



Photo by Sam Phelps/CRS

Safe and Responsible Exit:

GUIDANCE FOR ORGANIZATIONS DIVESTING FROM RESIDENTIAL CARE FOR CHILDREN

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This guidance was written by Kelley Bunkers and Sian Long, Maestral International consultants, in collaboration with Eileen Ihrig and Lauren Oleykowski, CRS Senior Technical Advisors.

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Abbreviations

CCWC	Commune Committees for Women and Children
CFM	Child Functioning Module
CRS	Catholic Relief Services
CTWWC	Changing the Way We Care
ECD	Early Childhood Development
FBO	Faith-Based Organization
NGO	Nongovernmental Organization
RCF	Residential Care Facility
SCP5	Strategic Change Platform 5
UNICEF	United Nations Children’s Fund

Introduction

This document was originally written for Catholic Relief Services (CRS) Country Programs that have historically been engaged with or are supporting residential care facilities (RCF) to promote family- and community-based care. Along with the care reform community worldwide, CRS has recognized that the time has come to divest from financial support of RCFs in favor of services that promote family care and support reintegration and prevention. Following a pilot period for this guidance, when it was utilized in Burkina Faso, it was determined that the guidance may be useful for organizations beyond CRS, and the decision was made to share it with other similar actors.

This document provides guidance for how to manage the process of divesting from RCFs in an ethical manner that places children's best interests at the center of decisions. The goal is to ensure a *Safe and Responsible Exit*, which is done in a manner that prioritizes child safety, contributes to the continued RCF transition process and keeps the door open to allow local partners to contribute to sustainable care reform efforts in the future.

This guidance does not attempt to recreate existing guidance around supporting RCFs to transition or supporting governments in comprehensive care reform. Rather this guidance is intended for organizations who are divesting and who recognize their obligation to do so in a *Safe and Responsible* manner.

The document is to be used together with existing technical guidance for supporting safe and ethical RCF transition in the context of care reform. Links to many of these guidance documents and tools are provided throughout this document. As such, this guidance is not exhaustive regarding the transition of RCFs or care reform but is tailored specifically for instances when divestment is occurring prior to or in the absence of complete care reform and a fully supported RCF transition.

A Global Movement Towards Family Care

Research has overwhelmingly shown the benefits of family care for children as compared to care in a residential facility. There is also a robust body of evidence illustrating that residential care has profound and lasting negative impacts on children's physical, cognitive and emotional development.¹ The importance of family care is recognized in international policies and commitments—including the Convention on the Rights of the Child,² the Guidelines for the Alternative Care of Children³ and the United Nations General Assembly Resolution on the Rights of the Child (2019).⁴

Many national governments, civil society and faith-based actors have initiated a process of care reform, pivoting from a system focused and heavily reliant on residential care to one that prioritizes strengthening of families, supporting reintegration, family-based alternative care and prevention of separation. This process, known as care reform, is defined 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,*

¹ M. H. van IJzendoorn, et al. (2020). Institutionalization and deinstitutionalization of children 1: a systematic and integrative review of evidence regarding effects on development. *The Lancet. Psychiatry*, 7(8), 703–720. [https://doi.org/10.1016/S2215-0366\(19\)30399-2](https://doi.org/10.1016/S2215-0366(19)30399-2).

² United Nations General Assembly. (1989). Convention on the Rights of the Child. Retrieved from <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>.

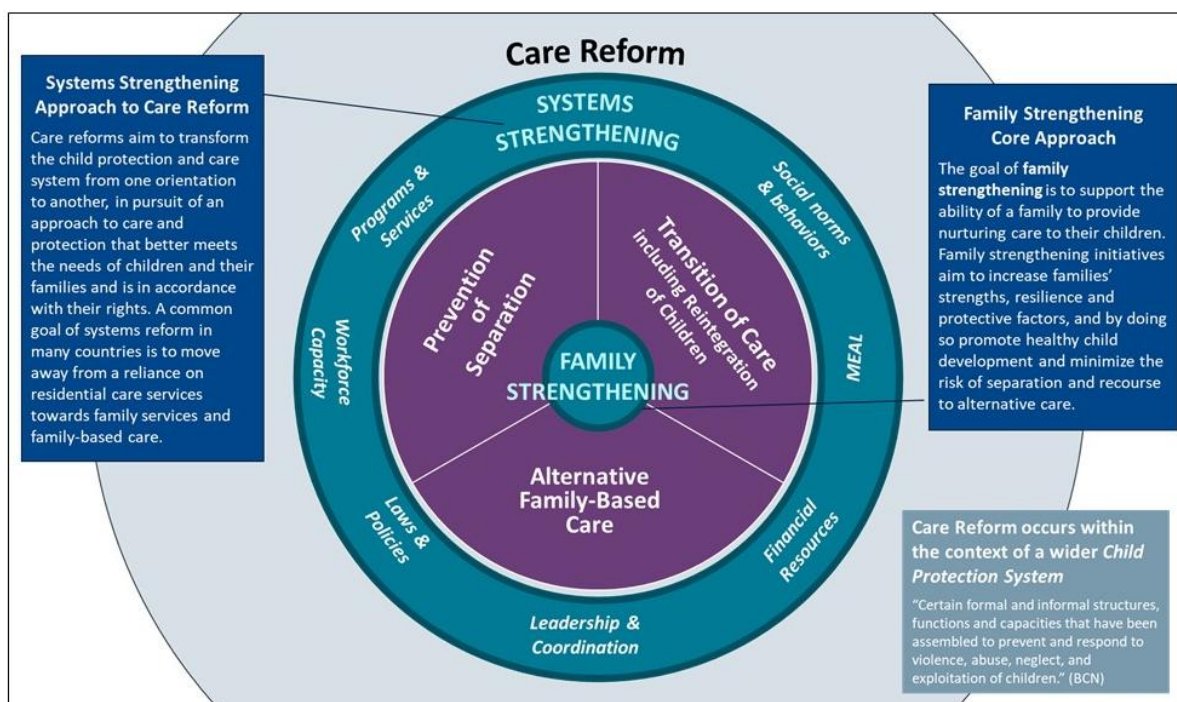
³ United Nations General Assembly. (2009). Guidelines for the Alternative Care of Children. Retrieved from <https://digitallibrary.un.org/record/673583?ln=en>.

⁴ United Nations General Assembly. (2019). 2019 UNGA Resolution on the Rights of the Child. Retrieved from <https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/2019-unga-resolution-on-the-rights-of-the-child>.

Many national governments, civil society and faith-based actors have initiated a process of care reform, transitioning from a system focused and heavily reliant on residential care to one that prioritizes strengthening of families, supporting reintegration, family-based alternative care and prevention of separation.

promote reintegration of children and ensure appropriate family-based alternative care options are available.⁵ See core components of care reform in Figure 1.

FIGURE 1: CORE COMPONENTS OF CARE REFORM



With decades of experience implementing child-focused programming and as part of its 2030 Agency Strategy, CRS has made a strategic investment to strengthen families so that children 0–17 years of age thrive in safe and nurturing families. Through its *Strengthening Families for Thriving Children* platform, CRS supports country programs where partners are working to prevent family separation, reintegrate separated children and, where feasible, contribute to reforming national systems of care for children. CRS also aims to influence regional and global stakeholders, including faith actors, to change policy and redirect resources to ensure families are supported. As partners in care reform, CRS and Maestral International led Changing the Way We Care (CTWWC), their flagship care reform program to promote safe, nurturing family care for children. Between 2018-2025, CTWWC partnered with governments in Kenya, Guatemala, Moldova, India and Haiti, impacting close to 1,000 government staff; engaged 100+ local partners including residential care facilities, community and faith-based organizations; and multiple organizations of people with lived experience. CTWWC was generously funded and supported by USAID, the GHR Foundation, and the MacArthur Foundation.

Much is being learned as more countries commit to care reform and more international and local organizations engage in the care reform process. Care reform requires significant planning, resources and time and must be adaptable and fit the local context. Transition of RCFs ideally takes place in the context of broader care reform within a functioning child protection system, where support for family-centered interventions and family-based care are provided by government and civil society actors. As such, long term and strategic programming, such as that led by CRS and Maestral International through CTWWC is critical for systemic and lasting change.

However, there are cases in which organizations who have historically funded and supported RCFs may not have the capacity, funding or time horizon to support a full and comprehensive RCF transition process, grounded in comprehensive care reform. In such a situation, a narrower scope for RCF transition and the divestment of financial support in an ethical manner that

⁵ Definition from Changing the Way We Care.

places children’s best interests at the center of decisions is necessary. This guidance refers to this narrower focus as *Safe and Responsible Exit*. As stated in the introduction, a Safe and Responsible Exit is a planned and gradual divestment of financial support that:

- Prioritizes child safety.
- Contributes to the continued RCF transition process.
- Keeps the door open to allow for local partners to contribute to sustainable care reform efforts in the future.

Purpose of the Document

In line with overwhelming evidence of the benefits of family care as compared to care in a residential facility, global best practice indicates that donors and organizations that have historically supported RCFs have a role to play in supporting the transition from institutional care to family care. Comprehensive transition processes grounded in systemic care reform are the ideal, and guidance exists to support RCF transition. However, an RCF transition process can take many years and, in some cases, decades. Not all organizations will have the funding, capacity or time horizon to accompany each partner RCF through a full organizational transition process, especially in contexts where the broader child protection system is under-resourced and social services are few or non-existent.

Considering this, this guidance provides a phased approach to safely and responsibly divest from financial support (i.e., phasing down and phasing out financial support) of RCFs. The phased approach prioritizes how resources are spent and on what activities. The focus is on activities that have a longer-term impact and will, ideally, provide ongoing and foundational support to the RCF transition process even after the organization terminates financial support. It is especially important to consider at what point in the process it is possible to disengage with a sense of confidence that the organizational transition process will continue in some form and, more importantly, that no further harm to children will result from the termination of support.

Who is this document for? This document is written for organizations who are seeking to divest from residential care support and wish to do so in a way that is ethical and ensures that children's best interests are foremost. It seeks to assist in determining how and when the organization can safely and responsibly pivot away from supporting RCFs that are interested in and committed to transition, but where it is not possible to allocate the time or resources to accompany a full RCF transition—especially in contexts where there are significant gaps in the system components needed to transition safely.

The recommendations within this document draw on existing guidance as well as documented experiences and interviews with organizations, individuals, CRS staff and other stakeholders who are engaged in care reform efforts. Interviews were conducted with CRS staff working in the countries where RCFs have been supported, and their insight and suggestions were invaluable in informing this document.

This document includes the following main sections:

- A. A description of important considerations in which to anchor a safe and responsible exit process. This section outlines four key areas that are central to the process of RCF transition—including if/or when an exit process has been recognized as needed. These considerations should be kept in mind throughout the exit process.
- B. Four critical investment areas that the divesting organization—along with the RCFs being supported and other key local partners—should assess before developing a tailored action plan to meet minimum criteria for each individual RCF that is receiving funding and/or technical support. These four critical investment areas are crucially important to: 1) support good practice in the care and protection of children; 2) contribute to specific system elements and 3) establish procedures, processes or tools that will contribute to an ongoing path towards RCF transition, if that is the RCF's plan. At minimum, RCF transition should contain the elements needed to ensure that specific approaches and processes are informed by good practice and contribute to the safe care of children.
- C. The third section covers:
 - 1) Suggestions on how to conduct a participatory stock-taking exercise to determine where the RCF is in terms of the four critical investment areas, including guiding questions (see Annex 1 Template).

- 2) Guidance on defining an achievable endpoint for Safe and Responsible Exit—including expected minimum criteria and illustrative activities for each critical investment area.
- D. Annexes include three tools:
- 1) *Participatory stock-taking exercise*. This tool provides questions to consider during the stock-taking exercise and guidance on selecting illustrative activities to reach the minimum criteria for each critical investment area. It is important to note that the questions in the stock-taking exercise are intended to help contribute to a full understanding of where the RCF is in relation to each critical investment area. It is understood that it will not be feasible to follow each question with a corresponding action to fill each and every gap identified, at least in the short-term action plan supported by the divesting organization. Rather, the organization will need to prioritize with the RCF which gaps can and will be filled prior to the organization's exiting of support. The findings from the stock-taking exercise should also inform areas where the RCF can focus longer term, which may involve finding alternative sources of financing to fulfill some of these longer-term goals.
 - 2) *Action Plan template*. This tool is a template for developing a time-bound work plan based on information gathered during the stock-taking exercise.
 - 3) *Minimum criteria tracking table template*. This tool provides a mechanism for tracking progress toward meeting the minimum criteria for each of the four critical investment areas.

Note: This document is not to be used as a stand-alone resource for decision-making about if/when to remove support. It outlines considerations that can inform discussions and planning with staff, partners and stakeholders. It should be used alongside the following key resources:

- Better Care Network. [Phases of Transition Interactive Diagram](#). This key resource provides an interactive transition diagram of the process and phases of an RCF transition, with critical resources accompanying at each phase.
- Faith to Action Initiative (2016). [Transitioning to Family Care for Children: A Guidance Manual](#). This manual is a simple guide grounded in a faith-based approach. It can be used to complement the core steps outlined in the Interactive Transition Diagram mentioned above.
- Better Care Network. [Practitioners' Hub section on Care Reform](#), particularly the section on [Residential Care Service Transition](#). This library of resources includes a wealth of case studies, webinars, learning briefs and tools that are useful in planning and implementing an RCF transition process.
- Better Care Network and Kinnected Program with support from CTWWC (2020). [Transitioning Models of Care Assessment Tool](#). This resource is an assessment tool for practitioners who are guiding or providing technical support to third-party organizations operating residential care services undergoing transition. A PDF version of the assessment is available [here](#).
- CTWWC Guide (Spanish): [Pasos y recursos para acompañar a organizaciones en el proceso de transformación](#) (Supporting the Transition from Residential Care to Family Services). This brief guidance provides a CTWWC/CRS focus to existing transitioning care resources.
- CTWWC (2023). CTWWC offers several additional resources on transition found [here](#).

Considerations to Anchor a Safe and Responsible Exit Process

As an organization engages in a Safe and Responsible Exit process, there are some key considerations that should help anchor the process and the specific activities for the time that the organization continues engaging with the RCF.

Care System is Part of Broader Child Protection System

The **first consideration** is the importance of understanding that the care system is part of the broader child protection system. The child protection system includes “formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect and exploitation of children.”⁶ Having a strong care system requires ensuring that the child protection system includes a clear focus on family strengthening and the prevention of separation across all core child protection system components.

This consideration is important because in order to make decisions about a safe and responsible exit, it is essential to understand how the possibility and feasibility of transitioning an RCF will be influenced—both positively and negatively—by the broader child protection system context. For example, a skilled workforce with the knowledge and expertise to use a case management process to support reintegration of children into family care is a key part of an RCF transition process. If that workforce does not exist, is too few in number or lacks key competencies, it will be difficult to ensure a safe reintegration process. Similarly, if foster care is not part of the legal framework, there is no regulatory framework supporting foster care provision and/or there is no programming available to place children who are not able to be reintegrated, this will limit the types of alternative care placements that are possible.

For more information on this topic...
<ul style="list-style-type: none">→ UNICEF (2021). Child Protection Systems Strengthening: Approach, Benchmarks, Interventions (also available in French, Spanish and Arabic and through a self-guided, free online course here).→ Faith to Action (2022). Maximizing Your Impact: A Guide for Taking a Systems Approach to the Care and Protection of Children.
Putting into practice...
<ul style="list-style-type: none">→ UNICEF (no date). Care Reform in Rwanda: Process and Lessons Learned 2012–2018. In 2011, the Rwandan government committed to an ambitious program of closure of all residential institutions. By 2018, much had been achieved and learned, including the importance of addressing care reform as a whole system within the national child protection system. This learning brief summarizes the key lessons, many of which have been used to develop current RCF transition guidance.→ Alliance for Children Everywhere Zambia (2022). Transition Case Study. Case study of the experience of transition from RCF to family-based care, including examples of conducting advocacy with governments on systems-strengthening approaches in the absence of national care reform initiatives.→ Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programs (2022). National Care Reform Strategy for Children in Kenya 2022–2032. The

⁶ United Nations Children’s Fund, United Nations High Commissioner for Refugees, Save the Children and World Vision (2013). [A better way to protect all children: The theory and practice of child protection systems, conference report](#), p.3.

national strategy was developed through wide stakeholder engagement and takes a system-strengthening approach within Kenya's wider child protection and welfare frameworks. This strategy is a good example of a systems approach to care reform.

Clear, Regular and Transparent Communication

Secondly, it is critically important to facilitate **clear, regular and transparent communication** with all relevant stakeholders about the exit process, what is possible and the expectations that the divesting organization has about the process. The divesting organization may be working directly with local government social workers supporting a broader care reform agenda or be supporting individual RCFs. In both situations, regular reflection on both the process and the end goal should be clearly articulated, shared and understood by the RCF director, staff, local government and partners, families and children. The information should be provided verbally, written or in other formats that address the unique needs of the different stakeholders. Communication about the exit process should be done at the beginning of the process and updated throughout. This is important so that stakeholders—especially those most directly involved, including RCFs—are aware of expectations and timing. Regular and clear information will be useful in helping everyone understand expectations and their own role in the process.

Significant Coordination

Thirdly, the exit process requires significant **coordination**. This includes coordination between the divesting organization and the RCF director and staff. It might also require coordination between the divesting organization, the RCF and local government. Investing in and allowing proper time and space for communication and coordination is critical and should be planned accordingly. A key part of this coordination is understanding the role of the RCF within the broader child protection system, as the symbiotic relationship between these two entities can and does greatly impact the ability and time required to transition.

The exit process may also impact the children and families served by RCFs being supported to transition. For example, the timing of reintegration might be impacted, or perhaps the RCF will decide not to take in any new children. This should all be communicated to families in a timely manner and actions should be planned and coordinated according to the safe and responsible exit plan.

Adequate Time

The fourth important consideration for both a transition process and safe and responsible exit from an RCF is **time**. An RCF transition process must take as long as needed for transition to occur safely and responsibly. The [Transitioning Models of Care Assessment Tool](#) provides guidance and tools to work through the full RCF transition process. The RCF may choose to transform into a service that promotes and supports family- and community-based care or may exit from service provision once children are reintegrated into family care. It is rarely known in advance how long an RCF transition will take; the divesting organization may therefore not be able to continue its financial support whilst a complete transition is attained. Recognizing this, the next section includes guidance on how to plan for and enable an exit by the divesting organization before a complete RCF transition has been achieved and how to do so in a safe and responsible manner.

For more information on this topic...

- Better Care Network. [Phases of Transition Interactive Diagram](#). This key resource provides an interactive map of the process and phases of an RCF transition, with accompanying resources critical at each phase.
- Better Care Network and Kinected Program with support from CTWWC (2020). [Transitioning Models of Care Assessment Tool](#). This assessment tool is for practitioners who are guiding or providing technical support to third-party

	<p>organizations operating residential care services undergo transition. A PDF version of the assessment is available here.</p> <ul style="list-style-type: none"> → Better Care Network. Practitioners' Hub section on Care Reform, particularly the section on Residential Care Service Transition. This library of resources includes a wealth of case studies, webinars, learning briefs and tools that are useful in planning and implementing an RCF transition process. → CTWWC Guide (2003 - Spanish): Pasos y recursos para acompañar a organizaciones en el proceso de transformación (Supporting the Transition from Residential Care to Family Services). This brief guidance provides a CTWWC/CRS focus to existing transitioning care resources. → CTWWC (2023). CTWWC offers several additional resources on transition found here. → Faith to Action Initiative (2016). Transitioning to Family Care for Children: A Guidance Manual. This is a simple guide grounded in a faith-based approach. It can be used to complement the core steps outlined in the Interactive Transition Diagram mentioned above.
	<p>Putting into practice...</p>
	<ul style="list-style-type: none"> → R. Nhep (2016). Changing Mindsets and Practice: Engaging Christian faith-based actors in deinstitutionalization and child welfare systems reforms. This document is designed to help those seeking to assist Christian faith-based actors involved in long-term residential care programs make the transition from institutional to family- and community-based care options. Its main purpose is to walk through the process of achieving buy-in in a faith context. → Christian Alliance for Orphans (CAFO) Orphans and Vulnerable Children (OVC) Research Initiative, Hope and Homes for Children, Faith to Action Initiative (n.d.). Moving Towards Family Solutions: An Immersive Simulation Experience. This immersive workshop agenda and program is an opportunity for a deep dive into how far the RCF transition journey has gone and the perspectives of all the different actors involved—including frontline staff and caregivers in the RCF, professional staff and directors, organizations/donors, and other local stakeholders (such as those who have recently exited care [care leavers], local service providers, local community leaders).

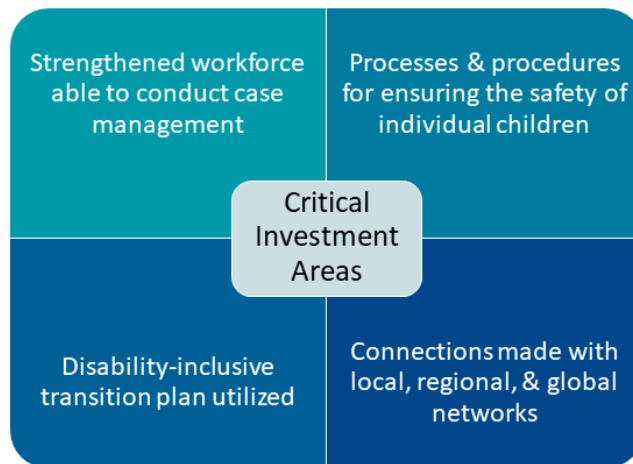
Critical Investment Areas

It is not always realistic or possible for there to be continuous sources of funding until the end vision of an RCF transition is complete. As such, it is important for the divesting organization, together with local partners (e.g., the local government child protection workforce or one or more individual RCFs) to take stock of what is available and then focus on a few specific areas of investment for the remaining time.

This section includes **four critical investment areas** identified as being important to ensure a Safe and Responsible Exit. While focusing on these areas will not *guarantee* that a successful RCF transition occurs, supporting these four components will create a *strong foundation* in which to ground the ongoing RCF transition process after an organization's financial support ends, provide measures to promote the safety of children remaining in care and set in place approaches, processes and procedures that can contribute to care reform more broadly.

These four areas should be considered the building blocks that should be in place, at a minimum, when an exit is necessary prior to a full RCF transition so that the exit is done in a manner that prioritizes child safety, contributes to the continued RCF transition process and keeps the door open to allow for local partners to contribute to sustainable care reform efforts in the future. These four areas are: 1) strengthen the workforce, including ensuring a case management process is adopted; 2) establish robust processes and procedures to ensure the safety of individual children connected with the RCF; 3) ensure RCF transition plans are disability inclusive and 4) establish connections with local, national, regional and global actors and networks engaged in care reform.

FIGURE 2: FOUR CRITICAL INVESTMENT AREAS FOR SAFE AND RESPONSIBLE EXIT



Critical Investment Area One: Strengthen the Workforce

Many activities involved in the RCF transition process are the direct responsibility of the social service workforce. This can involve social workers and psychologists working within the RCF or government entities that support different activities involved in children's care and protection. Responsibilities of social workers usually include case management processes—such as child and family assessments, development of case plans, implementation of case plans, service delivery or referrals, ongoing monitoring, oversight and case closure. During an RCF transition process, one of the primary roles of the workforce is conducting individualized assessments and using this information to develop or update case plans that should focus on securing family placement for children currently living within the RCF. For children with disabilities this means

CASE STUDY: Investing in staff capacity for transition and longer-term sustainability

ACE Zambia realized that transition required an initial increase in investment, even as longer-term costs of supporting family-based care would be more cost effective. They initially employed two additional social workers to work alongside the single social worker who had previously worked within the RCF. This unit was later expanded to nine persons, and these staff members were trained in case management, best practices in family-based care and trauma-informed care, thereby building a strong local specialization in family tracing and alternative care placements. With ongoing shared training with local government social workers, the specialization remains important not just for transition, but for broader child protection efforts locally.

—Alliance for Children Everywhere Zambia (2022). [Transition Case Study](#)

that the case plans include a robust disability assessment and are centered on disability inclusive responses.

Why this is important: Fulfilling these responsibilities requires core competencies such as communication with children and adults, assessment, documentation, coordination and understanding/application of primary social work principles. Key members of the workforce might have been trained in some or all of these, but it is important to first assess and then determine if additional or refresher training would be helpful to promote good practice in essential areas like case management. The case management process is the engine that drives the transition of children out of RCFs and into family care and thus is one of the most important areas in which to invest time and resources.

Below are some suggested questions to ask the RCF during the initial stock-taking process, described in Section 4, and included in Annex 1:⁷

- Does the RCF work closely with government social worker(s) who provide case management for the children in the RCF? Does the RCF's staff participate in case management in any way, or is a social worker(s) on staff responsible for case management activities and/or coordination with the government?
- Have the social worker's competencies in case management been assessed? Has the need for training been identified? If so, in what areas?
- Has the RCF or the divesting organization previously provided training for the social worker(s)? If so, on what topics? If not, is there an openness for the social worker(s) to participate in training aimed at capacity strengthening in specific areas—including case management?
- Is the RCF and/or the local government using a case management package of tools (e.g., a government case management package)? If so, has the case management package been reviewed and deemed adequate? Is there a need and opportunity for strengthening the case management package?
- Does the RCF have the skills to undertake a strong disability assessment, especially if there are children with known disabilities in the RCF? Does the staff have the skills and knowledge to provide disability-inclusive services (including developing case plans) for those children?

For more information on this topic...

- Government of Kenya (2021). [Case Management for Reintegration into Family and Community-Based Care, Facilitator's Guide.](#)
- Government of Kenya (2022). [Case Management for Reintegration into Family and Community-Based Care, Caseworker's Toolkit.](#)
- Government of Kenya (2022). [Case Management for Reintegration into Family and Community-Based Care, Caseworker's Guidebook.](#)
- Global Social Service Workforce Alliance (GSSWA) (2015). [The Role of the Social Service Workforce Development in Care Reform.](#)
- CAFO Transition Assessment Tool has a section on assessing the knowledge and skills needed to change. This series of questions might help in assessing the

⁷ The suggested questions for the stock-taking exercise are intended to produce an understanding of where the RCF stands in terms of each of the four critical investment areas. We are not assuming that every question will necessarily create a corresponding action; these will be determined and prioritized after the stock-taking exercise is complete.

readiness of the current workforce to contribute to core components (part of desk review and available upon request).
Putting into practice...
<ul style="list-style-type: none"> → CTWWC (2023). Learning Brief: How Case Management Contributes to Sustainable Reintegration of Children from Residential Care to Family-Based Care and Community Services. → Centre for Excellence for → Children's Care and Protection (CELSIS) and SOS Children's Villages (2022). Safe Places, Thriving Children: Embedding Trauma-Informed Practices into Alternative Care Settings is a six-module course for participants working in alternative care. The package includes an organizational development guidance document and practice guidance. → CTWWC (2021). Promoting Resilience-Informed Care: A practical guidance resource for frontline workers in family-based care provides practical guidance on how to take a strengths-based approach to address trauma with children in the context of care reform.

Critical Investment Area Two: Processes and Procedures to Enhance the Safety of Individual Children

Keeping individual children safe and conducting programming in the best interests of the child are at the heart of care reform and the process of a safe and responsible exit. This requires embedding policies and procedures into the RCF transition process and during exit plans so that such processes and procedures remain active after exit.

An organization is required to implement its own safeguarding policies and should encourage adoption of a safeguarding policy by all partners—including RCFs and non-governmental organizations (NGO) supporting care reform.

Alongside organizational safeguarding requirements, care reform involves strengthening the capacities of local service providers to ensure that individual children at risk of/or experiencing abuse and harm receive interventions and services that prevent, respond to and support children and vulnerable adults. This includes strengthening the capacity of the workforce to recognize and respond to concerns about abuse and harm, having functional referral systems and monitoring the safety of children in all family-based and alternative care placements.

Another key aspect to enhancing the safety of individual children is introducing gatekeeping strategies to prevent unnecessary placement. Gatekeeping means having policies, systematic procedures, services and decision-making processes that ensure that alternative care is used only when necessary, that children receive the most suitable support to meet their unique individual needs and that the best interests of the child are placed at the center of all decisions. Ideally, gatekeeping is part of a national child protection and care process in which children are not placed in residential care automatically and where there are local gatekeeping mechanisms. For example, common gatekeeping mechanisms are local gatekeeping committees comprised of social workers and allied workers (such as health, police or education workers, local government and traditional leaders) and include the involvement of children (when old enough) and family members.

CASE STUDY: Gatekeeping for family strengthening and prevention of future placements

Heartline Ministries is a Haitian NGO initially founded in 1989 as a short-term residential care facility that processed adoptions to North America. They became uncomfortable with the international adoption context and the fact that many children remained in the institution for too long. Therefore, they began a transition to a family strengthening model.

The first step was establishing more rigorous gatekeeping mechanisms, requiring interviews with pastors and other family members for anyone wishing to place a child in the institution. This helped to identify a child's individual needs and revealed family strengths/sources of untapped community support for parents who contemplated leaving a child.

After the 2010 earthquake, they decided to speed up transition and rapidly closed the institution. Once the residential care facility was closed, resources were diverted and they expanded pre- and post-natal classes that they had begun several years earlier to a larger maternity center, which included education classes, a birthing center, post-natal support groups and well-baby checkups. Existing sewing classes for local women expanded into a trade school that now reaches 300–350 students.

Families continued to seek help. If a RCF was still operating in the area, these families would have likely left a child there. Instead, they were able to immediately participate in family preservation programs.

—Heartline Ministries (2022). [Transitioning from Residential Care to Family Care in Haiti](#)

Why is this important: RCF transition plans and many government-led care reform efforts require the reintegration into families of children currently in RCFs or placement in family-based alternative care. A workforce that has been trained in protection and safeguarding and is aware of not only the immediate risks but also the longer-term welfare of the child is likely to be alert to potential harm before it has happened. Strong protection and safeguarding mechanisms are needed to ensure that there are processes for responding to potential abuse and harm for children within the RCF during the reintegration process, including after placement through support from the RCF and local government staff—and to prevent future placement of children in RCFs through, ideally, government social service-led gatekeeping mechanisms.

Strengthening the gatekeeping system helps create demand for, and divert resources toward, family strengthening services and high quality, family-based alternative care options. Having a local gatekeeping process also reduces the likelihood of future placement of children in residential care because local actors will already understand the importance of family-based care and will have developed strong local referral mechanisms. Gatekeeping mechanisms are not only long-term sustainable structures for prevention of future placement in care, but also for other forms of child protection, diversion mechanisms and responding to violence. Below are some suggested questions to ask local government social workers and the RCF during the stock-taking process:⁸

- Does the RCF have a protection and safeguarding policy that has been approved and endorsed by leadership, is aligned with government child protection policies and includes a functioning reporting and referral mechanism with local child protection actors?
- Has the RCF conducted child protection and safeguarding training for their own workforce? Are government social workers and other key local actors involved in supporting the RCF transition (e.g., police, local community-based organizations offering family strengthening and protection services) aware of the child protection and safeguarding policy?
- Has the RCF and/or the divesting organization introduced accountability and reporting mechanisms so that children, vulnerable adults and the workforce can anonymously report protection and safeguarding concerns?
- Does the RCF have internal gatekeeping processes that prevent the unnecessary placement of children within their RCF? For RCFs that are transitioning, have they adopted a moratorium on new admissions? If not, are they open to considering the possibility?
- Are there local gatekeeping mechanisms in place to ensure that children are only placed when necessary and the placement is best suited to meet the child's individual needs? If not, is the organization or the RCF raising awareness and advocating gatekeeping processes at the local (district or municipality) level?

For more information on this topic...

→ CTWWC (2022). [Safeguarding Toolbox: For organizations to develop and implement effective, relevant safeguarding policies and practices](#). This toolbox includes a risk assessment tool for care reform-focused organizations (the Excel version can be downloaded [here](#)), job aids and guidance identified as useful for

⁸ Ibid.

<p>work with and for vulnerable children and adults, particularly those at risk of or living in alternative care. A training toolkit is also available.</p> <p>→ Keeping Children Safe is a global movement that regularly updates their global safeguarding standards and training materials and has resources (on topics such as safeguarding) in the context of faith-based organizations.</p> <p>→ CTWWC (2021). Gatekeeping Factsheet. This brief summary explains the objectives of gatekeeping and essential components of a gatekeeping system, core principles of effective gatekeeping and signs that a gatekeeping system is operating well or needs to be strengthened.</p>
<p>Putting into practice...</p>
<p>→ Heartline Ministries (2022). Transitioning from Residential Care to Family Care in Haiti. This case study illustrates how providing family strengthening interventions can reduce potential placement of children in other RCFs even when there is no broader care reform strategy. The model actively promotes male engagement.</p> <p>→ The Government of Cambodia has produced an accessible and simple handbook, Handbook for Commune Committees for Women and Children (CCWC): Improving child care and the safe return of 30 percent of children in residential care to their families, which provides useful training and planning resources for establishing gatekeeping mechanisms.</p>

Critical Investment Area Three: Disability-Inclusive Transition

Children with disabilities are disproportionately represented in residential care facilities and they are too often the last to be reunified with their own families, supported for independent living or placed in alternative families. In many settings, there are limited services available to support the reintegration of children with disabilities into family and community care.

CASE STUDY: Disability-inclusive transition in Kenya

Kenya's National Care Reform Strategy (2021) has placed the need to prioritize children with disabilities at the center of all care reform processes. This includes the following steps:

- Campaigns to tackle false information about and stigma against children with disabilities.
- Registration of children with disabilities to ensure targeted services can be appropriately planned and directed.
- Services for children with disabilities and their caregivers—including respite care, inclusive day care services, peer support groups, enhanced cash transfers and specialist community-based rehabilitation and health services.
- Capacity building of social workers in relation to disability.

These steps can all be undertaken at either the national or local level. CTWWC Kenya supported the reactivation of four county-level multi-sectoral disability networks, each with approximately 40 members. Networks develop their own terms of reference and action plans, and members are trained to improve service delivery through referrals and advocacy for policy change. One network trained disability assessment teams at county and sub-county levels and conducted disability assessment and registration outreach activities with strong leadership from the National Council of Persons with Disabilities. Assessment outreach has a big effect on preventing separation and supporting reintegration, increasing access to support services.

—Source: CTWWC (2023). [Learning Brief: Kenya County Disability Networks and Care Reform](#)

However, there is a growing body of experience and guidance in promoting disability-inclusive approaches. Experience has generally shown that, even in resource-poor settings, it is possible to ensure access to many—if not all—services and support for most children with disabilities and their families. The first and most important message is that any RCF transition plan should be disability-inclusive right from the start, beginning with tackling disability-related stigma and discrimination, then considering the needs of individual children with disabilities in alternative care, and ending with promoting inclusive family strengthening approaches with all families during and after the RCF transition process.

In some cases, children with disabilities who require significant nursing or other care, and/or children who have been totally rejected by their family, may not be able to live in a local community. In such cases, it may be appropriate to consider alternative community-based options in settings that provide specialized and therapeutic care for children with disabilities. Although the overall aim in an RCF transition is to ensure reintegration of every child into family care, sometimes there may be a need to focus on specific care for individual complex cases.

Why this is important: The challenges of finding appropriate family-based or community care for children with disabilities can sometimes be a barrier to “picturing” what a full RCF transition will be like. At times, this makes people/organizations feel unable to close their RCF. It is understandable that staff members, who have often provided

long-standing care and support, feel that there are no community-based solutions that are in the best interests of individual children. Rather than a lack of existing community-based solutions becoming a reason not to transition, this should serve as motivation for funders and RCFs to find ways of filling those gaps and offering community-based solutions that make safe transition possible for all children.

Below are some suggested questions to ask the RCF during the initial stock-taking process:⁹

- Has the RCF and local government social service workforce received basic training on disability inclusion? (See the [Disability Toolkit](#) for training modules on understanding disability, stigma and basic information on developmental delay and disability.)
- Is the RCF working jointly with government health, education, social welfare and child protection staff for long-term sustainability, including investing in disability-inclusive family strengthening services?
- Has the divesting organization, the RCF or partner organization(s), conducted a community mapping on disability services—including informal services and support, assistive technology providers, rehabilitation services and respite care? Does the local social service workforce and the RCF have a system in place for referrals to disability services? *Note:* The [Disability Toolkit](#) has guidance for disability-inclusive community and service mapping.
- Has the RCF solicited the participation/involvement of a national and/or local disability-led organization or disability rights advocacy group? ¹⁰
- Has every child (not just those who have noticeable functional limitations) in the RCF been administered a standardized disability screening tool, and received additional assessment as needed? The recommended tool to use is the United Nations Children’s Fund (UNICEF) [Child Functioning Module](#) (CFM). Any child who responds with “a lot of difficulty” or “cannot do at all” for any question in the CFM should be referred to a local team of professionals for additional assessment. Check with education, social welfare and health ministries to identify local procedures for assessment and disability-related referrals.
- Does each child with disabilities have a full care plan? This includes a full disability assessment using a disability assessment tool available from the local or national government, usually within the education, social welfare or health ministries. This may need to be undertaken by or in collaboration with specialist agencies. It should consider the child’s holistic needs related to health, birth registration, education, protection, livelihoods (for adolescents) and social support. Having a full care plan will allow informed decisions about what care placement is most suitable for each individual child with disabilities. If there are children whose best interests are not in family placement, it allows for prioritizing alternative placements and appropriate support.
- Does the RCF transition plan include disability-inclusive family strengthening approaches such as inclusive early childhood development (ECD) and education approaches, referrals and support for families? These may include cash transfers, registration for national disability benefits, access to assistive devices/support for making the home accessible, parenting classes that emphasize nurturing care practices for children with disabilities and mental wellbeing for parents, access to household economic strengthening resources and activities to combat disability-related stigma within and external to the family.

⁹ Ibid.

¹⁰ Organizations of People Living with Disabilities are understandably cautious of being involved in care reform processes because of the long and often painful history of placement of children and adults with disabilities in institutional care. It will be important to allow the time to develop a shared vision of promoting family-based care that is guided by people with disabilities themselves.

For more information on this topic...

- CTWWC (2021). [Toolkit for Disability Inclusion in Care Reform](#) is a package of resources including guidance, workshop packages, a comprehensive step-by-step guide for mainstreaming disability into the reunification, reintegration and transition of services processes, guidance documents for disability-inclusive engagement and links to additional resources.
- CTWWC (2022). [Reunification and Reintegration of Children with Disabilities into Family Care: Guidance for Residential Care Facilities and Case Management Teams](#) is part of the above toolkit. The six-page document provides tips and guidance along with the latest practical resources for placing disability at the center of care reform. See the box below for key tips that are especially relevant when planning a safe and responsible exit of support for transition.
- International Social Service (2016). [A Better Future is Possible: Promoting family life for children with disabilities in residential care. A manual for professionals](#). This resource provides good information on conducting assessments and preparing children for family life.
- UNICEF and CTWWC (2021). [Children with Disabilities and Care Reform in Eastern and Southern Africa](#) provides examples of how to challenge the discrimination and social exclusion that leads to difficulty accessing services and can lead to separation. It motivates efforts aimed at the full integration of children with disabilities into families and communities. This work requires both behavior change and changes to policies, services and support.

Putting into practice...

- CTWWC (2022). [Transition of Residential Care for Children with Disabilities: Returning to the Original Vision of Community-Based Care](#). This case study from Haiti tells the “story” of one residential care facility for children with disabilities, run by a congregation of sisters, that successfully transitioned into a model of community support for children and families with disabilities. Many children were successfully reintegrated into family care; some children, including older care leavers, could not return to their families, but were supported to enter supported independent living.
- The case study is also presented in this short [video](#).
- Hope and Homes for Children (2021). [The Closure of an Institution for Children and Adults with Disabilities: Good Practice Guide](#). Although focusing on full RCF transition rather than a safe and responsible exit, this guidance provides helpful suggestions for individual support for reintegration of children with disabilities.
- National Child Development Agency (2021). [Operational guidance on inclusive children’s reintegration](#) is Rwanda’s practical approach to case management for reintegration through a case management lens.

Critical Investment Area Four: Connection to Actors and Networks Engaged in RCF Transition

When an RCF is in a transition process, especially in low-resource contexts, it can often feel like they are alone. At times, it might feel like big decisions have to be made without having a proper sounding board or without being able to learn from others that have gone or are going through a similar process. One of the developments of the past five years has been growing local, national, regional and global movements engaged in and promoting care reform. A critical understanding within the care reform sector has been the need to create a community of actors that share similar experiences as a way of facilitating the RCF transition process and sharing critical learning and tools. The most important starting point is bringing together local champions for change and actors, including the government social service workforce, NGOs,

faith-based organizations (FBO) involved in care reform or aspects of it and others involved in community development, including disability rights.

At the global level, the [Transforming Children's Care Global Collaborative Platform](#) has created a free, online space dedicated to the topic of RCF transition. There is an active working group, online tools, case studies and training around the topic of RCF transition. This space provides important documentation, experience sharing and opportunities to learn from others.

There are regional groups—both formal and informal—that are also designed to create safe spaces to exchange ideas and experiences related to care reform and RCF transition. UNICEF's East and Southern Africa region has developed a series of webinars highlighting care reform efforts in the region. There is also a Spanish-speaking RCF transition group operating in Latin America as a subgroup of the Global Collaborative Platform.

Many countries also have their own associations, WhatsApp groups or networks that focus on information-sharing and advocacy. At the local level, investing in the identification and development of local care champions is also highly encouraged as developing a conducive environment with allies will provide continued technical and moral support to the RCF.

Why this is important: Being part of an RCF transition process can often feel like it is being done in isolation. The process requires continued learning, adapting and decision-making. To avoid wasting time and resources by reinventing processes or tools to support RCF transition, it is important that the RCF be connected to others who have gone through or are going through a similar transition process. Being connected to others through informal or formal networks will help enable conversations and information-sharing among the local social service workforce and RCFs, which will be especially important once the organization ends its engagement.

Below are some suggested questions to ask the local government social service workforce and RCF during the initial stock-taking process:¹¹

- Do the government social service workforce and the RCF have connections to other NGOs or government actors in their own context that are engaged in RCF transition of care? If not, are there things that can be done to facilitate this (e.g., awareness-raising, the inclusion of government actors in training or exchange visits)?
- Have the RCF and local social service workforce been introduced to online resources related to RCF transition, including the Global Collaborative Platform RCF transition working group?
- Do the RCF and local social service workforce know how and where to find online resources related to RCF transition?

For more information on this topic...
→ Visit the Transforming Children's Care Global Collaborative Platform working group on Transition.
→ Visit the Phases of Transition Interactive Diagram.
Putting into practice...
The links above have a wide range of case studies about the RCF transition process from all types and sizes of organizations and a wide range of contexts. They provide useful information on the RCF transition process.

¹¹ The suggested questions for the stock-taking exercise are intended to produce an understanding of where the RCF stands in terms of each of the four critical investment areas. We are not assuming that every question will necessarily create a corresponding action; these will be determined and prioritized after the stock-taking exercise is complete.

Guidance to Support Planning and Implementation of an Exit Plan

This section provides information and suggested activities that will inform the development and implementation of an action plan for a safe and responsible exit.

Figure 3 is a suggested timeline and includes areas of concentration during the specific stages. This is to help guide the process toward a safe and responsible exit.

FIGURE 3: SUGGESTED TIMELINE TO GUIDE ACTIONS



A participatory stock-taking exercise to inform action-planning

As part of a safe and responsible exit process, a series of questions (included in the Critical Investment Areas section) have been developed to help the divesting organization, the RCF, partners, local government social service workforce and other key stakeholders reflect and determine where they are in terms of each of the four critical investment areas. The questions and responses should help inform the development of a time-bound action plan with the objective of ensuring, at minimum, that the four critical investment area components are solidly in place by the time the exit occurs.

The objectives of the stock-taking exercise are to **first** ensure that there is clear communication regarding the eventual elimination of the divesting organization's financial support and technical assistance and what that means for the RCF. This includes ensuring that all key staff and collaborators understand why the planning is happening. A **second** objective is to conduct a review of where the RCF is in ensuring that the minimum criteria for each of the four critical

investment areas is fulfilled. This should be an honest reflection with guiding questions.¹² A **third** objective is to be able to use the information gained during the stock-taking exercise to design a time-bound action plan focusing on concrete actions required to meet the minimum criteria by the time the divesting organization exits (see Annex 2, Action Plan Template, and illustrative activities in Section 4.2, below). This should include clear identification of who is responsible and how the divesting organization might provide technical or other support to ensure that the actions take place.

The participants of the stock-taking exercise will vary depending on context, but should include, at minimum, the divesting organization's program staff overseeing technical support to the RCF, the director and key staff of the RCF and local government staff or others who work closely with the RCF.

The exercise can range from a one-day meeting to a series of three–five meetings, depending on how much needs to be discussed and planned. Again, it can vary by context, but there should be sufficient time allowed for honest conversation and reflection (i.e., it should not be rushed).

Defining an achievable endpoint

Once you have reached consensus, or at least understood the different perspectives of key stakeholders, the next step is to focus on reaching an achievable end point for the four critical investment areas (i.e., reaching the minimum criteria if not more). Planning and setting clear targets and timeframes for each activity should be completed by the end of the third month. If some or all the minimum criteria have already been achieved, the focus should be on ensuring their sustainability by advocating with other local partners and key stakeholders for continuation of activities.

Note: The context will vary according to local partnerships, level of national political commitment and the timeframe for exit. The suggested criteria below should be achievable within 18 months.

Expected minimum criteria to strengthen the workforce:

1. A trained social worker or team of social workers are engaged with or within the RCF.
2. A social worker (or other support staff within or outside the RCF) is trained in case management.
3. The RCF has a case management process and tools that it utilizes.
4. All children in the RCF have an updated case plan (within the past six months) with a placement plan outlined.

Illustrative activities (not exhaustive and not required to include all):

- Training in case management-based on identified needs, such as initial training, refresher training, supportive supervision training, advanced skills training (i.e., case consultations, communicating with children, etc.), etc.
- Mentoring or coaching those who are implementing case management.
- Setting up peer-to-peer learning groups between social workers implementing case management.

¹² One tool that can assist in this stock-taking is an immersive simulation workshop that enables everyone involved to step back and think about their own perspectives on RCF transition. The resource includes a workshop agenda and guidance, including information on how to adapt for local context. CAFO OVC Research Initiative, Hope and Homes for Children, Faith to Action Initiative (n.d.). [Moving Towards Family Solutions: An Immersive Simulation Experience.](#)

- Developing, adapting or strengthening case management process and tools, review current process/practice and existing tools to identify strengths and gaps, suggest adaptations/modifications to strengthen process and tools, support training and coaching on new process and tools.
- Providing technical support, coaching and accompaniment to the social workers developing, implementing and monitoring case plans.
- Supporting social workers to establish schedules and conduct regular case plan reviews, ensuring the participation of children (age appropriate) and their families.
- Supporting social workers to implement case plans, working toward family reunification or placement in family-based care.

Expected minimum criteria for ensuring the safety of individual children by the time exit occurs:

1. The RCF (with support from donors) has conducted a risk assessment and developed a protection and safeguarding policy that has a designated focal point, staff are trained in the policy and implementation of policy is regularly monitored.
2. The RCF has a clear process for reporting child protection concerns that occur within the RCF (or relating to children within the RCF); the process aligns with the government child protection policy and procedures and involves key stakeholders such as government social workers, police officers, magistrates, etc.
3. The RCF has internal gatekeeping processes and has identified actions that serve as steps for preventing new entry into their own institution. The RCF has opened a dialogue with government protective services around practices to reduce placements of children in residential care.

Illustrative activities (not exhaustive and not required to include all):

- Supporting the RCF to conduct child protection and safeguarding risk assessment to identify strengths and gaps.
- Addressing gaps based on identified needs (e.g., developing or strengthening) such as:
 - Protection and safeguarding policy.
 - Processes and procedures for operationalizing the policy.
 - Internal and external reporting and response procedures.
 - Referral networks.
- Training protection and safeguarding focal people on policy, processes and procedures.
- Supporting the establishment of a culture of protection and safeguarding within the RCF.
- Training/orienting local partners and key stakeholders on the protection and safeguarding policies of the RCF.
- Supporting the RCF to develop and adhere to a policy of no new admissions.
- Supporting the establishment and strengthening of local gatekeeping mechanisms (i.e., government-led, community-based committees).
- Supporting the establishment and strengthening of alternative family-based care options (i.e., kinship care, foster care, kafalah, domestic adoption, etc.).

Expected minimum criteria for a disability-inclusive transition process to be in place by the time exit occurs:

1. Members of the RCF and local government social service workforce have received training in disability awareness and inclusive transition approaches.
2. A community mapping of services—including screening, assessment and support services for children with disabilities—exists and a system for referrals is in place.
3. All children with disabilities have an updated (created in the last six months) case plan with a placement plan identified, including a holistic disability assessment and registration for disability services or benefits.

Illustrative activities (not exhaustive and not required to include all):

- Training in disability awareness and inclusive transition approaches for RCF and local government staff.
- Providing technical support and accompaniment to the RCF staff in reviewing and modifying practices of working with children with disabilities.
- Supporting RCF social workers to conduct disability screening with all children in their care and referring children suspected of having a disability for additional assessment.
- Conducting community mapping of services for children with disabilities.
- Establishing and strengthening procedures for making referrals.
- Regularly developing, reviewing and updating disability-inclusive case plans for children with disabilities.
- Providing technical support, coaching and accompaniment to the social workers developing, implementing and monitoring disability-inclusive case plans.
- Supporting social workers to establish schedules and conduct regular case plan reviews, ensuring the participation of children with disabilities (as age appropriate and with accommodation) and their families.
- Supporting social workers to implement disability-inclusive case plans and working toward family reunification or placement in family- or community-based care.

Expected minimum criteria for sector connections to be in place by the time exit occurs:

1. Key focal points (director or other staff member of RCF and local government social workers) are part of the Global Collaborative Platform RCF transition working group or know how to find it on the web—including relevant documents and online tools.
2. Key focal points (director or other staff member of RCF and local government social workers) can access online websites and resources about RCF transition.
3. Key focal points (director or other staff member of RCF and local government social workers) engaged with or know at least one individual or organization/government institution supportive of or engaged in care reform in the country and/or region.

Illustrative activities (not exhaustive and not required to include all):

- Connecting the RCF and local government social workers with online and local resources supporting care reform, generally, and RCF transition, specifically (i.e., Better Care Network).
- Compiling and orienting RCF staff and local government social workers on key resources.

- Supporting the RCF and government social workers to engage with the Global Collaborative Platform and consider joining one of the working groups, particularly the working group on RCF transition.
- Connecting the RCF and local government social workers with other RCFs and organizations engaged in care reform, generally, and RCF transition, specifically, within the country and region.
- Supporting the RCF and government social workers to be actively engaged with and participate in coordinating mechanisms (i.e., technical working groups, coalitions, committees, etc.) and networks around care reform and RCF transition.
- Strengthening existing coordination mechanisms, coalitions and networks.
- Supporting the RCF and government social workers to advocate for and actively organize coordination mechanisms, coalitions and networks if they do not already exist.

Tools/templates for developing a time-bound action plan and tracking progress

The stock-taking exercise, Annex 1, should result in information that is used to develop an action plan, Annex 2, that is co-written by the divesting organization and the RCF and/or local government partners. The action plan should consider the strengths and limitations of the broader system and how it impacts the RCF transition process, in general, and the four critical investment areas, specifically. The action plan will include specific activities needed to reach the minimum criteria outlined in each of the four thematic areas detailed above. The action plan will be time bound and identify who is responsible for each specific action. This will serve as the road map outlining priorities for the divesting organization and the RCF in the time leading up to the date that financial support will end.

Annex 2, the Action Plan Template, can be used to develop the action plan. In the Action Plan Template, Activity 2, *Identifying Critical Investment Area Activities*, and Activity 3, *Implementation Of Critical Investment Area Activities*, should be completed after the participatory stock-taking exercise. Each activity should have a suggested end date, ideally phased over the exit timeframe so that not every activity is underway until the final point of exit. Identify “low-hanging fruit” that can be in place relatively easily; prioritize activities that will bring local stakeholders on board at an early stage as they are the key to longer-term success and sustainability, and scale-up of your successes.

In Annex 3, Minimum Criteria Tracking Table, the baseline ranking is determined during the stock-taking exercise and the tracking table is then used to measure progress over the course of 18 months. The action plan should be monitored, ideally monthly but at least every three months, and progress noted in the Minimum Criteria Tracking Table every six months.

Conclusion

Any change process can be difficult, but open and transparent communication—combined with proactive and strategic planning of specific actions—can help assuage possible challenges. An organization that, during the process of divestment, has provided important technical and financial resources to RCFs can, at minimum, ensure that the RCF is anchored in good practice with children’s safety at the forefront. This guidance is not a perfect solution, but it should provide a useful framework in which to plan and work toward an eventual exit that is safe, responsible and mindful of ongoing protection for children. Each context will apply this guidance and the suggested tools in a manner that reflects their environment, the actors involved, their programming to date and the priority actions required to ensure that the minimum criteria in each of the four investment areas are solidly in place and sustainable after an organization moves away from direct engagement.

Annex 1: Participatory Stock-taking Exercise

This tool provides questions to consider during the stock-taking exercise. The stock-taking exercise should be completed collaboratively with the divesting organization's staff and RCF leadership through a guided conversation.

The stock-taking exercise can be done as part of a one-day meeting covering all four critical investment areas or as a series of shorter meetings, each covering one critical investment area.

The suggested questions to ask the RCF during the initial stock-taking process are those described in the Critical Investment Areas section of the guidance. It is important to note that the questions are intended to help contribute to a full understanding of where the RCF is in relation to each critical investment area. It is understood that it will not be feasible to follow each question with a corresponding action to fill each gap identified, at least in the short-term action plan supported by the divesting organization. Rather, the organization will need to prioritize with the RCF which gaps can and will be filled prior to financial support ending. The findings from the stock-taking exercise should also inform areas where the RCF can focus longer term. This may involve finding alternative sources of funding to finance some of the longer-term goals.

Use the tables below to record the responses.

Following the guiding questions for each critical investment area, collaboratively identify two to four priority actions that will be included in the action plan.

Critical Investment Area One: Strengthen the Workforce

Reflection Questions

GUIDING QUESTIONS	RESPONSE
Does the RCF work closely with government social worker(s) who provide case management for the children in the RCF? Does RCF staff participate in case management in any way or does the RCF have a social worker(s) on staff responsible for case management activities and/or coordination with the government?	
Have the social worker's competencies in case management been assessed? Has the need for training been identified? If so, in what areas?	
Has the RCF or the divesting organization provided previous training to the social worker(s)? If so, on what topics? If not, is there an openness for the social worker(s) to participate in training aimed at	

GUIDING QUESTIONS	RESPONSE
capacity strengthening in specific areas—including case management?	
Is the RCF and/or the local government using a case management package of tools, (e.g., a government case management package)? If so, has the case management package been reviewed and deemed adequate? Is there a need and opportunity for strengthening the case management package?	
Does the RCF have the skills to undertake a strong disability assessment, especially if there are children with known disabilities in the RCF? Does the staff have the skills and knowledge to provide disability-inclusive services (including developing case plans) for those children?	

Minimum Criteria

Does the RCF meet the expected minimum criteria? (Please place a check mark for each item in one of the columns: Not in Place, Partially in Place or Fully in Place.)

EXPECTED MINIMUM CRITERIA TO STRENGTHEN THE WORKFORCE	NOT IN PLACE	PARTIALLY IN PLACE	FULLY IN PLACE
A trained social worker or team of social workers are engaged with or within the RCF.			
A social worker (or other support staff within or outside the RCF) is trained in how to conduct case management.			
A social worker (or other support staff within or outside the RCF) is trained in how to conduct case management.			
All children in the RCF have an updated case plan (within the past six months) with a placement plan outlined.			

Identification of Needs

Based on the responses to these questions, and where the RCF stands in meeting the minimum criteria, what needs are greatest in ensuring that a safe and responsible exit can take place? (For ideas, refer to illustrative activities in the section on *Defining an Achievable Endpoint*.)

Prioritization of Activities

Based on these needs, what is realistic within the timeframe and funding available? Jointly identify two to four (maximum) priority activities that will be included in the action plan.

Priority 1:

Priority 2:

Priority 3:

Priority 4:

Critical Investment Area Two: Processes and Procedures to Enhance the Safety of Individual Children

Reflection Questions

GUIDING QUESTIONS	RESPONSE
Does the RCF have a protection and safeguarding policy that has been approved and endorsed by leadership, is aligned with government child protection policies and includes a functioning reporting and referral mechanism with local child protection actors?	
Has the RCF conducted child protection and safeguarding training for their own workforce? Are government social workers and other key local actors involved in supporting the RCF transition (e.g., police, local community-based organizations offering family strengthening and protection services) aware of the child protection and safeguarding policy?	
Has the RCF and/or the divesting organization introduced accountability and reporting mechanisms so that children, vulnerable adults and the workforce can anonymously report protection and safeguarding concerns?	

GUIDING QUESTIONS	RESPONSE
Does the RCF have internal gatekeeping processes that prevent the unnecessary placement of children within their RCF? For RCFs that are transitioning, have they adopted a moratorium on new admissions? If not, are they open to considering the possibility?	
Are there local gatekeeping mechanisms in place to ensure that children are only placed when necessary and the placement is best suited to meet the child's individual needs? If not, is the divesting organization or the RCF raising awareness and advocating for gatekeeping processes at the local (district or municipality) level?	

Minimum Criteria

Does the RCF meet the expected minimum criteria? (Please place a check mark for each item in one of the columns: Not in Place, Partially in Place, or Fully in Place.)

EXPECTED MINIMUM CRITERIA FOR ENSURING THE SAFETY OF INDIVIDUAL CHILDREN BY THE TIME EXIT OCCURS	NOT IN PLACE	PARTIALLY IN PLACE	FULLY IN PLACE
The RCF (with support from donors) has conducted a risk assessment and developed a protection and safeguarding policy that has a designated focal point, staff are trained in the policy and implementation of the policy is regularly monitored.			
The RCF has a clear process for reporting child protection concerns that occur within the RCF (or relating to children within the RCF); the process aligns with the government child protection policy and procedures and involves key stakeholders—such as government social workers, police officers, magistrates, etc.			
<ul style="list-style-type: none"> The RCF has internal gatekeeping processes and has identified actions that serve as steps toward preventing new entry into their own institution. The RCF has opened a dialogue with government protective services around practices to reduce placements of children in residential care. 			

Identification of Needs

Based on the responses to these questions and where the RCF stands in meeting the minimum criteria, what needs are greatest in ensuring that a safe and responsible exit can take place? (For ideas, refer to illustrative activities in the section on *Defining an Achievable Endpoint*.)

Prioritization of Activities

Based on these needs, what is realistic within the timeframe and funding available? Jointly identify two to four (maximum) priority activities that will be included in the action plan.

Priority 1:

Priority 2:

Priority 3:

Priority 4:

Critical Investment Area Three: Disability-inclusive Transition

Reflection Questions

GUIDING QUESTIONS	RESPONSE
Has the RCF and local government social service workforce received basic training on disability inclusion? (See the Disability Toolkit for training modules on understanding disability, stigma and basic information on developmental delay and disability.)	
Is the RCF working jointly with government health, education, social welfare and child protection staff for long-term sustainability, including investing in disability-inclusive family strengthening services?	
Has the divesting organization, the RCF or partner organizations conducted a community mapping on disability services—including informal services and support, assistive technology, rehabilitation services and respite care? Does the local social service workforce and the RCF have a system in place for referrals to disability services? <i>Note:</i> The Disability Toolkit has guidance for disability-inclusive community and service mapping.	

GUIDING QUESTIONS	RESPONSE
<p>Has the RCF solicited the participation/involvement of a national and/or local disability-led organization or disability rights advocacy group? (Because of the long and often painful history of placement of children and adults with disabilities in institutional care, organizations of people with disabilities are understandably cautious of being involved in care reform processes. It will be important to allow the time to develop a shared vision of promoting family-based care that is guided by people with disabilities themselves.)</p>	
<p>Has every child (not just those who have noticeable functional limitations) in the RCF been administered a standardized disability screening tool and received additional assessment as needed? The recommended tool to use is the UNICEF CFM. Any child who responds with “a lot of difficulty” or “cannot do at all” for any question in the CFM should be referred to a local team of professionals for additional assessment. Check with education, social welfare and health ministries to identify the local procedures for assessment and disability-related referrals.</p>	
<p>Does each child with disabilities have a full care plan? This includes a full disability assessment using a disability assessment tool available from the local or national government, usually within the education, social welfare or health ministries. This may need to be undertaken by specialist agencies. It should consider the child’s holistic needs related to health, birth registration, education, protection, livelihoods (for adolescents) and social support. Having a full care plan will allow informed decisions about what care placement is most suitable for each individual child with disabilities. If there are children whose best interests are not in family placement, it allows for prioritizing alternative placements and appropriate support.</p>	

GUIDING QUESTIONS	RESPONSE
Does the RCF transition plan include disability-inclusive family strengthening approaches—such as inclusive early childhood development (ECD) and education approaches, referrals to and support for families (e.g., cash transfers, registration for national disability benefits, access to assistive devices and support for making the home accessible, parenting classes that emphasize nurturing care practices for children with disabilities and mental wellbeing for parents, access to household economic strengthening, and activities to combat disability-related stigma within and external to the family)?	

Minimum Criteria

Does the RCF meet the expected minimum criteria? (Please place a check mark for each item in one of the columns: Not in Place, Partially in Place, or Fully in Place.)

EXPECTED MINIMUM CRITERIA FOR A DISABILITY-INCLUSIVE TRANSITION PROCESS TO BE IN PLACE BY THE TIME EXIT OCCURS	NOT IN PLACE	PARTIALLY IN PLACE	FULLY IN PLACE
Members of the RCF and local government social service workforce have received training in disability awareness and inclusive transition approaches.			
A community mapping of services—including screening, assessment and support services for children with disabilities—exists and a system for referrals is in place.			
All children with disabilities have an updated (last six months) case plan with a placement plan identified—including a holistic disability assessment and registration for disability services or benefits.			

Identification of Needs

Based on the responses to these questions and where the RCF stands in meeting the minimum criteria, what needs are greatest in ensuring that a safe and responsible exit can take place? (For ideas, refer to illustrative activities in the section on *Defining an Achievable Endpoint*.)

Prioritization of Activities

Based on these needs, what is realistic within the timeframe and funding available? Jointly identify two to four (maximum) priority activities that will be included in the action plan.

Priority 1:

Priority 2:

Priority 3:

Priority 4:

Critical Investment Area Four: Connection to Actors and Networks Engaged in RCF Transition

Reflection Questions

GUIDING QUESTIONS	RESPONSE
Do the local (district) government social service workforce and the RCF have connections to other NGOs or government actors in their own context that are engaged in RCF transition of care? If not, are there things that can be done to facilitate this, e.g., awareness-raising, inclusion of government actors in training or exchange visits?	
Have the RCF and local social service workforce been introduced to online resources related to RCF transition—including the Global Collaborative Platform RCF transition working group?	
Do the RCF and local social service workforce know how and where to find online resources related to RCF transition?	

Minimum Criteria

Does the RCF meet the expected minimum criteria? (Please place a check mark for each item in one of the columns: Not in Place, Partially in Place, or Fully in Place.)

EXPECTED MINIMUM CRITERIA FOR SECTOR CONNECTIONS TO BE IN PLACE BY THE TIME EXIT OCCURS	NOT IN PLACE	PARTIALLY IN PLACE	FULLY IN PLACE
Key focal points (director or other staff member of RCF and local government social workers) are part of the Global Collaborative Platform RCF transition working group or know how to find it on the web—including relevant documents and online tools.			

EXPECTED MINIMUM CRITERIA FOR SECTOR CONNECTIONS TO BE IN PLACE BY THE TIME EXIT OCCURS	NOT IN PLACE	PARTIALLY IN PLACE	FULLY IN PLACE
Key focal points (director or other staff member of RCF and local government social workers) can access online websites and resources about RCF transition.			
Key focal points (director or other staff member of RCF and local government social workers) engaged with or know at least one individual or organization/government institution supportive of or engaged in care reform in the country and/or region.			

Identification of Needs

Based on the responses to these questions, and where the RCF stands in meeting the minimum criteria, what needs are greatest in ensuring that a safe and responsible exit can take place? (For ideas, refer to illustrative activities in the section on *Defining an Achievable Endpoint*.)

Prioritization of Activities

Based on these needs, what is realistic within the timeframe and funding available? Jointly identify two to four (maximum) priority activities that will be included in the action plan.

Priority 1:

Priority 2:

Priority 3:

Priority 4:

Annex 2: Action Plan Template

This tool is a template for developing an action plan based on the information gathered during the stock-taking exercise. The action plan should include the priority actions that were collaboratively identified for each critical investment area along with who is responsible for implementing the activities and the timeframe within which the activities will take place. Please use the illustrative activities included in the section on *Defining an Achievable Endpoint* as a guide. The action plan should be developed collaboratively with the divesting organization's staff and the RCF leadership. During regular meetings, the action plan should be reviewed and updated.

ACTIVITY/PRIORITY ACTION	RESPONSIBLE	MONTH																	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Conduct participatory stock-taking exercise																			
2. Identify critical investment area activities																			
3. Implement critical investment area activities																			
3.1 Social service workforce strengthening																			
3.2 Ensuring the safety of individual children																			
3.3 Disability-inclusive transition																			

ACTIVITY/PRIORITY ACTION	RESPONSIBLE	MONTH																	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
3.4 Establishing sector connections																			
4. Monitoring progress and completion																			
4.1 Monitoring checkpoints (should be every 1–3 months)																			
4.2 Final completion of activities and minimum criteria met																			
4.3 Concluding/Handover activities, e.g., RCF memorandums of understanding with local stakeholders, validation of resources (e.g., case management tools, gatekeeping guidelines) with local or national government, etc.																			
4.4 Divestment complete																			

Annex 3: Minimum Criteria Tracking Table

This tool provides a mechanism for tracking progress toward meeting the minimum criteria for each of the four critical investment areas. The first column after the criteria description is to be completed based on information gathered during the stock-taking exercise; essentially, the baseline ranking. Every six months, the tracking table should be reviewed collaboratively with the divesting organization's staff and RCF leadership and the ranking noted. It is envisioned that all minimum criteria should be met within an 18-month period. If progress is not achieved at an acceptable rate, the priority actions and activities should be reviewed and revised accordingly. **Ranking: 1. Not in place; 2. Partially in place; 3. Fully in place.**

CRITERIA	RANKING FROM STOCK- TAKING EXERCISE	RANKING AT 6 MOS	RANKING AT 12 MOS	RANKING AT 18 MOS	DATE CRITERIA MET	COMMENTS
3.1 Social service workforce						
A trained social worker or team of social workers are engaged with or within the RCF.						
A social worker (or other support staff within or outside the RCF) is trained in how to conduct case management.						
The RCF has a case management process and tools that it utilizes.						
All children in the RCF have an updated case plan (within the past six months) with a placement plan outlined.						
3.2 Ensuring the safety of individual children						
The RCF (with support from donors) has conducted a risk assessment and developed a protection and safeguarding policy that has a designated focal point, staff are trained in the policy and implementation of the policy is regularly monitored.						
The RCF has a clear process for reporting child protection concerns that occur within the RCF (or relating to children within the RCF); the process aligns with government child protection policies and procedures and involves key stakeholders such as government social workers, police officers, magistrates, etc.						

CRITERIA	RANKING FROM STOCK- TAKING EXERCISE	RANKING AT 6 MOS	RANKING AT 12 MOS	RANKING AT 18 MOS	DATE CRITERIA MET	COMMENTS
<ul style="list-style-type: none"> The RCF has internal gatekeeping processes and has identified actions that serve as steps toward preventing new entry into their own institution. The RCF has opened a dialogue with government protective services around practices to reduce placements of children in residential care. 						
3.3 Disability-inclusive transition						
Members of the RCF and local government social service workforce have received training in disability awareness and inclusive transition approaches.						
A community mapping of services—including screening, assessment and support services for children with disabilities—exists and a system for referrals is in place.						
All children with disabilities have an updated (last six months) case plan with a placement plan identified—including a holistic disability assessment and registration for disability services or benefits.						
3.4 Establishing sector connections						
Key focal points (director or other staff member of RCF and local government social workers) are part of the Global Collaborative Platform RCF transition working group or know how to find it on the web—including relevant documents and online tools.						
Key focal points (director or other staff member of RCF and local government social workers) can access online websites and resources about RCF transition.						
Key focal points (director or other staff member of RCF and local government social workers) are engaged with or know at least one individual or organization/government institution supportive of or engaged in care reform in the country and/or region.						