms of when funds would be disbursed, for which of the collective investments, and from/to which organizations money would flow. Three factors dominated spending changes: the expansion of the Moldova program, the addition of a family strengthening project in Kenya and the treatment of the influence agenda with initial investment and subsequent disinvestment. Each shift has contributed to documented learning. Donor flexibility and coordination allowed CTWWC to provide consistent on-the-ground support despite shifts in the funding landscape and local contexts. Having the GDA base allowed CTWWC to mobilize resources from other sources, including CRS. CRS adopted care reform as part of its 2019–30 organizational strategy, which allowed for channeling of CRS private funds to smaller subrecipients whilst building their capacity for future award management.

→ **The importance of partnerships** is underscored in CTWWC through strengthening care systems, fostering local ownership and amplifying diverse voices. Collaborative methods prioritize stakeholder engagement, recognizing the complexity of reforming systems and the necessity of collective efforts for substantial change. Government partnerships are pivotal as governments hold the mandate for legislation, direct services and regulation of non-government providers. Various structures and modes of partnering are essential, accommodating the diversity of partners and fostering flexibility. Involvement of diverse stakeholders, including governmental bodies, non-governmental organizations (NGO), faith-based institutions and people with lived experience ensures a comprehensive approach to reform whilst formal partnerships contribute to paradigm shifts in larger organizations, networks and alliances, facilitating resource sharing and enabling momentum to build.

Introduction

Changing the Way We Care[SM] (CTWWC) launched in October 2018 as a global initiative designed to promote safe, nurturing family care for children. The approach supports the reform of national systems of care for children, strengthening families, family-based alternative care, family reunification and transitioning care services, all of which have contributed to increased momentum for long-term change. CTWWC has operated in a context of growing interest in care reform[1] and because of increasing global understanding that family care for all children is best achieved through collaboration between families, communities, national governments, and regional and global stakeholders. Grounded in the work of demonstration countries (Guatemala, Haiti, India, Kenya and Moldova[2]), learning, engagement and influence, CTWWC helps to advance family care systems, civil society and faith-based initiatives as well as shift resourcing, public attitudes and behaviors

nationally, regionally and globally. The initiative was born out of a collaboration between Catholic Relief Services (CRS), Maestral International, LLC and the Lumos Foundation in the MacArthur 100&Change competition to "progress real and measurable progress to solve a critical problem of the time." The "Big Idea" was to spark global momentum of change away from the large residential care facilities, a model used during and after the HIV/AIDS pandemic toward family care for all children (Figure 1). That spark started when, as a finalist for the competition, CTWWC reached 14.5 million Twitter impressions and 800,000 people on Facebook. As a finalist, CTWWC won a five-year award from the MacArthur Foundation. Shortly thereafter, donors USAID and the GHR Foundation joined with MacArthur in a formal relationship of the three donors through a Global Development Alliance (GDA), a public-private partnership mechanism for strategic partnership and donor leverage.

Figure 1

Children are 'wired' to be in families – not in 'orphanages'

Strong families further societies and nations

We can serve many more children through family strengthening than 'orphanages'

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1   Building from the Better Care Network's Glossary of Key Terms, CTWWC has defined **care reform** as the changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care and promote reintegration of children, and ensure appropriate family-based alternative care options are available. **Care systems** are defined as the legal and policy framework, structures and resources that determine and deliver alternative care, a sub-system of the child protection system. CTWWC Operations Manual, version 11, 2024, internal document.

2   GDA funding focused on Guatemala, Kenya and Moldova, whilst additional fundraising and CRS resources supported smaller demonstrations in Haiti and India.

Figure 2

Goal: Children thrive in safe, nurturing families

1: Governments in demonstration countries advocate for family-based care and the transition/closure of residential care facilities, and lead, organize, manage and fund related policies and programs in alignment with United Nations-endorsed Guidelines on the Alternative Care for Children

2: In demonstration areas (selected during SO1 activities), children/youth remain in or are reintegrated into safe and nurturing family care

3: Globally, commitments are shifted in international development practices and resource reallocation (financial, human material) towards promoting family care and reducing reliance on residential care

CTWWC's ideas were bold:

1 convince governments to promote and support family care;

2 provide convincing and emotionally compelling evidence on children staying in and returning to families; and

3 champion paradigm shifts to create meaningful commitments toward family care.

CTWWC's theory of change and results framework utilized a "design-build" project management style and evolved over time. In 2020, beginning with three strategic objectives at the national, community, regional and global levels (Figure 2), two cross-cutting results were added based on the following improved understandings: 1) people with lived-experience of care play an active role in transforming care nationally, regionally and globally and 2) learning promotes adaptive management and supports transformation of care nationally, regionally and globally. Evaluations in Years 3 (Y3) and 5 (Y5) helped to build evidence on results and draw out learning on the effectiveness of approaches and the impact of momentum on adaptation. As demonstration work provided more and more evidence and learning, CTWWC began

to emphasize sharing learning and influencing others. In 2023, CTWWC presented a revised results framework emphasizing systems change and influence as the main routes to CTWWC's overall goal, which remains, **Children thrive in safe, nurturing families**. Theory of change and results framework visuals can be found in Annex 2.

This report is a presentation of five and a half years (October 2018 to March 2024) of the MacArthur and GHR Foundations' investments (totaling a combined $16M[3]). The report has been informed by 100&Change documentation, grant application documents, annual workplans, quarterly and annual project reports, initiative publications, social media, other public communications and external evaluations.

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3   A second award from GHR, for $500K, extends until 9/30/25.

Summary of Activity & Results

"Systems conveners play the long game with dogged tenacity. Knowing that real transformation of contexts, cultures, boundaries and identities takes time, they are prepared to go the distance, moving incrementally through a series of successes and failures."

Wenger-Trayner, Beverly and Etienne (2021). Systems Convening: A crucial form of leadership for the 21st century as referenced in Picture Impact (2022). Changing the Way We Care: Y3 Review, Initiative Key Findings and Recommendations.

In three demonstration countries, Guatemala, Kenya and Moldova, CTWWC is working to strengthen families and reform national care systems. Regionally, in Latin America, Eastern and Southern Africa, and Central and Eastern Europe, as well as globally, CTWWC invests in evidence-building, documenting and sharing learning to influence others, from governments to practitioners, non-governmental organizations (NGO) to faith-based actors and building momentum for better care for children. Selection criteria for the demonstration countries included geographic diversity, socioeconomic status, governmental commitment, regional influence, civil society engagement, CRS presence and factors affecting children's welfare. Haiti and India, as well as other countries, benefited from demonstration learning and private investment in care reform through CRS' Strategic Change Platform #5 (SCP-5). For the first several years, the GDA Steering Committee intended for CTWWC to meet the original vision of operating in at least seven countries, with $100 million in project funding, and creating a robust global advocacy and influence agenda. Today, CTWWC continues to implement within a context of growing interest in care reform and an increasingly collaborative environment nationally, regionally and globally. Despite encountering hurdles like the COVID-19 pandemic, the Russian-Ukrainian conflict, political unrest and consortium dynamics, CTWWC has made substantial progress over its five-and-a-half-year tenure.

1. Guatemala and Latin America

In October 2018, CTWWC Guatemala (GT) began operations amidst charges of child rights violations against the government of Guatemala from the Interamerican Human Rights Court. Following the tragic 2017 fire that claimed 41 lives in the country's largest residential institution,[4] the court mandated that the Guatemalan government commit to progressive deinstitutionalization and prioritization of family-based alternative care. At the outset, Guatemala hosted an estimated 5,000 children in predominantly private residential care, overseen by the Secretariat for Social Welfare (SBS), with 32 trained foster families. Over five and a half years, CTWWC GT grappled with three government transitions, escalating migration and attendant tensions, and fluctuating U.S. funding.

Despite political hurdles, CTWWC GT achieved significant milestones and saw early wins beginning with a national approach to improve coordination between the four national government agencies responsible for child protection and care[5] and improving national policy alignment with international commitments and case management systems. Subsequently, CTWWC GT facilitated sub-national demonstrations to influence key stakeholders, including government bodies and faith leaders. In 2019, the Zacapa Department was selected as an initial site for implementation. Shortly thereafter, direct national reform began to prove more and more challenging, and by Years 2 and 3, work focused increasingly on department-level demonstration, which produced learning to influence the national bodies. CTWWC contributed to Guatemala's care reform by building learning and evidence, developing tools, implementing programs and fostering local capacity building within government agencies and other stakeholders. Through these endeavors, CTWWC GT has laid a foundation for sustainable change in Guatemala's care system while influencing the Latin America region.

"Changing the Way We Care changed the way we placed children. Before, systematization was not considered as important in improving our situation. I think that in the end, part of the work that was being carried out to systematize allowed us to be able to be better prepared for a pandemic that anyone expected."

- Guatemalan Government actor as quoted in CTWWC Y5 Evaluation

Roberto Robles / CRS

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4   Prensa Libre (2018). Imputan por maltrato y homicidio culposo a exfuncionarios del Hogar Seguro. Accessed at: https://www.prensalibre.com/guatemala/justicia/imputan-por-maltrato-y-asesinato-culposo-a-exfuncionarios-del-hogar-seguro.

5   The SBS, the National Adoption Council (CNA), the Office of the Attorney General (PGN), and the Judicial Body (OJ).

Over the last five and a half years, CTWWC has strengthened the components of the Guatemala care system, as recorded in 68 harvested outcomes (Figure 3). The following are key examples of those achievements.
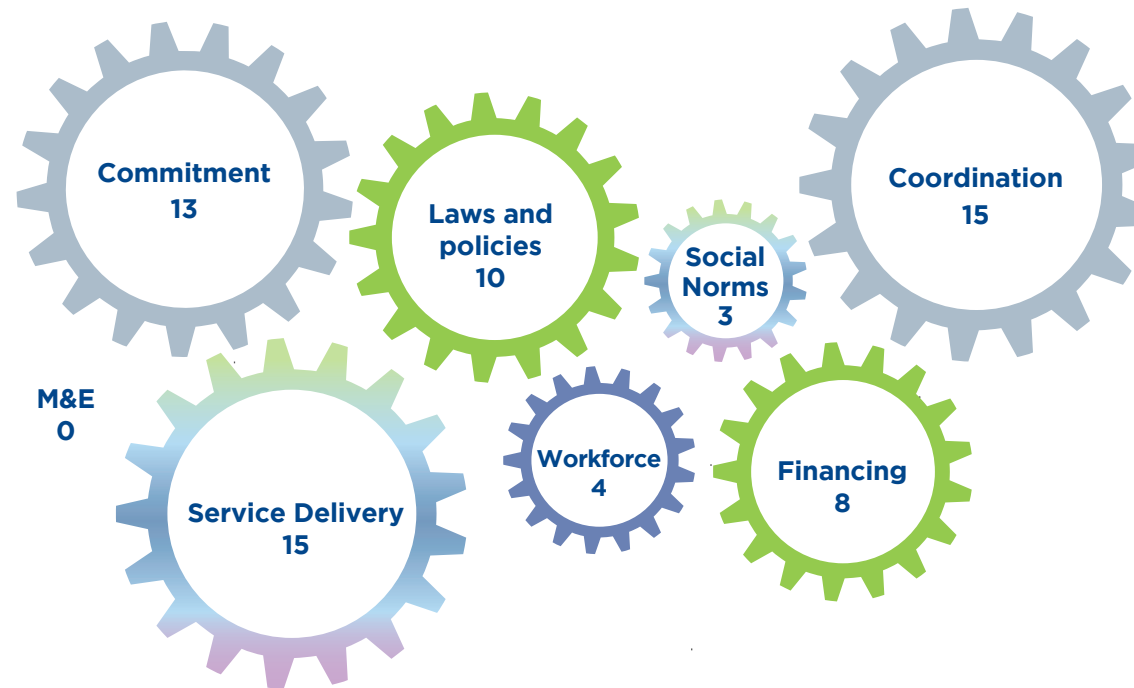
Commitment and coordination

→ Increased municipal interagency coordination through Municipal Offices for Children and Adolescents (OMNA) and Family Care Commissions as demonstrated in Zacapa and expanded to 14 municipalities. Successes have been replicated in other departments, including those affected by migration.

→ Creation of networking platforms and spaces for people with lived experience of care, including a national foster family network with 22 members and a care leaver[6] network, now 16 members strong.

Laws and policies

→ Research and publication of *Existing and New Options of Alternative Family Care for Children and Adolescents* and subsequent work to strengthen national foster care models; recruitment of new foster families; and promotion of standard practices.

→ Strengthened case management and interagency pathways for reunification and reintegration, prevention of separation and

Figure 3

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foster care; adaptation of pathways for new populations, such as communities with high migration; and use of pathways by multiple departments, municipalities, courts and university training programs.

Workforce

→ Strengthened capacity of the social service workforce through training, accompaniment of social workers, psychologists, municipality leaders, residential care providers and government actors; and uptake of the case management curriculum by universities offering social work degrees.

Social norms

→ Awareness raised with faith actors, culminating in engagement of the Guatemalan Catholic actors in experience-sharing workshops, training of trainers for

Dinorah Lorenzana / CRS

Ivan Palma / CRS

Dinorah Lorenzana / CRS

6   A young person, typically over the age of 16 (18 in many countries), who is leaving or has left a formal alternative care placement. This typically refers to children who are leaving residential care through reintegration, placement in an alternative family environment or independent living. CTWWC Operations Manual, version 11, 2024, internal document.

transition of care services and technical accompaniment in the successful transition of a Catholic residential care facility into a community center.

Service delivery

→ Scalable models of positive parenting schools leading to the national family education curriculum and facilitator training, psychological clinics and case management for reunification and reintegration.

Monitoring and evaluation

→ The Census of Children in Residential Institutions completed early in the project identified 3,863 children across 124 private and 22 public facilities who were placed in institutions primarily due to neglect and abuse. The census provided more accurate data and supported data-driven decision making.

→ Publication in Global Studies of Childhood of learning from CTWWC's work to reunify children with families and support long-term reintegration.

In 2021, an analysis of care reform initiatives in Latin America was completed and presented in the Forum for Good Practices in Service Transition in Latin America and the Caribbean. This facilitated relationship-building and the development of the first CTWWC Latin America regional advocacy strategy. The analysis recommended prioritizing documentation and focusing on the contributions of the faith sector. The same year, the CTWWC GT technical team started responding to a growing number of requests for sharing learning, exchanges, and technical assistance from residential care facilities, organizations and religious congregations interested in transition. Government actors in the region (including Mexico, Peru, Costa Rica, and Honduras) also began leveraging the experiences and lessons learned in Guatemala to exert significant influence at the Latin American regional level.

The results of the household surveys in Guatemala are an endorsement of the CTWWC case management process for reintegrating and at-risk families. Results from the two rounds of the survey, undertaken 18 months after placements and again 18 months after case closure, show that caregivers consistently reported high satisfaction with services and feeling prepared to go it alone. This stability, alongside sustained high levels of protective factors and child well-being, suggests CTWWC's programs effectively equipped families for independence, building long-term resilience.


Philip Laubner/CRS

Ivan Palma / CRS

Key regional learning, advocacy and influence activities in Latin America over the five and a half years include:

→ Training over 500 Peruvian professionals from public and private residential care centers run by the Ministry of Women of Peru and over 150 staff from the Colombian Institute for Family Welfare in case management methodology and reintegration using the models from Guatemala.

→ Working with the Congregation of Our Lady of Charity of the Good Shepherd in Mexico to transition their care services away from residential models toward strengthening families, which began in 2021 and continues today. Their stories were published in 2022 in Case Studies: Stories of Transformation and Transition in Juarez and Tijuana, Mexico and Walking at the Speed of Trust: The Emotional Journey of Transitioning from a Residential Care Model. The model of transition support led to helping five residential homes in Peru use case management and family strengthening methodology and initiate a pilot.

→ Launching and chairing the Spanish-language sub-working group on transition of care services within the Transforming Children's Care Global Collaborative Platform (TCCC) and bolstering the number of Guatemala-related and Spanish-language practitioner resources posted to Better Care Network (BCN).

→ Hosting Latin American Catholic Sisters as they came together to exchange experiences around transitioning from residential care to family services. At these meetings, they agreed on an approach to transition for Catholic actors and on advice for technical partners supporting Catholic transitions. They also produced two pathways and a guidebook. Informally called La Red de Religiosas Unidas por la Transformación de los Servicios, this group continues to gather quarterly.

→ Supporting and mentoring Red Latinoamericana de Egresados de Protección (Latin American Network of Graduates of Care) to complete the Regional Mapping of Activists with Lived Experience of Alternative Care in Latin America and the Caribbean. The mapping provides a regional directory of care leaver associations and identifies opportunities for these organizations to engage and influence care reform in the region.
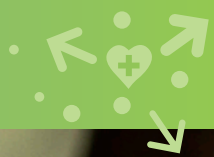
2. Kenya and Eastern & Southern Africa

The launch of CTWWC Kenya (KN) occurred against the backdrop of Kenya's legal and policy framework, which is aimed at preventing family separation and strengthening family units. This framework included the *Guidelines for the Alternative Family Care of Children in Kenya*[7] and the draft Children's Bill, later enacted as the Children Act of 2022.[8] The national Department of Children's Services (DCS), now Directorate, emphasized care reform, aiming to reduce reliance on residential care facilities, promote family-based alternatives and enhance prevention services for at-risk children. Moratoriums on intercountry adoptions and new residential facility registrations were in effect. However, implementation gaps persisted, and care reform lacked a cohesive, government-endorsed strategic plan. Further, concerns regarding the rights of children with disabilities within care systems remained, and there was a notable lack of up-to-date, quality data on the care system despite the previous launch of the Child Protection Information Management System (CPIMS). At the start of CTWWC, the DCS reported approximately 854 registered residential institutions accommodating around 45,000 children.[9]

CTWWC KN ensured full government buy-in, collaborating closely with the National Care Reform Core Team (NCR) to develop the National Care Reform Strategy (NCRS) (2022–2032) and supporting the 2023 reformation under National Council for Children's Services (NCCS) leadership. Partnering with local organizations like Kenya Society of Care Leavers (KESCA), Kesho Kenya, Investing in Children and their Societies (ICS), Franciscan Sisters, Kenya Catholic Council of Bishops (KCCB), Association of Sisterhoods of Kenya (AOSK) and many others, CTWWC fostered internal capacity for ongoing care reform in Kenya. Pushing reform forward, CTWWC built capacity, convened key actors, provided training, raised awareness (especially among faith communities) and supported individuals with lived care experience. County demonstrations in Kisumu, Kilifi, Nyamira and Siaya served as learning hubs and pilot sites for innovations. These demonstrations, diverse in context and political will, facilitated scaling
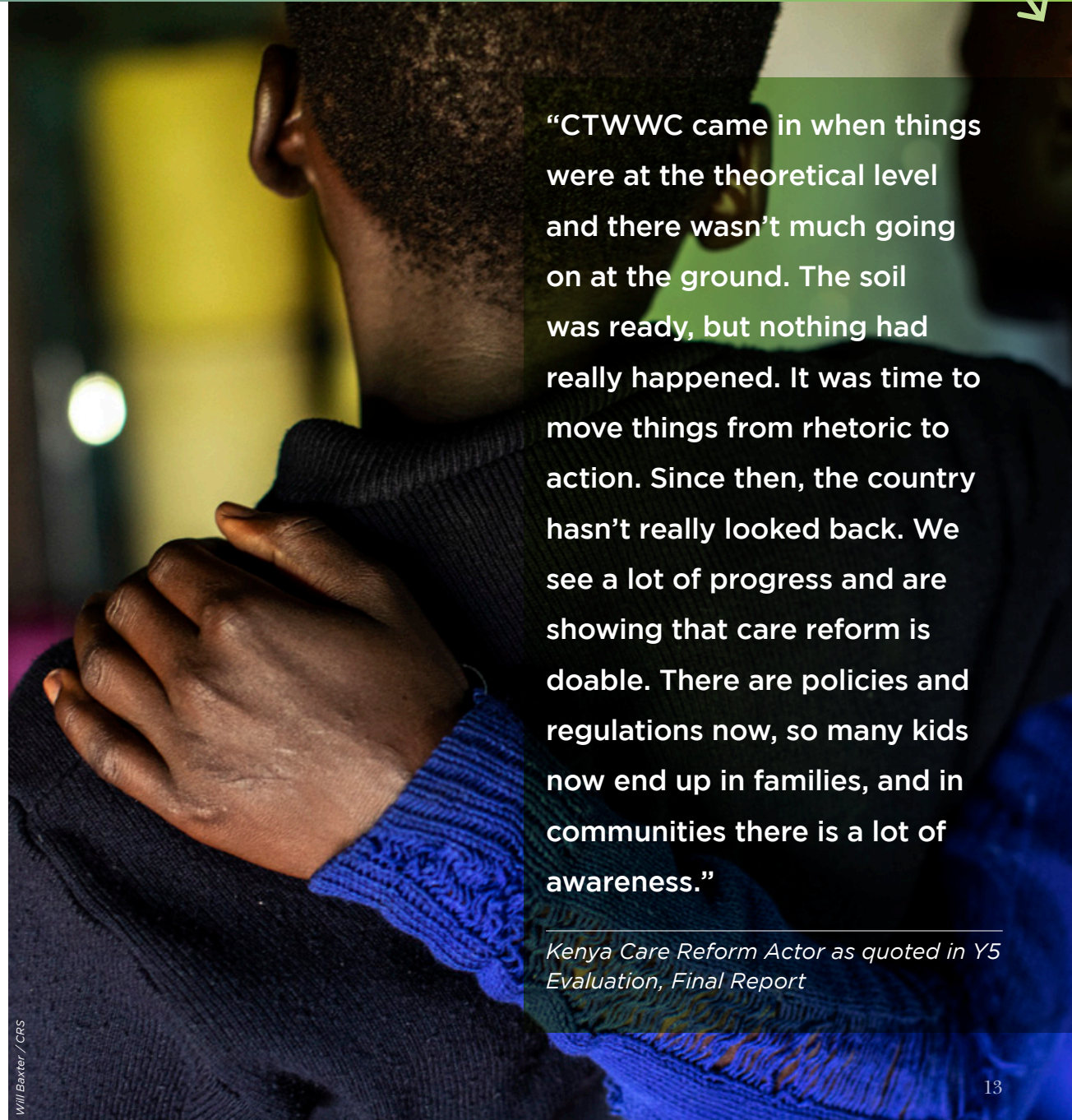
> "CTWWC came in when things were at the theoretical level and there wasn't much going on at the ground. The soil was ready, but nothing had really happened. It was time to move things from rhetoric to action. Since then, the country hasn't really looked back. We see a lot of progress and are showing that care reform is doable. There are policies and regulations now, so many kids now end up in families, and in communities there is a lot of awareness."

Kenya Care Reform Actor as quoted in Y5 Evaluation, Final Report

Will Baxter / CRS

7 Government of Kenya and UNICEF (2014). Guidelines for the Alternative Family Care of Children in Kenya.
8 Government of Kenya (2022). Children's Act. Accessed at: https://bettercarenetwork.org/sites/default/files/2022-10/kenya-the-children-act-2022.pdf.
9 According to 2014 data received from DCS, reported in the CTWWC. (2018). Annual Workplan: Year 1.

models to neighboring counties. For instance, Kilifi, with its coastal location and Muslim majority, contrasted with Kisumu's western rural agriculture landscape offering a varied platform for reform activities that CTWWC could leverage effectively.

In later years, CTWWC KN shifted focus to the local level, enhancing County Children's Officers' capacity, promoting direct child and family well-being, investing in disability inclusion and raising public awareness. Collaboration with DCS led to transitioning residential care facilities while county governments engaged in care reform planning, linking funding to services. A top-down bottom-up reform took the form of continued national system strengthening and demonstration learning, readying both for replication across more counties. The initiative increasingly engaged Catholic entities, influencing the Association of Member Episcopal Conferences in Eastern Africa (AMECEA), and showed redirection resources working at the Segal Family Foundation on ethical divestment from residential care.

Over the last five and a half years, the Kenya care system has seen remarkable progress in the various components of its care system, logging 104 outcomes (Figure 4). Some highlights from CTWWC's results follow:

Commitment and coordination

→ Building relationships, improving coordination and engaging with the three selected demonstration counties in national level working groups as well as other opportunities to coordinate reforms.

→ Stronger engagement from increasingly capacitated people with lived experience in care reform and advocacy at all levels; strengthening of KESCA and the formation of new county care leaver networks. (KESCA has been supported in strategic planning and organizational capacity building, recently culminating in a new constitution, leadership council and website.)

Laws and policies

→ Roll out of the NCRS to all counties and support for development of the County Children's Policies.

→ Strengthened national policies and guidance including: *Case Management for Reintegration of Children into Family- or Community-Based Care* (2019), *Residential Childcare Institution Situation Analysis Tool* (2020), *National Prevention and Response Plan on Violence against Children*
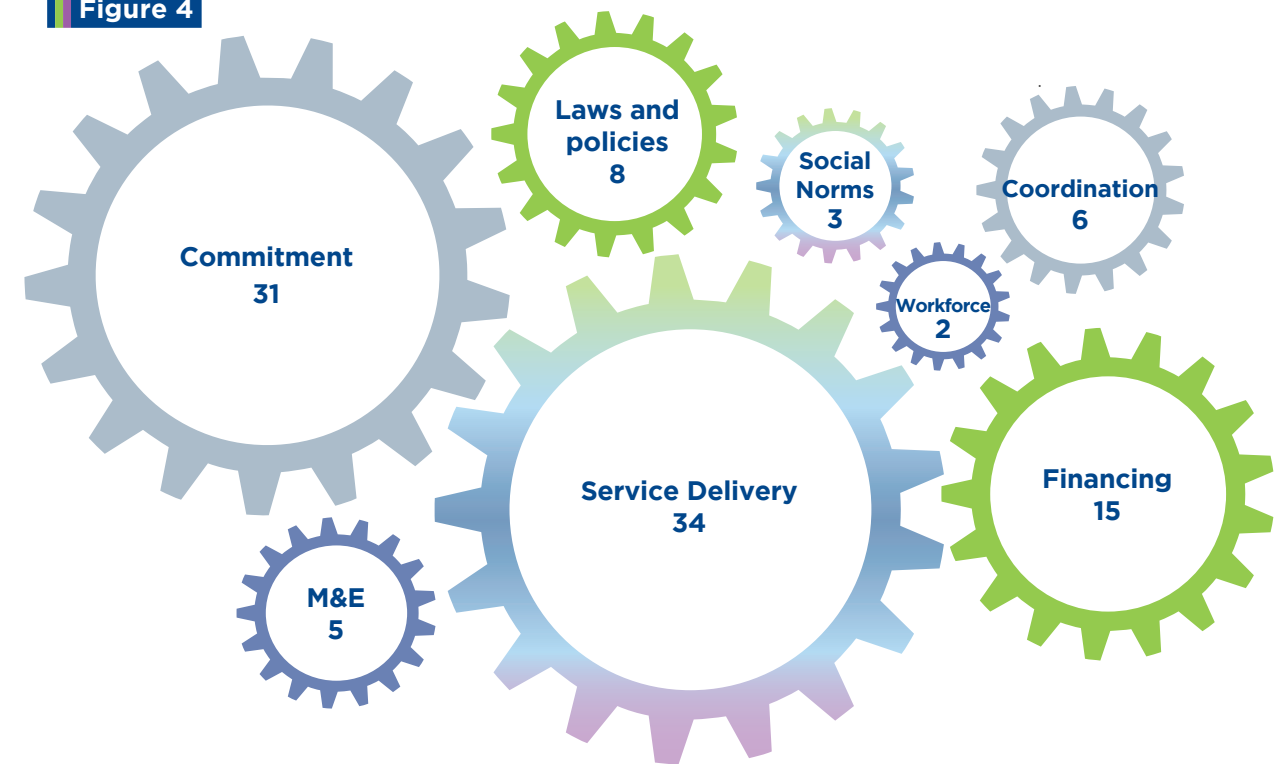
(2020), *Caseworkers Handbook for Case Management* (2021), *National Framework for the Implementation of Kafaalah Care* (2022), *National Guidelines and Standards for Child Welfare Programmes* (2023), *National Guidelines for Transitioning Child Care Systems in Kenya* (2023), *Standard Operating Procedures for Alternative Family-Based and Community-Based Care of Children in Kenya* (2023) and *Handbook for Alternative Family- and Community-Based Care* (2023).

Figure 4

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Service delivery

→ Increased buy-in by residential care facilities and their supporters to transition to community-based family support services or divest, which is supported by advocacy messaging out of the *Understanding Catalysts for Transition: Dynamics Leading to the Uptake of Transition Amongst Charitable Children's Institutions in Kenya*.

→ Piloting approaches for family strengthening in families reintegrating children or at

high risk of separation that combine case management, economic strengthening, parenting skills training and other interventions.

Workforce

→ Capacity building of the social service workforce, including government and non-government workers, residential care social workers, community-based organizations and others using cascade training, mentoring, accompaniment and supportive supervision based on strengthened curriculum or guidelines.

Social norms

→ Championing disability inclusion as evidenced by the initiative's work to pilot disability measurement tools; disability inclusion training co-led with the National Council of Persons with Disabilities; work on strengthening referral networks; and commitments toward strengthening disability networks.

→ Increased participation of faith-based actors in care reform and support for national

frameworks for the implementation of faith models like Kafaalah. Sensitization forums with Catholic clergymen and women on the importance of family care for children resulted in a recent statement, among other activities supporting family care by faith actors.

Monitoring and evaluation

→ Improved data systems and better evidence to inform decision-making around children's care, including an accurate county situational analysis, a five-county summary of data on children in residential care, the *Kenya Care System Assessment* and data on existing Kafaalah practices.

→ Enhancement of the CPIMS modules for alternative care to include case management, monitoring the transition of children in and out of alternative care, and the transition of residential care facilities.

Over five and a half years, CTWWC developed a regional strategy for advocacy, influence, learning and engagement in Eastern and Southern Africa. Sharing lessons from Kenya remained pivotal throughout, with significant

contributions to forums like the Eastern and Southern Africa Regional Learning Platform (ESARLP) and CRS' SCP-5 platform. Launched in 2021, ESARLP produces learning briefs, reports, country care reform "virtual tours" and webinars. CTWWC also engaged in regional advocacy initiatives, partnering with organizations such as Lumos and Hope and Homes for Children, and contributed to the Africa Working Group on Children without Parental Care that supports the African Union's Committee on the Rights and Welfare of the Child. These efforts underscore CTWWC's commitment to joint advocacy, sharing knowledge and driving change across the region.

Karen Kasmauski for CRS

Will Baxter / CRS

The results of CTWWC's household surveys in Kenya reveal the complexities of demonstrating a diverse range of supports, delivered by a largely community-based workforce during the COVID-19 pandemic and subsequent economic downturn. Despite positive feedback on services and some high ratings on caregiver protective factors and child well-being, challenges were revealed in accessing services and meeting education costs. Progress in encouraging savings and positive feedback on financial training haven't fully offset economic challenges. A future survey can better assess the impact of more recently concluded group interventions.

Beth Bradford / Maestral International

Care Reform Demonstration Countries & Regional Influence

Karen Kasmauski for CRS

Key regional learning, advocacy and influence activities in Eastern and Southern Africa between 2018 and March 2024 included:

→ Co-produced five country virtual tours, 19 newsletters, 14 webinars and eight policy papers through the ESARLP targeted to governments in the region. Resources featured CTWWC learning and the initiative supported the participation of other actors, such as KESCA with *Experience Matters: Bringing lived experience into national care reform* and DCS with *Social Service Workforce Strengthening and Care Reform*.

→ Hosted or presented at external events, webinars, conferences and meetings in the region, including United Nations General Assembly (UNGA) sessions, International Society for the Prevention of Child Abuse and Neglect (ISPCAN) and Regional Psychosocial Support Initiatives (REPSSI) conferences, Eastern Africa Early Childhood Conference and others. Multiple abstracts and journal articles have been written sharing evidence and learning from Kenya.

→ Supported the 2022 Indaba on Child Protection in Africa to ensure children's care was prioritized. Attendees included leaders from AMECEA, Catholic Sisterhood Associations, the Jesuit Conference of Africa and Madagascar, African government representatives, and U.S. State Department and USAID officials from various regional countries.

→ Provided advice and mentoring to the emerging regional care leavers network, the Association for Care Leaver Networks in Africa.

→ Worked with BCN and TCCC to advance transition support in the region with a three-day regional training of trainers on the global transition framework tools. Twenty-one representatives from 11 countries in Eastern, Southern and Western Africa were trained.

3. Moldova and Eastern Europe

When **CTWWC began** its work in Moldova in 2018, the government had been working on extensive child protection, education and decentralization reforms for over a decade, resulting in a substantial reduction in the number of children in residential institutions and the number of institutions themselves. Despite progress, vulnerable groups like children with disabilities and those with behavioral challenges still resided in institutions. Moldova exhibited political will and a robust policy framework, including a national deinstitutionalization strategy. Progress on workforce capacity building and developing family and community-based care models faced obstacles due to limited financial and human resources, underscoring the importance of prioritizing social services for children and families, further policy strengthening, nationwide implementation and increased resources for social services.

In Moldova, CTWWC initially focused on closing large residential institutions, navigating coordination challenges as the Lumos-led team integrated with CTWWC, which operated from CRS offices located in the demonstration countries. Despite early challenges, the CTWWC Moldova (MD) team engaged in national care reform dialogues. USAID proposed integrating a multi-year, mission resourced Copilaria Mea project, leading to extensive planning between CTWWC, USAID and Lumos throughout 2019 and 2020. By 2020, CTWWC strengthened ties with Moldovan ministries, USAID and UNICEF, as well as faith actors and national/local NGOs participating in national child protection working groups and data initiatives. The exit of Lumos from the consortium in 2021 prompted CTWWC MD's transition to CRS, necessitating office establishment and organizational registration.

CTWWC MD uses a collective impact approach,[10] collaborating closely with the national government, three main implementing partners[11] and with many others through additional deliverable-based smaller agreements. The initiative engages a wide range of stakeholders, paying particular attention to less traditional care sector actors such as faith communities. In 2021, a research series informed the first phase of implementation, aiming to

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10   According to Stanford Social Innovation Review (2022), Centring Equity in Collective Impact, Collective Impact is a network of community members, organizations and institutions that advance equity by learning together, aligning and integrating their actions to achieve population and systems-level change. It is intentional and highly structured, engages important multisectoral actors in coordinated efforts toward a common vision, and helps actors move from isolated impact or isolated partnerships to collective impact with same goal and measurement of the same indicators.

11   Community, Child, Family (CCF), Keystone Moldova and Partnerships for Every Child (P4EC).

Schimbator Studio for CRS
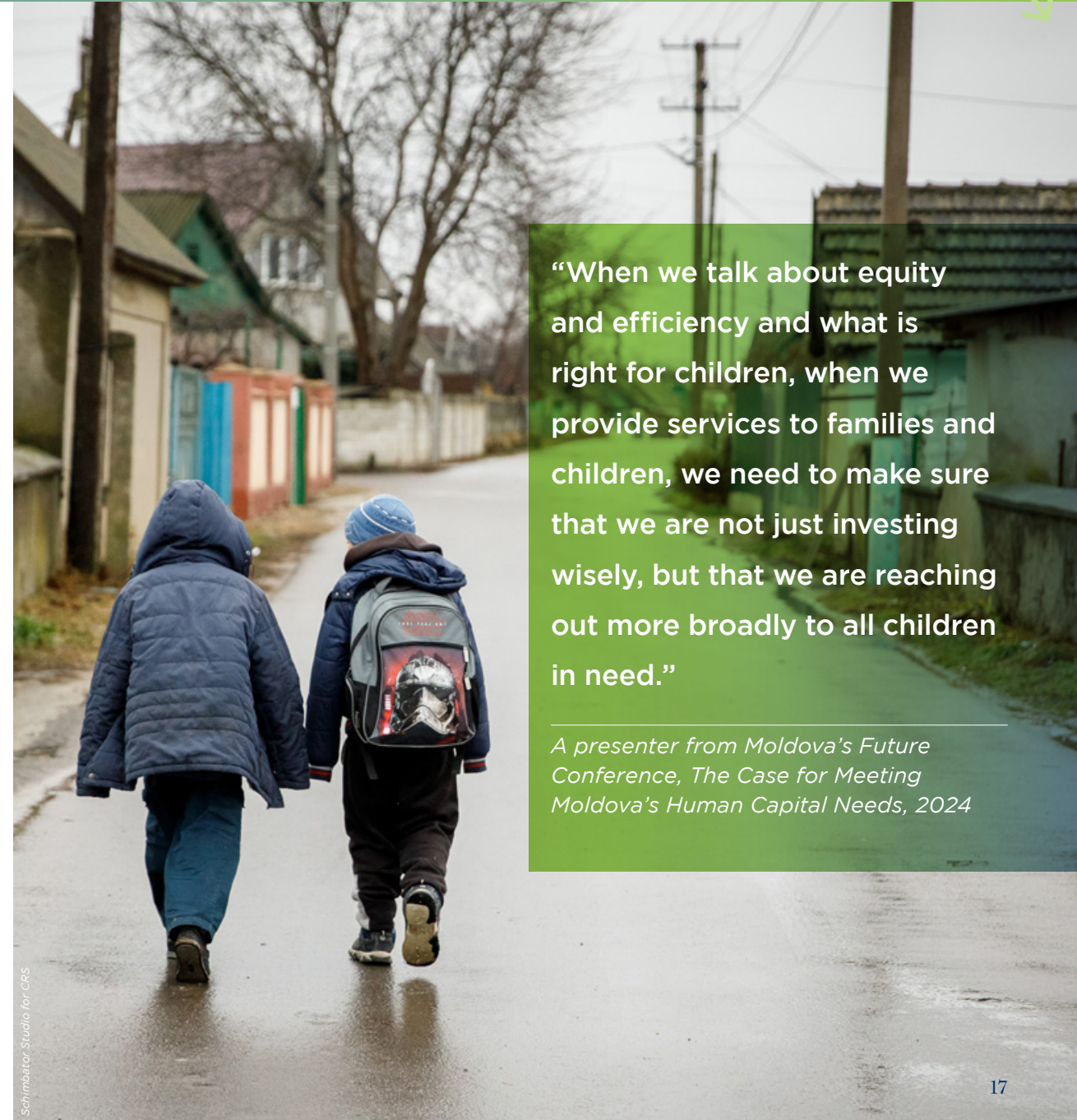
"When we talk about equity and efficiency and what is right for children, when we provide services to families and children, we need to make sure that we are not just investing wisely, but that we are reaching out more broadly to all children in need."

A presenter from Moldova's Future Conference, The Case for Meeting Moldova's Human Capital Needs, 2024

build on Moldova's care reform efforts, update critical data and provide a comprehensive analysis of services for at-risk children and families. CTWWC also collected existing care reform documents and devised a tiering strategy to prioritize regions for new services, setting the groundwork for future programming.

In 2022, CTWWC MD faced challenges with the invasion of neighboring Ukraine by Russia. An influx of refugees from Ukraine entered Moldova. The government of Moldova had to quickly ensure their social protection and child protection systems could respond appropriately. CTWWC responded with a series of resources (see text box) and continues to contribute to care reform work in Moldova, which is now driven by European Union accession processes, serving as a source for reliable technical and implementation expertise.

Ukraine Resources

Code of Conduct for Emergency Situations

Critical Considerations for Movement of Children During a Humanitarian Crisis

A Training in Psychological First Aid for Foster Carers of Children who have Experienced Trauma

Safe Responses Training

Since 2019, the Moldovan care system has strengthened various components of their care system. A total of 61 outcomes have been harvested so far (Figure 5), and some of CTWWC's contributions are highlighted below.

Coordination and collaboration

→ Three National Child Protection Program Coordination Committees, one for each objective of the National Program for Child Protection (NPCP), convened over 25 organizations and public institutions in coordination with the government.

→ Agreements with the Ministries of Education, Culture and Research; Health; and Labor and Social Protection for completion of child assessments for all children in residential care facilities with the objective of family reunification or placement in alternative family-based care services.

→ A 2023 declaration and commitment by the government of Moldova to achieve zero children in institutions by 2026 and a roadmap for ending the institutionalization of children aged 0–6 years.

→ A new network of care leavers was registered as a local NGO in 2024 and determined its goals and priority objectives as well as activities for their new group.

Figure 5

Commitment 15 · Social Norms 1 · Laws and policies 7 · Coordination 15 · M&E 3 · Service Delivery 16 · Workforce 2 · Financing 2
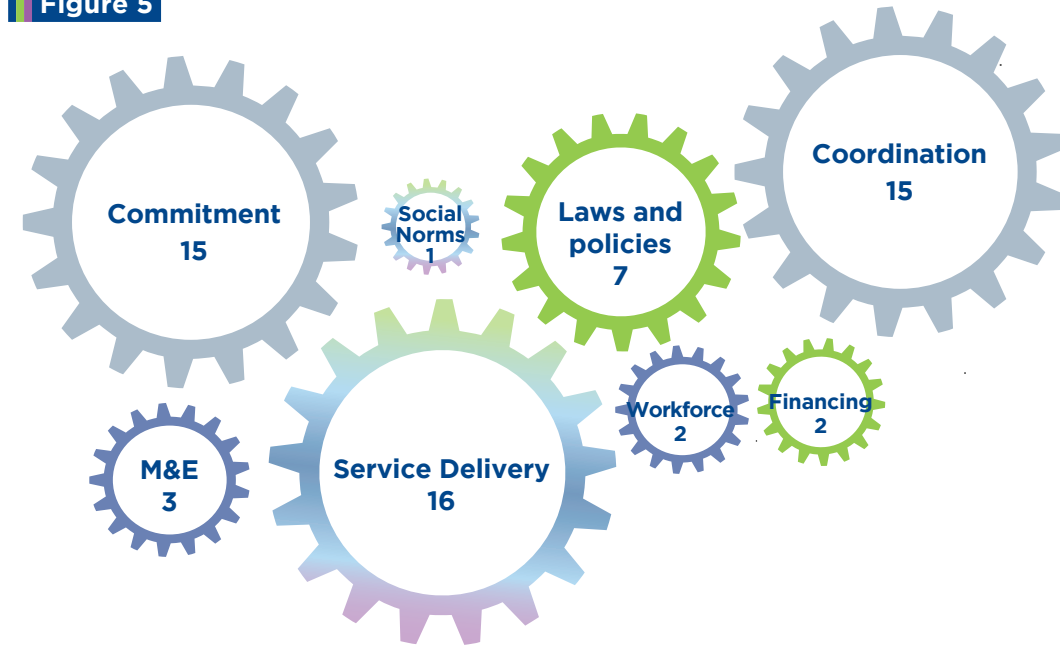
Laws and policies

→ Development and validation of the NPCP 2022–2026, which includes care reform. It is well aligned with collective impact and informed by the CTWWC situation analysis.

→ A government approved case management process and accompanying guidance for practical implementation.

Service delivery

→ Reduction in the number of large-scale residential institutions to six and the number of children living in them to below 700, as of 2023.[12] CTWWC has directly supported the closure of one institution with two more in the process of closure. Another two closed due to CTWWC's advocacy. The transfer of two more institutions from one ministry to another has also allowed them to begin safe closure processes.

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12   CTWWC (2023). Moldova's Future: The case for meeting Moldova's human capital needs. Accessed at: https://bettercarenetwork.org/library/strengthening-family-care/investing-in-family-care-for-moldova's-future-the-case-for-meeting-moldovas-human-capital-needs.

Care Reform Demonstration Countries & Regional Influence

→ Piloting of services for refugees, family support and specialized foster care for children with severe disabilities.

Workforce

→ A sustainable training system for child protection specialists grounded in Moldova's new national qualifications (i.e., the European Qualifications frameworks) and based on a new micro-credential program, which is being developed by CTWWC, was created.

Financing

→ One of CTWWC's major accomplishments in Moldova was the completion and publication of the *Investment Case for Family Care* and the Finance Conference (see Conference Report). This work has jump-started important dialogues with government partners, civil society and development partners to inform next steps in care reform.

Social norms

An assessment of faith-based actors provided findings to inform a faith engagement strategy. This is a unique development in Moldova where clear boundaries between government, NGOs and faith-based organizations engaged in child protection and care have always existed.

Monitoring and evaluation

→ Improved data-informed decision-making for closure of six remaining residential care institutions based on the assessments conducted by CTWWC.

→ A comprehensive "situational analysis" to inform planning, build evidence and support national strategy and demonstration.

Moldova's program has seized on various European regional learning and influence opportunities, though it remains without a regional influence strategy of its own. Notably, it has published numerous documents, reports, research, learning briefs and practitioner videos, enriching the BCN resource library and helping to inform government, practitioners and others working in the care reform space. Since 2020, 75% of the resources posted on the BCN Moldova page have been from CTWWC. The Ukraine crisis has spotlighted Moldova's care reform and prompted CTWWC to offer care reform lessons and support for learning in the country through the UNICEF-Maestral Better Care Initiative, and to organizations working with people with lived experience and in humanitarian relief.

In Moldova, the 2023 household survey provided insights into reintegration from residential care and foster care placements, especially for children with disabilities, who made up over 50% of the sample. Caregivers valued CTWWC's support, such as home visits, cash assistance and service referrals. While internal protective factors and child well-being were highly rated, many caregivers and children, particularly those with disabilities, were concerned about community support, health care and school inclusion. CTWWC aims to further collaborate with civil society, including faith-based organizations, to enhance community support and inclusivity.

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Moldova's Comprehensive Situation Analysis Reports

Findings and Recommendations from the Evaluations of Six Residential Institutions

Situational Analysis of Care Reform in the Republic of Moldova

Analysis of the Regulatory Framework and Financing Mechanism for the Alternative Care System

Situational Assessment of Child and Family Protection Personnel Training in the Republic of Moldova

Assessment of Social Services for Vulnerable Children and Families

Analysis of National and International Best Practices in Case Management

Knowledge, Attitudes, and Practices of Reintegrating Children into Families

Schimbator Studio for CRS

Key regional learning, advocacy and influence activities in Central and Eastern Europe to date include:

→ A Finance Conference attended by high level government representatives, international experts, a European Union (EU) delegation, the World Bank, UNICEF and regional NGOs. The work has also drawn global attention, and the learning is encouraging other countries, including Kenya, to do more around making the case for investment. The investment case report was released at the conference, making the case that a minimum package of services is a sound investment with high returns, providing savings to both individuals and government, as well as increasing lifetime earnings, access to adequate services and life expectancy; improving health; and reducing poverty.

→ A high-level conference was held for more than 100 government decision-makers, local mayors, civil society organizations, the EU Delegation, UNICEF, the World Bank, the World Health Organization and international experts on the importance of family for young children. The world-renowned team from the Bucharest Early Intervention Project shared evidence on the impact of institutionalization and the positive effects of care in a family environment on children affected by the trauma of separation at an early age.

→ A study visit to Moldova was organized by the Lumos Foundation for a delegation of civil society representatives from Ukraine. The Ukrainian delegation visited Moldova in March 2024 to learn about Moldova's experience with deinstitutionalization and promoting inclusive education.

"[CTWWC] has taken an important role in leading or supporting some of the conversations and discussions, which has been important. Whether convening or participating, it's been a positive thing…people are seeing [CTWWC] as a leader in the sector and as a collaborator."

– Key informant, Kenya Care Reform Actor as quoted in the CTWWC Y5 Evaluation

CTWWC arose amidst a fragmented care sector that was plagued by competition, coordination challenges and differing articulations of the problem to be solved.[13] Despite various global and faith-based entities working on reform, scaling change was tough. Millions of children worldwide lived in institutions,[14] yet a universal definition of "institutional care" was absent, alongside limited capacity, knowledge and political will. Variable data systems worsened matters. Some saw institutions as beneficial, particularly in contexts that lacked faith in government-led reforms. Institutional interests, including those with the potential for financial gain and political influence, posed barriers to change. CTWWC's theory of change prioritized global advocacy, collaboration, knowledge sharing and stakeholder engagement to tackle these multifaceted challenges.

In 2022, the Y3 evaluation highlighted the clear "global momentum for family-based care." CTWWC supported a report in 2020, updating estimates of children in residential institutions, which was widely referenced thereafter. In the same year, CTWWC contributed to the

Lancet Commission on Institutionalization and Deinstitutionalization of Children, summarizing decades of evidence on institutional harm. These studies filled crucial knowledge gaps. The care reform movement gained traction globally, evident in the UN's prioritization of a dedicated Day of General Discussion and a 2019 UNGA Resolution on Child Rights that focused on alternative care. Advocacy efforts spurred collaboration via TCCC, uniting over 150 organizations to enhance impact, learning and advocacy. This platform now hosts numerous working groups, taskforces and over 1,000 members facilitating shared learning and coordinated action. CTWWC globally complements care reform by disseminating demonstration findings, supporting advocacy and enhancing capacity building.

Key global influence achievements are presented in the following sections.

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13   Shawar, Y.R. and Shiffman, J. (2020). The Deinstitutionalization Debate and Global Priority for Children's Care. Accessed from: https://www.socialserviceworkforce.org/resources/de-institutionalization-debate-and-global-priority-childrens-care.

14   UNICEF. (2017). Data Gaps in Children in Residential Care. Accessed at: https://www.unicef.org.uk/press-releases/data-gaps-children-residential-care-leave-vulnerable-unaccounted-unicef/.

1. Sector collaboration

The Y5 Evaluation suggested that CTWWC's role has been one of *connecting and convening, documenting and sharing, and shaping conversations*. Within the care sector, CTWWC fosters a shared commitment to care reform, influencing changes in policy and in service delivery. This impact spans inter-governmental, governmental, academic, civil society and faith-based sectors. Significant results include:

→ CTWWC helped to establish and fund the TCCC, offering strategic guidance, technical know-how and consistent engagement. The initiative actively led several working groups and communities of practice and participated in all others. The TCCC organized 17 webinars on pertinent topics for practitioners, governments and faith communities, often showcasing CTWWC's demonstration learning.

→ CTWWC contributed to the UNGA Resolution and the 2021 Committee on the Rights of the Child's Day of General Discussion through its support of BCN and of participation by people with lived experience, submissions, participation in events and helping to draft the key recommendations that informed the resolution.

→ CTWWC engaged with the World Bank on children's care issues with multi-agency discussions at the global, regional and country levels, which led to the World Bank's participation in the Moldova finance conference. By 2023, the World Bank secured resources for its global Rapid Social Response Fund, used for projects that address the care needs of children.

→ CTWWC influenced public awareness through strategic use of social media, reaching nearly 10 million social and mass media engagements. The initiative has seen a 50% increase in Facebook followers and a 12% increase among X followers.

→ Packaged and disseminated demonstration country and cross-country evidence, research and learning to fill gaps on practitioner guidance, sector research and evidence through 371 publications, academic articles, toolkits and other resources. Online documents and videos have reached over 81,000 downloads/views, and newsletters have had over 31,000 opens.

CTWWC participated in

89

regional and global coalitions and collaborative platforms.

"I've seen interest growing, and interest in countries that you'd never hear them talking about care for children before."

Quote from an informant included in Picture Impact. (2023). Changing the Way We Care: Year 5 Evaluation, Final Report.

Premananda Hessenkamp for CRS

2. Faith sector influence

Over five and a half years, the CTWWC initiative has steadily built relationships with faith actors, recognizing their significant influence and potential contribution to care reform. This spans engagements with various organizations in countries, regions and globally, including Catholic Care for Children International (CCCI), ecumenical and inter-faith councils, international congregations of women religious and U.S. faith-based groups like the United States Catholic Mission Association, the Faith to Action (F2A) Initiative, Georgetown University and the Christian Alliance for Orphans (CAFO). While addressing the role of the faith sector in children's care and combating the proliferation of orphanages worldwide was always part of the initiative's agenda, it took time to define a specific focus and roles. Initial efforts included providing technical support to a global meeting of the International Union of Superiors General in Rome in 2018 and followed with engagement in conferences, conventions, commissions, roundtables and other events over the years. Multiple iterations of a "faith engagement strategy" aimed to guide global efforts and were complemented by strategies tailored to each of the three demonstration countries.

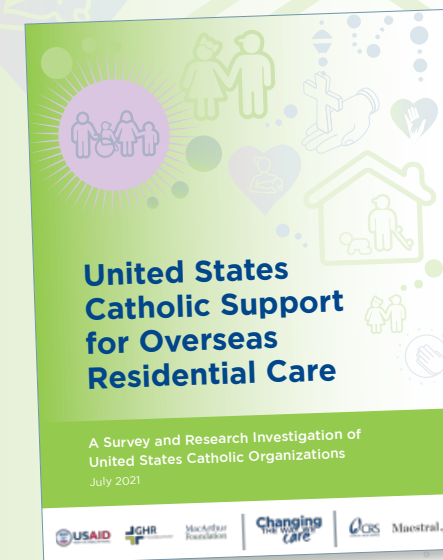CRS' affiliation with the global Catholic Church and as an agency of the U.S. Catholic Conference served as an asset. CRS programs, often working alongside the local church, were supported to exit their associations with faith-based residential care providers safely and responsibly with guidance informed by the CTWWC experience. CTWWC influenced policy, practice and staff capacity and awareness on topics including the harms of residential care, the benefits of family care, safeguarding and child protection, ethical storytelling, transition and family strengthening. Lastly, the evidence-based approach to addressing a global problem at scale and systems strengthening influenced CRS more broadly and informed the design of the GHR legacy grant, Catalyzing Scale Through Evidence (CASCADE).

Within the global faith sector, CTWWC has:

→ Completed and published the 2021 *U.S. Catholic Support for Overseas Residential Care* study summarizing responses from Catholic actors to inform effective influence, advocacy, engagement and messaging strategies with the U.S. Catholic community. Later work with CRS' Marketing and Communications Department and Heart+Mind Strategies brought additional learning, which informed the development of a six-part resource set including frequently asked questions; homilies and reflections;

"...the research conducted and supported by CTWWC on U.S. Catholic and Christian support for overseas residential care not only gave us a better understanding of existing attitudes and practices of key U.S. Christian audiences, but also positioned us to engage more strategically with targeted U.S. faith sectors, primarily Catholic."

Quote from an informant included in Reflections on Faith Engagement within Care Reform, 2023

United States Catholic Support for Overseas Residential Care

A Survey and Research Investigation of United States Catholic Organizations
July 2021

a two-hour faith formation module; an overview of engagement opportunities using the framework of pray, learn, act and give; and Catholic mission trip guidance with alternatives to orphanage volunteering and voluntourism.

→ Partnered with F2A to complete research on how U.S. Christian individuals engage with orphanages and vulnerable children worldwide. The research design began in 2020 and reached 3,000 self-identified Christians, representative of various age, gender, ethnicity, region and education-level demographics. The research culminated in a series of reports, *Residential Care: U.S Christian Giving and Missions*, and a collaborative, multi-agency targeted communications push.

→ Partnered with CRS and Georgetown University on a global, multi-year forum entitled, Faith and the Family: Propagating and Preventing Child-Family Separation across Time and Context. Through six topical webinars (in English, French and Spanish),

pages with materials and resources, and a guest contributor blog, this forum presented a unique opportunity for CTWWC to increase Catholic awareness and increase learning on the issue among Catholic leaders from CCCI, the Vatican and local dioceses, many of whom previously had not engaged in the family care sector.

→ Responded to requests for guidance and inquiries about faith's role in children's care and family strengthening, residential care practices and transition support from faith-based actors, eventually supported by and documented with learning and examples of faith-based transition. This has included working with Catholic Sisters, who are promoting and advancing family within religious congregations, other religious communities and Catholic organizations leading to the production of three testimonial videos for target Catholic audiences, including Catholic donors, leaders, and lay and religious residential care providers.

Innovative Approach – Championess Framework

Twelve faith actors have been trained as champions following a "champion-ness" approach, which guides a process of identifying a person' sphere of influence and accompanying them on a journey to build their skills and encourage activities in championing care reform. By the end of 2023, 57% of the champions were deemed "somewhat active," with the remainder still in the learning phase. In addition, 50 Indian champions within the local church had also been identified, though they are not funded by the GDA, and are receiving training and support based on what has been learned.

3. Voice of lived experience

Since its inception, CTWWC has prioritized meaningful participation of those with lived experience. During the 100&Change competition, youth from Lumos' Youth Self-Advocate Group and KESCA shared their perspectives. The first publication, How to Engage Care Leavers in Care Reform, exemplifies this commitment. The publication has been widely downloaded (355 downloads) and is setting standards for participation. In 2020, CTWWC collaborated with individuals with lived experience on an initiative-wide strategy, emphasizing their central role as partners. This led to the assignment of participation leads at various levels and integrating participation into the results framework. Regular self-reflection ensured continuous capacity building, understanding of and adherence to participation principles. Throughout, CTWWC engaged in specific activities to uphold this commitment, including:

→ Supporting people with lived experience of care to participate in global events and opportunities, such as the UN Day of General Discussion, the CAFO Summit, ISPCAN conferences and TCCC working groups.

→ Co-producing numerous publications and events including, *Participation and Advocacy Learning Workshop Resources* (disability toolkit), facilitator guides for Life

Skills Workshops targeted to care leavers, *More than Our Stories* webinar, *Meaningful Engagement of Care Leavers in Care Reform* document and practitioner video and the 2022 manual for practitioners, *Putting Children and Youth Participation at the Heart of Care Reform*, available in four languages.

→ Working with children and young people on developing measures of well-being tailored for children who had lived in residential care, sharing learning via a brief and journal publication and generating interest in the new tool for use in other contexts, including Zambia and Turkey.

→ Engaging a group of care leavers from four countries as junior researchers to conduct cross-country qualitative research on the catalysts and challenges in developing care leaver networks, culminating in a learning brief on *Participation of People with Lived Experience*, published in 2023.

"Young people see the opportunities and success they can have by working together, which has a major impact in motivating them."

Quote from a self-advocate in Insight: Strengthening Networks of People with Lived Experience of Care, 2024

Dinorah Lorenzana / CRS

4. Redirection of resources

CTWWC acknowledges resource redirection as crucial for national systems change and shifting the global dynamic around children's care. Despite its importance, it has been challenging to create and measure impact. In demonstration countries, efforts include reviewing public budgets, costing national care reform strategies and advocating for divestment by private foundations. Additionally, CTWWC engages in messaging to U.S. donors, advocates to global agencies and leads discussions on funding redirection, drawing on country-level experiences. Investment cases illustrate how financial allocations that advance policy objectives and enhance human capital are particularly valuable, outlining the resources required to transition toward family care.

"...the gains from investing in children are immense, unmatched by any other kind of investment."

– UNICEF quote from Financing Family Strengthening and Child Protection Services in the Context of Moldova EU Association Agenda: Conference Report, 2023.

Over the life of the initiative, activities and results not already highlighted have included:

→ A set of resources based on CTWWC learning on *Public Expenditure and Children's Care*, including a guidance note to help strengthen the capacity of governments to prepare budget frameworks for policies, programs and services that keep children in families; a technical brief; reports on country-specific public expenditure reviews; and a webinar.

→ Influencing CRS to adopt "Strengthening Families" as one of six strategic change platforms in its 2019–2030 strategy. Nearly $14 million in CRS private funding was raised for that platform between fiscal years 2020 and 2023.

→ Producing the Moldova investment case, added to the global evidence base on the economics of children's care, finding that services for family and child protection represents a cost per child 14.3 times less expensive than residential care and 19.7 times less expensive than residential services for children with disabilities. The finance work has led to additional investment case projects like that for a national review and investment case for UNICEF India, Kenya's county government investment case model and Guatemala's local financing of the OMNA offices.

→ Leading the Public Finance Community of Practice under the TCCC and drafting a thematic brief on public finance that makes policy and practice recommendations to governments in their implementation of the 2019 UNGA Resolution.

→ Supporting BCN and the TCCC Transition of Care Services Working Group to develop the online Transitioning Residential Care Cost Estimation Tool as part of the global transition framework tools. This tool has been globally promoted. As data is entered, information on the costs of private residential care and transitioning to family services is collected.

Will Baxter / CRS

5. Technical sector learning and leadership

CTWWC plays a pivotal role in building global capacity by offering technical support, mentoring and learning to faith-based, civil society and governmental stakeholders. Through its technical expertise and leadership, CTWWC pilots innovative approaches and produces tools, guidance and learning briefs. Over five and a half years, team members around the world have significantly enhanced their capacities, transitioning into primary providers of support and capacity building. CTWWC emphasizes transparent sharing of learning through open-access publications, encouraging adaptation and use across diverse contexts and building the global technical library. The initiative's robust monitoring, evaluation, accountability and learning (MEAL) framework supports the technical leadership. The Y5 Evaluation highlighted the effectiveness of this approach by engaging various audiences, "...*shaping the conversation to make it more relevant and approachable for various audiences.*" Throughout the life of the award, CTWWC has achieved numerous significant activities and results, contributing to the advancement of global care reform. The following are some notable achievements:

Figure 6
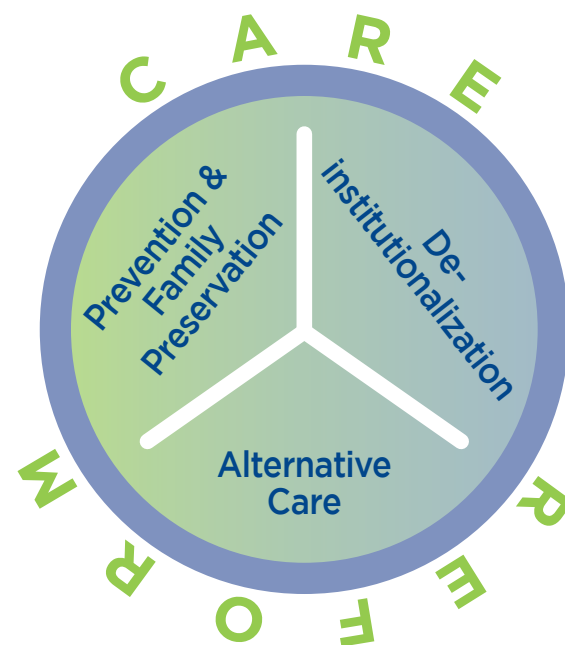
→ The Year 3 Evaluation noted that one of CTWWC's significant technical contributions to the sector was the improved understanding that care reform is not synonymous with deinstitutionalization given its articulation of a three-pronged approach: family strengthening/prevention of separation, expansion of family-based alternative care and transformation or transition of residential care (Figure 6).

Global technical packages

National Care System Assessments: Guidance to conducting a participatory self-assessment to inform national strategic planning

A Toolkit for Disability Inclusion in Care Reform and accompanying training modules

CTWWC Safeguarding Toolbox

Scaling-up Care Reform Framework

Public Expenditure and Children's Care

Case Management and Virtual Monitoring

Toolkit for Situation Analysis

Curated technical resource pages

Transition of Care Services

Case Management for Children Reintegrating into Family and Community-Based Care

Transitioning from Residential Care Services

"Related to having a firm basis in empirical evidence, effective approaches harmonize theory and practice. This union of shaping high level technical expertise with practical applications and local contextual factors was key to navigating the complexities of care systems and the care sector and driving change effectively."

Quote from an informant in CTWWC's Y5 Evaluation Report

Development of this approach, first articulated in Kenya, has strengthened linkages between care and the broader child protection system.

→ Several global working groups, task forces and communities of practice have been led by CTWWC including: the Global Working Group on Ukraine and Children's Care; TCCC working groups on public finance, evidence for impact and the community of practice on disability inclusion; and taskforces for family strengthening, social service workforce, public finance and reintegration.

→ Technical innovations in influence measurement, such as outcome harvesting, evolved into a crucial tool for understanding system strengthening, providing a retrospective view that helped capture interactions among actors and system components. CTWWC's work on system strengthening, scaling and outcome harvesting have been of interest to CRS' CASCADE and MEAL teams. The work has also excited other organizations, including Lumos.

→ The partnership with BCN has been critical to growing the library of technical resources for practitioners. The library grew from 7,130 resources in 2018 to 16,060 in 29 languages by March 2024. In addition to the financial support of BCN, CTWWC has published 375 products on the library and is currently leading, as a co-convenor of the TCCC Evidence for Impact working group, the creation of an evidence hub on the BCN library with curated and reviewed research to inform those seeking to learn about a variety of care reform topics and highlight gaps in order to inform a shared research agenda.

CTWWC has contributed significantly to the technical resources for, and capacity of, transition of care services. This work has been done in collaboration with others and by resourcing BCN, engagement with the TCCC Transitioning Residential Care Working Group, work with F2A and collaborations with many demonstration country partners.

Transitioning Models of Care Assessment Tool.

Phases of Transitioning Interactive Diagram.

Transitioning Residential Care Cost Estimation Tool.

Transitioning Residential Care Framework and Tools Training of Trainers training package.

Online video training with eight modules.

Transition Capacity Building Roadmap to support national and regional efforts to scale up transition capacity.

Fifty-six highly experienced transition technical support practitioners from over 30 countries trained as trainers.

Transition learning briefs, transition stories and timelines included in the BCN Transition Hub.

Dinorah Lorenzana / CRS
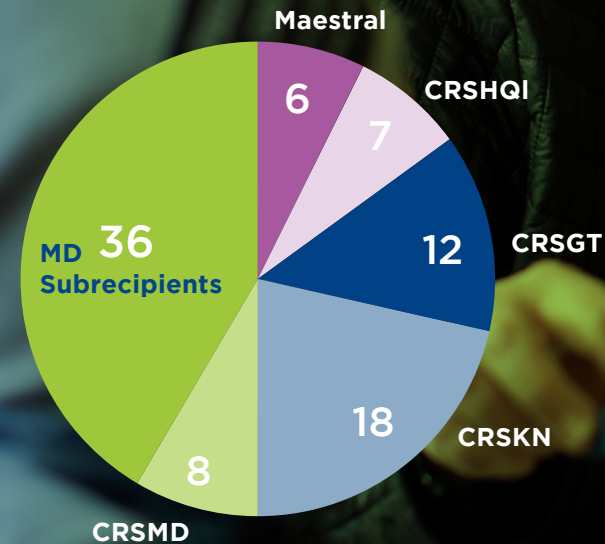
Operations

People

CTWWC addressed three major human resource challenges in the period under review:

→ **Recruiting staff:** Particularly, the 72% of current staff (Figure 7)[15] who are "technical" (i.e., from a limited pool of care reform experts) **and developing new experts** through learning. Country-level CTWWC staff, including subrecipients, came from t he President's Emergency Plan for AIDS Relief (PEPFAR) projects (KN), government (MD) and mixed backgrounds (GT). Staff who have left CTWWC continue to contribute to the sector.

→ **Selecting effective Influence, Learning and Engagement (ILE) strategies and staffing them:** Founding partner Lumos, originally responsible for this area of work, initiated an advocacy-focused strategy and staffed it, but withdrew because of organizational issues. CTWWC's remaining partners

developed a strategy in fiscal year (FY) 22 that focused on regional dissemination and lighter-touch global sharing. The following year, to recognize regional capacity and to economize, responsibility for regional work was shifted to regional technical advisors and in-country teams. The global ILE Director position was phased out shortly thereafter.

→ **Adapting to remote work** when COVID struck: Teams were supported with enhanced technology and employee well-being programs.

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15   Chart excludes short-term technical assistance.

Figure 7

FY24Q2 Headcount funded >20% from CTWWC (GDA and other)

- Maestral: 6
- CRSHQI: 7
- CRSGT: 12
- CRSKN: 18
- CRSMD: 8
- MD Subrecipients: 36

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Funding

Flexibility in CTWWC funding has been critical to responding to the iterative nature of the initiative's approach and the changes in contexts within the demonstration countries and globally. Flexibility was needed in terms of:

→ **Timing of Spending:** Three factors dominated spending changes (Figure 8)— the expansion of the Moldova program and funding, the addition of the Integrated Family Strengthening Project in Kenya with CRS funding, and the treatment of ILE (i.e., initial investment and subsequent disinvestment). Each shift has contributed to documented learning.

Figure 8

Changes in Overall Spending FY19-23

MILLIONS

FY19>20 | GT/KN START UP | OTHER

FY20>21 | KN CRS IFS | MD USAID | ILE EX-LUMOS | OTHER

FY21>22 | KN CRS IFS | MD SCALE UP | OTHER

FY22>23 | MD SCALE UP | ILE DECENTR | OTHER

■ INCREASE   ■ DECREASE

Will Baxter / CRS

Premananda Hessenkamp for CRS
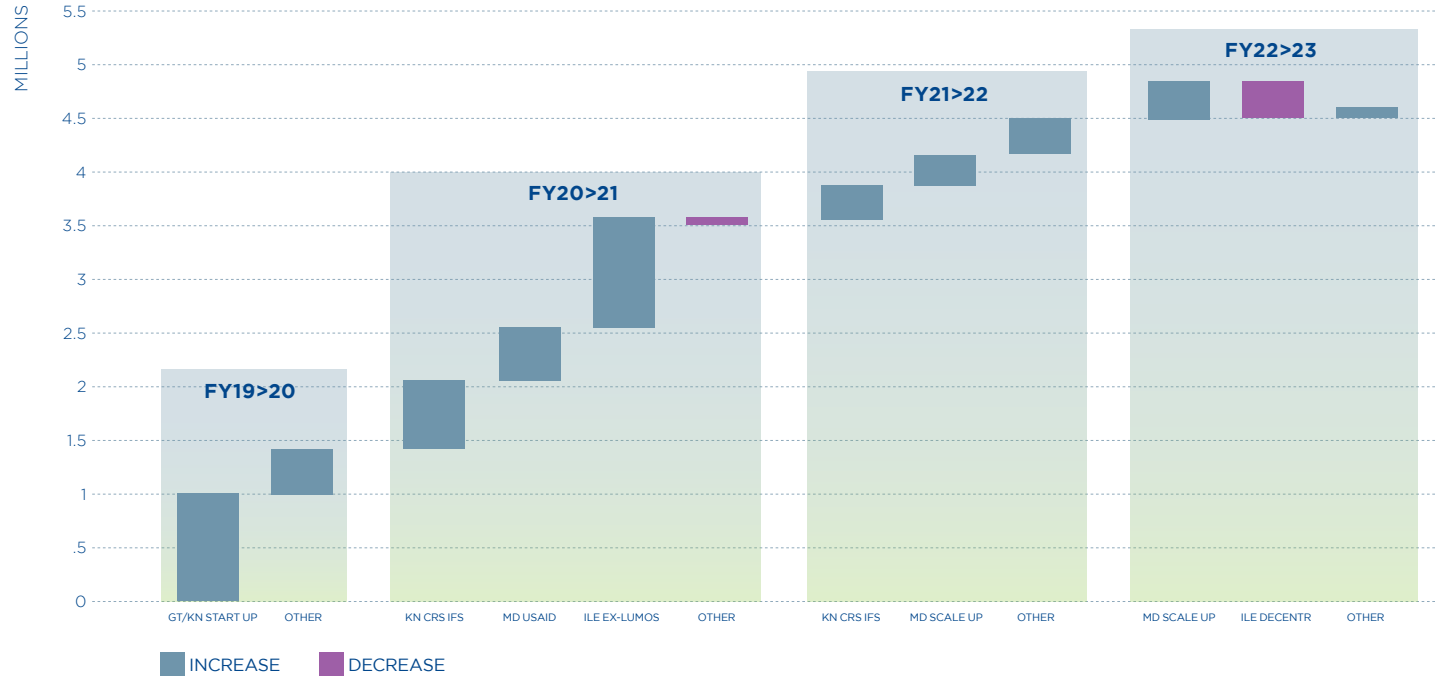
→ **For Which Investments:** Donor flexibility and coordination allowed CTWWC to provide consistent on-the-ground support despite shifts in the funding landscape:

- MacArthur agreed to swap planned Kenya investments for Guatemala investments when the Trump administration prohibited USAID involvement in the latter starting in FY20 (See blue boxes in Figure 9). In FY20, USAID decided to invest in Moldovan care reform, and MacArthur agreed to essentially transfer support to global functions, including technical and management quality assurance.

- Both donors agreed to fund FY23 primarily from MacArthur in anticipation of grant expiration, reserving the USAID funding for the following two years (See yellow boxes in Figure 9).

Figure 9

Multidonor Totals by Country FY19-23 Actual/FY24 Budget/FY25 Proposed

Non-USAID funding does not constitute cost share. Under the GDA, only Mac and GHR-GDA constitute leverage.
FY25 Proposed- "Other" excludes standard 10% regional cofunding for CRS privat

THOUSANDS

GUATEMALA — KENYA — MOLDOVA — GLOBAL HQS CRS/MAESTRAL/LUMOS/TIDES

Legend: USAID TEC | USAID TEC +2 | MAC | GHR-GDA | PRIVATE GIFT | OTHER | USAID TEC +5
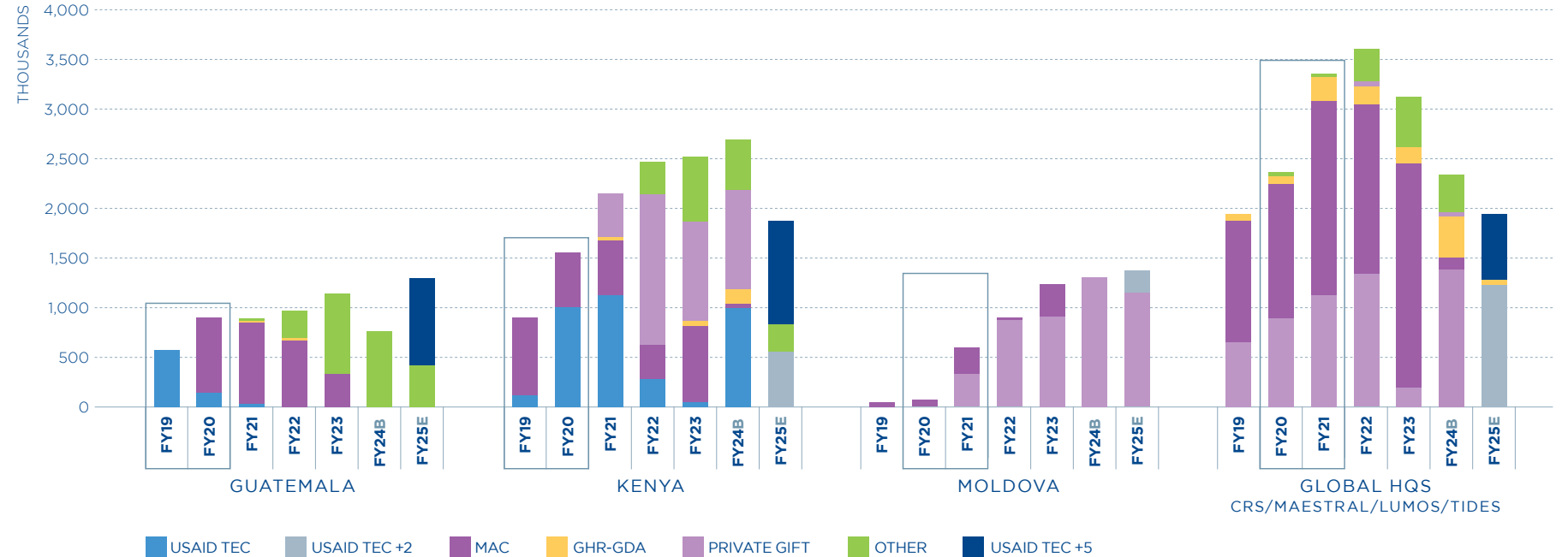
→ **What:** In addition to programmatic investments, flexibility of MacArthur and GHR funding allowed for nontraditionally funded investments in communications and fundraising that benefitted the initiative.

→ **With Whom:** Having the GDA base allowed CTWWC to:

- Mobilize resources from other sources, including CRS (see Figure 10). CRS adopted care reform as part of its 2019–30 organizational strategy, which included a capital campaign that raised funds for "strategic change platforms" like strengthening families.

- Channel CRS private funds to subrecipients less ready for their first prime awards (see Figure 11) with appropriate capacity building for future award management. In Kenya, holistic capacity assessments were collaboratively completed for six partners, with organizational strengths and weaknesses noted and initial capacity strengthening investments made. USAID funding for local partners was reserved for exceptionally strong Moldova partners. The graph shows subgrants only, and excludes subsidizing activities of partners, like public agencies, directly.
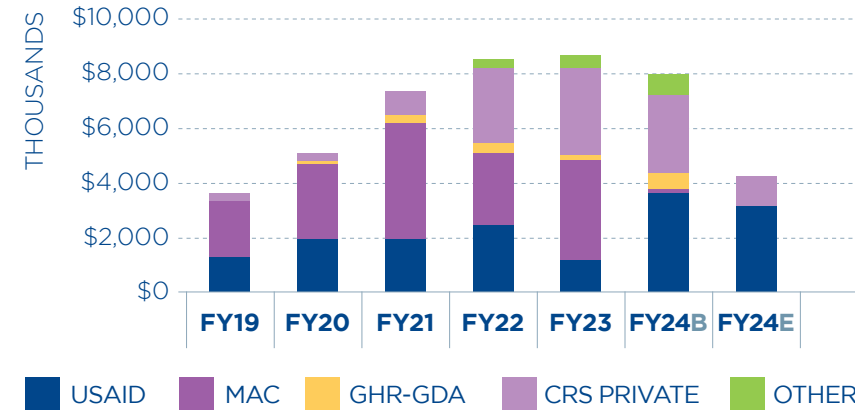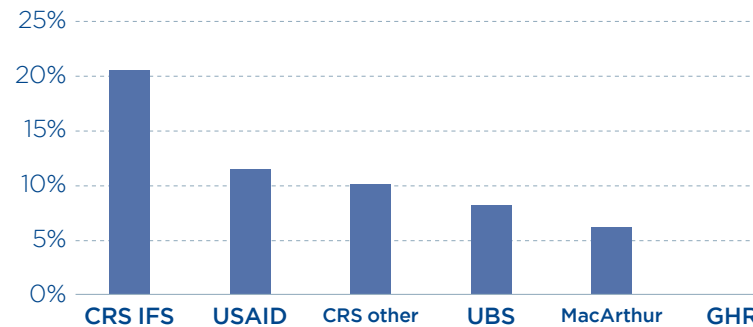
Figure 10

Multidonor Totals

Legend: USAID, MAC, GHR-GDA, CRS PRIVATE, OTHER

Figure 11

% Local Partners FY19-24Q1 by Funder

CRS IFS, USAID, CRS other, UBS, MacArthur, GHR

Key Lessons

Faith influence

The world over, faith communities play critical roles in public opinion, community development, social order and providing essential social services to families and vulnerable groups. They have significant potential to impact care reform, and in fact, have played a role in caring for children for centuries, stemming directly from teachings focused on a call to respond to the orphaned and widowed (James 1:27). CTWWC has strived for effective engagement with faith actors at all levels and this has led to rich learning, including a case study on Kafaalah in the Y5 Evaluation and the plethora of Catholic learning documentation cited throughout this report.

Trusted partnerships are instrumental in winning support. Connection to CRS has opened doors to Catholic communities regionally, nationally and globally. CRS' decades-long record of working with faith communities in demonstration countries and its connection with the Catholic Bishops

Conferences enabled relationships and deeper influence within Catholic community audiences.

Being a trustworthy partner is key. It is important to allocate sufficient time for trust to develop within a relationship, which is essential for navigating the emotional effects and grieving process associated with a significant institutional transition away from residential care. Much more than a programming shift, such a dramatic change can have a profound effect on the entire charism or belief system of a faith community.

Influence at all levels is needed. Experiences in demonstration countries showed the importance of not limiting influence efforts with leadership, as leaders are often temporary, and the work may not be sustained when changes occur. Influence means both engaging leadership and accompanying those responsible for direct implementation of change. For example, CTWWC worked

with Catholic leadership and directly with communities of sisters responsible for the day to day running of residential care facilities and with national government leaders in Kenya, alongside the county-level managers and government frontline staff.

Faith- and evidence-based messaging and stories were key. Experience from all levels of the influence work showed that including the voices of people with lived experience was highly effective. While nuanced faith messaging was important, evidence also resonated with many faith actors. Local voices have been more credible compared to international ones.

The importance of ongoing accompaniment should not be underestimated. Some faith-based actors reported having been approached by other care reform organizations in the past to make statements or adopt certain positions, but without a commitment to provide ongoing capacity building, mentoring and

support for alternatives to residential care. CTWWC mentoring and accompaniment has been impactful in bringing significant shifts in practices.

Start with understanding. Begin by listening. The research on U.S. Catholic and Christian support for overseas residential care provided a better understanding of existing attitudes and practices of key audiences and positioned the initiative for much more strategic engagements and relationships.

Partnerships & Promotion of Local Ownership

CTWWC emphasizes partnerships to strengthen care systems, enhance local ownership and amplify diverse voices. The Y5 Evaluation highlighted the initiative's consultative methods, prioritizing collaboration among stakeholders. Given the complexity of reforming care systems, partnerships are essential for coordinating, funding and delivering services. The theory of change underscores interconnectedness across regional, national and global levels, while collaborative demonstrations effectively involve local partners in service delivery and engage national agencies on policy development, ensuring coherence and buy-in. When the necessity of collective effort for substantial change is understood, several valuable lessons can be drawn.

Government partnerships are essential for care reform. CTWWC has supported national and sub-national governments in ensuring quality family-based care. They hold the ultimate mandate, providing direct services and regulating non-government service providers. Collaboration with governments at various levels strengthens ownership, coordination and capacity. As guardians of care systems, governments hold the responsibility for lasting change. Therefore, building national capacity

and strengthening policies are enabling conditions for national and local ownership and facilitating sustainable reforms.

A range of structures and ways of partnering is needed. "One size fits all" does not work for care reform given the diversity of partners. The core coalition, formed through the GDA, was finalized as three donors and two organizations, following Lumos' exit. Some partners were resourced by CTWWC (e.g., BCN, F2A and local implementing partners), while others were contracted to support distinct work (e.g., Johns Hopkins University and Boston College). In most cases, unfunded relationships were documented with Memoranda of Understanding, which require formal commitment. Less formal relationships with countless community-based organizations, disability networks and associations of people with lived experience of care were equally valued. The ability to work in such a complex environment required flexibility alongside everyone feeling they were "changing the way we care."

Reforming care systems for children necessitates the involvement of diverse stakeholders at all levels of the system, from the community level to the national level.

By engaging with a multitude of partners, spanning governmental bodies, NGOs, faith-based institutions, people with lived experience of care, academic entities and others, CTWWC ensured a comprehensive approach to addressing the complex challenges within care systems. The Y5 Evaluation suggested that more perspectives in a room increases the availability of learning material. The hard work of collaboration increases buy-in and accountability, which leads to better uptake and distribution of tools and products. Sustainable change in care systems requires collective action.

Formal partnering contributed to paradigm shifts in larger organizations, networks and alliances. Sharing resources matters and, particularly when leveraged with other sources, it enables some partners to enact big changes. CTWWC's partnerships with BCN and F2A are two examples. CTWWC's financial contributions coupled with technical support and dedicated human resources enabled the creation of the TCCC, while the F2A campaign leveraged both resources and talent to reach the general U.S. public with an impressive messaging campaign.

Funding implementation builds local ownership and capacity. Supporting work

financially facilitated tangible outcomes such as family strengthening workshops and improved case management tools. It also built technical capacity to lead care reform going forward. These country teams are now "go to" experts in their nations and beyond. By leveraging the strengths and expertise of diverse stakeholders, demonstrating on-the-ground change, accompanying and building capacity, the progress toward transforming care systems accelerates. Countries like Kenya and Moldova have created new mechanisms for government resourcing of strong, local, service-providing organizations with the capacity to engage in this way.

Scaling Care Reform and Sustaining Change

As an iterative and learning initiative, CTWWC has made significant strides in care reform at the demonstration level, with promising models showing progress toward national replication. Navigating the complexities of systems change has been a journey marked by twists and turns. Initially, in 2018, assumptions were made regarding the trajectory of change across all levels. The initiative's concept was tailored to available funding, focusing on demonstrations in Kenya, Guatemala and Moldova. Subsequently, in 2019, a rebuild strategy, informed by the original scaling plan, outlined how sharing learning from demonstration areas could influence broader national care reform. Explorations into tipping points[16] and the definition of "scaling of care reform"[17] were undertaken, aiming to contribute to the sustainability of systems change.[18] During 2019 and 2020, building and strengthening care system components was prioritized at the country level, while subsequent years increasingly focused on supporting children in safe family care, learning from best practices and encouraging locally-led reform implementation. Moving forward from 2023, the initiative again shifted its focus from demonstration to scaling and influencing others. This transition was informed by valuable lessons learned throughout the process.

The timeframe for care reform and systems change is long. Y3 and Y5 Evaluations emphasized the need for a strategic blend of bottom-up and top-down approaches to empower governments in promoting responsive and "right-fit" family care systems. Bridging local community interventions with policies requires time to garner support and coherence. Systems must adapt to changing conditions for children and families, and traditional project-based funding and partner expectations can hinder the long-term process. Effective scaling and sustainability hinge on investing time and resources in relationship-building and learning facilitation. Patience and enduring commitment are essential to building momentum and demonstrating meaningful change for sustainable family care. Higher touch methods, emphasizing close engagement, accompaniment and putting others first, correlate strongly with changes in behaviors and practices, and enhance information uptake and use.

System change is not linear. Interventions aimed at system strengthening are directly tied to enhancing quality and accessibility in services for children and families. System components function like interconnected cogs; adjusting one impacts others. Actions such as developing guidelines, reinforcing laws and policies, training the workforce and building evidence led to more uniform, higher-quality services. Concurrently, demonstration and harvested learning at the ground level shift social norms and service delivery that drive improvements in standards, laws and workforce responsiveness.

Scale involves fortifying structures and modeling interventions. Often, scaling involves adapting and strengthening existing systems, environments and intervention models rather than creating new ones. This entails strengthening government structures, establishing national standards and policies, training stakeholders, enhancing workforce capacity, transparently disseminating knowledge and guidance, and fostering coordination and collaboration. These efforts lead to diverse actors endorsing, advocating for and implementing specific interventions, thereby facilitating scale-up within the system.

Needed interventions cannot always be predicted. The gradual evolution of the system is unpredictable, necessitating an iterative scaling process. Continuous leveraging of successes, learnings and new opportunities is crucial. Adopting "design-build" approaches enables CTWWC to proactively lead change as learning and opportunities surface. Flexibility in supporting the priorities of other service-delivery actors empowers CTWWC to contribute to scaling critical services aligned with its vision and that of governments. This approach fosters capacity building in local actors, facilitates the implementation of new services and fosters a sense of collective ownership.

"Design-build" and scaling require multiple enabling conditions. Promoting a culture of learning, flexible processes and adequate resources are essential for adaptable implementation and scaling success. Establishing a conducive culture involves fostering an environment where staff and

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16 Tipping point refers to the point at which a series of changes becomes significant enough to cause larger, significant, inevitable change toward scale, i.e., past the "point of no return."

17 Scaling is an iterative process whereby a diverse coalition of actors realizes a strong family-centered care system across geographic space and over time, and through expansion, collaboration and replication.

18 A list of care system sustainability indicators is available in Annex 3.

partners feel empowered to share ideas, engage in open dialogue and proactively implement new concepts. However, transitioning from traditional methods proved challenging for some team members. The initiative had to shift perspectives in service provision, influencing, scaling, fundraising and MEAL. Flexible processes such as knowledge management, institutional memory preservation and agile decision-making facilitate learning and adaptation, creating an organizational ecosystem conducive to scaling through iterative learning and adaptive practices.

It takes a village. The lofty goal of care reform necessitates collaboration with like-minded entities. CTWWC defines scaling as an ongoing, iterative process whereby a diverse coalition of actors realize a strong family-centered care system across geographic space and over time. Working with others is indispensable in the endeavor to foster, scale and sustain this system. The outcome is the establishment of a comprehensive system that caters to all children within a given country. Scaling and sustaining change for children entail more than just CTWWC or its duration. In Kenya, CTWWC collaborated with government and local care reform partners to create a Scaling Strategy, emphasizing co-creation, leadership cultivation and advocacy consensus, which are crucial for national scalability. Similarly, in Guatemala, partnering with universities to enhance social work education and integrate new practitioners into family care practices is pivotal for scaling novel case management approaches and ensuring continuous progress.

As we draw the curtains on this life of the award report, let us paint a vivid picture of the future we envision for the Changing the Way We Care initiative and the global care reform sector it represents. It is a future where every child, regardless of circumstance, finds solace in the embrace of a loving family, where caregivers are empowered with the resources and support they need to nurture and protect those in their care. It is a future where communities stand as bastions of compassion and resilience, where the bonds of kinship and belonging transcend barriers. It is also a future where governments dedicate their precious resources to caring for the most vulnerable children, so no one is left behind. Through initiatives like Changing the Way We Care, we are not merely addressing the challenges of today; we are sculpting a world where care knows no borders and where every child's right to thrive in a loving family is not just acknowledged, but fiercely protected and passionately pursued. Together, let us forge ahead with determination and compassion, knowing that the seeds we have sown will blossom into a future of possibility and hope.

Shannon Senefeld, Changing the Way We Care Governing Board and Steering Committee member
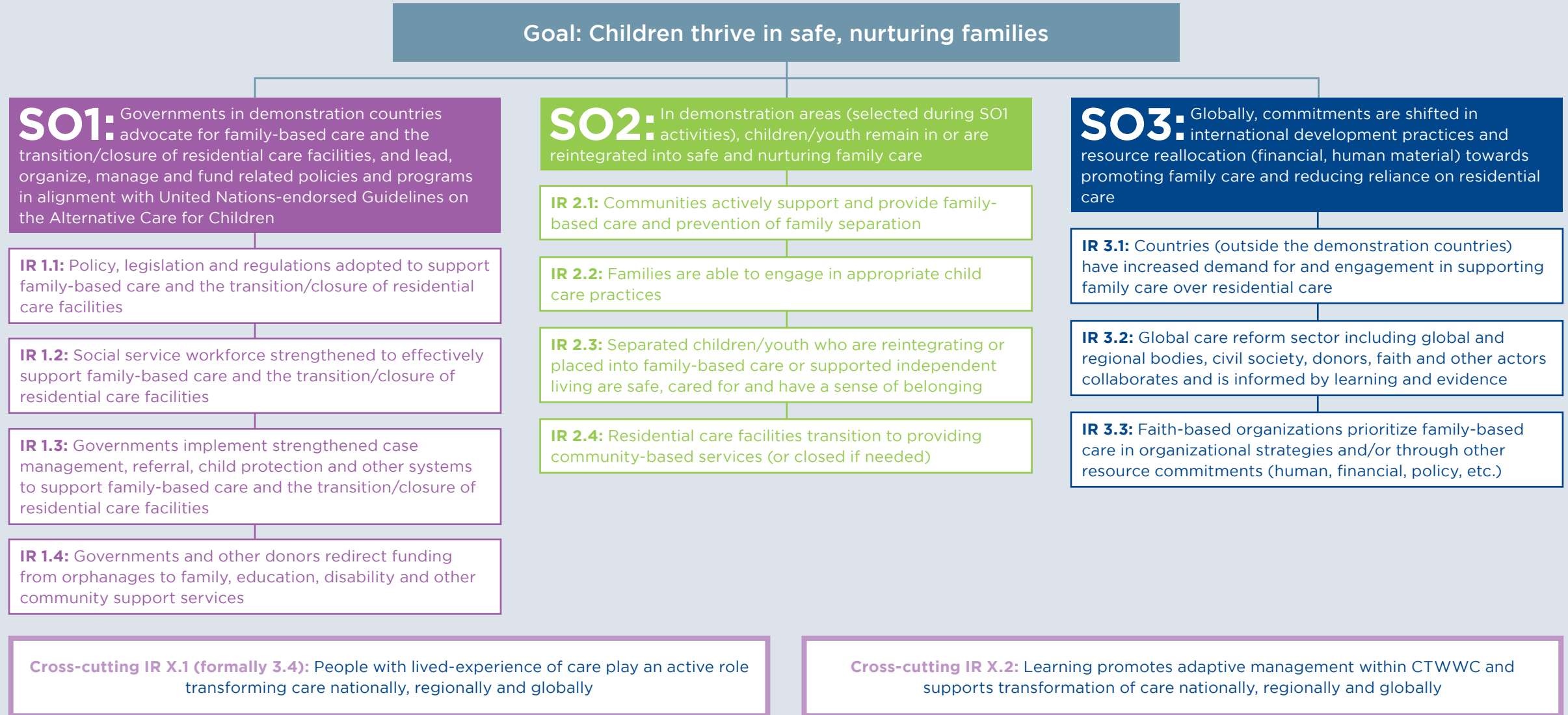
Schimbator Studio for CRS

Annex

1. Acronym List

AOSK	Association of Sisterhoods of Kenya	MD	Moldova
BCN	Better Care Network	MEAL	Monitoring, Evaluation, Accountability and Learning
CAFO	Christian Alliance for Orphans	NCCS	National Council for Children's Services (Kenya)
CAN	National Adoption Council (Guatemala)	NCR	National Care Reform Core Team (Kenya)
CASCADE	Catalyzing Scale Through Evidence	NCRS	National Care Reform Strategy (Kenya)
CCCI	Catholic Care for Children International	NGO	Non-Governmental Organization
CPIMS	Child Protection Information Management System	NPCP	National Program for Child Protection (Moldova)
CRS	Catholic Relief Services	OJ	Judicial Body (Guatemala)
CTWWC	Changing the Way We Care	OMNA	Municipal Offices for Children and Adolescents (Guatemala)
DCS	Department (Directorate) of Children's Services (Kenya)	PEPFAR	President's Emergency Plan for AIDS Relief
ESARLP	East and Southern Africa Regional Learning Platform	PGN	Office of the Attorney General (Guatemala)
F2A	Faith to Action	SBS	Secretariat for Social Welfare (Guatemala)
FY	Fiscal Year	SCP-5	Strategic Change Platform #5 (CRS)
GDA	Global Development Alliance	TCCC	Transforming Children's Care Global Collaborative Platform
GT	Guatemala	UN	United Nations
ICS	Investing in Children and their Societies	UNICEF	United Nations Children's Fund
ILE	Influence, Learning And Engagement	USAID	United States Agency for International Development
KCCB	Kenya Catholic Council of Bishops	Y3	Year 3
KE	Kenya	Y5	Year 5
KESCA	Kenya Society of Care Leavers		
M&E	Monitoring And Evaluation		

2. Original results framework

Goal: Children thrive in safe, nurturing families

SO1: Governments in demonstration countries advocate for family-based care and the transition/closure of residential care facilities, and lead, organize, manage and fund related policies and programs in alignment with United Nations-endorsed Guidelines on the Alternative Care for Children

IR 1.1: Policy, legislation and regulations adopted to support family-based care and the transition/closure of residential care facilities

IR 1.2: Social service workforce strengthened to effectively support family-based care and the transition/closure of residential care facilities

IR 1.3: Governments implement strengthened case management, referral, child protection and other systems to support family-based care and the transition/closure of residential care facilities

IR 1.4: Governments and other donors redirect funding from orphanages to family, education, disability and other community support services

SO2: In demonstration areas (selected during SO1 activities), children/youth remain in or are reintegrated into safe and nurturing family care

IR 2.1: Communities actively support and provide family-based care and prevention of family separation

IR 2.2: Families are able to engage in appropriate child care practices

IR 2.3: Separated children/youth who are reintegrating or placed into family-based care or supported independent living are safe, cared for and have a sense of belonging

IR 2.4: Residential care facilities transition to providing community-based services (or closed if needed)

SO3: Globally, commitments are shifted in international development practices and resource reallocation (financial, human material) towards promoting family care and reducing reliance on residential care

IR 3.1: Countries (outside the demonstration countries) have increased demand for and engagement in supporting family care over residential care

IR 3.2: Global care reform sector including global and regional bodies, civil society, donors, faith and other actors collaborates and is informed by learning and evidence

IR 3.3: Faith-based organizations prioritize family-based care in organizational strategies and/or through other resource commitments (human, financial, policy, etc.)

Cross-cutting IR X.1 (formally 3.4): People with lived-experience of care play an active role transforming care nationally, regionally and globally

Cross-cutting IR X.2: Learning promotes adaptive management within CTWWC and supports transformation of care nationally, regionally and globally

Further, CTWWC is based on a Theory of Change which attends to raising awareness, sharing, learning, and resourcing at each of the following levels:

Global and Regional Agencies, Governments and Individuals

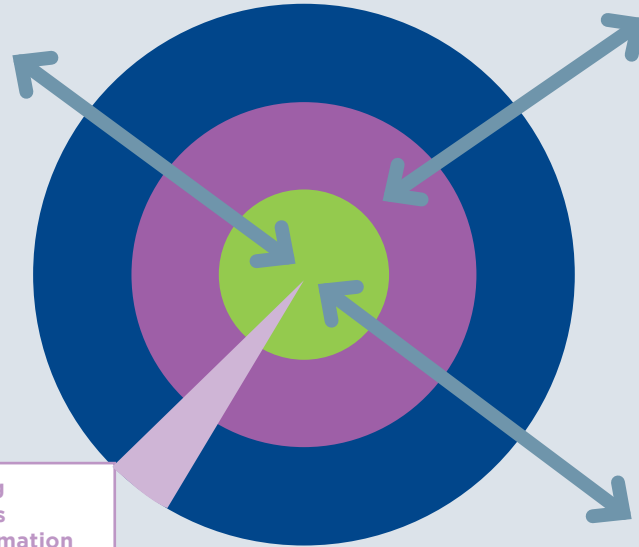National and Local Governments

Communities, Families and Children

These levels of change are interconnected and reinforcing, with learning shared across the levels, and resourcing, guidance, and monitoring moving inward from the outer **global/regional** to **national/local**, and **national/local** to **community/family** levels.

Awareness

...speak with one voice

...collaborate and coordinate

...prioritize family child care

...redirect financial support towards family child care

Awareness

Governments understand drivers to child care

Clear legal and regulatory framework for child care

Government coordination and monitoring of child care

Governments understand and redirect funding and other resources

Awareness

Families overcome barriers and build on strengths

Strong gatekeeping and alternative care

Children return to family care or enter alternative care

Orphanages are transitioned or closed

Demonstration of model services/programs provides practical examples and learning on specific components within the care system to drive sustainable systems change and scale

Demonstration countries national (and sub-national) care systems are strengthened to provide care in alignment with United Nations-endorsed Guidelines on the Alternative Care for Children

In wider demonstration country regions, commitments from key government and civil society actors are shifted towards promoting family care and reducing reliance on residential care

Global care sector actors collaborate more closely, informed by learning and evidence, to shift commitments towards promoting family care and reducing reliance on residential care

People with lived-experience of care play an active role transforming care nationally, regionally and globally

Learning supports transformation of care nationally, regionally and globally

Families and communities have strong protective factors and engage in appropriate child care practices and children/ young people feel safe, cared for and have a sense of belonging

Children thrive in safe, nurturing families

5. Benchmarks of Sustainability in Care Reform

Legislation and policy

→ Government understands the current status of its policy, legislative and regulatory frameworks, and where it is and is not aligned to the UN Guidelines on the Alternative Care Guidelines.

→ Government has a plan in place to address gaps in policy, legislative and regulatory frameworks.

→ Government leads development of an actioned, costed and monitored national strategy for care reform informed by an assessment of the current state of its care system.

→ National strategies are promoted and actioned sub-nationally,

→ Gatekeeping policies, regulations, processes and standardized training are developed and promoted.

Coordination

→ A national government coordination mechanism exists and is functioning (without CTWWC support) for policy, legislative, regulatory oversight and improvement.

→ Sub-national government coordination mechanisms exist, are operational and are able, in turn, to influence and support other counties/departments.

→ National and sub-national government actors understand national care reform

strategy and costed action plans for sub-national implementation.

Social service workforce

→ Social service workforce for children's care is mapped, positioned and resourced.

→ Competency-based curricula and training programs are established and utilized within government, academic or faith-based institutions, or other platforms for children's care and protection.

→ Social service workforce is supported and enabled to fulfill their role.

→ Social service workforce has the capacity for quality case management work with children and families.

Finance

→ Public resources are better understood and redirected to family strengthening and/or family-based alternative care.

→ External financing is redirected or mobilized (e.g., World Bank) to support family strengthening social protection and family care.

→ Public or private resources are redirected to family or community services.

Service delivery

→ Standards, tools and guidance for case management for alternative care and family strengthening are established and promoted.

→ Gatekeeping mechanisms/commissions are established, trained and functional.

→ End users have awareness of primacy of family care and of the gatekeeping mechanisms.

→ Continuum of family-based alternative care (AFC) is established.

→ Increased number of children served in family-based alternative care vs. residential care.

→ Increased protective factors in families.

→ Improved quality and reach of social protection programs.

→ Improved access to services that strengthen families and increased understanding of holistic family strengthening.

→ Decreased number of children in alternative care system.

→ Successful family and school/education reintegration.

→ Successful closure or transition of residential models to family-focused, community-based services.

→ Residential care facilities closed.

→ Residential care services transformed into family or community services.

Social norms

→ Public attitudes change toward being supportive of family care for all children.

→ Stigma of marginalized populations of children and families is reduced.

Monitoring & evaluation

→ National management information systems (MIS) are established or adjusted to include children's care indicators.

→ Government and non-government entities make data-driven decisions related to children's care.

→ National, regional and global evidence on family care increases.