



Government of Liberia, Ministry of Health and Social Welfare

ROADMAP FOR THE IMPLEMENTATION OF THE GUIDELINES ON KINSHIP CARE, FOSTER CARE AND SUPPORTED INDEPENDENT LIVING IN LIBERIA

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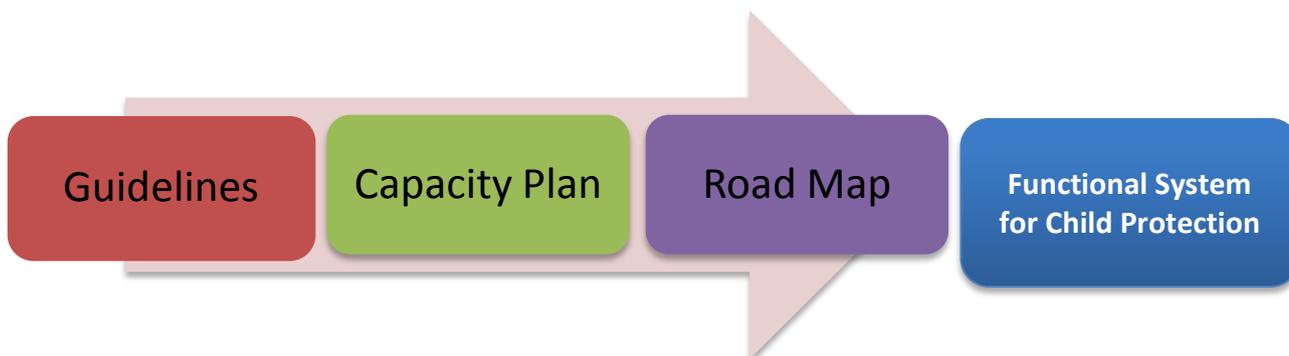


Acronyms

CBO	Community-based organization
CPB	Capacity building plan
CWAC	Children without appropriate care
CWC	Child welfare committee
DSW	Department of Social Welfare
FBO	Faith-based organization
MoEA	Ministry of Economic Affairs
MoGD	Ministry of Gender and Development
MoHSW	Ministry of Health and Social Welfare
NGO	Non-governmental organization
SW	Social worker
SWA	Social welfare assistant
SWS	Social welfare supervisor

The roadmap for implementation

The following roadmap sets out recommended implementation strategies and activities for strengthening family- and community-based alternative care in Liberia. It accompanies the Guidelines on Kinship Care, Foster Care and Supported Independent Living (the Guidelines) and the Capacity Building Plan to Implement the Guidelines (CBP) (see boxes on following page). The roadmap is intended as a resource tool for the Government of Liberia, and its partners, for the protection of children without appropriate care through the development of alternative care, deinstitutionalization and other support services. The plan is also intended as a tool for advocacy, to help secure the necessary resources for further developing the protection system for children in Liberia.



The roadmap has been developed through discussions with key stakeholders on how to transform care for children without appropriate care, from a situation where children in care are primarily in residential institutions or living in informal care arrangements that often place significant strain on children and families. As highlighted in Liberia’s Children’s Law (2012) and National Social Welfare Policy, the national desire is to move towards a system that prevents family breakup and separation, supports informal kinship arrangements so that they protect the child and suit the family, and develops formal care arrangements that are based within the family and community, wherever possible.

The *Desk Review Summary Report* and *The Final Report* of the Technical Assistance Consultancy for the Development of Alternative Care System for Children Without Appropriate Care in Liberia provide more information on the importance of alternative care; socio-economic impacts on children and families; and child protection risks in Liberia.

The roadmap focuses on one population group particularly exposed to child protection risks, children without appropriate care (CWAC). This group can include: children whose needs are not being met, including the need for love and nurturance; children living outside of family care or those vulnerable to living outside of a family; children separated and displaced; refugee and migrant children; children associated with the street; victims of abuse, neglect and exploitation; and others. Many children in vulnerable situations face the risk of being without appropriate care and the majority of these children would best benefit from alternative family-based care, such as kinship or foster care, or supported independent living for older children.

The roadmap for implementation proposes interventions that should incrementally build a locally appropriate alternative care system based on the Guidelines and CBP. It seeks to identify practical entry points for implementing the three care arrangements outlined in the Guidelines: kinship care, foster care and supported independent living. It builds upon the investment, experience and mechanisms that have been developed under various care reform initiatives in Liberia and similar contexts throughout the region. The roadmap provides a series of steps (immediate, short-term, long-term) for a system of alternative care for children without appropriate care. Some of the proposed actions are felt to be essential as building

blocks; others can be implemented in a phased up approach, or according to resource and technical expertise availability.

The roadmap is not a funding proposal. However, the information it contains, together with the Guidelines and CBP, can be used in advocating for child protection and securing resources (both government and private) for implementation of care reform initiatives.

The roadmap is not a costed strategic plan. Costing will be an important next step for the Government of Liberia to take in moving its care reform initiatives forward. The roadmap provides some steps linked to the preconditions for implementation, spells out what might be the more immediate and longer term benefits for children and the care system overall and looks at some of the opportunities for actions and the stakeholders specific to those actions.

Development of the DSW capacity building plan

The CBP supports the implementation of the Guidelines by presenting what capacities are required by the Department of Social Welfare (DSW) – senior government management, the Deinstitutionalization and Alternative Care Planning Division and the county level social welfare supervisors. The plan presents the actions needed (capacity interventions) to ensure that appropriate capacities are put in place. The plan outlines monitoring mechanisms to help the DSW track its capacity progress. The capacity sets are adapted to the context and include: systems (norms, procedures, coordination, service provision and program information management); institutional (management and case information management); and individual (knowledge and competencies). *Please see the DSW Capacity Plan for more detail.*

Development and content of the Guidelines for Kinship Care, Foster Care and Supported Independent Living

The Guidelines present: who are children without appropriate care and for which children are the guidelines designed; why alternative care is in the best interest of children; a continuum of alternative care; an outline of the key actors and responsibilities; and the key steps in provision of three family-based alternative care options – kinship, foster and supported independent living. *Please see the Guidelines for a detailed description of children without appropriate care and for tools on identifying children and best interest placement options, as well as for detail on the policy context for alternative care.*

The roadmap presents information in four categories, further detailed in a standalone roadmap table. The table contains suggested prioritization and timeframes, lead actors and potential benefits to the system and to children and families:

1. Raising awareness, advocating for the guidelines and general implementation,
2. Building and consolidating the existing mechanisms,
3. Further strengthening and/or piloting the care provisions in the guidelines, and
4. Innovating new practices through work with specialized non-governmental organizations (NGOs)

1. Raising awareness, advocating for the guidelines and general implementation

Awareness raising and advocacy are Important aspects of implementing the Guidelines that should be done before other strategies and activities. The strategies and activities associated with these aspects should be cost effective, require minimal resources and set the conditions for further implementation.

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The CWAC Advisory Committee should continue to meet to maintain the momentum and strategize on implementation of the Guidelines, finalize tools, develop advocacy messaging, identify national budget and donor resources, develop activity plans, avoid duplication, and prioritize implementation strategies.

An immediate next step is to implement those aspects of the Guidelines and capacity plan that do not require significant additional resources. This includes raising awareness and promoting the Guidelines through existing mechanisms, such as DSW departments and programs, CWAC Advisory Committee and other working groups, with existing Child Welfare Committees (CWC), Social Welfare Supervisors (SWS), district social workers (SW) and social welfare assistants (SWA).

The DSW can lead a process of:

- Increasing the awareness of other actors in the identification and protection of CWAC – raising awareness about their role in implementing the guidelines and ensuring appropriate alternative care. Key targets for this activity include national ministries, county and district offices, communities, faith communities and faith-based organizations, law enforcement, schools and health facilities.
- Advocating for the involvement of all actors in the implementation process, including national ministries (MoHSW, MOGD, Ministry of Justice, Ministry of Education), district and county actors, faith-based, non-government and community organizations (FBOs, NGOs and CBOs), and communities (CWC, leaders, schools and informal care providers).
- Engaging in dialogue with the Ministry of Economic Affairs (MoEA) and the Civil Service Agency, to ensure the deployment of additional SWS and SWA in all counties and districts. The Guidelines will be difficult to implement without adequate DSW staff at the county and district levels. This can be done in a phased approach, beginning with counties that have additional technical support from, for example, alternative care-focused NGOs.
- Costing the implementation and capacity plan. This includes analysis of what budgets will need to be part of the initiatives and what might be the key costing questions for national aspects of the programming and for piloting certain strategies in a limited number of counties/districts. The costing exercise could be linked to the establishment of expenditure tracking mechanisms. Costing activities should be undertaken in collaboration with the MoEA.

In addition:

- SWS, SW and SWA who are already in place should be made aware of the Guidelines and have the opportunity to get more information as needed. Investment in building the capacity of SWS/SW/SWA in Guidelines implementation should be a top priority.
- Key actors will need to advocate with political leaders and with donors to secure both public and private resources necessary for the implementation. Costing options should consider a phased approach.
- Implementation of the Guidelines should include development of quantitative and qualitative monitoring indicators for CWAC and for DSW capacity, using existing and new mechanisms for monitoring and evaluation. The mechanisms (outlined in the CBP) must measure the immediate, medium and long-term impact of various strategies and activities. Monitoring and evaluation of the implementation of different pieces of the roadmap, performances of stakeholders, processes of management and administration of alternative care, can provide an important opportunity for lesson learning and generation of an evidence base for alternative care practice in Liberia.
- Stakeholders should be involved in learning events and opportunities to share experiences along the way, as a means to generate engagement and mobilize commitment and, hopefully, resources. It would be expected that, as the Guidelines are tested, policy gaps would be identified. There will likely be a need to revise the Guidelines themselves as Liberia learns what works and what does not.

2. Building and consolidating the existing mechanisms

A number of strategies and activities are possible within the existing mechanisms and with limited resource investment. This section highlights “low hanging fruit” that can be implemented in the immediate to near future, either once the groundwork has been laid through awareness raising and advocacy or at the same time as the activities under category 1: Raising awareness. This will further build upon and help to scale up and replicate the models of community mechanisms that are functioning.

- The community-based mechanisms for prevention, protection and monitoring children can be built up and consolidated through sensitization. This includes the role of community leaders, chiefs, existing informal care providers and child welfare committees (CWC).
- The protection of children within informal alternative care (kinship and foster) can continue without introducing new mechanisms – the coordination mechanisms outlined in the Guidelines can be built and consolidated to ensure protection of children in care by promoting the Guidelines and training.
- Work to promote and improve coordination between Ministry of Health and Social Welfare and Ministry of Gender and Development can continue through dialogue, working groups and joint initiatives.
- Advisory committees and working groups can continue to meet with a new focus on implementation of the Guidelines; additional groups such as peer learning groups could be started. For example, groups of SWS, SWA and/or CWC members can be brought together to discuss issues related to their work with CWAC, focused on sharing experiences, identifying gaps, contextualizing interventions to the local community and brainstorming solutions for improving protection of CWAC.
- The Program Learning Group, currently working on national social work curriculum in child protection, and other similar initiatives on child welfare and protection, should be made aware of the Guidelines. Effort can be made to incorporate the Guidelines into the curriculum development. The Guidelines (and alternative care in general) should be part of the social work training that is happening through schools such as Mother Patern College of Health Sciences.
- Partners can build upon the care reform initiatives and investment that took place between 2009-2014 under the deinstitutionalization program and through several working groups. This work provides the initial building block towards a more comprehensive alternative care program in Liberia.

3. Further strengthening and/or piloting the care provisions in the Guidelines

Further strengthening and/or piloting of the care provisions outlined in the Guidelines involves strategies and activities related to existing processes or interventions, with the addition of explicit processes for measuring the successes and challenges, and scaling up the successful strategies. The priority in this section of implementation is building up, and adapting where needed, what has already been piloted in Liberia, for example foster care in refugee settings.

The strategies and activities suggested are foundational in that these components have to be up and running successfully in order for alternative care in Liberia to function. The core priority policy focus areas address capacity needs and generating evidence, with a view to scaling up response through increased investment in alternative care and appropriate application of standards. These activities will require some investment of human and financial resources. The DSW and its partners will need to support:

- Building the capacity of a full range of actors to implement the Guidelines, through a system that outlines the functioning of each actor, underpinned by adequate knowledge and competencies and guided by institutional, and inter-institutional, arrangements;
- Development of a range of costed options for the DSW and other interested partners or groups, to seek funding for from both government and/or private sector;

- Further exploration of alternative care with faith communities, for example using these communities and their leaders to raise awareness on family-based care, to recruit foster and adoptive families or to support youth living independently. Building understanding on how to encourage faith communities that presently support orphanages to get involved in promoting family-based care will be important;
- Working with NGOs, FBOs and other community groups to build up the capacity for interim care, transit centers and programs of reintegration of children separated from families;
- Testing mechanisms and models outlined in the Guidelines that are required for an alternative care system to function effectively: informal to formal referral processes, scaling up existing models of foster care, linking to the deinstitutionalization program, family support and prevention programs (for example linkage to cash transfer programs);
- Establishment of the framework for alternative care as outlined in the Guidelines, mechanisms and all three family-based alternative care arrangements in one to two target districts, including:
 - Awareness raising and sensitization campaigns
 - Capacity building of actors – county, district and community level – training, supervision and support
 - Monitoring mechanisms for informal care and referral mechanisms for CWAC
 - Linkages between CWC and SWS
 - Case management processes
 - Support interventions for kinship and informal foster care providers
 - Recruitment, vetting and training of formal foster carers
 - Placement, care planning and monitoring;
- Government piloting of small scale foster care programming for children in institutions who have foster as their care plan working with accredited children's homes, while working to develop family strengthening programs for reunification. A small entry point for foster programming with a high functioning county DSW / Social welfare supervisor (SWS) would help to build the capacity of the government, local NGOs and care providers.

4. Innovating new practices through work with specialized NGOs and trained government offices

The strategies and activities in this section are innovations that will be piloted by specialist NGOs, together with a highly prepared government office. It is likely that activities in this category will be implemented further down the road, in the longer term, once the basic alternative care options are firmly established first. Whilst overall support to kinship and short-term foster care are essential given the scale of children who benefit from these options, particularly vulnerable or challenging groups of children will need more specialist care. This category of activities includes innovations that might be piloted by NGOs who have expertise in working with these groups of children, but who may or may not have previously become engaged in alternative care. The innovations would require working together with well-trained government professionals.

In the longer-term, practices new to Liberia, such as those suggested below, can be developed as innovative models for the country, using the Guidelines as support. For some care provisions it will be difficult to know what works and what does not without some effort at innovative practices. Some of the ideas for innovation follow:

- Supported independent living programs for targeted groups of children:
 - Considerations for programs that compare rural versus urban implementation;

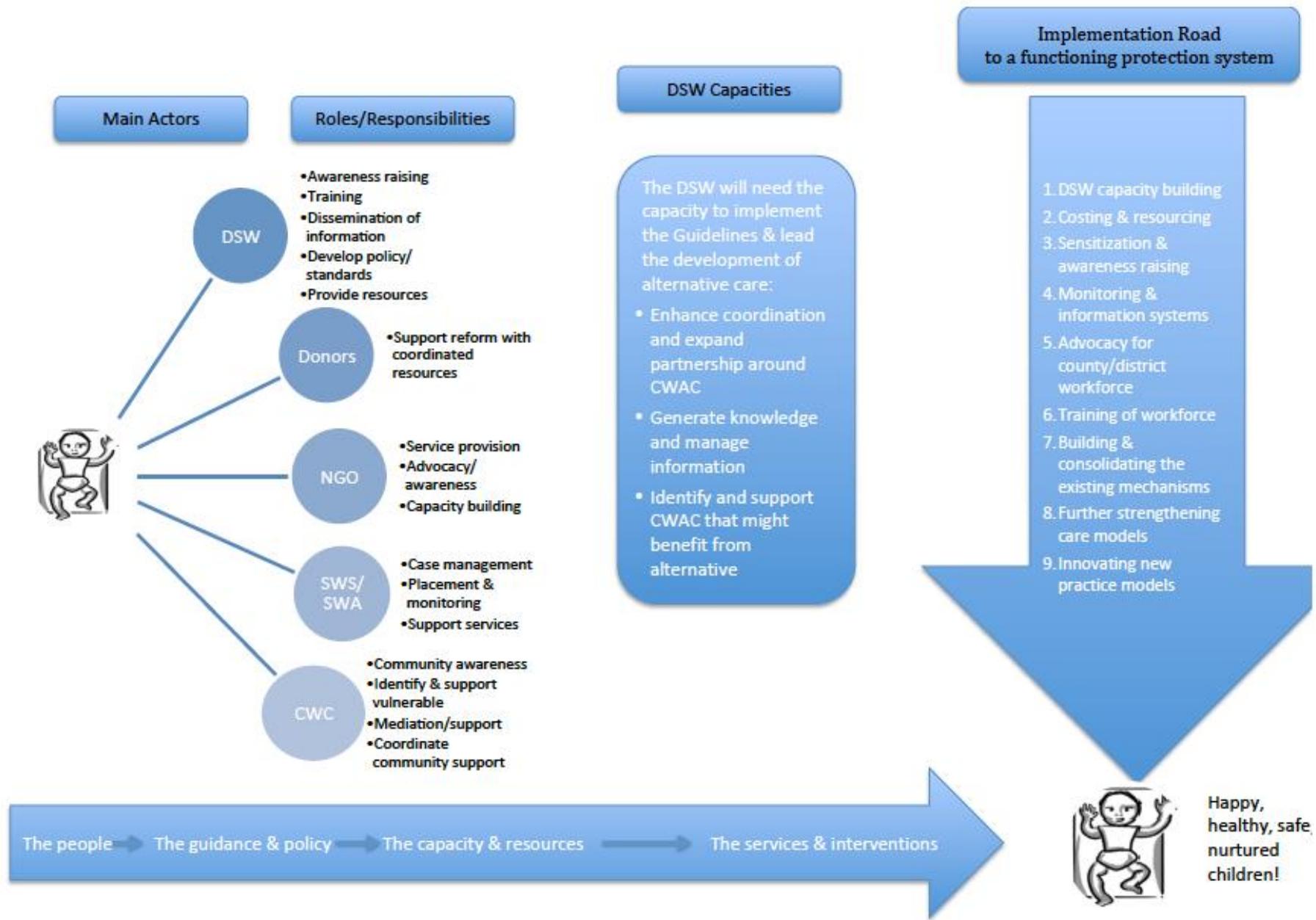
- Programs that target special population groups of girls boys (e.g. children living on the street, pregnant teen girls or mothers);
- Linkages can be made with people and organizations that are already working with adolescent girls and boys, and independent living programming can be introduced within existing services.
- New models of foster care, such as infant placement for abandoned babies, specialized foster care for children with disabilities, foster care for children living on the streets or therapeutic foster care for boys (and girls) in contact with the law:
 - Bringing together the foster care programs with disability organizations – looking at foster care and the components of deinstitutionalization and disability support for children at risk of leaving family care because of disability;
 - Identifying organizations working with street children and learn more about how foster care might benefit this urban target group.

Detailed road map

The visual on page 9 intends to help the reader understand the stages of implementation leading to a system that is more protective of children and their rights. It illustrates the connection between the key actors, their central roles and responsibilities as outlined in the Guidelines, the capacity of the DSW as the leader of the process, and the core stages of implementation of the Guidelines.

The table that follows, beginning on page 10, gives more detail on the possible strategies and activities, lead actors, all stakeholders to involve in implementation, possible resulting output, the benefits to children and others, and the potential resources to consider in implementation and innovation of some of the practices in Liberia. It is not intended to be all inclusive, but rather to provide guidance and recommendations as the DSW and partners develop a full strategic action plan for implementation of the Guidelines and strengthening of the protection/alternative care system overall, and as such is a working document. It is intended as a standalone document that can be pulled out of the full roadmap document.

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Priority Level	Opportunity for action	Stakeholders	Output Result	Potential impact on care system	Benefits for children	Other beneficiaries	Capacity / resources needed
Raising awareness, advocacy and general implementation							
Immediate Ongoing	Regular meeting of the CWAC Advisory Committee to strategize on implementation, finalize tools, develop advocacy messaging, identify national budget and donor resources, develop activity plans and prioritize implementation strategies	DSW MoGD CWAC Advisory members Donors	Final tool set Awareness/advocacy package Strategic plan for implementation Action plan for DSW capacity building	Improved coordination and planning Increased budget allocation for child protection	Improved protection		DSW leadership Time allocation by all stakeholders
Immediate Ongoing	Raising awareness of actors in the identification and protection of CWAC, national to community levels and advocacy for involvement	DSW MoGD CWAC Advisory members CWAC actors Donors	Awareness/advocacy package	Increased understanding of roles in CWAC protection Builds awareness of CWAC, alternative care & promotes initiatives of DSW	Improved protection	Community members –CWC Families/carers Care providers Police, health, schools	DSW leadership Resources for awareness materials Time allocation by all stakeholders
Immediate	Raising awareness with existent SWS and SWA and advocacy for additional SWS/SWA in all counties/districts	DSW MoGD - CPN MoEA Civil Service Agency Partner NGOs	Awareness/advocacy package	Increased understanding of roles in CWAC protection Implementation of Guidelines / policy	Improved protection	Community members –CWC Families/carers Care providers Police, health, schools	DSW leadership Resources for awareness materials Time allocation by DSW/NGOs

Immediate = within 6 months
Short-term = up to 1 year
Longer-term = 1-3 years

Down the road = 5 years
Ongoing = requires regular and/or periodic attention and action

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Short-term Ongoing	Building the capacity of actors , in particular DSW, SWS, SWA, CWC and MoGD partners at all levels	DSW MoGD Partner NGOs	Action plan for DSW capacity building Training package Standards and guidance for practice	Increased understanding of roles in CWAC protection Implementation of Guidelines / policy	Improved protection	Community members –CWC Families/carers Care providers Police, health, schools	DSW / MoGD / training partners leadership Resource for capacity building Time allocation
Immediate Ongoing	Cost the implementation of The Guidelines and capacity plan , including analysis of budgets, existing & needed, expenditure tracking mechanisms, advocacy with political leaders and with donors to secure both public and private resources	DSW MoEA CWAC Advisory Committee	Costing plan	Increased budget allocation for child protection Improved coordination and planning	Improved protection		DSW leadership Time allocation by all stakeholders
Immediate to short-term	Develop monitoring indicators for CWAC and for the capacity of DSW using existing and new mechanisms for monitoring and evaluation.	DSW	Quantitative / qualitative methods Lesson learning Evidence base	Improved tracking of immediate, medium and long-term impact	Improved protection		DSW leadership Time allocation by all stakeholders Resources for M&E systems development – financial /technical
Ongoing	Learning events and opportunities to share experiences to test the Guidelines, identify policy gaps and issues, develop pilot initiatives and new innovations.	DSW All key stakeholders	Policy recommendations Secondary legislation Pilot and innovative models Revisions to Guidelines	Improved policy framework and practice	Improved protection	All levels of stakeholders benefit from improved policy and practice	DSW leadership Resources for events Time allocation by all stakeholders

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Building and consolidating the existing mechanisms

Immediate	Community level sensitization through informal or low cost awareness raising (for example, working with “Town Criers” to advocate for action by local political leaders; working with local radio and other media; engagement through faith-based networks to promote safe kinship care and recruit foster carers)	DSW with SWS/SWA Community leaders CWC Community members/groups Media	Awareness package Media materials	Builds community buy-in and capacity for CWAC & alternative care Community is more awareness and is more engaged as partner in protection	Improved protection Community is more aware of needs and potential dangers of institutional care Builds the pool of potential foster carers	Community members Families	DSW leadership Resources for materials and training Training for SWS on raising community awareness Training for media on CWAC issues
Short-term	Child Welfare Committee expansion & sensitization through training for SWS on working with CWC and training for CWC on alternative care role and/or communities on developing CWC	DSW & MOGD SWS/SWA CWC	CWC targeted awareness package Training materials	Continues to develop CWC model nationally Builds awareness of CWC role in child protection & link between CWC & SWS	CWC is increasingly aware of children in need of protection & has improved capacity to protect SWS is more aware of CWAC in communities	Community members Families	DSW leadership SWS leadership at county level Resources for training and materials
Short-term	CWC – SWS link for case management in informal care (in districts that have fully functioning, trained SWS, for example the districts where Save the Children has worked) through training for SWS and CWC on cooperative work and case management	DSW SWS/SWA NGOs CWC	Training package on case management Working methodologies for SWS-CWC linkages Finalized set of case management tools for	Tests the model of referral & case management – learning for replication	Children in informal care receive support from SWS & their care is improved Caregivers become more aware that	Community members Families Care providers	DSW leadership SWS leadership at county level Resources for training and materials Tools for case

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			CWAC		there are monitoring mechanisms		management
Immediate Ongoing	Inter-ministry collaboration through advisory committees and working groups	MoHSW/DSW MoGD MoE MoH MoP MoF	Terms of reference for groups	Improved government coordination in child protection	Potential for improved policy framework Improved coordination of services	District offices of ministries	DSW & MoGD leadership Time allocation of all actors
Further strengthening and/or piloting the care provisions in The Guidelines							
Short-term Ongoing	Capacity building of actors to implement Guidelines through training for DSW, SWS, SWA, NGO, FBO, CBO partners, CWC, alternative care providers, media, law enforcement, health workers, community leaders and other actors	All levels	Training packages	Builds understanding of the capacity needs Builds the capacity of full range of stakeholders to implement alternative care system	Children have improved protection through range of stakeholders	Community members Families	DSW and MoGD leadership Resources for training and materials
Short-term	Establishing the Informal to formal referral process for most vulnerable (piloted in two counties – one rural and one urban – where there are already actors engaged on alternative care and/or for example where initiatives such as deinstitutionalization programs have already taken place) including capacity building, referral system,	DSW NGOs SWS/SWA CWC	Referral methodologies and tools Best practice standards in referral process Evaluation of model	Development of referral mechanisms Testing of tools for referral & case management	Vulnerable children are better protected in family-based care	Community members Families	DSW leadership with NGO partners Resources for pilot –training, tools

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	and monitoring						
Short to long-term	Reviewing models of foster care (from refugee settings) and using successes to develop models of basic foster care	NGOs implementing FC DSW	Costed proposal FC Working methodologies/tools Best practice standards Evaluation of models	Consolidation of Liberian models of foster care Range of options offered within the alternative care system	More children in need are protected through quality foster care programs	Families	NGO leadership Resources for pilot programs Commitment of DSW
Short to long-term	Piloting the Guidelines with the Deinstitutionalization programming	DSW / De-Plan Institutional care providers Family care providers SWS/SWA	Model of formal foster care Working methodologies and tools	Range of options offered within the alternative care system Evidence-base for deinstitutionalization built	Reduction in the number of children in orphanages More children protected in family-based care	Families	Financial resources for programming Training for all actors
Long-term	Piloting of the Guidelines in full within community (suggested to be in a community with an existing level of capacity in child protection, for example a district where Save the Children has been active) including sensitization, capacity building, case management/referral mechanisms, range of placement options, case planning and monitoring	DSW Communities SWS/SWA/CWC Care providers	Costed proposal for pilot program Working methodologies/tools Best practice standards Evaluation of models	Consolidation of Liberian models of kinship, foster & independent living Range of options offered within the alternative care system Evidence-base for family care built	Children have improved protection CWAC are cared for in family care	Communities Families Care providers SW	NGO leadership in partnership with DSW Financial resources for programming Training for all actors

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Innovating new practices through work with specialized NGOs and trained government offices

Long-term to down the road	Supported independent living pilot children who were institutionalized and are leaving care	NGOs Institutions SWS/DSW Community services	Model of care Working methodologies/tools	Range of options offered within the alternative care system	Children have improved protection & better outcomes	Community members Families	NGO/DSW partnership Financial resources
Long-term to down the road	Supported independent living pilot for teenage girls or young mothers and their children, or teenage boys	NGOs SWS/SWA MoJ, community services	Model of care Working methodologies/tools	Range of options offered within the alternative care system	Children have improved protection & better outcomes	Community members Families	NGO/DSW partnership Financial resources
Long-term to down the road	Specialized foster care for teens, babies, or other special populations	NGO DSW SWS/SWA MoJ	Model of formal foster care Working methodologies and tools	Range of options offered within the alternative care system	Children are better protected in family-based care More children protected through quality programs	Families Care providers	NGO/DSW partnership Financial resources
Long-term to down the road	Specialized foster care for children with disabilities from residential institutions	DSW / De-Plan Institutional care providers SWS/SWA Foster carers Experienced foster NGOs	Model of formal foster care Working methodologies and tools	Range of options offered within the alternative care system Evidence-base for deinstitutionalization further built	Reduction in children in inst's Children are better protected in family-based care More children are protected through quality programs	Families Care providers	NGO/DSW partnership Financial resources

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