KINNECTED
keeping children in families

Guiding faith-based organisations to engage with deinstitutionalization and develop non-institutional, community-based services for children

PROGRAM BACKGROUND

60 years of global research has shed light on the detrimental effects that residential care can have on children's development and overall wellbeing. In response to this body of evidence, leading child protection organisations and specialists have been calling for the deinstitutionalisation of child welfare services and the scaling down of the use of residential care to a last resort and temporary measure. Despite this, the number of orphanages has continued to increase in numerous countries even though the numbers of actual orphaned children have decreased. Research into this phenomenon has found that on average 80% of children in orphanages or any form of residential care have parents and in are placed in residential care for reasons of poverty. Some experts belief that orphanages are no longer a response to orphans but are acting as a 'pull factor' creating orphans by centralising support services within residential care and therefore inadvertently encouraging families to relinquish their children in order to access support.

The faith-based communities have historically been avid supporters of residential care. This is a result of good intentions coupled with a lack of awareness of child protection, child rights, actual situation of vulnerable children and the detriments of residential care. ACCI believes that children belong in families and where families are struggling to raise their children due to poverty or family crises, these families should be assisted to enable them to continue to raise their own children. In the case where children legitimately cannot live with their family or there is no family willing to care for a given child, ACCI believes that other family-based care options should be made available so that the child's right to be raised in a family is protected. Therefore in response to the

overuse of residential care and the ongoing role that the faith based community plays in supporting and proliferating residential care, ACC International developed the Kinnected initiative to enable our organisation and movement to shift away from institutional services for children to family and community based services and alternative care options. Kinnected also seeks to influence the broader faith-based community towards the same goals.

ACCI KINNECTED PROGRAM OUTLINE

Kinnected is an ACCIR run program, which seeks to preserve and strengthen families and assist children currently living in residential care to achieve their right to be raised in a family. Towards achieving these goals Kinnected has worked along side of Government departments, field workers, strategic partners, associates, churches, faith based organisations, orphanages, foundations, funding bodies, boards and concerned individuals around the following core areas or processes:

1. Education and Awareness of child rights, detriments of institutional care and deinstitutionalisation

2. Capacity building to prepare staff and key stakeholders to undergo deinstitutionalisation and develop alternative family and community based services

3. Understanding national laws, alternative care policies, frameworks and child protection schemes and aligning processes and programs.

4. Managing donors through this transition

5. Child and family participation in planning, assessments and decisions pertaining to care plans and placements

6. Technical support around deinstitutionalisation

7. Development of new community-based services

8. Reintegration and reunification of children

9. Promotion of family-based care and child welfare services

10. Monitoring of children in family-based care

11. Evaluation of services

PROCESS OF FACILITATING ORGANISATIONAL CHANGE.

Facilitating an organisation to shift its approach to child protection and welfare from an institutional based model to a community and family services based model requires a comprehensive approach that is a combination of education and direct assistance. This approach must address each tier in the organisation's structure and must also include a strategy to journey their donors to ensure that programs remain financially viable throughout the transition and beyond.

The following outlines the process that ACCI went through in order to shift the organisation's approach to child welfare programs, guide individual residential care projects through deinstitutionalisation, and educate and support the ACC movement in Australia to align with best practice in the care and protection of children.

Stage One: Creating Organisational Buy In

- Raising the issue with organisation's leadership

- Presentations at staff meetings

- Presentations at board meetings

- Developing preliminary information packs and identifying key resources (papers, research, testimonies etc)

- Presentations at key conferences and events

- Forums and dedicated sessions where people can engage with questions and raise concerns

- Ensuring people are aware of who they can contact to discuss concerns, ask further questions or talk about their specific circumstances

- Developing an organisational policy on residential care and an approach to transition (such as ACCI's Kinnected program)

- Communicating this policy to key stakeholders in the broader movement (National Executives, key departments, key leaders and personnel)

- Networking to develop a pool of experts/consultants who can assist each organisation through the transition period at different stages

- Ensuring all staff understand the new policy and approach and act as educators in their different roles and interactions with donors, project managers, new field-worker applicants and potential partners. This ensures that those seeking to start new residential care services are identified, informed and encouraged to look at family-based options and preventative measures.

Stage Two: Securing Buy in from Residential Care Project Managers.

- Identifying key stakeholders- fieldworkers, strategic partners and associates that ran residential care programs or worked directly in residential care centres.

- Communicating with key stakeholders- presenting information, answering questions addressing concerns, following up with further resources, connecting them with experienced practitioners, and in some cases organising study tours.

- Conducting assessments on residential care centres and presenting findings to project managers and their boards.

- Presentations at board meetings or leadership meetings

- Once a project and their respective leadership/board agree to the deinstitutionalisation process, signing each project into Kinnected using the Kinnected commitment letter.

Stage Three: Planning for Change.

- Outlining the deinstitutionalisation process across organisational tiers (board/staff/children/families and communities). This allows the organization to get a better understanding of how this process is outworked and prevents them from neglecting key steps, which could compromise the effectiveness of the whole process.

- Evaluating the project's existing systems and standards (case management, admission procedures, child and family records and care plans, standards of care, child protection policies and safeguarding procedures, staff ratios and qualifications, family contact policies and practices). This allows us to identify their starting point and develop a tailored strategy.

- Evaluate current programs within the residential care centre (including life skills development, child participation, community and family access). Identify areas where programming can be modified or new programs developed which

will aid the deinstitutionalisation process and assist with preparing the children for life in families and in the community.

- Communicating with key staff, including country management and boards. Answer all questions and address all concerns. In some cases organising a study tour for key decision makers.

- Conducting risk assessments from both an organization and a child protection perspective. Updating risk management procedures and child protection policies accordingly.

- Develop staff sabotage policies and procedures prior to commencing deinstitutionalization. This helps the key drivers of the process reduce the likelihood of sabotage occurring, and identify and respond to early signs of sabotage in order to minimize the negative effect of sabotage on the overall process.

- Set preliminary goals and timeframes. Where project management is still struggling with the big picture strategy, short-term goals should aim to build knowledge and empower the project managers to engage with the concepts they are struggling with. Ensure that incentives are encouraging the desired behaviors (allowing for innovation, risk taking, research and collaboration)

- Evaluate budgets and look at ways to address the temporary spike in costs. This could be through providing extra funding to the project, sourcing external funding or partnerships.

- Evaluate marketing strategy and how it will impact donor engagement throughout the transition. This is particularly relevant where the project has a direct child sponsorship model as our experience shows that these organisations are likely to loose more donors and donors want more engagement in the decision making process. Help organisations tailor their donor messages so that they are educational, accurate, but positive and instill hope and confidence. Assist the organization to develop a strategy to personally engage key donors or influential donors and be willing to be available to meet with key donors and address their concerns. It is unreasonable to expect the organization to be able to adequately answer the scope of questions a donor may ask when they are new to the concept of deinstitutionalization and family-based care. It is important

that donors feel confident that the direction the organization is taking is in the best interests of the children.

- Determine what roles and opportunities there are moving forward for existing staff. Communicate this with staff preferably before the transition begins. This is critical to minimize sabotage, which can arise when staff are concerned that their livelihood is being threatened. Uncertainty for staff in this area can create significant disruption, which can unsettle the children and their families and compromise the integrity of assessments.

- Discuss child participation and develop mechanisms for child participation in this process. Based on their age and maturity, children should have a say in their care plans and their future placements.

- Develop child-friendly mechanisms for children to raise concerns about abuse within the home including training or workshops for the children to inform them of appropriate and inappropriate behaviour and how to raise concerns.

- Develop a clear and comprehensive child protection violation incident reporting and investigation policy and processes. It is critical that this is in place before the deinstitutionalization process begins as allegations of abuse are often raised as social workers begin working with children and assessing individual cases.

Stage Four: Implementing Change

- Address any registration and compliance issues. Often organisations are not adequately registered with the right ministerial body or department or do not have adequate permissions to cover the scope of their activities.

- Meet with key staff and explain the process, answer all questions and concerns and assure staff that they have a critical role to play in this process, and will have a future with the organization. Make sure key influencers and managers are present and involved in these meetings and demonstrating their support of the changes.

- Recruit new staff where necessary. In many cases projects do not have social workers on staff and need to recruit social workers to conduct the family and child assessments and develop and outwork the care plans.

- Network the project staff with other organizations working in their region or country that may be able to provide some support or act as a positive example of change. It is often necessary to provide the incentives to make this possible such as funds for travel, bridging those new relationships (particularly in the case where smaller national or faith based organisations feel intimidated by larger NGO's and INGO's).

- Training staff in the following areas:

    o Social work- family tracing, reintegration, family and child assessment procedures, case management and case conferencing, monitoring

    o Core development topics including; development and welfare distinctions, identifying and addressing root causes, duty bearers and rights holders, sustainability, participation and empowerment, and gender and disability inclusion

    o Program design

    o Monitoring and evaluation

    o Organisational procedures (structures, roles, governance, funding and financial management, risk management etc)

- Implement any plans developed in the planning stage around programs and improving standards of care.

- Introduce the social workers to the reintegration manual.

- Connect the project staff and social workers to any local child protection bodies, consultants or support networks.

- Introduce service mapping and encourage local staff to begin to map out services provided by Government and non-government organisations. This includes family-based alternative care as well as family preservation and support schemes (education, healthcare, family support, poor ID cards etc)

- Identity and map out processes for reintegration. This includes looking at the national child protection systems and laws to ensure that all procedures align with the national systems and standards and the right Government departments and bodies are involved at the appropriate stages

- Implement any child centered communication systems, which children can use to raise concerns, report abuse and communicate confidentially with social workers.

- Social workers begin working through the reintegration manual

- Develop the monitoring systems for following up reintegrated children

- Program managers/staff begin the process of looking at the development of new services. This includes networking, service mapping and research to identify root causes to child vulnerability and family separation and gaps in service provision

- Evaluate the core competencies of the organisation and determine what gaps in service provision they could fill. This would include an evaluation of what resources would be required to develop this new service and the organisation's access to such resource

- Begin the project design phase for new services. This will involve guiding the organization through research, stakeholder consultation, networking and identifying gaps in services and root causes to vulnerability.

- Provide follow up or ongoing social worker training where necessary

- Network Kinnected projects together for peer support and sharing lessons learnt. Facilitate forums where projects can meet and interact.

- Ongoing support as needed. Stay in regular contact with each project and ensure that timely support is provided to keep project managers feeling confident, supported and on track.

Stage Five: Monitoring Communication Processes

- Qualitative interviews with all Kinnected program managers and key staff. This is to evaluate the communication process from the program manager's perspective.

- Identify trends based on starting points, motivations and level of direct engagement with residential care.

- Outline communication strategies targeting specific audiences

- Prepare the above information for dissemination

Stage Six: Monitoring the Reintegration Process

- Develop monitoring and evaluation mechanisms for each project

- Periodic meetings with teams of social workers to gather their feedback, address issues, and connect to ongoing support where needed

- All social work teams should be monitoring their reintegration cases based on the reintegration manual and their program and country specific policies.

- Periodic meetings with program managers and organisation leaders to discuss progress, financial management, and sustainability. Identify and address issues and connect with ongoing support where necessary.

- Document lessons learnt and trends. Identify key lessons and share these with other projects

- Six monthly monitoring reports from each project

Stage Seven: Formal Evaluation of the Kinnected Program

- Engage an external evaluator to conduct a formal evaluation of Kinnected (due to take place in 2015)

LESSONS LEARNT IN ENGAGING FAITH-BASED ORGANISATIONS IN THE PROCESS OF CHANGING ATTITUDES AND PRACTICES REGARDING ORPHANAGES

The following lessons learnt have been drawn from anecdotal evidence gathered through our experience in Kinnected over a three-year period as well as results from our first round of qualitative interviews with Kinnected partners and organisations. Whilst this is not an exhaustive list of what we have learnt so far, each of the lessons listed below have emerged as common trends and have helped us adjust our approach and are therefore worth noting.

 # Key Lesson 1: Provide both education and practical assistance.

In the qualitative interviews, all of our Kinnected partners mentioned that both the information and education process as well as the technical support ACCI offered to each project was critical to enabling them to make a commitment to deinstitutionalisation. 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.

Key Lesson 2: Address isolation & provide consistent support

In our experience, walking organisations through this change requires a lot of direct support and encouragement. Most project managers 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 Kinnected 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.

Key Lesson 3: Average time frame from exposure to action

The process of guiding an organisation or individual project through change is time intensive and lengthy. On average we have found that it takes 18mths from the point of initiating conversations to beginning the reintegration 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.

Key Lesson 4: 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 issues such notions of charity, superiority and colonialism, oversimplified understandings of development, 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. We also found it useful to give people copies of books such as 'When Helping Hurts' and 'Toxic Charity'.

Key Lesson 5: 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.

Key Lesson 6: 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 subsequently disengage from the journey.

 # Key Lesson 7: 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 the same, 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 is harder to contest. We have gone on to develop similar case studies and videos in other countries where Kinnected is operating.

 # Key Lesson 8: In faith-based communities, approach it from the perspectives of theology and address 'calling'

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.

It is also really critical to address the aspect of 'calling' in faith-based circles. We are careful never to dispute people's calling but we try to help people process what that calling actually was. Here we frequently see a lack of ability to separate vision/mission from methodology. Orphanages are a method of providing care for children, but orphanages are not a vision. When we help someone process through this what usually happens is they realise they felt called to help orphans, or widows, or vulnerable populations, and their assumptions have led them to the conclusion that the fulfilment of that calling is to start an orphanage. When we help them realise we are not challenging their calling, but helping them to more effectively fulfil that calling through better methodologies and practices, they are less defensive and much more open to change. In many cases we have been able to help them see that the residential care, as a methodology is counter productive to achieving their vision and this motivates them to embrace the changes.

#Key Lesson 9: Help organisations envision themselves post transition.

When an organisation's sole mandate has been to start and run orphanage, challenging this practice is very confronting and threatening as it often challenges the core of their identity. Not only do they need to process through their 'misguided kindness', 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 ACCIR staff.

#Key Lesson 10: Identify and address misappropriation of funds prior to commencing deinstitutionalisation.

In numerous instances, where orphanage directors where 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. In several cases, the CEO's were suspicious that this was happening but had no solid evidence. We learnt that it was important to include these possibilities in the initial risk assessment and address it very early on if there is any suspicion of misuse of funds or 'ghost' names on the orphanage's lists. This could minimise the effects of sabotage on the assessment and critical stages in the reintegration process, which can negatively impact the children and their families.

#Key Lesson 11: Expectations in the first 6mths 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 3-6mth mark and in most cases families reported that these issues were resolved and normal family routines established by 6mths. We learnt from this the importance of providing ongoing monitoring and ensuring adequate contact with families during the 3-6mth 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.

Key Lesson 12: 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 maybe related to the oversimplified message that child sponsorship often communicates, and marketing that intentionally draws linkages between a parent-child and donor-sponsor child relationship.

Key Lesson 13: Pros and Cons of strong messages

In the first 12mths 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. The increased rate of trafficking, drug abuse, involvement in criminal activity, and suicide amongst care leavers was also discussed. 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 permeate circles and get people to talk about this or understand the role donors play in the proliferation of residential care. A strong messages fuels interest and generates discussion. The negative outcome was it was seen by some as polarizing, 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 deinstitutionalization, therefore there was a negative impact back on Kinnected partners funding in limited instances. Overall we believe a more balanced message is most effective and strong messages should be used sparingly and wisely.

#Key Lesson 14: Show organisations considering DI a general overview of the process early on.

In a small number of cases when we were discussing deinstitutionalization 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 destabilizing for families and children, and in one case, the organization 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 set back in the organisation's journey as they believed they now had evidence as to why reunification would not work in their context. We learnt that we had to have a generalized mapped out overview of the process and communicate this with partners early on so that they could see how much work happens at an organization 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.

#Key Lesson 15: Funding unmarketable transition costs

It can be challenging for the organization 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 deinstitutionalization program yet often challenging for the organization to market to their donors, has been critical. Through Kinnected we have been able to designate the limited general funds we have to important aspects of each partner's journey, which ensures those processes or steps are not overlooked or neglected due to funding pressures.

#Key Lesson 16: 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 or 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 better cooperation and collaboration in order to see greater numbers of orphanages commit to deinstitutionalization.

#Key Lesson 17: 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.

#Key Lesson 18: Consider Disability Inclusion

Many organisations were hesitant to believe that children with disabilities and medical issues could be reintegrated and were intending to keep such children in residential care without due assessment or seeking family-based options. In Cambodia our Kinnected program has established a successful community based disability support program called ABLE and as a result children with disabilities have been reintegrated out of institutional care and successfully placed in long-term foster families. Likewise with adequate medical support, children with long-term illness and HIV+ children have been successfully placed in kinship and foster families. We therefore created a media piece to share the success of community-based care for children with disabilities in order to encourage each group to consider mainstreaming disability inclusion and to encourage them to consider developing or linking with community-based disability support programs. We believe a more intentional focus on mainstreaming disability inclusion in development programs is going to be critical in moving forward so that children with disabilities can achieve their right to grow up in a family.

#Key Lesson 19: Wise use of existing compliance frameworks

We have found that it is highly effective to utilize pressure points based on existing compliance frameworks to effect change in organisations. In Australia rules and regulations governing tax deductible donations under the OAGDS is one key framework, which limits the use of TD funds to development activities (which excludes orphanages on the basis of them being a welfare activity). Also industry codes of conduct are another effective framework, which forces compliance. We have been able to use these to hold organisations with residential care accountable and engage them in change, as they can't risk loosing their TD funding. The downfall is that these schemes and codes are often under regulated or based on self-assessment and therefore unless the member organisation (Like ACCIR) is willing to hold their partner organisations (Kinnected partners) accountable, the schemes and codes are easily ignored. As a result of this lesson learnt, we have been advocating to the regulating bodies in Australia and sector peak bodies to develop a clear stance on the issues of residential care and orphanage tourism and better monitor member organisation's compliance.

#Key Lesson 20: Tailor Communication to different stakeholder motivations

Organisations and individuals who engage in residential care programs in some capacity can have varying motivations for doing so. It is critical when guiding organisations and individuals through this education process that you identify the key motivating factors for different stakeholders. Communication strategies need to be tailored to these key motivations in order to be successful.

When we are speaking from a child development and child rights perspective we often focus 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 to this shift in approach, only communicating from this angle assumes that everyone involved in residential care has entirely altruistic motivations completely focused on the best interests of the child. It also assumes most stakeholders have a sound knowledge of child development and understand how residential care impacts child development, which in our experience is not the case.

The key to tailoring communication strategies or pathways is (a) understanding the role the individual/organisation plays in residential care and (b) understanding their motivation and/or what they personally gain.

The following are generalisation, which represents the broad trends we have experienced:

Roles and corresponding motivations

Board Members:

Board member's influence and motivation varies based on the size and professionalism of the organisation. In small organisations board members are often 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 key person to influence and should be treated as a founder rather than board member (see below). In this scenario board conversations are probably useful once the founder has agreed to look into deinstitutionalisation in more depth.

In larger organisations where the board is governing and directing the organization, 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'. Topics that have engaged boards well are include:

- Understanding the legal framework in their country of operation and including the child protection policy framework

- Risks residential care poses for the organisation

- Sustainability of residential care programs

- Security of assets

- Succession planning

Once a board aligns philosophically, they generally want to know what capacity they have as an organisation to implement changes. They are similarly concerned with the feasibility of sourcing extra funding, as it is common for costs to increase in the initial phase of transition whilst it is necessary to run concurrent streams of programs for a period of time and hire more qualified staff. Being able to assist boards to estimate spikes in costs has been pivotal to getting approval from a financial perspective.

Founders:

Founders have a high level of emotional and personal investment in the orphanages they have founded. We commonly find that it is interlinked with their identity and status amongst their peers and the broader faith-based community. For founders this issue is personal and they can feel attacked when messages focus heavily on the detriments of institutional care. We often have to approach this from the perspective of 'things are different now' 'we have more information, more resources, policies are changing and countries are better positioned to undergo these transitions'. By trying to focus on the future and not dwelling too much on the past, the issue is not perceived as 'attacking'. It is important to also let orphanage directors 'grieve' the change and engage in that grief with them, and then guide them over to the other side where they can see hope, positive direction and become excited about the future of their organisation. It is also important to validate their motivation, their heart and commitment, as well as honor what they have done in the past without endorsing the continued use of residential care.

Orphanage Directors/Managers (when they are not founders)

The range of motivations demonstrated by orphanage directors was somewhat varied. In most instances they are emotionally invested in the children and resist the process of deinstitutionalization when they feel inadequately consulted and under informed. It is common for orphanage directors to feel threatened out of fear that they will loose their livelihood if the orphanage closes down. In this case we have found that it is important to try to build trust by identifying and validating the positive aspects of care they have provided to children. It is also important to show them the critical role they have to play in the process of reunification, and that they will be assured of a position in the organisation post transition as long as they cooperate in the transition process. We have learnt that a vague offer is not sufficient, rather a specific role and offer of remuneration is crucial to calming fears 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.

Orphanage directors also may have strong attachments with the children and have envisioned caring for them for the remainder of their childhood. They frequent tell us that they believe they are the best thing for the children and can provide much better care and love than their parents. In this case it is often possible to help the director see that most children want to be with their parents, regardless of their home circumstances. Videos and case studies showing the perspective of children themselves and care leavers has been helpful here as has guided questions that help the orphanage directors identify the same indicators in children in their care. 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 and in many cases show them that they can have a role in monitoring families and therefore retain a connection with the children.

Church-based donors

Our overwhelming experience with donors (particularly general church constituents) is that family-based care and family preservation makes sense to donors once explained. They often comment 'why haven't I heard of this before? Why wasn't this obvious to me?'. Where donors have not had a strong personal involvement in an orphanage, one education session is usually sufficient for them to understand why it is critical to invest funding in family-based care and family preservation services. Donors who sponsor a child in an orphanage or donors who have visited orphanages regularly will struggle more and take more time and discussion to convince. With these donors we have found it successful to communicate that changes are 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'. By making it sound like a natural progression, fewer concerns are raised by donors and organisations have experienced a greater donor retention rate. We have usually followed this up with ongoing communication, which educates the donor about holistic child centered community programs that seek to strengthen the family and community in order to benefit the child.

Local Pastors who run orphanages

In this instance there are many similarities with the orphanage director but we have encountered the added dimensions of (a) how the transition will impact the pastors reputation in the community and (b) how it will affect their church growth strategy or numbers. We have encountered numerous times organisations that use orphanages as a

church planting strategy and an entry point into the community. The important factors to understand in these cases include:

- The orphanage is often an indicator of status (This is particularly common in India and Myanmar) and therefore the pastor can be resistant due to the impact it will have on his/her image in the community and status with peers.

- The orphanage may be being used as a fundraising strategy for the church. 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 his church income, and ability to sustain his own income as the pastor.

- The orphanage building is doubling as a church and the children are being counted as converts in donor communications. This issue is linked to the above point

- Donors have been told that the children are being raised as future pastors/leaders and this is highly 'marketable' to donors.

In all these cases, the best interests of the child are not the primary motivating factor and therefore we have found that it is critical to speak into these motivation of the pastor in order to achieve buy in. In these cases 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) usually don't understand the real situation and are not happy to continue funding it when they find out. We have been able to convince these funders to use their influence as donors to create change. Then it is possible to show the pastor how his/her donors will not continue to fund such an operation and therefore he/she needs to change or risk loosing the funding they are most concerned with. We have experienced the greatest resistance and sabotage in cases like this.

Local churches in Australia who support orphanages

Where a local Australian church is funding an orphanage, the pastor and key missions leaders are the primary influencers. It is critical to get them on board before you attempt to take the message to the broader church. Churches are funding orphanages usually out of the best of intentions and lack of awareness and are generally very responsive to education in this area. It can take some time and it is normal for them to initially believe that their orphanage is the exception.

We have found the use of videos to be very effective in churches as well as education sessions with their boards and missions councils. We have also found that equipping churches with tools they can use to assess the orphanage they support is a good way of helping them to come to the right conclusions and understand the real situation. We have developed a donor due diligence tool and an orphanage checklist tool for this purpose. Churches have often come back to us once they have completed the checklist to discuss their findings and ask for assistance and recommendations in moving forward. This has resulted in some churches influencing the orphanages to engage with deinstitutionalisation, and in other cases has resulted in churches severing support for orphanages that refused to engage in good practice.

Churches often organise mission's trips to volunteer or visit orphanages they support. Therefore we generally incorporate the ethical volunteering fact sheet and discussion in our interaction with churches.

In some larger churches the missions pastor can become the 'champion' of this issue in their church network and time invested into this pastor to equip him/her to take their church on a journey is worthwhile.