



# CHANGING MINDSETS AND PRACTICE

Engaging Christian faith based actors in deinstitutionalisation and child welfare systems reforms

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# INTRODUCTION

## ABOUT THIS TOOL

This tool was designed to help those seeking to assist Christian faith-based actors involved in long-term residential care programs make the transition from institutional to non-institutional (family and community-based) child welfare programs. It was written to give some insight into what this journey called ‘deinstitutionalisation’ might look like and what steps and processes might be involved. Whilst it contains a brief overview of the technical stages, its main purpose is to guide you through the process of achieving buy-in and is not intended to be a technical deinstitutionalisation manual.

It also includes the learning derived from ACCI Relief’s experience in shifting mindsets and practice within our own Australian Christian Churches (ACC) movement and Australian Christian Churches International (ACCI) programs, as well as from other Christian organisations and church networks we have engaged with over a five year period. It is our hope that these lessons and insights will provide valuable guidance for organisations or individuals wishing to embark on a similar journey.

## — BACKGROUND ABOUT ACCI AND THE KINNECTED PROGRAM —

ACCI is the missions and development agency associated with the Australian Christian Churches movement. ACCI, like many other faith-based organisations, had a long history of engagement with long-stay residential care services in many parts of the world. In many cases these residential care centres were run or founded by ACCI field workers (missionaries) and/or funded by ACC churches. Many ACC churches also engaged with these and other residential care centres through sending short-term missions teams to visit and volunteer within these ‘orphanages’ for short periods of time.

In 2010 development staff within ACCI began to raise concerns regarding the appropriateness of ACCI’s residential care programs. They embarked on a journey of shifting the organisation’s and the ACC movement as a whole’s thinking about the care of vulnerable children, the concept of ‘orphan-hood’ and good practice in child protection and child welfare in development contexts. At the beginning we had no idea how this journey would unfold, whether it was possible to challenge the church’s deep seated belief in the fundamental good of orphanages, or if we could successfully convince people of the need to change, however our convictions were strong enough to demand that we try, and so we launched the ACCI Kinected program to spearhead the change. In the early days it was very challenging, and caused a fair amount of contention, however through trial, error and persistence we began to see our project staff, partners, key churches and other stakeholders embrace the message and agree to undergo the transition. We witnessed field workers and project staff who were initially very resistant to the idea of ‘deinstitutionalisation’ become some of the greatest and most vocal advocates for family-based care. We also saw former residential care programs transition into highly effective family preservation, family reunification and family-based care programs.

Early on we felt that it was important to document the change process and so we decided to conduct a longitudinal study alongside of the Kinected program. Through this research and staff reflections on the process we began to see trends and patterns emerge as we journeyed our own and other organisations through the various stages of the transition. This document represents the collated findings from the initial research phase that focused on the process of changing stakeholders’ perspectives and attitudes towards residential care and achieving buy-in from organisations involved in residential care to begin the transition process.

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## CORE BELIEFS

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**Before we go any further it is important to first state the core beliefs which underpin ACCIR's approach to working with at-risk children and their families, which have informed ACCIR's Kinnected Program and the contents of this tool.**

**ONE** We believe that **children belong in families** and that all efforts should be made to ensure that children can be raised in their family or where that is not possible or safe, in another loving family.

*Psalm 68:8 'God sets the lonely in families'*

**TWO** We believe that **the Bible instructs Christians to protect vulnerable children's rights** as well as meet their needs, and therefore we should take a rights based approach to ensuring children's needs are met. Amongst other things, this means upholding children's right to be raised by their parents in a family.

*Isaiah 1:17 'Defend the rights of the fatherless.  
Plead the cause of the widow'*

*Proverbs 31:9 'Defend the rights of the poor and needy'.*

**THREE** We believe that **the church has a critical role to play** in ensuring that children everywhere are afforded an opportunity to grow up in a loving family. This role is fulfilled as the church mobilises believers to give, support and volunteer with organisations that uphold children's right to a family, and open their homes to children in need of care in their own communities.

*James 1:27 'Religion that God our father accepts as pure and faultless is this: to look after orphans and widows in their distress'*

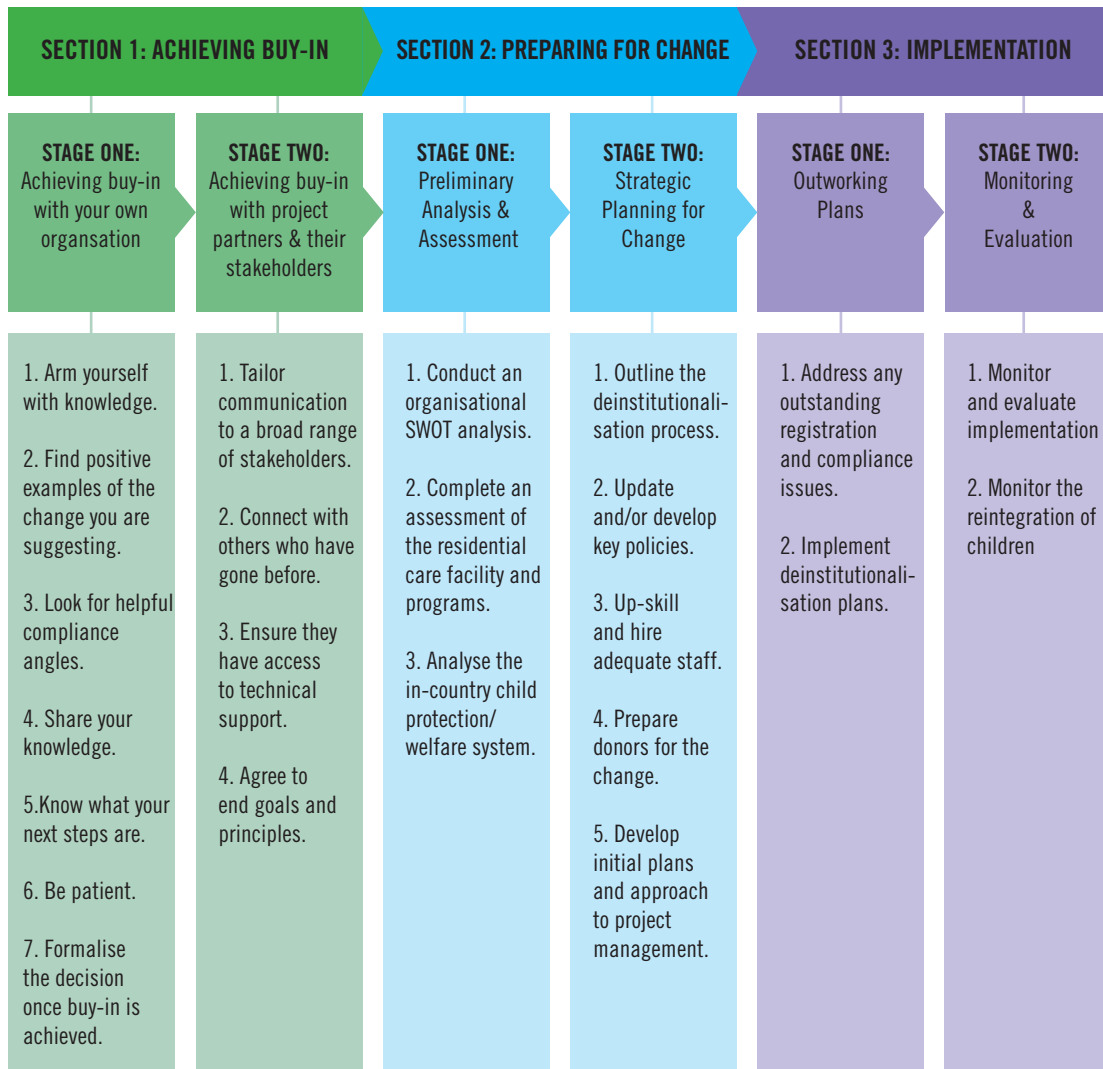
**FOUR** We believe that **vulnerable children and families deserve more than just our good intentions** - they deserve our best efforts. We believe that our desire to help should be backed by a desire to learn and equip ourselves with the skills and expertise first. As such our development programs should be staffed and managed by people who are passionate and properly trained, so that our love does not result in unintended harm.

*Matthew 7:12 'Do unto others as you would have them do unto you'.*

*Romans 13:10 'Love does no harm to a neighbour'.*

## OVERVIEW OF TRANSITION STAGES

This section outlines the transitional stages that ACCI worked through in the deinstitutionalisation process. Section 1 provides a detailed guide to achieving buy-in with relevant stakeholders in residential care programs. Sections 2 and 3 provide a brief overview of the processes involved with planning for and implementing change within programs. The following provide tips, lessons learnt and case studies pertaining to each stage.



## SECTION 1: ACHIEVING BUY-IN

### STAGE ONE: ACHIEVING BUY-IN WITHIN YOUR OWN ORGANISATION

**WHO:** This section is relevant to those trying to influence their own organisation to engage with changing practices in alternative care for children.

You might be the only person or one of a few amongst the masses who are convinced of the need to move away from the use of long-term residential care, but before you can see that change take place you must first influence and convince others within your organisation; particularly the leaders and decision makers. Here are some key things you could do to achieve that:

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#### **ONE: ARM YOURSELF WITH KNOWLEDGE.**

Gather or locate articles, research papers, videos and infographs that present the key research findings and demonstrate the importance of families and potential harms of residential care. Gather country specific information relevant to the countries where your organisation is involved in residential care. This should include the child protection laws, alternative care policy framework, information about minimum standards and any research that has been done on the situation of children in residential care in the country. Familiarise yourself with the material so you are ready to give an informed answer to questions asked of you. Whilst much is publicly available online, you may want to (or need to) reach out to practitioners from other organisations in this stage to access the information you are seeking.

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#### **TWO: FIND POSITIVE EXAMPLES OF THE CHANGE YOU ARE SUGGESTING.**

It is important that you can demonstrate this is not just 'good in theory' but also possible in practice. You can do this by pointing to other organisations that have already made the transition and/or run successful family-based care and family preservation programs in the same or similar countries to the ones your organisation is involved in. Video case studies have been particularly effective to debunk the 'it can't be done' myths that are commonly encountered.

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#### **THREE: LOOK FOR HELPFUL COMPLIANCE ANGLES.**

Look at how the use of residential care relates to any relevant compliance frameworks, codes of conduct, sector standards or risk management procedures that your organization is required to abide by. For example in Australia the Australian Council for International Development (ACFID) Code of Conduct, the government overseas aid scheme (OAGDS) and restrictions placed on the use of tax deductible funds in international aid are relevant compliance frameworks that have some bearing on the use of residential care overseas. It is very helpful to make your organisation aware of any such existing or forthcoming external pressures that may exist which could influence their decision to engage in the transition.

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#### **FOUR: SHARE YOUR KNOWLEDGE.**

Identify the key decision makers and influences in your organisation and determine the most appropriate channels to go through to raise the issue with them. Be respectful, non-judgemental, factual, and be prepared to answer questions and back your facts up with examples where possible. You may want to provide whomever you are talking to with a few key resources you have come across, but be careful not to overwhelm. Choose the resource and examples that will be the most disarming, persuasive and relevant- not the most confrontational or extreme. Offense causes people to disengage and using extreme examples of 'bad orphanages' to make your point creates a perception that deinstitutionalisation is not relevant to those who run 'good orphanages', therefore both of these tactics should be avoided or used in a balanced way.

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#### **FIVE: KNOW WHAT THE NEXT STEPS ARE.**

People can only engage with change if theory can be translated into practice therefore you need both a convincing argument and a planned way of moving forward. If you do not have the internal expertise to plan for and implement the transition, consider bringing in an experienced consultant to assist you with this. No matter how you choose to proceed, be ready to answer the 'so what next' question if it is asked of you, even if that is simply suggesting a few possible next steps.

**SIX: BE PATIENT.**

For many in your organisation this conversation might be unexpected, confronting and challenging. There is a lot to process and digest before someone will be ready to make a decision to change, so expect this stage to take multiple conversations. Be prepared to invest time in journeying people.

**SEVEN: FORMALISE THE DECISION ONCE BUY-IN IS ACHIEVED.**

There are multiple ways you could formalise the decision to move away from the use of long-term residential care including:

- Developing a policy that reflects your organisations decision;
- Writing a positional paper that explains your stance;
- Establishing a transitional (deinstitutionalisation) program to work through the actual process of transitioning your programs; and/or
- Amending your organisation's procedural frameworks to reflect your organisation's decision.

Set time frames for rolling out new policies, procedures or programs and develop a communication strategy to ensure all stakeholders in your organisation are informed and given the opportunity to engage in healthy dialogue about the issue. Good consultation with affected stakeholders is critical and although it takes time, it will decrease the amount of resistance you face in the long run. Whilst every effort should be made to minimise resistance, it is important to determine ahead of time how non-compliance amongst staff or partners will be dealt with should it occur.

**CASE STUDY: HOW BUY-IN WAS ACHIEVED WITHIN ACCI**

As stated in the introduction, for ACCI it all began with a couple of staff who were aware of the issue and felt strongly enough about it to pursue change. After gathering and collating resource on the issue of residential care as well as specific resources on alternative care in the 9 countries where ACCI had direct partnerships with residential care projects, staff began raising the issue with key leaders, firstly in one-on-one informal meetings. During these meetings staff made a case for moving away from the long-term use of residential care by looking at the issue from many angles including the potential risks to ACCI, our government and peak body compliance responsibilities, as well as where our practices stood in respect to contemporary notions of good practice in child protection and child development theory. Several conversations later, we had convinced a key influencer in the organisation and it was determined that the best way to progress was to present this information to all staff and senior leadership during an in-house training and staff development day. During this session the issue was discussed in detail and staff and senior management engaged in a robust question and answer time that lasted several hours. Being able to answer the many questions raised was pivotal, as it allowed senior leadership to see that we were well versed on the subject, had researched it extensively and therefore that they could trust that we knew what we were talking about. At the end of this session ACCI's director was convinced of the need to move away from long-term residential care programs and we had the green light to begin planning for change.

The next set of discussions with leadership focused on two key issues; firstly how to work with our current field workers and partners who were still running residential care and secondly how to reflect this commitment to move away from long-term residential care programs in the organisation's policy framework. Towards the latter, ACCI made an agreement that we would not form any new partnerships with organisations running residential care nor allow any of our own field workers to start new centres or commence involvement with residential care centres of any sort. Policy documents, partner standards, the staff and field worker handbook as well as recruitment, orientation and training processes were all amended to reflect this new commitment.

For existing ACCI residential care projects/partner projects we decided that we would not disengage from these projects, rather try to convince each project of the need to shift their approach and then support those who were willing through that transition process. The ACCI Kinnected program was consequently developed as the mechanism through which we would outwork the educational, advocacy and technical support components of this process.

In preparation for raising the issue and introducing the Kinnected program to each project partner or field worker involved in residential care, we developed several preliminary resources including:

- Kinnected info pack summarising the issue;
- Kinnected partner pack outlining the Kinnected transitional strategy;
- Kinnected commitment letter stating the core commitments we would ask each partner to make before coming into the Kinnected program; and
- Several short videos summarising the issue of residential care and introducing Kinnected as ACCI's response.

We also pulled together a small team of professional consultants who specialised in different aspects of the deinstitutionalisation process, who were willing to provide advice, support and in some instances training where necessary for our partners/field workers. Once we had these elements in place we were ready to begin discussions with partners. We set a goal to achieve buy-in or conclude partnerships with partners who were unwilling to embrace the changes within a 12-18 month time frame and we set about contacting partners and field workers one by one.

*How these negotiations unfolded will be the topic of the case study in 'Stage 2: Achieving buy-in with partners and their stakeholders'.*

## STAGE TWO: ACHIEVING BUY-IN WITH PARTNERS AND THEIR STAKEHOLDERS

**WHO:** This section is relevant to those who are trying to influence implementing partners, projects that you fund or support in some capacity, or organisations you wish to come along side of.

The process of achieving buy-in from project partners is time consuming and requires sensitivity and respectful communication. Below are some keys to help you prepare and plan for successful engagement with your partners.

### **ONE: TAILOR COMMUNICATION TO A BROAD RANGE OF STAKEHOLDERS.**

When you are trying to get an organisation that is involved in long-term residential care to consider shifting their approach, addressing the issue with the founder or director alone is usually insufficient. Achieving buy-in also necessitates engaging with a broader group of stakeholders, including key donors, other partner organisations, board members and key staff. Each of these different stakeholders will likely have varying motivations for their involvement in the residential care centre and it is important to discover these motivations and tailor your communication accordingly in order to be successful (see roles and motivations page 10).

Many advocates of deinstitutionalisation tend to approach the issue from a child development and child rights perspective and lead with conversations on what is in the child's best interest or the rights of a child to be raised in a family. Although this is absolutely central and must be included, solely communicating from this angle assumes that there are no other vested interests at play or concerns that need to be addressed besides the interests of the children. It also assumes that all stakeholders have a sound knowledge of child development and understand how residential care impacts child development, which in ACCI's experience, is not typically the case. The key to effective communication with stakeholders is tailoring the message differently for different stakeholders. To do this you need to:

1. Understand the role the stakeholder plays in residential care and;
2. Understand the stakeholder's corresponding motivation and/or what they personally gain and therefore stand to lose.

Once you know these two things you are positioned to share the general message as well as address each stakeholder's specific 'fears' associated with what they stand to lose (experience, status, investment, attachment etc) and help them envisage their importance and role in assisting at-risk children and their families during and after the transition.



**TWO: CONNECT WITH OTHERS WHO HAVE GONE BEFORE.**

Connect with other organisations in country or in a similar/nearby country who have already undergone the transition and/or who run programs that are examples of what the residential care program could transition into. In some cases it is really helpful to organise a study visit so they can see the program themselves and meet others who are a few steps ahead of them. This will go a long way to showing your partner that the change you are suggesting is feasible and debunking the very common 'it can't be done in this country' myth. These contacts often end up being a great source of longer-term peer support and learning and are therefore worth investing into.

**THREE: ENSURE THEY HAVE ACCESS TO TECHNICAL SUPPORT.**

In most cases solidifying buy-in from organisations running residential care is contingent upon being able to offer technical support throughout the transition process.

In the first round of qualitative interviews ACCI conducted with Kinnected partners and project staff all interviewees mentioned that whilst the education process helped them understand the need for change it was the offer of technical support that gave them the confidence to agree to transition their programs. Some mentioned that if we had simply provided education but not offered support in implementation, they would have either continued with residential care out of an inability to make changes or 'packed up shop' and sent children home without due process, planning or support. If you are not in a position to provide this technical support, try to link the organisation with another agency or consultant who can.

**FOUR: AGREE TO END GOALS AND PRINCIPLES.**

Once the organisation has agreed in principle to the need to change, it is time to agree to some end goals and core principles or commitments that will form the basis of your partnership moving forward. This is important because now you are agreeing to continue partnering on the basis of what the project will become and what will be implemented rather than what is currently in place, so the core objectives of the transition need to be clearly stated and agreed upon by both parties. There is also likely to still be a lot of uncertainty at this point so an agreement of this sort will help you make sure both parties are truly on the same page and clear about the parameters and expectations of the partnership moving forward. ACCI developed the Kinnected commitment letter to be used with all Kinnected project partners for this purpose which amongst other things outlines a commitment to family preservation, family based care, scaling back the use of residential care to a last resort and temporary option and reintegration.

**CASE STUDY: HOW ACCI ACHIEVED BUY-IN WITH PARTNERS AND PROJECT STAFF****PROCESS**

Once we had the initial materials and tools developed, ACCI staff began contacting each of the partners or field workers who ran residential care centres. We approached these conversations from several angles introducing; the compliance framework under which ACCI had to work (regulations pertaining to the use of tax deductible funds and the industry peak body code of conduct to which ACCI's development arm (ACCI Relief) is a signatory), the evidence regarding the potential detrimental effects of residential care and our theological perspective on supporting vulnerable children. We informed each partner of ACCI's new policy regarding working with long-term residential care and of the rationale behind developing the Kinnected program to support partners willing to engage in the transition. We were very intentional about trying to be non-judgemental, non-confrontational, engaging people in meaningful dialogue rather than telling them what was going to have to happen and making sure that people felt heard. Staff had to lean quite heavily on their direct experience of working in family-based care in development programs in order to convince partners that transitioning to family-based care and family preservation was both feasible and effective.

It took numerous contact points with each partner to work through the issue and after each conversation we would send the partner a number of key resources to read. These would generally be a mix of case studies and research/reports, which would provide the evidence base to support the conversation.

We were careful to hand select resource and only send a few at a time so as not to overwhelm partners. We would also quite quickly link them with other field practitioners who had already been through the transition or undergone a shift in their thinking who they could talk to. This proved to be quite important to helping people come to terms with the change.

ACCI staff personally met with or conducted education sessions with many of our partner's Australian based board members. For a number of these organisations ACCI staff travelled to their projects at the board's request to conduct an initial assessment of their residential care programs and then presented a report to the board. In a couple of instances the decision to deinstitutionalise was made by the board on the basis of the information in the report.

It was also common for ACCI staff to speak directly with our partners' key donors and answer their questions. In cases where the key donors were churches, we would often first meet with or speak to the senior and missions pastors and this often lead to an invitation to preach at the church in order to journey the leaders and congregation as a whole. In these cases using a theological framing to support family preservation and a rights based approach child welfare programs was usually very successful in convincing churches and church leaders, however cognitive dissonance often remains evident. In cases of corporate philanthropic donors, staff would speak with them over the phone or meet with them in person where feasible. These conversations usually focused on good development practice and the global shift towards non-institutional programs that is taking place.

For several of our partners we organised (and in some cases funded) a study tour to Cambodia so they could meet with staff of our family-based care project and other organisations involved in deinstitutionalisation, reintegration and family strengthening. The partners who went on such a study tour told us that this really helped them get a vision for what they could become and help them feel excited (rather than daunted) about the changes.

### REACTION OF PARTNERS AND FIELD WORKERS

Some partners were more open to the changes and were more readily able to see the flaws associated with residential care, whilst others took a lot more time and effort to convince. Reflecting on their experience some partners told us that they disliked reading the resources we sent through because it made them uncomfortable and as much as they wanted to disagree with the content they couldn't as they could see the symptoms reflected in the behavior of the children in their care. Therefore whilst difficult for them to read, the information was pivotal to them agreeing to change.

Partners and field workers expressed a range of emotions in the process, from anger and hurt to feeling controlled, uncertain, nervous, stressed, and a minority few who were already somewhat aware of the issue yet had no idea how to transition independently felt relieved and excited. It was really important for ACCI staff to remain patient, supportive, respectful and considerate of partners' feelings and to demonstrate that we were willing to step them through the changes, not just demand change and leave them to their own devices. All of our partners told us that the offer of practical and financial assistance was very important to them feeling able to agree to transition.

There were a couple of instances where we were accused of being humanistic and taking God out of missions or worse. This was mainly a reaction to any references to the UN in our documents or materials, however these were isolated instances and generally came from people who had a looser association with ACCI and who were visiting or volunteering in residential care however not running a care centre themselves. In response to this we adapted some of our materials and whilst we did not remove references to the UN or child rights, we used scripture as our primary guiding instrument and stated that the UN's stance supported scripture in this case.

No matter how positive and supportive we tried to be, because there is an element of the message that points to the negative effects of residential care, some partners or field workers felt criticised and also felt that there was too much focus on the negative in our approach. This was largely in response to any public presentations they had heard rather than one-on-one interactions staff had with them personally. This was difficult to reconcile as a more inclusive approach that did not explain the harms of residential care did not allow people to understand the critical need to change and lead to people thinking both family-based and institutional care were as valid as each other.

Some partners and field workers expressed feeling overwhelmed. They had started their orphanages with good intentions but without having any expertise or training in child development or international development. They therefore felt overwhelmed when presented with research, theory and the technical side of programming. For these partners we had to really demonstrate and emphasise that we would closely support them, provide training and technical assistance in order for them to agree to move forward and intentionally build their confidence and capacity to engage with the information and process. Upon reflection some of these partners said that without this practical support from ACCI staff they vacillated between wanting to bury their heads in the sand and ignore the message, and wanting to quit or shut the homes down without due process.

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### SUCCESS RATE

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Out of the 13 initial partners or project teams that we had to speak with, two organisations refused to get on board with the changes; one due to donor pressure and the second because they had little faith in the parenting ability of local families in the country where they worked. Unfortunately we had to conclude our partnership with these two organisations.

As each of the other 11 organisations agreed to undergo the transition we signed them into the Kinnected program using the Kinnected commitment letter. This was a written in-principle agreement to the end goals of the program, and this was important from a clarity and accountability perspective. From here we began working on the assessment and planning phases before implementing the changes.

We were also able to steer several groups who intended to start new orphanages to develop family-based care and family preservation programs, and these projects also became a part of the Kinnected program.

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### TAKING THE MESSAGE TO A WIDER AUDIENCE

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Once we had done a fair amount of work with our direct partners and field workers involved in residential care and had a number of them already signed into the Kinnected program, we began communicating the changes to all ACCI field workers, partners and associates at select ACCI forums as well as through our digital communications. We ensured that everyone had an opportunity to ask questions, engage in dialogue and to access more information if they so desired. We created the Kinnected website in an effort to make the information accessible, digestible and contextualised to a Christian audience.

Many field workers and partners who were not directly involved in running residential care programs still found the message challenging and confronting. Others were already aware of the issues with long-term residential care and were highly supportive of ACCI's stance. There were also numerous associates or field workers who had some informal involvement in residential care centres run by other organisations, however our new policy prohibited ACCI staff, field workers, associates or partners to volunteer or visit residential care centres. Through this consultation process we were able to identify who was in this position and engage with them one-on-one. We used this as an opportunity to encourage them to have the same conversations with the orphanages they were somehow involved in and ACCI offered to assist those residential care programs to transition should our field workers manage to get them to buy-in to the need to shift their approach. In a few instances this took place however in most cases it resulted in the field worker or associate ceasing their involvement in the orphanage.

Once we had addressed the issue with all ACCI field workers, associates and partners we took the message to the broader ACC movement (denomination). We first engaged with the movement's senior leadership; the national executive, and did a presentation on the issue at a national executive meeting. Whilst there was contention amongst national executive members, the policy stance and Kinnected program were endorsed. Next we presented the message at the National ACC conference in front of around 3000 pastors and leaders and we included it in our major print and digital publications which was distributed to all ACC pastors. We also shared the message at the state conferences in each state for three consecutive years. We held elective sessions on the topic at these national and state forums where pastors could come to learn and ask questions.

We also held consultations with major churches that were heavily involved in funding or supporting residential care to try to get the movement's influential churches on board. All of this generated a lot of conversation and awareness, however in some circles was quite polarising. There were some churches who were immediately very supportive, others who waited to see how their peers would respond and those who were very critical and vocal in their criticism of ACCI. This was quite a challenging time and in some settings it became quite a political issue, however overtime we saw a distinct positive shift in attitudes towards the Kinected program and the concept of deinstitutionalisation and family-based care.

Several factors contributed towards this change in attitudes including:

- ACCI project partners speaking positively of the changes and the support they were receiving from ACCI staff with their supporting churches and peers.
- Overtime as ACCI projects transitioned we were able to share their success stories and demonstrate how their influence and impact had multiplied. This helped built confidence and credibility.
- Seeing the growing influence of ACCI outside of the movement as we began to advocate more broadly around this issue and receive invitations to speak about the issue at large respected churches, conferences and events.
- More attention to orphanage tourism, orphanage scams, 'fake orphans' and abuse in residential care in the media reinforced and validated our message in the eyes of churches and pastors.
- Assisting key influential churches transition their orphanage programs- even those not directly related to ACCI. As this happened influential pastors became advocates of Kinected, ACCI and the concept of deinstitutionalisation. It also sent a message to the movement as a whole that ACCI was ready to work with them and was not seeking to judge or condemn local churches for being involved in orphanages.
- Time and exposure to the message. Many people need to hear the message multiple times and from varying angles in order to accept it. ACCI staff had to be very accessible to churches trying to grapple with this issue and spend time working through their concerns and sticking points.

Whilst at the point of writing, there is still a lot of work to be done, we are seeing more and more ACC churches come to us asking for advice or direct assistance with the residential care projects they run or support. It is a challenging process, however change is possible and the results of such change are ample reward.

## ROLES AND MOTIVATIONS - GENERAL TRENDS

**The following trends are generalisations, however may provide insight into the typical stakeholder roles and corresponding motivations. These are taken from ACCI's experience working with multiple organisations and from the findings of the first round of qualitative interviews in Kinected's longitudinal research project.**

### FOUNDERS

In most cases founders have a high level of personal involvement and emotional investment in the residential care centres they started. Being the founder of a residential care centre can understandably become a core part of someone's identity and usually earns them much respect and esteem from peers and the broader faith-based community. Therefore for founders this issue is understandably personal. Founders may feel they have a lot to lose and can feel attacked when messages focus heavily on the detriments of institutional care and are accusatory. With a founder it is more helpful to discuss the transition as the natural evolution of their program in response to changing times, new information and research, new laws and policy changes and the desire of local governments to move in this direction. It is important to acknowledge their motivation, heart and commitment, as well as honour what they have done in the past without endorsing the continued use of residential care.

Founders often express a strong sense of being ‘called’ to start an orphanage. We must be careful never to dispute someone’s calling but try to help people process what that calling actually was. What often happens is that vision (what we are called to do) becomes confused with the methodology we have chosen to fulfil the vision and overtime we begin to speak of the method as the vision itself. In the case of residential care, orphanages are a method of providing care for children, but running an orphanage is not a vision. Caring for or supporting vulnerable children is a vision however there are a number of ways this can be achieved of which residential care is only one. When we help founders process this what usually happens is they realise they felt called to help orphans, or vulnerable children, and their assumptions have led them to the conclusion that the fulfilment of that calling is to start an orphanage. Once you have achieved an understanding of the difference between vision and method you can use case studies and research to show founders that residential care as a methodology is often counter-productive to achieving their stated vision and that family and community-based child welfare programs are more effective methods- without being perceived as attacking their vision. It is at this point that you can begin to steer founders towards the hope and excitement of what their organisation could become in the future if they embrace more effective methods, and the exponential impact they could have in children’s lives by developing non-institutional programs.

Founders often initially believe that their orphanage is the exception to the rule when presented with the research regarding the potential harmful effects of residential care. Founders may acknowledge the research findings, but reject its relevance to their centre and children. For this reason it is important to present a balanced message not the extremes. Don’t focus solely on the harmful effects of really poorly run or large very impersonal institutions as this will likely be interpreted by the founder as true but irrelevant to their situation. Founders will also often accept the merits of family based care as ‘good in theory’, but state that it is not feasible in their country of operation or context for various reasons. To counter this, arm yourself with case studies and examples of how family based care has worked in similar countries rather than using western or industrialised countries as your examples (See Lesson Learnt No. 6- Pg 21)

## ORPHANAGE DIRECTORS

In some cases founders are also the directors or residential care homes. In other cases there are separate onsite directors. The range of motivations demonstrated by orphanage directors is somewhat varied and range from highly altruistic to unfortunately self-serving. Often people’s motivations are not black and white and are a mix of both.

In most instances directors are very emotionally invested in the residential care centre and are amongst the most resistant to the process of deinstitutionalisation, particularly when they feel inadequately consulted. Resistance commonly results from feeling fearful or threatened for numerous reasons including being:

- **Fearful of being made redundant.** This fear often manifests early on in conversations and therefore it is important to recognise and affirm the care they have provided the children in the past, emphasise the critical role they have to play in the deinstitutionalization process, and assure them that they will have a position in the organisation post transition if they are cooperative and so desire to remain involved. We have learnt that a vague assurance of an ongoing role is not sufficient, rather a specific role and offer of remuneration is crucial to calming fears of directors and preventing sabotage. Founders and boards struggle with this as they are usually unsure what roles will be available post transition, so it can become important to help them think through their future programs early on.
- **Fearful of losing respect and status in the community.** This is most commonly a concern for directors in hierarchical cultures. Some directors have told us that the community will assume they have personally done something wrong if they begin to reintegrate children and this will be a source of shame for the directors. Others have said it will be viewed as ‘breaking their promise’ to the parents as they committed to educating the children up until a certain grade or providing certain opportunities for their child. Directors may fear that breaking such promises will cause them to lose face. In other contexts directors stand to lose the esteem and status that goes with being a director of an orphanage.

To combat these fears it is important to do several things. Firstly show the director the equally important role they could play in a future non-institutional program, which will provide them with the same status in the community. Secondly include the local community and parents in education sessions explaining why the organisation is shifting to minimise the chances of them drawing false conclusions about the directors. Not only does this help address the director's fears it also reduces the risks of re-institutionalisation of reintegrated children. Thirdly be very clear about what support you will provide parents and/or families who are reunified with their children before you begin conversations with parents. The reputation of the director with the families is heavily dependent on being in a position to answer this question and follow through with promises.

- **Fearful of loss of authority and autonomy.** It is common for residential care centres to lack systems and policy frameworks or have very little in the way of accountability and transparency measures in place. Directors may be accustomed to a lot of discretion and autonomy particularly when it comes to the use of finances and decisions about the children. It is common for them to be uncomfortable with the assessments that come with preparing for deinstitutionalisation and preparing children for reintegration. They may feel they are being personally scrutinised and become defensive or feel devalued. This fear often manifests later in the conversations when social workers and assessments are introduced. Where transparency with partners/donors or financial integrity is an issue and funds have been siphoned or misappropriated, expect resistance to assessments to be more intense and be ready to deal proactively with sabotage.

- **Fearful of letting the children go.** Orphanage directors also may have strong attachments with the children and have envisioned caring for them for the remainder of their childhood. This is particularly common amongst directors who are also founders. It is common for them to believe they are better able to care for and love the children than the children's parents. In this case it is often possible to help the director see that most children want to be with their parents, even when their home circumstances are difficult or poor. Videos and case studies showing the perspective of children and care leavers has been helpful in assisting directors realise the importance of families to the children in their care. In some cases it is possible to encourage the director to talk with the children or trial family reconnection initiatives, which will likely allow the director to see how much the children desire to be with their families. Once they can accept this, it is possible to show them that the best way they can support these children is to assist their families, rather than remove the child. In many cases directors can have an ongoing role in monitoring the children's wellbeing post reunification and therefore retain a connection with the children.

## LOCAL PASTORS WHO RUN ORPHANAGES

There are many similarities between local pastors who run orphanages with the orphanage director category, however we have encountered a number of additional concerns for some (not all) local pastors that may need to be addressed:

- The orphanage is often an indicator of status and success for a local pastor (This is particularly common in India and Myanmar) and therefore the pastor can be resistant to transition due to the impact it will have on his/her image and status amongst peers.
- Funds raised for the orphanage may also be being used to support the pastor's church or other ministry activities. It is easier to raise funds for orphans than church planting and church building, therefore the pastor can be resistant due to the impact it will have on the church's revenue and ability to sustain his/her own income as the pastor.
- The orphanage building is also used as a church and the children are being counted in the number of church members. Therefore pastors can be reluctant to consider reunification, as it will impact church attendance numbers and any support/status associated with that.
- Children coming into care are being converted and then raised as future leaders/pastors. Pastors can be reluctant to let children return to non-Christian homes. This can sometimes be out of genuine concern for their spirituality, and other times out of concern for donor perceptions if they no longer have a 'leadership training' program associated with their orphanage.

In all these cases, the children's genuine need of residential care is not the primary motivating factor and therefore we have found that it is critical to address these other motivations in order to achieve buy in with the local pastor.

Where the motivation relates to donor funds, we have found it effective to work with the organisation's key funders in partnership with the pastors. The key funders (and often international advisory boards who are also donors) are usually unaware that children are being placed in care to access funding, and are rarely happy when they find out. In these situations try to convince donors to exercise more robust due diligence and demand a greater level of transparency and accountability from the organisations they support. Encourage donors to only continue funding organisations that place the children's best interests at the centre of their programs and use residential care as a last resort and temporary option. Donors are often fearful of what will happen to the children if they cease funding, but in these cases the children are there because of the funding, so it is important for donors to realise their funds perpetuate a harmful situation rather than prevent it.

Where the motivation relates to building the church or raising leaders it is possible to demonstrate that removing children from their families for this purpose is not only unethical and coercive (denies children the free will given to them by God) but is also flawed as a strategy as the effects of institutionalisation and social segregation can negatively impact young people's leadership potential. Reaching out into a whole community and providing opportunities to whole families to hear and receive the gospel is more effective, sustainable, transformational and much more ethical.

## BOARD MEMBERS

Board member's influence and motivation varies based on the size and level of professionalism of the organisation. In small organisations boards are often comprised of family and friends of the founder and may not assume the actual role of directing and governing the organisation. In these cases the founder, who is often on the board, is the main decision maker and person to influence and conversations with the board are likely to be of use only once the founder has agreed to look into deinstitutionalisation in more depth.

In larger organisations where the board is governing and directing the organisation, the board members are key players. They are likely to be less emotionally invested in the project and able to take a more objective look at the issues and respond to the call to implement 'best practice' and minimise organisational risk. Useful topics to raise with boards in this position include:

- Understanding the implications of the child protection legal and policy framework of the country where their programs operate.
- The organisational and reputational risks associated with running residential care programs.
- Sustainability and cost implications of residential care programs.

ACCI has also found it helpful in some cases to conduct preliminary assessments on residential centres for boards and present the findings at board meetings. In many cases these 'orphanages' have never been formally evaluated and boards may not have a detailed understanding of what is happening or where their organisation stands in respect to minimum standards and 'good practice'. In several cases such reports were instrumental in securing an agreement from boards to transition their programs.

Once a board agrees with the need to transition from a philosophical standpoint, they generally want to know what technical skills and financial resources will be required to undergo the transition and how they might resource the transition. It is important to be able to provide them with links to technical support if they do not possess that internally and adequate information or examples to assist them to conduct a cost analysis and develop a budget.

## INDIVIDUAL CHRISTIAN FAITH-BASED DONORS

Our overwhelming experience with donors (particularly general church constituents) is that family-based care and family preservation makes sense once explained. In the majority of cases donors are unaware that most children in orphanages have parents and families, and once this myth is debunked donors are able to see the need to shift from funding orphanages to supporting families to stay together. As the message is so logical and easy to understand, donors who don't have a strong personal involvement in an orphanage are usually able to accept the need for change after one comprehensive information session. Donors with a strong personal involvement (child sponsors, orphanage volunteers, or fundraisers) however may still struggle to reconcile the message with the individual child/orphanage they support or have been involved in, and similar to founders, believe that their child/orphanage is the exception to the rule. Donors in this situation will often agree to remain engaged if they are assured that it will be safe and children will not be returned to abusive environments or kicked out with nowhere to go. They may initially be convinced that assessments will reveal that their children will still need care, and be surprised when family-based options for their sponsor child are discovered. As such we have found it more successful to communicate that reunification is a positive step forward in a natural progression i.e. 'We are excited to inform you that your sponsor child is now at the point where they can be reunified with their family. (child's name) will continue to receive assistance through the child centered community develop program or family strengthening service in their community'. Clear and regular communication, which takes donors on a positive journey, is critical in the transition process to retain their confidence and support.

## LOCAL CHURCHES DONORS

In the vast majority of cases Churches fund orphanages out of the best of intentions and the assumption that it is the way for Christians to fulfil their Bible responsibility to care for the fatherless children. Therefore changing the mindsets of local churches requires us to challenge theological interpretations of scriptures about vulnerable children as well as raise awareness about the potential harms of residential care and the need to shift away from perpetuating institutional programs.

The responsiveness of local churches to the message that residential care may not be in the best interest of children is often dependent on how they perceive themselves in relationship to the orphanage they are involved with. Some have a high degree of ownership, similar to that of a founder, and see the project as 'theirs'. In these cases you often need to treat the church as a founder and address their motivations and concerns accordingly.

Churches in this position are often the sole funders, regularly send teams to 'work' in the orphanage and are likely to be involved in some level of decision-making. They are more likely to be highly emotionally invested in the orphanage, and as such more resistant to change.

Other churches see themselves as donors and in this case are usually more receptive to education and re-evaluating what they fund. In this case the senior pastor and mission pastor/leader are the primary people you need to influence as they make the decisions about what projects the church will fund and then promote this to their constituents. In many cases the partnerships with orphanages have been forged through relationships between the pastor/s and orphanage founders rather than robust evaluations of the project and therefore often churches know very little about the quality or appropriateness of their partners programs. Therefore equipping church leaders with tools they can use to assess the orphanage they support is a good way of helping them to come to their own conclusions about the orphanage they support. ACCI has developed a [donor due diligence tool](#) and an [orphanage checklist tool](#) for this purpose. Churches often request assistance once they have completed the checklist to discuss their findings and ask for advice and recommendations. It is at this point churches can be guided to raise issues with the orphanage they partner with to use their influence as a donor to encourage the orphanage to change. This has successfully resulted in some orphanages agreeing to deinstitutionalisation and in other cases has resulted in churches severing support for orphanages that refused to embrace good practice despite offers of assistance.

As Churches often organise mission's trips to volunteer or visit orphanages they support it is advisable to incorporate discussions and information on [ethical volunteering](#) in your engagement with churches and also consider what other ethical short-term missions opportunities you could suggest instead.



## SECTION 2: PREPARING FOR CHANGE

### STAGE ONE: PRELIMINARY ANALYSIS AND ASSESSMENTS

The goal in this stage is to conduct thorough assessments of the partner organisation that has agreed to transition. Assessments enable us to determine an organisation's starting point and develop transitional plans.

#### ONE: CONDUCT AN ORGANIZATIONAL SWOT ANALYSIS.

This should look at organisational systems, management, governance, finances, donor management systems, marketing strategies, human resources and capacity to implement transition.

#### TWO: COMPLETE AN ASSESSMENT OF THE RESIDENTIAL CARE FACILITY AND PROGRAMS.

This should include an evaluation of the standards of care, systems and policies that are in place, as well as the skills and capacity of staff and management.

#### THREE: ANALYSE THE IN-COUNTRY CHILD PROTECTION/WELFARE SYSTEM.

Your analysis should including the legal, policy and procedural frameworks that the transition needs to adhere to and interact with.

### STAGE TWO: STRATEGIC PLANNING FOR CHANGE

#### ONE: OUTLINE THE DEINSTITUTIONALISATION PROCESS.

Show an overview of the steps involved in the process across the various tiers (organisation, staff, children, families and community). This allows the organisation to get a better understanding of how this process is outworked and prevents them from jumping ahead and/or neglecting key steps that could compromise the effectiveness of the whole process. It also helps people develop a realistic understanding of the time and resource commitment involved in deinstitutionalisation, which is key to managing expectations.

#### TWO: UPDATE AND/OR DEVELOP KEY POLICIES.

This should be done on the basis of the assessment conducted in the previous stage. Policies that need to be in place and updated include:

- **Child Protection Policy.** This needs to include very clear incident reporting and response procedures, as it is not uncommon for allegations of abuse to be raised as social workers begin working with children and assessing individual cases. Deciding how to respond in the midst of an incident leads to poor and irrational decisions being made which are often not in the best interests of the children, so it is best to have this developed before you begin. Caregiver to child ratios should also be addressed in the child protection policy and procedures and align with minimum standards.
- **Visitors and Volunteers Policy.** It is wise at this time to put into place clear guidelines for visitors and volunteers that prohibits volunteers from working in the residential care centres and directs volunteers towards other activities that will not put children at risk or complicate the reintegration process in anyway. ([See ethical volunteering annex](#))
- **Complaints Handling/Discipline Policy and Procedures.** Make sure this is sufficient to address the potential for staff sabotage during the deinstitutionalisation process or develop a specific policy if needed. Sabotage is common and extremely detrimental and therefore having clear procedures in place from the outset helps reduce the likelihood of sabotage occurring, and assists management to identify and respond to early signs of sabotage, which minimises the negative effect of sabotage should it occur.

- Admissions Policy. It is advisable at this time to put into place a moratorium on new admissions whilst the organisation is preparing for deinstitutionalisation. If this is not possible the second best option is to develop an admissions policy that ensures that only children legitimately in need of temporary residential care are admitted. Robust assessment and case management procedures will need to be in place to ensure that gatekeeping is effective and referral networks may also be required.

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### **THREE: UP-SKILL AND HIRE ADEQUATE STAFF.**

Identify what needs to take place to ensure the organisation has sufficient staff (number and capacity) to undergo deinstitutionalisation. This may include organising training to up-skill existing staff and/or hiring new staff. The biggest gap in staff capacity is often in the area of trained social workers capable of conducting child and family assessments and developing care and reintegration plans. In some contexts developing these skills necessitates bringing in external trainers.

It is also important to up-skill staff in preparation for the type of programs the organisation will run post transition when they have closed or scaled back their residential care programs.

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### **FOUR: PREPARE DONORS FOR THE CHANGE.**

Evaluate the organisation's marketing strategy and how it will impact donor management throughout the transition. This is particularly relevant where the project has a direct child sponsorship model as ACCI's experience shows that these organisations risk losing a greater percentage of donors and may also come up against donors who expect to be involved in making decision regarding their sponsor child.

Develop a donor communication (i.e. newsletter, formal letter or email) that introduces the changes to donors. This should be educational and provide some rationale for the changes whilst remaining positive and instilling hope and confidence in donors. Assist the organisation to develop a strategy to personally engage with key influential donors and if possible be available to speak with key donors and address their concerns. It is unreasonable to expect an organisation that is new to deinstitutionalisation and family-based care to be able to adequately answer the scope of questions a donor may ask. It is important that donors feel confident that the direction the organisation is taking is in the best interests of the children otherwise donors may consider terminating their support.

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### **FIVE: DEVELOP INITIAL PLANS AND APPROACH TO PROJECT MANAGEMENT**

Develop the deinstitutionalisation plans. These should factor in the preparation steps such as staff hiring and training, establishing or improving case management system, modifying programs in the centre to preparing children for reintegration and meeting core minimum standards, as well as implementation steps such as conducting assessments, developing individual child care and family support plans, service mapping, family reconnection and monitoring.

Where project staff or managers are still struggling with the big picture strategy, short-term goals should be set which aim to build the knowledge and confidence of the project managers to engage with the concepts they are struggling with. Ensure that incentives are encouraging the desired behaviors (allow for innovation, risk taking, research and collaboration). Once their confidence has improved the remaining planning can be completed.

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### **SIX: SET BUDGETS AND ADDRESS SHORTFALLS IN FUNDING**

Cost out the plans developed in step five above. Organisations will generally see a spike in costs during the transition and then a reduction in costs when they transition into non-institutional programs. Look at ways to address the temporary spike in costs. This could be through providing extra funding to the project, sourcing external funding or bringing in new partnerships.

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### **SEVEN: BEGIN TO LOOK AT FUTURE PROGRAMS AND STAFF ROLES**

Determine what roles and opportunities there are moving forward for the organisation as a whole and existing staff. This often involves looking at:

- The gaps in existing services that support children and families which may need to be filled (i.e. foster care, kinship care, family preservation services, education or daycare)
- The specific services required to support the children in care post reintegration.
- The strengths and competencies of the organisation. Whilst there may be many valid services that could assist children in families, it is important to steer the organisation towards the ones they have the skills, resources and expertise to develop and run well.
- The resources and facilities (buildings) that may need to be 'repurposed'. Once the organisation has a sense of what they will transition into it is important to begin to communicate this with staff, where possible before the transition begins. Doing so helps minimise sabotage, which can occur when staff remain worried about losing their jobs and therefore income. Uncertainty for staff in this area can lead to significant disruption, which can unsettle the children and their families and compromise the integrity of assessments.

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### **EIGHT: DISCUSS CHILD PARTICIPATION**

Discuss child participation with staff and leadership and develop mechanisms for child participation in the transition process. Children should be involved in the determination of their future placement and the development of their care plans based on their age and level of maturity. This requires some cultural knowledge and sensitivity to find culturally appropriate ways of consulting children that staff will not see as encouraging insubordination and disrespect.

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### **NINE: NETWORKING**

Encourage the organisation to continue to network with other child protection and child welfare oriented organisations in their country or region. This is especially important during the preparation stages as they are likely to identify support, develop their skills, and become aware of programs the children in their care might be able to access once they have been reintegrated. It also helps address the isolation many organisations feel when they embark on this transition, particularly if they are one of the early adapters. It is often necessary to provide the incentives to make networking possible such as funds for travel or bridging those new relationships (particularly in the case where smaller national or faith based organisations feel intimidated by larger NGO's and INGO's).

## SECTION 3: IMPLEMENTATION

### STAGE ONE: OUTWORKING PLANS

#### ONE: ADDRESS ANY OUTSTANDING REGISTRATION AND COMPLIANCE ISSUES.

Often organisations are not adequately registered with the right ministerial body or department or do not have adequate permissions or MOU's in place to cover the scope of their activities. This should be addressed as early as possible.

#### TWO: IMPLEMENT DEINSTITUTIONALISATION PLANS (AS DEVELOPED IN THE ABOVE STAGE).

This will include:

- Staff training and hiring
- Program modification
- Family tracing
- Child and family assessments
- Developing and implementing care plans and family support plans
- Service mapping
- Family reconnection
- Identifying family-based care options for children who are unable to be reunified with biological families
- Developing or sourcing family and community based services for children
- Design and develop new programs
- Placement monitoring

### STAGE TWO: MONITORING AND EVALUATION

#### ONE: MONITOR AND EVALUATE IMPLEMENTATION

Monitoring and evaluation should be factored into the project cycle. Ongoing monitoring is important to ensure that feedback loops are in place so that problems can be identified and addressed and approaches can be modified where they are not successful or encountering roadblocks.

It is a good idea to document lessons learnt and trends, which can be shared with other projects or organisations that undergo deinstitutionalisation at a later date.

#### TWO: MONITOR THE REINTEGRATION OF CHILDREN

Children who have been reintegrated- either reunified with family of origin or placed in family-based care need to be monitored. A formal monitoring schedule should be determined in the planning phase and followed by social workers. Determine ahead of time the minimum time frame for monitoring as well as the criteria for initiating case closure.

### CASE STUDY – TRANSITIONING PROGRAMS IN SRI LANKA

Alison Atkinson and her husband Narel joined Australian Christian Churches International (ACCI) 10 years ago, as field workers in Colombo. They established the HelpKids Centre, a local, community-based organization that provided early childhood education and daycare support. After the 2007 tsunami, they also found themselves managing a partner organisation's children's home, which they renamed Home of Hope.

In 2011, ACCI began providing them with resources and training on the impact of institutional care on child development, family-based alternative care, family preservation and deinstitutionalization. Despite being initially hesitant, Alison and Narel's perspective began to shift, particularly as they began reflecting on specific cases of children in the Home of Hope. They realized that despite how poor these children's home environments might be, they desperately want to be with their parents and resent the separation. Alison says, "... in regards to my orphanage, I thought, we only have 23 kids.

We can love them, we can mother them, but the truth is, I can't give every one of those 23 children the love of a mother and a father, I can't do that. I now realise that the most effective thing I can do is come alongside their whole family, and stay connected to the children by supporting their family.”

ACCI staff conducted an assessment of both their residential and non residential programs and held meetings with their staff and their local government probation officer to discuss the transition. ACCI provided HelpKids with technical support including training on family based care, reintegration, case management and child development and supported them as they developed their deinstitutionalisation plans. During the transition ACCI helped to fund the organisation's spiked costs and worked with them to develop a donor management strategy to journey donors through the transition process and ensure they retained their support.

ACCI also encouraged them to increase the scope of services provided through the HelpKids Centre day program to include family preservation and family strengthening services. The HelpKids Centre now provides family case management, counselling for parents, supports women in accessing vocational training, provides medical assistance and coordinates women's and children's clubs. The daycare support provided for single parents at the HelpKids Centre prevents children from spending all day on the streets, protects children from harm and potential abuse and provides for their physical, material, and psychosocial needs in a warm and caring environment. Further, the government has mandated that children on the streets be placed in government orphanages, which means daycare support is not merely a convenience to families, but also helps prevent children from being picked up off the streets by the authorities and placed in institutions.

Preserving and strengthening families has become central to Alison and Narel's vision. They have become strong advocates for deinstitutionalisation and have organised family based care training for networks of Christian and Catholic orphanages as well as for the Children's Commission and Department of Probation. ACCI has been able to organise trainers and fund the costs of these training sessions, impacting many people involved in child welfare systems in Sri Lanka. Alison is now dedicated to this approach, saying, “Our hearts have really changed. Our future for the Home of Hope is not to take many more children now; we're looking at turning the home into a vocational training centre.” Alison and Narel have seen the impact of their work and their influence as an organisation increase, demonstrating that change is both possible and positive for faith based NGO's.

## LESSONS LEARNT

The following lessons learnt have been drawn from anecdotal evidence gathered through our experience in Kinected over a five-year period as well as results from our first round of qualitative interviews with Kinected partners and organisations. These lessons are not relevant to every case, but have emerged as common trends and have helped us adjust our approach and are therefore worth noting.

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### ONE: ADDRESS ISOLATION & PROVIDE CONSISTENT SUPPORT

In our experience, walking organisations through this change requires a lot of direct support and encouragement. Most projects articulate feeling isolated and alone in implementing deinstitutionalisation and feel that they are 'pioneering' in their country of practice with very little peer or technical support available. They often articulate that they experience a lot of resistance from other orphanage directors who see their decision as threatening to the whole orphanage sector. Therefore the support of ACCI and peer support of other Kinected projects becomes quite important to them. Without this, partners told us that it was unlikely that they would have been able to continue to work through the process.

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### TWO: AVERAGE TIME FRAMES FROM EXPOSURE TO ACTION ARE 18 MONTHS

The process of guiding an organisation or individual project through change is time intensive and lengthy. On average we have found that it takes 18 months from the point of initiating conversations to beginning the deinstitutionalisation process. We have also found that it is critical to ensure that good groundwork is laid in the education phase to minimise resistance in the implementation phase.

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### THREE: CHALLENGING UNDERLYING ASSUMPTIONS PUTS THE ISSUE IN CONTEXT

We consistently found that the change from institutional to non-institutional care represents a huge paradigm shift for people, that challenges multiple underlying assumptions and understandings separate to the specific issue of institutional care. These including things such as notions of charity, superiority and colonialism, oversimplified understandings of development, economic discrimination, narrow economic understandings of poverty, lack of understanding of rights based frameworks and ethnocentricity. As we sought to engage both project managers, staff and donors in a process of unpacking these assumptions and providing workshops and training to introduce them to new concepts, it helped them understand why the use of residential care as a first priority for children was so problematic. Even when the workshops weren't specifically talking about orphanages, participants were consistently drawing linkages independently.

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### FOUR: PACKAGE INFORMATION IN SMALLER TOPICS AND STAGGER DELIVERY

We learnt that in order to successfully secure an agreement we needed to ensure that we are able to take an organisation on a journey rather than expect one contact point or one article to entirely shift their thinking. People tended to get overwhelmed and shut down when too much information was given to them without enough time to process each concept. We had to learn to break the issue down into topics and go through one at a time, dealing with their primary concerns or 'stumbling points' first. We developed our [FAQ sheet](#) directly as a response to this understanding, to enable people to engage with the question that was most pertinent to them, and once that was answered go on to discover the bigger picture, once concept at a time.

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### FIVE: ENSURE THERE IS ADEQUATE OPPORTUNITY FOR PEOPLE TO ASK QUESTIONS

When we held forums, trainings or other awareness raising activities, we learnt that it was important to ensure there was adequate time for people to ask questions. We found that where we didn't do this, people would get stuck on 'their question' or the reason why they believed their case was an exception to all the research and conclusions and disengage from the journey.

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## SIX: USE CASE STUDIES TO COUNTER RESISTANCE.

Many people believe that their orphanage is the exception to the rule, and that they are justified in their ongoing use of residential care. They would assert that their situation was 'different' and their long-term care facilities were the only valid option in their country or situation. In reality the reasons people offered up as to why it wouldn't work in their context were generally similar, and included statements like: 'In my country/the country where I work...'

- People are too poor
- Governments are too corrupt
- Governments will never enforce their policies
- Families will not care for non-biological children
- Families won't care for children with special needs
- There are no schools in the community
- Families don't love their children, are abusive, and neglectful
- Children will be used as domestic servants in foster care
- Children will be second class citizens in foster care
- Children are happy in our orphanage and want to be there
- We operate as a family therefore this is not valid.

We found that using case studies from culturally similar but economically more challenging contexts effectively addressed this. In S.E Asia we developed case studies and videos about foster care, family preservation, perspectives of care leavers on their experience in residential care, and interviews with practitioners and government officials from Cambodia. This provided examples of how it could work in one of the poorest, most corrupt and challenging countries in Asia, and as it was all from the perspective of others and told in the form of personal stories and testimonies, it was harder to contest. We have gone on to develop similar case studies and videos in other countries where Kinected is operating.

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## SEVEN: SUPPORT YOUR 'ARGUMENT' THEOLOGICALLY.

Faith-based organisations can be very resistant and suspicious of things that sound 'humanistic' and 'secular'. We found it was important to demonstrate very early how we saw this issue Biblically and theologically. In practical terms this meant that we changed our approach from leading with 'UN CRC and International Law' to 'God sets the Lonely in Families' and 'God designed families to care for children'. We could bring policy, law and national frameworks into the messages and equation, but we could not lead with it. We found churches and individuals very responsive when we discuss the Biblical mandate to care for the widow and orphan by discussing how the Bible is referring to a family unit, not two separate categories of people to be dealt with individually, therefore these verses actually support family preservation, family strengthening and family-based care not the separation of children from their families and institutional care.

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## EIGHT: HELP ORGANISATIONS ENVISION THEMSELVES POST TRANSITION.

When an organisation's sole mandate has been to start and run an orphanage, challenging this practice is very confronting and threatening. Not only do they need to process through their past actions, but also answer more pragmatic concerns such as:

- What will we do if we no longer have orphanages?
- Who am I if I am not an orphanage director and what is left for me to do?
- What will we do with our buildings?
- What will our donors say?

At the same time as we were helping them process through the need for change, we had to also help them envision what the future might look like post transition. We did this by utilising case studies and stories of other organisations running community based services, and family-based alternative care. We also would help groups work through research, service mapping and the process of identifying root causes to child and family vulnerability, and gaps in services to address those vulnerabilities in their communities. This gave them a practical pathway to work out their future programming and we found that in some cases, reduced interference in the deinstitutionalisation process (particularly from directors interfering with social worker's processes) as they were positively engaged in setting future direction with guidance from ACCI staff.

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#### **NINE: IDENTIFY AND ADDRESS MISAPPROPRIATION OF FUNDS PRIOR TO COMMENCING DEINSTITUTIONALISATION.**

In numerous instances, where orphanage directors were fabricating numbers of children in their homes, or siphoning funds, we experienced extreme sabotage and resistance at the point of bringing trained social workers into the process who would inevitably discover what was happening. We learnt from this that we need to include these possibilities in the initial risk assessment and address it very early on if there is suspicion of misuse of funds or 'ghost' names on the orphanage's lists in order to minimise the effects of sabotage on the assessment and critical stages in the reintegration process which can negatively impact the children and their families.

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#### **TEN: IMPACT OF CHILD SPONSORSHIP PROGRAMS ON DONOR RETENTION RATES.**

Amongst the Kinnected partners, we have found the greatest challenges in transitioning donors and retaining donors was amongst organisations that had direct child sponsorship models. In this case anecdotal evidence suggests that up to 40% of donors disengaged compared with around 10-15% amongst other organisations who did not have a direct child sponsorship model of marketing. Whilst cases were limited, there were some instances where donors believed they should have a say as to whether a child is reunified with their family and felt they had a right to be consulted. We suspect that both of these issues may related to the oversimplified message that child sponsorship often communicates and marketing that associates the donor's relation to the child with a parental relationship.

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#### **ELEVEN: PROS AND CONS OF STRONG MESSAGES.**

In the first 12 months we were experimenting with how we talked about this issue in conferences and forums. In one larger conference a strong approach was taken whereby the speaker showed the linkages between orphanages and trafficking and implored pastors to stop demanding that the orphanage they sponsor are full of children as it can lead to active recruiting and trafficking of children and increases the likelihood of children being trafficked, or exploited when they leave care. The reaction to this was very strong. Some pastors were very vocal in expressing their support, and others very vocal in expressing their anger. The positive outcome was it sustained dialogue over an extended period of time, and word spread beyond the scope of delegates into the broader movement. This is significant as information has been available for a long period of time, but it is challenging to get people to talk about this or understand the role donors play in the proliferation of residential care. A strong message fuels interest and generates discussion. The negative outcome was it was seen by some as polarising, and perhaps made it more challenging to reach out to and engage those who were vocally against the stance. Those church pastors who strongly disliked the message were more likely to withdraw support of organisations undergoing deinstitutionalisation, therefore there was a negative impact back on organisations. Overall we believe a more balanced message is most effective and strong messages should be used sparingly and wisely.

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#### **TWELVE: GIVE AN OVERVIEW OF DEINSTITUTIONALISATION EARLY ON.**

In a small number of cases when we were discussing deinstitutionalisation with organisations, they ran ahead and began discussing it with families and children before they had a solid plan in place and before we had achieved full buy-in. This was destabilising for families and children, and in one case, the organisation returned a child to their family without due process and without our knowledge. This placement failed and the child returned to the orphanage. This was a significant setback in the organisation's journey as they believed they now had evidence as to why reunification would not work in their context. We learn that we had to have a generalised mapped out overview of the process and communicate this with partners early on so that they could see how much work happens at an organisation and staff level before we begin talking to the families and children, and the importance of having a child-friendly and centered approach in place prior to commencing discussions with children and their families.



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### **THIRTEEN: FUND UNMARKETABLE TRANSITION COSTS**

It can be challenging for the organisation undergoing residential care to fund aspects of their transition such as training social workers, implementing case management, study tours and travel costs associated with family tracing. Having finances available to fund these activities, which are pivotal to a successful deinstitutionalisation program yet often challenging for the organisation to market to their donors, has been critical. Through Kinnected we have been able to use the limited general funds we have to designate to important aspects of each partner's journey, which ensures those processes or steps are not overlooked or neglected due to funding pressures.

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### **FOURTEEN: BRIDGE THE GAP BETWEEN LARGE NGO'S AND SMALL FAITH-BASED GROUPS.**

Many of the organisations we have worked with are small faith-based organisations that are reluctant to network with or reach out to larger INGO's or UN agencies in the countries where they are working. Organisations often articulated that larger secular NGO's GO's or INGO's were dismissive of them, and there was a sense of suspicion and hesitancy to connect. We also found that they may not know 'development speak' and this created a barrier to communicating with more professionally trained development staff and organisations, resulting in feelings of inferiority amongst the faith-based organisations. Through Kinnected we have been able to be the bridge linking these smaller groups or individual organisations to larger agencies that may also be working in this sector at a policy or practical level and can offer some level of in-country support. We believe there remains a need raise this issue more broadly in the sector and foster greater cooperation and collaboration in order to see greater numbers of orphanages commit to deinstitutionalisation.

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### **FIFTEEN: CONTINUALLY COMMUNICATE THE CONTINUUM OF CARE**

When discussing reintegration, people consistently assume it is an either or scenario; children are either in the orphanage, or they will be relinquished to whatever fate awaits them in their family. We have to continually and intentionally ensure people understand the following key points:

- Each decision to reintegrate a child is guided by the best interest determination and is case by case
- Children will not be sent back to abusive families or environments
- Families are supported and strengthened to resume the care of their children therefore children are not sent back to abject poverty
- Support can continue where needed in the community so the children are not cut off from assistance
- Where a child cannot return home, there are family-based options such as foster care and Kinship care that should be explored and provided.
- Ongoing monitoring is a key component of reintegration

In our experience the above points need to be communicated multiple times throughout the journey.

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### **SIXTEEN: EXPECTATIONS IN THE FIRST 6 MONTHS AFTER REUNIFICATION.**

Interviews with social workers, families and orphanage directors revealed that most families experienced a 'honeymoon period' during the first three months, post reunification. In most cases where families reported issues, these occurred between the 3-6 month mark and in most cases families reported that these issues were resolved and normal family routines established by 6 months. We learnt from this the importance of providing ongoing monitoring and ensuring adequate contact with families during the 3-6 month period to address issues that could lead to placement breakdown. We also learnt that it is helpful to share these experiences with families about to be reunited with their children so that they have realistic expectations and are able to better 'weather' temporary issues.

## CONCLUSION

At this point you may feel overwhelmed at what it can take to change deep seated mindsets about residential care, however change is possible and it is a journey well worth investing into. We've seen firsthand how organisations that initially resisted change can go on to run highly effective community and family based programs. We have also seen churches with a long history of supporting residential care become strong advocates for change. Whilst these are great outcomes the greatest reward is seeing children returned to their families and thriving in their communities. We hope that this document will encourage and assist you as you seek to influence Christian organisations to become part of the global move towards family based solutions for vulnerable children.

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### FURTHER SUPPORT

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If you need more information or would like to access some of ACCI's resources, visit the ACCI Relief Kinected website ([kinected.org.au](http://kinected.org.au)).

If you need further assistance from one of our staff please get in touch with us using one of the following means:

- Email us at [info@acci.org.au](mailto:info@acci.org.au)
- Call the ACCI office on +61 3 8516 9600