FAITH to ACTION INITIATIVE

TRANSITIONING SUPPORT SERVICES SURVEY FINDINGS REPORT

Changing THE WAY WE care

CRS CATHOLIC RELIEF SERVICES   LUMOS   Maestral.

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Executive Summary

In many countries around the world, systems of protection and care for children are in reform as a commitment to family care increases among governments, nongovernmental organizations, donors, advocates, communities, and families. However, there is limited understanding of the support available for the important work of transitioning residential care centers to family care and community services. This study seeks to map the landscape of support for transitioning residential care centers, specifically considering organizations or individuals who are providing or could provide assistance through on-the-ground, individualized coaching or technical support.

This report presents the findings of the survey of such organizations and individuals, which asked what services they offer, where they work, and many other important questions. Survey respondents have supported more than 1,500 transitioning residential care centers across 61 countries. While the findings show a significant level of experience in supporting all stages of a transition process, almost half reported they lack the resources and capacity to support the whole transition process. With over 5 million children[1] currently in residential care and increasing pressure for those children to be reunified with their families or placed into family-based care, there is potentially a shortage of organizations and individuals that can provide support services to transitioning residential care centers.

This report serves as a tool for collaborative efforts that will build the capacity of and increase accessibility to transitioning support service providers. The ultimate goal of this report is to increase support for residential care centers to safely reunify children into families, build family-based care and community services, and transition their models of care in a way that allows them to contribute to broader care reform and strengthen family-based care efforts in their respective country.

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[1] Chris Desmond, Kathryn Watt, Anamika Saha, Jialin Huang and Chunting Lu and Responses to Global Study Questionnaire (forthcoming) as reported in: Manfred Nowak, United National Global Study on Children Deprived of Liberty, November 2019. https://omnibook.com/view/e0623280-5656-42f8-9edf-5872f8f08562.

Rationale

The reform of systems of care for orphans and vulnerable children is gaining traction around the world. Much progress has been made since the UN Guidelines on the Alternative Care of Children were released in 2009. The Resolution on the Rights of the Child, adopted at the United Nations General Assembly in December 2019, underscores a global commitment to eliminating the use of institutional care, ensuring that all children grow up in safe and loving families, and that families are equipped to raise their children. In 2019, the United States government launched the Advancing Protection and Care for Children in Adversity Strategy, which encourages putting families first and transitioning from reliance on residential care centers (such as orphanages or children's homes) to family-based care.

The link between reform of care systems and the transitions of individual residential care centers to programs that support family care is symbiotic. Care reform is much broader, involving changes made to policy frameworks, services and service delivery, resource allocation, public attitudes, and workforce. Yet, individual transitions of residential care centers are a critical component of reform and should take place within and alongside the context of broader reforms.

Experience shows that closing residential care centers is not a simple process, and to do so without ensuring appropriate support before, during, and after reunification of children with families can put children at even greater risk. Residential care centers need guidance, technical advice, resources, and support to ensure that the transition is in alignment with global best practice standards and national care reform, and is done ethically, safely, and responsibly.

Professional consultation to offer individualized and contextualized support to residential care centers transitioning to family care is a vital means for ensuring successful transitions. Individualized and contextualized technical support on the ground is important for two reasons. First, linking residential care centers to technical support service providers will result in more transitions. Often, organizations reach a level of buy-in from their stakeholders (donors, supporters, boards, staff) to transition, but progress stalls as planning begins as decision makers often feel overwhelmed by the tasks ahead as managers and other staff on the ground are unable to complete a full transition. Second, access to individualized consultation will increase the quality of transitions and more successful transitions. Without support to analyze their unique situation, generalized guidance and training can lead to an organization making decisions that could cause harm to children, families, and the broader system of care.

Until now, there was limited knowledge of who could provide individualized consultation for transitioning residential care centers and what specific services they could offer. In addition, transitioning support providers, individuals and organizations, have reported being stretched in their capacity to offer assistance to meet growing demand.

Considering these factors, the Faith to Action Initiative (Faith to Action) partnered with *Changing the Way We Care*[SM] to conduct a survey to identify transition support providers, third-party individuals, and organizations that offer individualized and contextualized consultation to organizations providing residential care who are undergoing transition to family care and to better understand what services they provide.

Methodology

In February 2019, members of the Faith to Action Leadership Council determined a strategic focus to strengthen links between residential care centers that were transitioning and providers of transitioning support. As a result, Faith to Action convened transitioning service providers from across the global child protection and care sector to discuss the challenges of providing technical support to residential care centers that are transitioning. By June 2019, these discussions highlighted the need for greater access of residential care centers to high-quality technical support service providers, as well as recognition that current service providers were challenged by a growing demand for their services. It became clear that more information would be needed regarding the amount and quality of transitioning support currently available compared to the needs for assisting transitioning residential care centers.

In an effort to ascertain the current landscape of transition support, Faith to Action conducted a survey of organizations and individuals who have supported a residential care center transitioning to family care. The survey was used to map what services they provide, and to whom and where and how they provide them, as well as those who are seeking to build their capacity to be transition support service providers. The survey was developed collaboratively with partners experienced in transitions and care reform.

Key questions included determining what experience respondents had with transitioning from residential to family-based care themselves and what experience they had with supporting the transition of other residential care centers. Respondents were further asked the location of past transitions and transition support activities, as well as where they planned to support future transitions. Survey questions also included the areas of transition support respondents had engaged in or planned to engage in, such as introducing the importance of family-based care to organization leaders, engaging donors and boards, facilitating family tracing, etc., as well as the methods respondents had utilized and planned to utilize to support transition, including providing funding, onsite or online training, coaching, etc. Finally, respondents were asked questions about their capacity to support future transitions.

Survey respondents were identified by Faith to Action through targeted emails to 134 individuals, including leaders of family care networks, funders, international nongovernmental agencies, service providers, practitioners, scholars, and consultants. Faith to Action encouraged these individuals to both complete and share the survey. In an effort to ensure a wide range of data, the survey was distributed broadly without restrictions based on prior assumptions of the type of transition experience of the organization or individual. In addition to email

distribution, the survey was promoted on social media and by newsletter by Faith to Action, World Without Orphans, and the Better Care Network. The survey was open from November 2019 to February 2020.

Faith to Action partnered with *Changing the Way We Care*ᔆᔅ to hire consultants to analyze the data, create the findings report, and present the findings on a webinar.

Limitations of the data are suggested throughout the following report. Two overarching limitations include the use of undefined terms that may have skewed results, as well as open-ended questions that sometimes led to gaps in the resulting data set. The report also includes areas of discussion marked by a conversation bubble icon. These are conclusions from the report's authors and stakeholders who provided feedback on the findings. Finally, suggestions for future studies are marked with a book and magnifying glass icon.

DESCRIPTION OF RESPONDENTS

Ninety-two survey responses were collected. Of those, **67 responses were included in the analysis**. Exclusions were due to duplicate entries or irrelevance. Respondents were deemed irrelevant if they did not support a transition in the past and are not planning to support a transition in the future.

Size

Most service provider organizations are small; the majority have fewer than 50 staff members (69%). Twenty-eight percent of organizations are very small (fewer than 10 employees). **Thirty-one percent are large organizations** (more than 50 employees), such as World Vision®, Save the Children®, and Catholic Relief Services.

Number of Employees
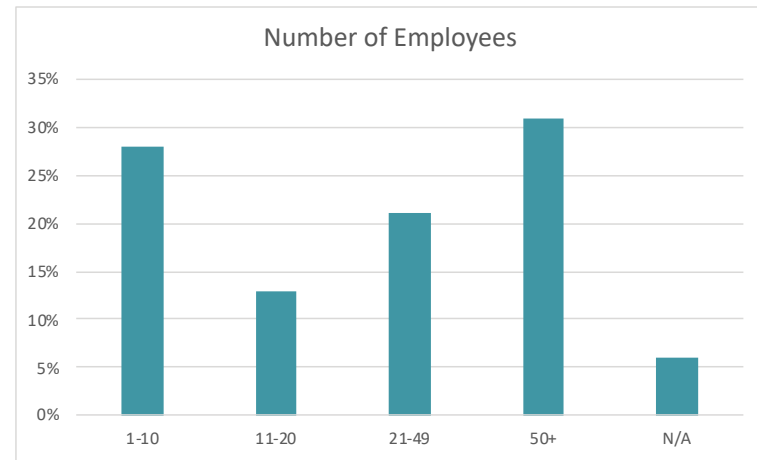
Religious Affiliation

Respondents are primarily Christian organizations (53.7%), with non-Christian organizations comprising over a third of respondents (38.8%), and a small percentage that declined to answer. The significant response by Christian organizations may be the result of contacts coming from Faith to Action, which has the mission of serving faith-based organizations.
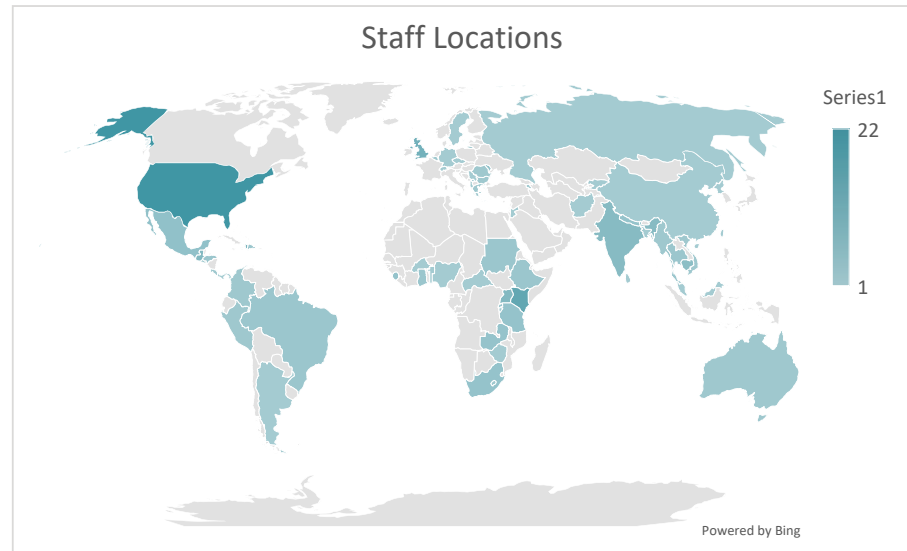
Location

Collectively, respondents indicated they have staff working in 64 countries around the world. However, that number is likely higher, as six organizations reported they have staff based "globally," indicating offices in multiple locations. It should be noted that this data reflects the location of organization staff, which does not necessarily indicate where the transition work occurs.

By region, the majority of organizations (88%) have staff located in Africa. Just over half (51%) of respondents have staff in Central America (including the Caribbean), and again, over half (51%) have staff in Asia. Thirty-three percent of respondents have staff in North America. Nearly a quarter (24%) have staff in Europe. Twelve percent of organizations have staff in South America. Just 3% of organizations have staff in Oceania, and only one organization has staff in the Middle East.

The countries with the most transitioning support organizations in operation (measured by in-country staff) include the following:

- United States (22 organizations)

- Kenya (15 organizations)

- United Kingdom (11 organizations)

- Haiti (10 organizations)

- Uganda (8 organizations)

This data may be signficiant when considering the value of support being available at the local level, rather than through international relationships.

Staff Locations

Series1

22

1

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Organizations' headquarters are located largely in Western countries (70%). Thirty-four organizations are headquartered in North America, 12 in Western Europe, 7 in Asia, 7 in Africa, 3 in Central America and the Caribbean, 2 in South America, and one each in Eastern Europe and Oceania. Headquarter locations by country were as follows:

- United States (33 organizations)

- United Kingdom (7 organizations)

- Cambodia (3 organizations) and Kenya (3 organizations)

- Austria (2 organizations), Haiti (2 organizations), and Uganda (2 organizations)

- One headquarter each in Argentina, Armenia, Australia, Brazil, Canada, El Salvador, Hong Kong, India, Moldova, Netherlands, Nepal, Switzerland, Sweden, Sierra Leone, and Tanzania

### Headquarters Locations

33

1

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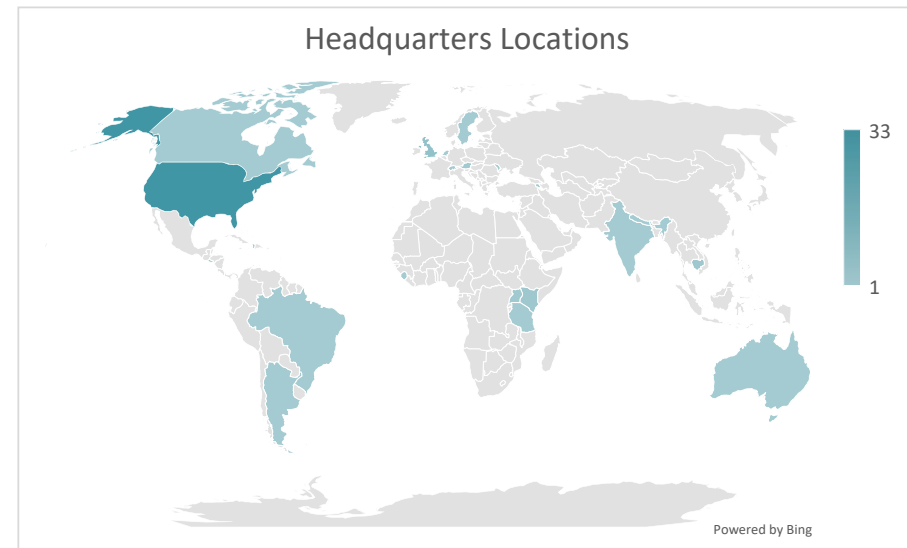
It is notable that most respondents providing transitioning support are headquartered in high-income countries, such as the United States, and in European countries, including the United Kingdom. While this may be a result of Faith to Action's contacts within the United States, it may also be an area of concern. If transition support is primarily from Western contexts, there are challenges such as sustainability, cultural adaptability, and local ownership. While staff may be more localized, the data on headquarters may point to the challenge of a lack of regional, national, and local leadership in supporting transitions and care reform in their own context.

FINDINGS

Transition Expertise

The vast majority of respondents have supported the transition of residential care centers to family care (86.6%). A few respondents (13.4%) have never supported another residential care center in transition, but plan to support transitions in the future. Interestingly, of those who have not yet supported a transition, but have plans to do so in the future, only 18.8% have gone through their own transition process. Therefore, a small number of organizations or individuals have very little experience in transitioning to family care, but want to support transitions in the future.

Almost half of respondents said their organization has not transitioned from residential care at any point (47.7%), most likely because they did not operate a residential care center. Forty-two point three percent of respondents indicated their organization has transitioned from residential care. These findings may be significant if a lack of actual first-hand experience leading a residential care center through a transition indicates a weakness in the organization's ability to provide adequate support.

Have you transisitoned yourself?

■ Yes ■ No ■ No Answer
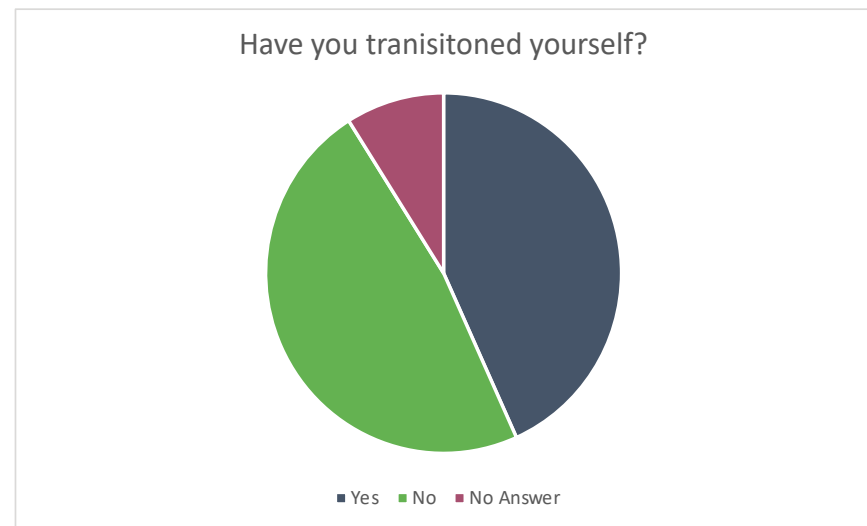
Locations of Transition Support

Collectively, respondents indicated they supported approximately 1,500 residential care centers transitioning to family care in 61 countries.

The actual number of residential care centers receiving transition support is most likely greater. The survey questions were open fields and some respondents did not specify the exact number and/or location of the residential care centers they have supported and instead gave answers such as "globally" or "in hundreds of nations." Therefore the locations of all of these organizations are also not provided. However, we can draw conclusions regarding the concentration of support from those who included the locations where they supported transitions.

Reported transitioning efforts are concentrated in Kenya (11 transitioning organizations), Cambodia (9), Haiti (8), Uganda (8), Guatemala (6), India (6), Ethiopia (5), Thailand (5), and Zambia (5). Other countries include Moldova (4), Nepal (4), Ukraine (4), Brazil (3), China (3), Ghana (3), Honduras (3), Paraguay (3), Armenia (2), Australia (2), Bulgaria (2), Costa Rica (2), Dominican Republic (2), Kyrgyzstan (2), Lebanon (2), Mexico (2), Peru (2), South Africa (2), Sri Lanka (2), Tanzania (2), and Vietnam (2). The following countries were mentioned only once by respondents: Burkina Faso, Canada, Chile, Colombia, Czech Republic, Ecuador, Estonia, Georgia, Greece, Hong Kong, Indonesia, Jordan, Kazakhstan, Latvia, Liberia, Madagascar, Morocco, Mozambique, Myanmar, Namibia, Nicaragua, Nigeria, Philippines, Rwanda, Sierra Leone, Sweden, United Kingdom, and United States.

By region, respondents have supported transitions in the following places:

- Africa (45 transitions)
- Latin America (37 transitions)
  - Central America and Caribbean (27)
  - South America (10)
- Asia (35 transitions)
- Europe (27 transitions)
  - Eastern Europe (25)
  - Western Europe (2)
- Middle East (3 transitions)
- North America (2 transitions)
- Oceania (2 transitions)

Locations of Past Transition Support

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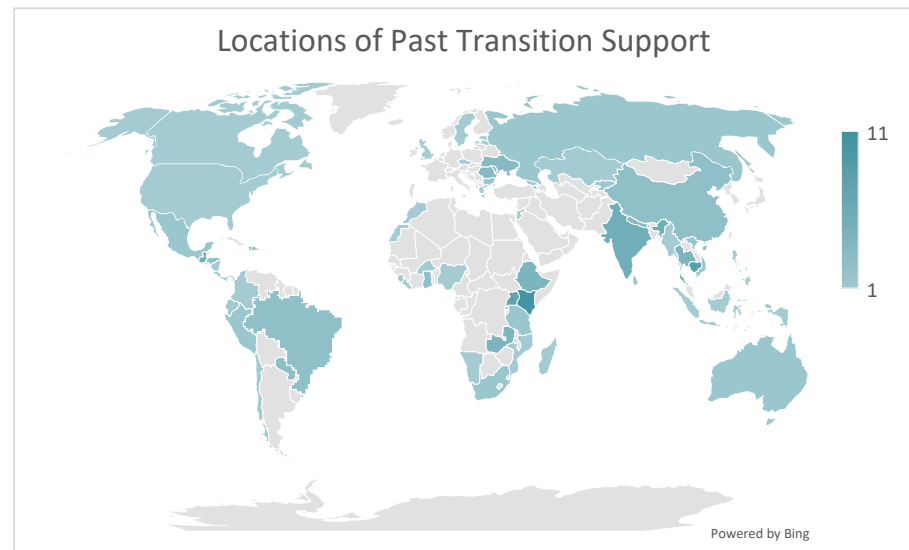
Respondents plan to support transitions in 44 countries in the future. These countries include Kenya (15 transitions), India (10), Uganda (10), Cambodia (7), Guatemala (7), Nepal (7), Haiti (6), Peru (5), and Thailand (5). Other countries with multiple answers include Mexico (4), Tanzania (4), Dominican Republic (3), Moldova (3), Myanmar (3), Brazil (2), Honduras (2), Indonesia (2), Vietnam (2), and Zambia (2). The following countries were mentioned only once by respondents as a focus for supporting transitions: Armenia, Australia, Bangladesh, Belgium, Bolivia, Canada, Chile, China, Costa Rica, Ghana, Hong Kong, Japan, Kyrgyzstan, Lebanon, Lesotho, Netherlands, New Zealand, Nigeria, Sierra Leone, South Africa, Sri Lanka, Sweden, United Kingdom, United States, and Zimbabwe.

By region, respondents plan to support transitions in the following places:

- Asia (42 transitions)
- Africa (37 transitions)
- Latin America (32 transitions)
- Central America and the Caribbean (23)
- South America (9)
- Europe (9 transitions)
- Eastern Europe (5)
- Western Europe (4)
- North America (2 transitions)
- Oceania (2 transitions)
- Middle East (1 transition)

Locations of Future Transition Support
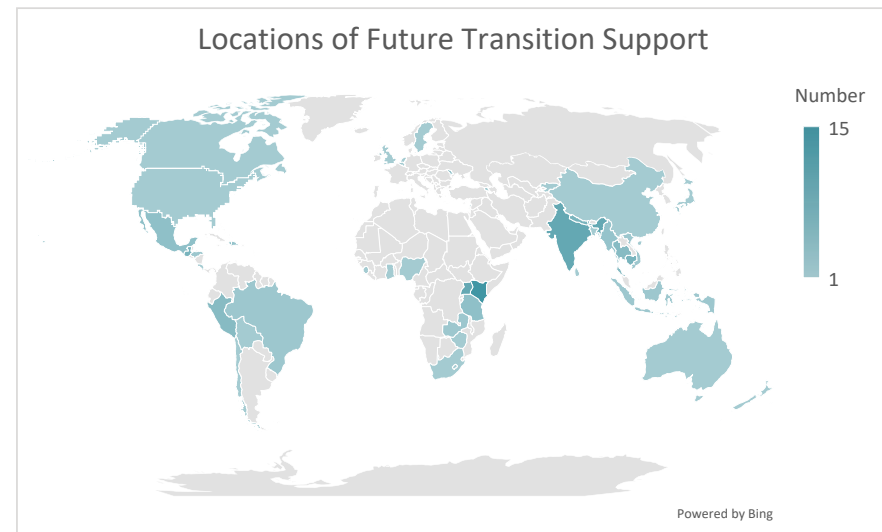
The survey was not able to determine which countries were at greatest need of transitioning support using any standard. An area for further research may be linking where transitioning support has occurred and is planned to occur with the countries in greatest need for transitioning support.

There are some notable differences between where respondents supported transitions and where they plan to support transitions. These differences may indicate locations where transitioning support is growing or fading. **The data suggests there are growing efforts to support transitions in India, Kenya, Nepal, Peru, and Zambia.** Support in Mexico and Tanzania is also growing, but at a slower pace. The data also suggests that Cambodia, Haiti, and Uganda will remain stable with significant transitioning support.

The countries that seem to be declining in future transition support include Ethiopia, Paraguay, Romania, and Ukraine. While the data in this report cannot provide the reasons, a future survey asking why there is a decline in these countries is worth exploring to address if transitioning consultation is no longer needed at the same intensity as in the past, because capacity has been built within the care systems of these countries. Conversely, it may indicate a decreasing interest in or capacity to work in those countries.

Activities Supported in the Past

Respondents reported supporting a wide range of transition activities. The average respondent has supported 10 of the 13 transition activities. Twenty-six respondents (39%) have supported all the activities.

Transition activities listed in the survey include the following:

- Educating leadership
- Engaging government
- Partnerships
- Case management
- Strategic planning

- Community awareness
- Assessing children and families
- Preparing children and families
- Adjusting/training staff
- Board and donor engagement

- Building use
- Family tracing
- Developing new programs

Almost all respondents (92.5%) indicated they had educated leadership of residential care centers in transition on the importance of family care. The second most common activity is supporting organizations in government engagement and linking to systems reforms (88.1%). Respondents also support residential care centers in building partnerships (86%),

Activities Supported
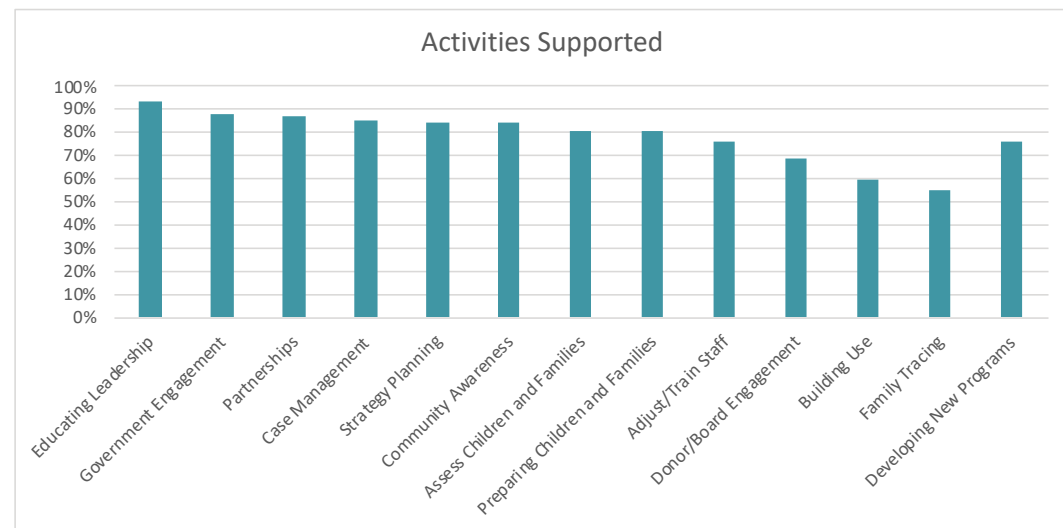
social work or case management training (85%), strategy and planning (83.5%), community awareness raising (83.5%), assessments of children and families (80.6%), and preparing children and families (80.6%).

Lower percentages are seen in organizations that have supported helping with donor and board engagement (68.6%), developing new programs (66%), family tracing (54.9%), staffing adjustments (44%), and transitioning use of buildings (39.7%).

Respondents reported new programs developed for transitioning residential care centers including family or community strengthening (70%), alternative family care (64.3%), such as foster care, kinship care or adoption, and advocacy (56%), with a third supporting the development of "other" programs (33%).

These results shed light on what activities the transitioning residential care centers are implementing. Further areas of research could explore whether there is a difference between residential care centers that do not receive individualized consulting services versus those that do, how activities align or do not align with the needs of children and families in a particular context, and decision-making processes to determine the focus of new programming.

Activities Planned to Support in the Future

Interestingly, fewer respondents reported future planned transitioning activities. It is unclear why planned activities are fewer in number, but could be related to the design of the survey in which repondents may have believed they could choose only one option ("had," "planned to," or "never) per support activity when in fact they were asked to select all that applied. If not because of the survey design, other reasons why fewer activites were reported as planned than were done in the past may be that the past includes many years of prior work, while planning may include only a year or two in the future. Finally, while unlikely, this data may suggest that transitioning support providers are planning on reducing their support in the future.


Activities Planned in the Future
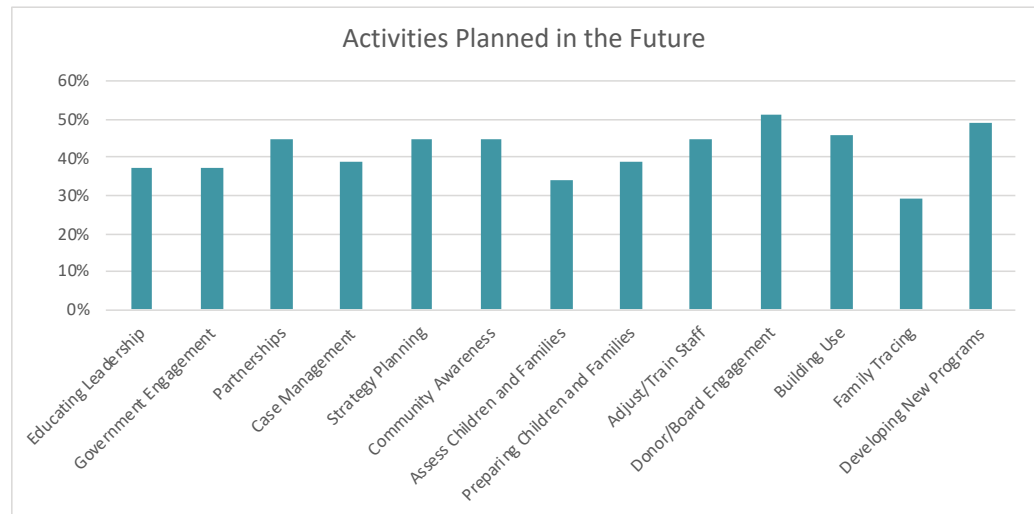
The most common future transitioning activities from respondents include supporting transitioning residential care centers in their donor/board engagement (50.7%), developing new programs (49.2%), transitioning use of buildings (46.2%), strategy planning (44.7%), adjusting/training staff (44.7%), partnering (44.7%), and community awareness (44.7%).

Less interest was reported in supporting transitioning residential care centers with training for case management (38.8%), preparation of children and families for transition (38.8%), government engagement (37.3%), educating leadership (37.3%), assessment of children and families (34%), and family tracing (28.5%).

A small number of respondents reported they have not supported and will not support specific activities, namely supporting transitioning the use of buildings (16%).

A comparison of the most common past activities with those planned for the future shows major variances. For instance, donor and board engagement, transitioning use of buildings, and development of new programs were ranked much higher for future plans than the most common activities

Activities Never Planned

Support Activities


Never   Plan To   We Have
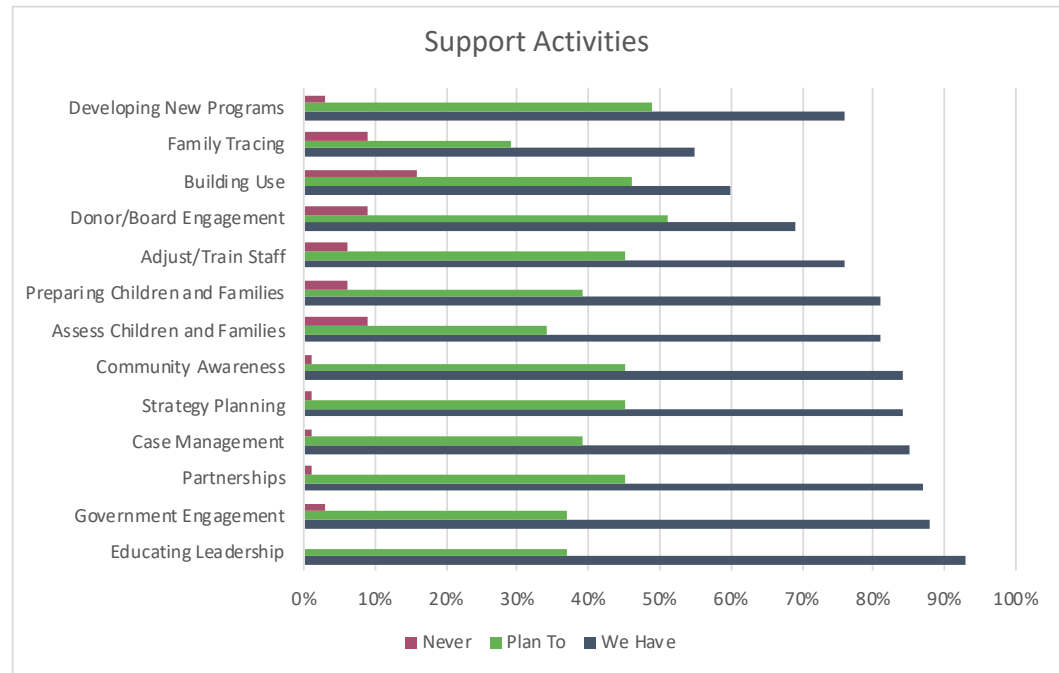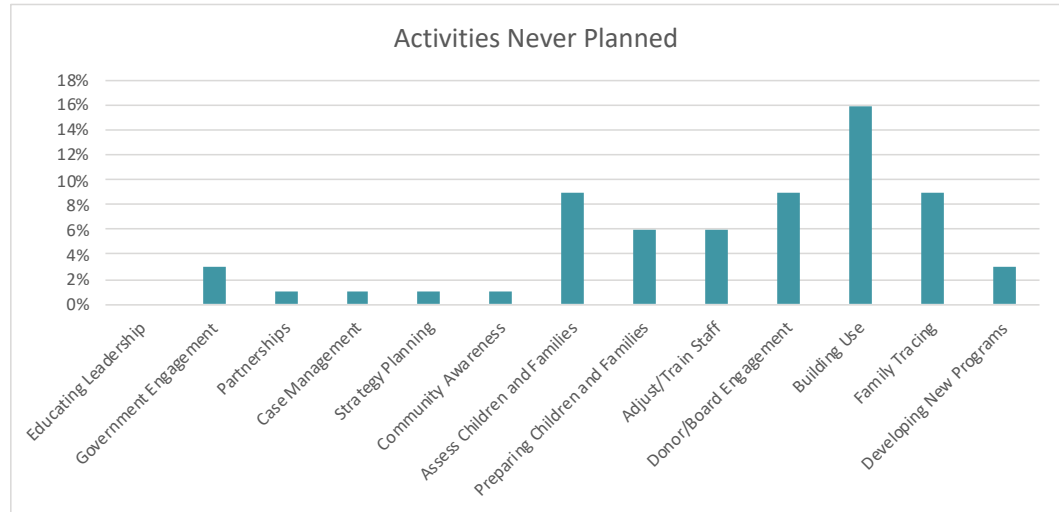
implemented in the past. More information is needed to understand why the differences exist. It is likely these mixed results are due to the survey design mentioned previously where repondents did not select all as instructed. It may also suggest that experiences of transitioning support providers prove these areas are more important than they previously believed, or they are expanding these activities to include new areas.

A significant area of future study is mapping how the areas of support of transitioning support providers line up against the preceived needs of transitioning organizations.

Methods of Support Used in the Past

Organizations have supported transitions through a wide range of methods. The average respondent has used six out of eight methods, and 15% have used all the methods.

Most commonly, respondents have supported transitions through general coaching or consulting (86.5%), onsite visits (83.5%), and connecting with others or building a network (82%). Respondents commonly provided onsite training (76%), training over the phone (74.6%), or standards and written guidance or tools for transition (73%). The least common support mechanisms are providing funding (46%) and online training (28%).
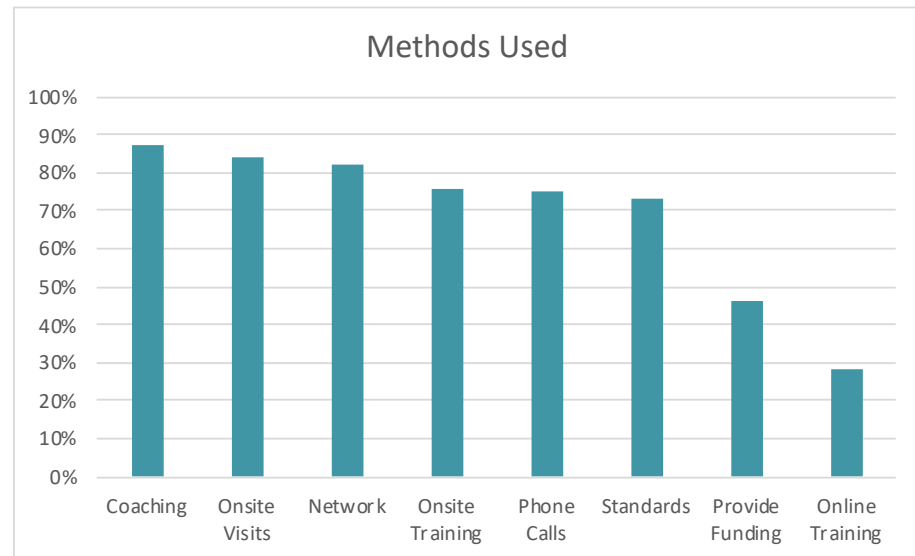
Methods Used

Methods of Support Planned to Be Used in the Future

A comparison of the methods used in the past or present to those being considered for future planning showed that respondents expressed significant interest in providing online training in the future. It is the only category where respondents indicated plans to increase from what they are currently doing (58% increased from 28%) and is the most chosen method for future transition support.

Considering the increasing interest in online training, as well as recent challenges regarding COVID-19 post survey, investments in understanding the effectiveness of online training versus other methods of supporting transition could be prioritized as areas for further study and research.

Similar to the data on areas of support, all other methods showed a decrease from what is currently implemented to what respondents plan to implement in the future. Excluding online training, respondents selected "we will" a third to half as often than "we have." Again, this may be a survey design flaw or it could mean respondents are planning on reducing or narrowing the focus of their transitioning support to residential care centers.

Further research could explore why organizations reporting experience with all transition activities and/or methods may or may not plan to support specific activities and/or methods in future, what activities and/or methods they would elect to support or not support and why, and which activities and/or methods they would not plan to support and why.

In addition to online training, other popular planned methods include onsite training (52%), providing standards and/or written guidance (50.7%), and connecting with others or creating a network (49%). Less popular methods planned for the future include coaching (44.7%), onsite visits (46%), phone calls (47.7%), and providing funding (28%).

Methods Planned

All Methods


Never   Plan To   We Have
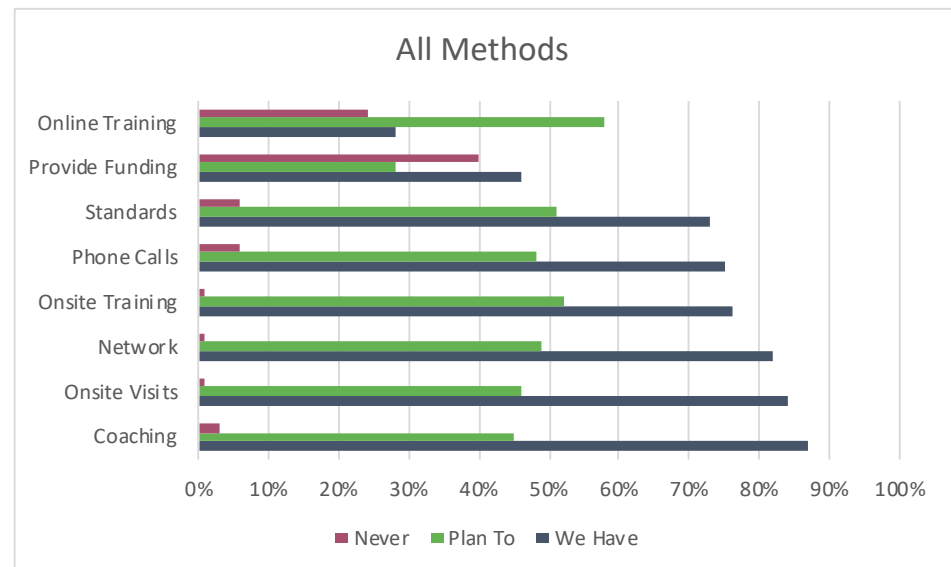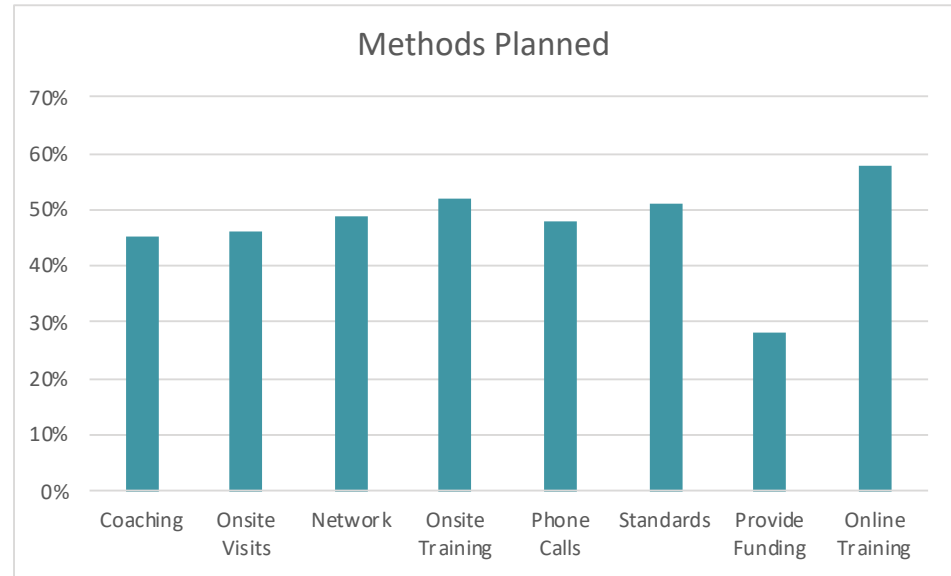
Interest in creating online training, providing standards and/or written guidance, and connecting to others and creating networks may suggest organizations are looking to scale up their models of transitioning.

A significant number of respondents (40%) reported they will never provide funding to transitioning residential care centers and, interestingly, almost a quarter of respondents reported that they will never provide online training.

The survey did not compare the intersection of activities and methods used to provide support. For example, we cannot conclude that a particular organization provides case management support through online training and in-person training. The data shows only what methods are used across all the activity areas. However, the data suggests that **most organizations are providing support through a variety of activities using a wide range of methods.**

Methods Never Planned
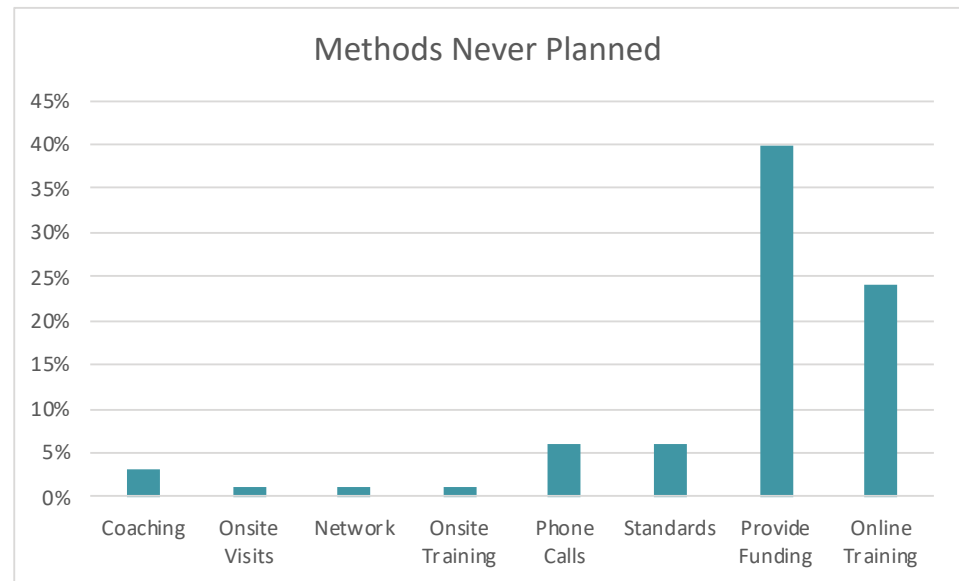
Capacity

Less than half of respondents reported they have capacity to support a full transition process (44%). However, limited resource capacity was the most commonly cited obstacle to supporting the whole transition process. Forty percent of respondents indicated they could support the entire transition process of a residential care center if fully resourced. Only 4.48% reported having the capacity to support the entire transition process without additional resources.

Thirty-five point four percent of respondents are able to support some stages or aspects of a transition; however, most respondents recognized a need for additional resources (7.4% can support limited stages; 28% can support specific stages if resourced).

It should not be assumed that an organization should be able to support every stage of a transition. Specific expertise in certain areas, such as case management or donor engagement, may be valuable if linked to other support or if that support area has been proven more vital in specific contexts.

It is important to note the survey question referenced "resources" without providing a definition for what that includes. It can be assumed it indicates funding, but could also be interpreted to include curriculum, standards, forms, etc.

The remaining respondents were more limited in their capacity to support future transitions. Approximately 5% indicated they could provide support only through technology such as phone calls, emails, and video conferences. Some indicated they have capacity only to direct organizations to relevant resources and contacts to support their transition (1.5%) and others have no capacity to support transitions at present (4.5%).

However, 88% of respondents want to increase their capacity to support transitions. Further study is needed to understand in which areas respondents desire to have their capacity increase. In addition, this survey did not measure quality of transitioning support services; therefore, technical capacity building may be needed outside areas even recognized by respondents. An area for further research is evaluating quality of transitioning support services and outcomes of support provision.

Considerations in Client Engagement

Respondents reported a variety of approaches to fund their transitioning support services. Some respondents (16.4%) indicated they charge fees to residential care centers for their services, while others (29.8%) indicated they do not charge for services. However, 44.7% reported they consider various factors when deciding whether or not they will charge for transition support services.

Future research could determine what variables organizations consider to determine when and how much to charge for transition support services.

Organizations by Service Charge

■ Charge   ■ Do Not Charge   ■ Varies   ■ No Response
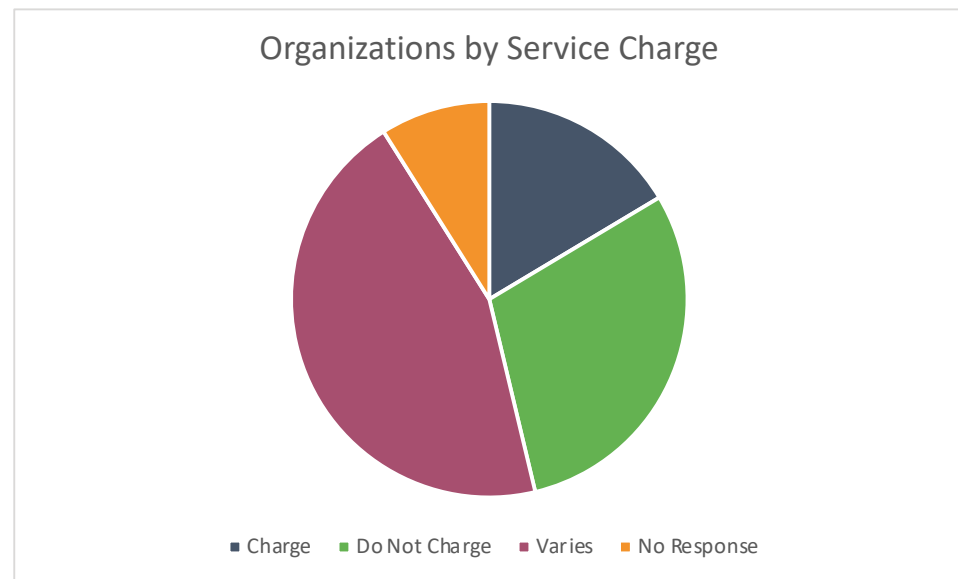
More research on the costs of transitioning support would be valuable for considering how to fund transitions.
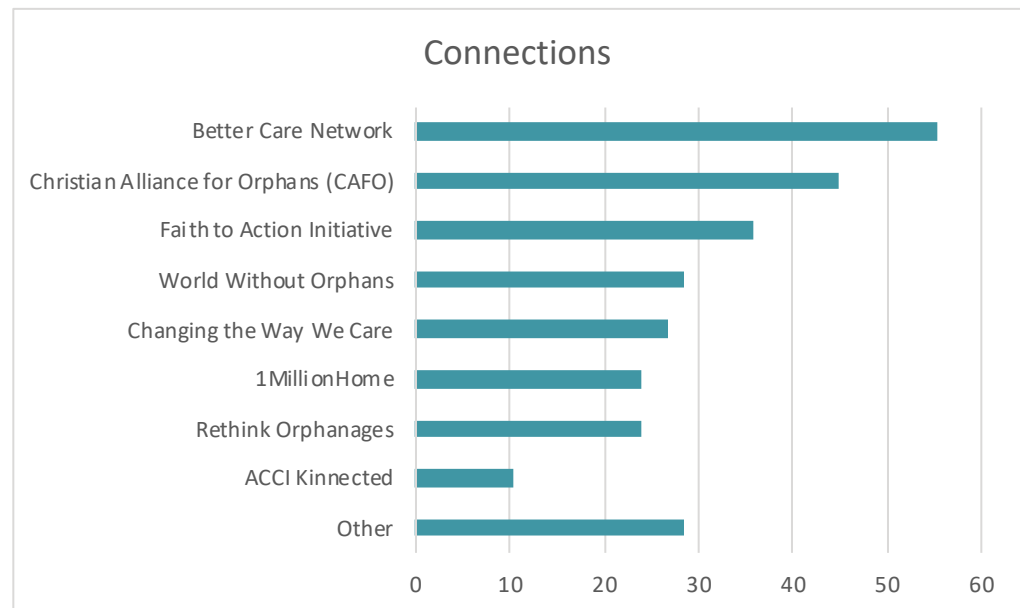
Respondents were asked how they make decisions regarding which residential care centers they work with to support transitions. **The most common reason an organization agreed to work with a residential care center was the commitment they showed to transition** (11 respondents), highlighting the importance respondents place on working closely in a committed process. **The second most common reason was location** (5 respondents), indicating a preference to work with an organization in close proximity or within a similar context. Referral by other agencies (4 respondents) and data (4 respondents) were also mentioned by several respondents. Additional criteria listed included feasibility and prayer.

Interest in Collaboration and Shared Learning

Many respondents indicated they participate or work in a wide variety of coalitions, alliances, and networks. Most organizations reported awareness of or connection with the Better Care Network (55%), and 45% are connected to the Christian Alliance for Orphans. Other initiatives listed include ACCI Kinnected, *Changing the Way We Care*^{SM}, Faith to Action Initiative, Rethink Orphanages, World Without Orphans, and "other." Fifteen percent of respondents reported no affiliations or connections.

Nearly all respondents agreed to share the lessons learned from their own experience and knowledge of supporting transitions to family care (91.1%; 8.9% declined to answer). The desire to collaborate is a hopeful sign, as the demand for support of transitioning residential care centers exceeds the ability for any organization to take on alone. Also, realistically one support service provider may be better suited to provide assistance in a specific way, and therefore working with others in a complentary way allows the residential care center access to other areas and ways of receiving support during their transition.

Connections

Organization	Value (approx.)
Better Care Network	~55
Christian Alliance for Orphans (CAFO)	~45
Faith to Action Initiative	~36
World Without Orphans	~28
Changing the Way We Care	~26
1MillionHome	~24
Rethink Orphanages	~24
ACCI Kinnected	~10
Other	~28

REFLECTIONS

Results from this survey suggest a significant number of experienced organizations and individuals exist to support transitions of residential care centers. Respondents have supported at least 1,500 residential care centers transitioning to family care in 61 countries. We can easily assume tens of thousands of children have been reunified into families due to the activities reported in this survey. The survey was conducted to test the assumption that there is a lack of support service providers and revealed that many service providers have significant experience that can and should be leveraged for future planning.

However, the data shows that almost half of respondents (46.27%) reported they are currently not able to support a full transition, even if they had the resources to do so. **With over 5 million children estimated to be living in residential care and increasing international pressure for those children to be reunified with their families or placed into family care, there is a potential severe shortage of transitioning support providers.**

Of the respondents who said they have capacity to support the full transition process (44%), the majority of those reported needing additional resources. **Resourcing transitioning service providers is critical to build their capacity to respond to the growing demand for their services and to ensuring quality transition as part of broader reform.**

Most organizations reported supporting a wide range of transition activities. Yet countering that data, over half of respondents stated they had limited capability to support all the stages of a transition. These two seemingly opposing data points are worth further exploration. Perhaps organizations and individuals supporting transitioning residential care centers have provided a wide range of services out of necessity, but are better equipped to provide support for specific activities. Organizations may be supporting most or all transition activities because they believe there is no one to help and/or no accessible support for these activities. **This highlights a need to ensure that support service providers have access to others who can help fill gaps in their transition support and have opportunities to build their technical capacity.** Further research is needed to assess which areas of transition capacity building are needed.

Encouragingly, results indicate almost all respondents have a strong desire to continue supporting transitions, increase their capacity, and share lessons learned through their own experiences supporting transitions. Respondents also seem willing to receive from and contribute toward capacity-building efforts.

CONCLUSION

Faith to Action created this report to provide insight into what and where transitioning support is provided and who is providing that support. It serves as both recognition and encouragement that we are not engaged in the work of care reform and transition alone. Many have joined this important cause all around the world.

This report identifies several follow-on activities designed to increase access to quality transitioning support. Further study is needed in the critical areas listed below. Broad and inclusive efforts are needed to build the necessary capacity of both new and existing transition support providers. Collaboration and coordination will leverage existing assets for scaling up capacity. Additional resourcing is needed to accomplish this work. Those who have experience in transitioning are encouraged to share their lessons learned, and many more organizations must boldly step forward to ensure children are given the very best care in families.

If support for transitioning organizations is prioritized by government, donors, organizations, researcher, and practitioners all over the world, within the broader work of care reform, children can and will be cared for in safe, loving, and permanent families.

Potential Areas of Future Study

1. What defines a successful transition

2. What are best practice standards for transitioning

3. What is the impact of and best practices in transition support

4. What are the costs for transitioning and transitioning support services

5. How do services provided compare with where services are needed

6. Where is technical capacity building needed for supporting transitions

7. Why does support for transition appear to be declining in certain areas of the world and on the rise in others

8. Why do we see a decline in certain planned activities and methods, and increases in others

APPENDIX 1: SURVEY QUESTIONS

This survey has been created to gather information about organizations or individuals who are assisting or seeking to assist residential care providers with on-the-ground, individualized, support for transitioning their services to family-based care. Your input will help further the greater family care movement!

All information collected is confidential and will not be published or shared without consent. As a result of this survey and with approval, organizations with capacity to provide support for transitions will be included in a public directory. General findings, including identified gaps or strengths across the sector, will be presented in a report for survey responders to access.

Thank you for being part of the global movement to see children in families!

First Name

Last Name

Email

Phone (include country code)

>   NOTE: If you are not a part of an organization and answering this survey representing services you personally provide, please leave organization focused questions blank.

Organization

Position

Organization Website

Headquarters Address

How many estimated employees within the organization?

Are you a Christian organization?

In what countries does your organization have staff?

Brief description of your organization's mission.

Did your organization transition from residential care to family care at some point?

Have you ever supported transitions of other residential care centers to family-based care, not including your own organization?

Which organizations have you worked with in their transition from residential care to family care? If more than five organizations, see the instructions below this question .

   a. Organization and Country:
   b. *If more than five organizations, please instead include the estimated number of organizations and the countries you have done this work in.*
   c. Further explanation, if needed.

What settings have children been * reintegrated into?

    a. Biological parents

    b. Other family members or close kin

    c. Foster care

    d. Domestic adoption

    e. International adoption

    f. Small group homes

    g. Stay or move to another residential care setting

    h. Independent living program

    i. Other (please specify)

Do you desire to support transitions of other residential care centers to family-based care in the future?

What countries will you be focusing your transitioning support in the future?

Have you or do you plan to do any of the following for another organization transitioning to family care. (Check all that apply)

    a. Introducing the importance of family care and reintegration to leaders * in the organization: We have, We plan to, Never

    b. Strategy and planning for the transition: We have, We plan to, Never

    c. Donor and board engagement: We have, We plan to, Never

    d. Community awareness raising and engagement: We have, We plan to, Never

    e. Partnerships: We have, We plan to, Never

    f. Government engagement and linking to systems reforms: We have, We plan to, Never

    g. Assessments of children * and families: We have, We plan to, Never

    h. Family tracing: We have, We plan to, Never

    i. Preparing children and families for transition: We have, We plan to, Never

    j. Social work or case management training or support: We have, We plan to, Never

    k. Staffing adjustments or training: We have, We plan to, Never

    l. Use of buildings and other assets: We have, We plan to, Never

    m. Developing new programs: We have, We plan to, Never

            i. If you have or plan to develop new programs, what types of programs?

                   1. Family and community strengthening

                   2. Alternative family care (including kinship care, foster care, adoption)

                   3. Advocacy

                   4. Other (please specify)

Have you or do you plan to facilitate the following activities? (check all that apply)

    a. Provide funding * for the transition: We have, We plan to, Never

    b. General coaching or consultation: We have, We plan to, Never

    c. Onsite training: We have, We plan to, Never

    d. Online training: We have, We plan to, Never

    e. Onsite visits/meetings: We have, We plan to, Never

    f. Phone calls/video conference: We have, We plan to, Never

    g. Provision of standards and written guidance or tools for transitioning: We have, We plan to, Never

    h. Connecting with others or building a network: We have, We plan to, Never

    i. Other (Please specify)

Write a brief description of your approach to supporting residential care centers transition to family care or upload a framework in the next question. *Upload a framework if available.*

Do you/will you charge for your services?

How do you/will you determine who you will work with to help transition?

Have you worked/will you work with Christian organizations?

What capacity do you have to support other organizations/residential care centers to transition?

    a. No capacity at present

    b. Can direct an organization to relevant resources and other contacts

    c. Can provide limited support, for example via calls or emails

    d. Can provide support to limited stages of the transition process

    e. Can support certain aspects of the transition if provided resources to do so

    f. Can support the whole transition process without additional resources

    g. Can support the whole transition process if fully resourced

Do you want to increase your capacity to support other organizations/residential care centers to transition?

Are you currently participating in any of these networks, alliances, associations or working groups for supporting family-based care?

    a. Better Care Network

    b. Christian Alliance for Orphans (CAFO)

    c. *Changing the Way We Care*SM

    d. Faith to Action Initiative

    e. ACCI Kinnected

    f. Rethink Orphanages

    g. World Without Orphans

    h. 1MillionHome

    i. Other (please specify)

Please provide contacts with other organizations or individuals who are assisting or seeking to assist residential care centers providers with on-the-ground, individualized, support for transitioning their services to family-based care? (if applicable)

Are you interested in sharing your learning or expertise with other organizations trying to do the same work?

APPENDIX 2: GLOSSARY OF TERMS

- **Care reform:** refers to the changes to the systems and mechanisms that promote and strengthen the capacity of families and communities to care for their children, address the care and protection needs of vulnerable or at-risk children to prevent separation from their families, decrease reliance on residential care, and promote reintegration of children and ensure appropriate family-based alternative care options are available.

- **Family-based care or Family care:** Care provided to a children within a family's home setting instead of a group or residential facility.

- **Reintegration:** the process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and community. It is multilayered and focuses on family reunification (including extended family).

- **Reunification:** the physical reuniting of a separated child and his or her family or previous caregiver.

- **Residential care center:** care in settings where children are looked after in any public or private facility, staffed by paid care providers or volunteers, and based on collective living arrangements. This includes large institutions and all other short- and long-term residential institutions including group homes, places of safety, transit centers, and orphanages.

- **Transition:** changing the model of care or the nature of the service provided by an organization from an institutional to a noninstitutional one. This takes place as the human, financial, and material resources formerly used to sustain institutions are redirected and repurposed.

- **Transitioning support (service) providers:** third-party individuals and organizations who provide individualized consultation to organizations providing residential care centers undergoing or wanting to transition to family care.

- **Vulnerable children:** children whose rights to care and protection are being violated or who are at risk of those rights being violated. This includes children who are living in poverty, abused, neglected, lacking access to basic services, ill, or living with disabilities, as well as children whose parents are ill or in conflict with the law, and those who are at risk for being separated.

The Faith to Action Initative serves as a resource for Christian groups, churches, and individuals seeking to respond to the needs of orphans and vulnerable children. Through our publications, website, and workshops, we offer practical tools, resources, and up-to-date information on key strategies and research to help guide action. We are part of a growing global movement—faith led and evidence based—that seeks to affirm and support the importance of family care for children.

www.faithtoaction.org

Changing the Way We Care[SM] (CTWWC) is a global initiative to amplify efforts to prevent children from entering institutions and to place children currently in institutions in safe and nurturing families. This work takes place at the community, national, and global levels. CTWWC is managed by a consortium of Catholic Relief Services-USCCB, Maestral International, LLC, and Lumos Foundation.

www.changingthewaywecare.org

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