

10 Steps Forward

to Deinstitutionalisation



Building communities to
support childrens' rights

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Name of the publication for citation:

McArthur, D. (2011). 10 Steps Forward to Deinstitutionalisation. Terre des hommes Foundation, and Hope for Himalayan Kids, Nepal.

ISBN: 978-9937-2-3599-0

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Cover photo: © Thomas Ford, December 2009. Inset Photos August 2010. Pictures are for illustrative purposes only.

Contents

Foreword by Terre des hommes

Acknowledgments

Introduction to de-institutionalisationpage 1

How to use this manual and templates.....page 2

Step 1: Building community awarenesspage 3

What is happening internationally

What is happening nationally

What is happening in our community

Do we have a plan to raise awareness with our children about their rights

Do we have a plan to raise awareness in our community

Who belongs to our community of practice

Step 2: What is happening around us.....page 13

International legal instruments

Regional legal instruments

National legislation and policy

What are our responsibilities

Step 3: Managing our goalspage 25

Have we created a steering committee

Do we have a strategic plan that focuses on children's rights

Do we have an operational plan

What are our existing programs and prevention strategies

Do we have a strategic plan to develop our staff's capability

What skills can we share

Development of a evaluation tool to monitor progress

Step 4: What do our programmes look like.....page 37

Prevention

Family re- unification

Kinship care

Foster care

Child care centers

Alternative care

Step 5: Our childrenpage 51

Identification tools

Assessment tools

Development of a care plan

Reporting processes

Step 6: Transitioning our childrenpage 61

Evidence of children's participation

Organisation of the children's transition to alternative care

Transition preparation programme for children

Step 7: Building staff capabilitypage 65

- Staff transitioning
- New staff
- Training for all staff
- Volunteer program

Step 8: Logisticspage 71

- Time line
- Children
- New services
- New resources
- New infrastructure

Step 9: Our funding.....page 75

- Understand the current budget
- Develop a new budget
- Transfer on funds to alternative care arrangements
- Ongoing funding and sustainability
- Who are our donors

Step 10: Evidence of our work (reporting)page 79

- Who do we need to report to
- How do we report

Template	Planning	Pre-placement	Placement	Post-Placement	Reference to Step	Appendix
Awareness fact sheet	✓	✓			1	1.1
Planning Template	✓	✓			3, 4, 6	3.1
Family re-unification assessment		✓	✓		4	4.1
Kinship assessment		✓	✓		4	4.2
Foster agreement			✓	✓	4	4.3
Identification		✓			5	5.1
Assessment		✓	✓	✓	5	5.2
Care Plan		✓	✓		5	5.3
Staff training	✓	✓		✓	7	7.1
Volunteers agreement	✓	✓		✓	7	7.2

Abbreviations and definitions

Alternative care	<i>Care that involves a child living with a family other than his/her birth parents. This includes kinship care, foster care, adoption, kafala (an Islamic form of adoption), and supported child-headed households and other supervised care that is not institutionalised care</i>
BID Guidelines	UNHCR Guidelines on Determining the Best Interests of the Child, 2008
CRC	United Nations Convention on the Rights of the Child, 1989
CCWB	Central Child Welfare Board (Nepal)
Child	definition of a child as defined by the CRC <i>-All persons under 18 unless under the law applicable to the child, majority is attained at an earlier age</i>
CNET	Children's Home Network (Nepal)
DCWB	District Child Welfare Board (Nepal) <i>-District level Government Office to oversee policy formulation and implementation of welfare services for children</i>
Child Care Centres	Provides support to families with babies or young children (also provides respite day care for children with a disability)
Family-based care	<i>A form of alternative care that involves a child living with a family other than his/her birth parents. This includes kinship care, foster care, adoption, kafala (an Islamic form of adoption), and supported child-headed households</i>
Foster care	Is paid substitute family care provided by non relatives on a long or short term basis
FSP	Family Strengthening Programme (SOS Children's Villages)
GACC	Guidelines for the Appropriate Use and Conditions of Alternative Care of Children 2009
Kinship care	Is paid family care provided by relatives on a long or short term basis
INGO	International Non Government Organisation
Institution or orphanage	A <i>large</i> orphanage is recognised as housing 25 or more children living together in one building A <i>small</i> orphanage is recognised as housing 11 - 24 children /or children's home is recognised by housing 11 – 24 children (all have residential descriptions have been defined by Hope and Homes for Children UK)
MDG	United Nations Millennium Development Goals
MoWCSW	Ministry of Women, Children and Social Welfare (Nepal) <i>- Responsible Ministry for the Government of Nepal for policy formulation and implementation of the provisions for children, women's affairs and social welfare</i>
NPA for Children	National Plan of Action for Children 2004-2015, Nepal
NGO	Non Government Organisation
Orphan	<i>As defined by CRC; a child who has lost one or both parents (i.e. parents are registered as dead)</i>
Out-of home-care	<i>All forms of alternative care that involves a child living with a family other than his/her birth parents. This includes kinship care, foster care, adoption, kafala (an Islamic form of adoption), and supported child-headed households and other supervised care that is not institutionalised care</i>
Stakeholder	Is any person, group or institution that has an interest in one's organisation's activities, project or programme, this definition is also intended for the target group (children) and any other person involved that has an interest or role which effects the child
Social Service Practitioner	a person that has been working in the field of social work as a case worker or case manager however does not have a professional Social Work qualification (as defined by Department of Social Work, Kadambari Memorial College of Science and Management (KMC) Affiliated to Purvanchal University

The header features a dark grey background with several light grey footprints scattered across it, suggesting a path or journey. The text is positioned in the upper right corner of this area.

10 Steps Forward

to Deinstitutionalisation

Thinking Children Out of the Box

Towards de-institutionalising and building children's services in Nepal

*"It is better to sit beside the river
than to be a bird of cage."*

Nepali Proverb from Humla, Karnali

In recent months, two verdicts in foreign courts served as stark reminders that orphanages can be extremely hazardous places for children. Two pedophiles, one Australian citizen and the other one French, had independently established and run children's homes with the sole purpose of accessing Nepali children and sexually exploiting them. Mr. Pringge and Monsieur Haye were not tourists or volunteers —both were founders and directors of orphanages. Rape and sexual abuse was taking place in their institutions on a daily basis.

Thinking the box

When I first landed at Tribhuvan International Airport four years ago, little did I know that Kathmandu Valley had one of the highest densities of orphanages in the world. Flying over the city before landing, the myriad of private houses looked like small matchboxes of different shapes, sizes and colours. This was the norm, I was told. Everybody here dreamed of building a house in Kathmandu Valley. People's thoughts were concentrated on that goal. Call it "thinking the box".

The analogy of boxes came back to my mind a few months later, as we started investigating reports of abduction, sale and traffic in children in the context of institutionalisation: we soon discovered that children were being recruited, transported, harboured and sometimes sold, not only for the purpose of sexual exploitation or labour—a well known phenomenon in Nepal—but also for the purpose of institutionalisation. Running an orphanage had become a rather lucrative activity for a number of unscrupulous people. For some it was a cheap and effective way of building that coveted house in the valley. The process was simple: bring 20 children or so from rural districts to a rented property, advertise the children on the internet, receive donations and sponsorships, buy land and then... build the box.

In the worst case scenario, such institutions were part of a subtle and somewhat vicious form of child trafficking: children were used as cheap labour, forced to beg for the orphanage director, denied medical treatment, sexually abused and exploited, beaten to death or adopted internationally without the consent of their parents. In those all too frequent cases, the "boxes" housing the children were no better than a prison, a sweat shop or a brothel, albeit less conspicuously abusive.

Later on that year, I visited one of the biggest orphanages in the Valley, and saw children sitting alone in their cages, bouncing back and forth with their eyes fixed on their filthy mattress. This brought the painful memories of *camion spitals* and other institutions in Romania where I had travelled shortly after the iron curtain fell down. Somehow the bad smell, lack of care, and the empty glare of the children came back very vividly as they were the same: silent and hidden, the children of Nepal were suffering just like the Romanian children in institutions.

A nineteenth century response to a twenty-first century problem

The existence of many orphaned and abandoned children is a painful reality in Nepal. In spite of recent progress, maternal mortality remains high and children are separated from their parents due to family crises, migration or remarriage. HIV/AIDs is making quick inroads in rural areas. Statistically speaking, however, the situation is not worse than in other countries with a similar level of development. What is fundamentally different is the fact that

Nepal has been promoting a nineteenth century response (i.e. institutionalisation of children) to solve a contemporary problem.

Such a state of affairs was reached through the unfortunate alignment of several stars: first (i), a country weakened by a decade of civil war, which did not put orphaned or abandoned children on the priority list—the country seemed to have much more important things to deal with, such as the People's War or insurrection, and children associated with armed groups and armed forces; (ii) a sudden privatization of children's services which saw the royal charity Bal Mandir lose its state monopoly and its employees, in turn, leaving the institution to establish their own private orphanages; (iii) a rising demand from adoptive parents, some of whom were ready to write four or five figure cheques in hard currencies unaware of perpetuating one of the pull factors that brought children to the box in the first place; and finally (iv) urbanization and the one chance that rural families could not afford to miss: these institutions looked respectable and were an affordable way to send their children to Kathmandu to study.

On the positive side, there is a growing realization that such a phenomenon did not happen organically: it was supported by outside actors (sponsors, volunteers and adoptive parents). In fact, orphanages have never been a part of Nepal's home-grown response to children lacking parental care. From time immemorial the preferred way to care for and protect orphans was to send them to the extended family, also known as "kinship care". It remains one of the primary responses today, and it needs to be strengthened and made safe.

The fact that institutionalisation is a relatively recent practice makes it easier to address, compared to other countries. The first thing that needs to happen is a change of attitude among the foreigners, whose responsibilities range from being extremely naïve (I am shocked to read how some young volunteers fall for the tricks of traffickers and orphanage directors) to providing sponsorships and donations, to establishing illegal orphanages.

In the last 20 years, Westerners from various countries have opened institutions or provided funding to existing ones. Individual sponsorships have flourished. Travel agents and volunteer networks have been established to serve the market of volunteers coming to "live and work" in orphanages. Institutions have mushroomed into the hundreds. Children of expatriates have foregone their birthday presents, and instead asked their friends to donate gifts or money to the "poor orphans of Nepal". Well-to-do families have donated clothes to orphanages, claiming: "at least we know where that goes".

But where did all these resources go? How many times do water filters need to be replaced in orphanages? Why do we continue to see orphanage directors driving in lavish vehicles and buying more real estate?

Sexual abuse and exploitation by orphanage staff

We often hear that institutions are established with good intentions. This is of course true for some, and our friends who run transit centres and temporary children's homes will recognise themselves. We admire their work.

But "good intentions" are hard to assess in most cases and far from reality for numerous institutions. What makes orphanages obsolete in Nepal, as anywhere else in the world, is that they serve some of the darkest interests of adults.

Geoffrey John Prigge had a very personal interest in Nepali children. The Australian judge who convicted him of sexual abuse offence while in Nepal found him guilty of five charges related to indecent touching and attempted acts of indecency involving three Nepalese boys aged 13 and 14.

Jean-Jacques Haye, a 61 year old French national, was sentenced to 10 years imprisonment by a French Criminal Court in Paris, charged with rape and sexual abuse of Nepali children. The abuses were committed between 1985 and 2001 inside the shelter for orphans and street children known as House of Children of Chauni that Mr. Haye was running in Kathmandu. Six young men, at the time small children, and the Director of the Nepalese organisation Voice of Children – Mr. Krishna Thapa - went to France to testify against the abuses perpetrated by Mr. Haye. He was first

arrested in Nepal in 1999 and expelled to France in 2002 to be judged in front of the Assize Court. After being jailed for two years, Mr. Haye was released under judicial supervision and in June 2004 he escaped and eventually went back to Nepal where he was arrested for the second time in March 2009. This conviction comes into application according to French Legislation, which allows the prosecution of its nationals for crimes and sexual offences committed overseas.

In 2008, Terre des hommes and UNICEF conducted a study (“Adopting the Rights of the Child: A Study on Intercountry Adoption and its Influence on Child Protection in Nepal”).¹ Throughout the course of this study, researchers came across cases of child abuse and potential sexual exploitation in child care centres. Interviews with children revealed a high prevalence of child abuse. Although children and centre staff are likely to underreport instances of abuse, 7 per cent of children interviewed reported physical abuse and 15 per cent reporting scolding and verbal abuse.

Interviews with centre staff revealed that practices such as ‘hitting children’, ‘isolating them’ and ‘locking them inside the toilet’ were taking place. During the study, researchers were told about a case of sexual abuse that had allegedly taken place in a child centre in the Kathmandu Valley. According to a child centre staff, foreigners had offered to take the children on an excursion. Later the staff learned from the children that during this excursion the “foreigners had sexually abused them and even videotaped them performing sexual acts.” A child in a centre in the Kathmandu Valley reported the following: “The caretakers hit me and all the other children often. The worst is when they hit the disabled boy; they hit him the most. They also shout at us for no reason. They make all of us work.

We have to wash our clothes and we have to work in the kitchen, washing the dishes, cutting vegetables and sweeping the floor. The helpers just watch us when we work. They don’t take good care of us even when we are sick. For lunch, we get either biscuits or Wai Wai noodles, which are not enough for us, so we stay hungry. When foreigners visit the centre, the caretakers treat them very nicely but keep the presents, like shampoo, face cream, etc., that the foreigners bring for us children, for themselves. A few months ago, we heard that this place is going out of business. All of us are happy that we won’t have to live here anymore.”

Playing with fire

In the last few days, as we were finalizing this publication, several untoward events reminded us of the gravity of the situation. We received credible information that a young man had entered the premises of an orphanage at night and molested adolescent girls who were hearing and speech impaired. They were able to alert orphanage staff by making loud sounds such as banging on their beds.

A 12-year old child died mysteriously in Jorpati in a child care home.² Although she was admitted as an orphan, it was found that both her father and mother were alive. She had been institutionalised five years ago through a fake village development committee recommendation letter from Ramechhap District stating that she had no father. The orphanage was running illegally without registration.

A few weeks later, we learned of a female orphanage director beating children with a metal stick, and 24 children being traumatized by her. The children were accommodated in one bedroom with no separation between boys and girls and squalid conditions. They were not being fed regular meals and their profiles were falsified. One child had died six months ago and another one mysteriously disappeared. According to a Central Child Welfare Board official who visited the home, the orphanage director was suffering from mental illness. The illegal institution was closed down on 20th March 2011 and the children rescued. The difficult work of family reunification and finding a permanent solution for these children has started.

These events confirmed our assertion that thousands of children in institutions are facing a **major child protection crisis**. In 2008, Tdh estimated the number of children in residential care to reach 15’000 throughout the country. There were at least 440 private institutions, many of whom were being run by businessmen as a side activity.

¹ See page 12-13 <http://www.crin.org/bcn/details.asp?id=19200&themeID=1001&topicID=1006>).

² See Unregistered child home educating 45 kids, 3 March 2011, The Himalayan Times <http://www.thehimalayantimes.com/fullNews.php?headline=Unregistered+child+home+educating+45+kids&NewsID=278768>

According to CCWB, this figure has not changed and it is still the official one. To get a true picture of institutional care, however, one should add illegal institutions, boarding schools, faith-based institutions, as well as “correction homes”. The rate of institutionalisation in Kathmandu is higher than that of Cambodia (193 per 100’000 children aged 0-17) or even China (27).

Illegal homes continue to operate with impunity

People do not traditionally think of orphanage directors as the cruel monsters of Dicken’s *Oliver Twist*. They are treated with respect and seen as benevolent men and women. Being “people of charity”, they are revered in the community. They are applied “Tika” at official ceremonies and greeted with respect. They are seen as benevolent people helping scores of children get an education.

This is likely to change. One can predict that there will be more scandals of illegal homes like the one we documented above. Having a large number of unregulated orphanages is a recipe for disaster. After concluding a recent monitoring visit to an illegal home, that was registered under the NGO Act but not under the Central Child Welfare Board, an official indicated that that this placed the entire registration system in question.

We’re sorry for the tragedy of childhoods lost



Australian Prime Minister Kevin Rudd (left) comforts a victim after giving a national apology to institutionalised children at a ceremony in the great hall at Parliament House in Canberra, November 2009 (Reuters)

"We come together today to offer our nation's apology, to say [...] that we are sorry. Sorry that as children you were taken from your families and placed in institutions where so often you were abused. Sorry for the physical suffering, the emotional starvation, and the cold absence of love, of tenderness, of care. Sorry for the tragedy, the absolute tragedy, of childhoods lost."³

These words of contrition were uttered by Australian Prime Minister in 2009. Perhaps the same could be said in Nepal one day, and in other countries, as the suffering of children in institutions is no less intense. Mr. Rudd offered the nation’s apology to the hundreds of thousands of children who were separated from their families and institutionalised, including some 7,000 British children shipped to Australia after World War II. Many of them were placed in religious institutions, where they were abused or neglected. The institutions were not properly inspected and staff was mostly untrained and poorly supervised. The official inquiries heard that funds provided by the government for the children's care and maintenance were sometimes used to feed staff well, while the children were given scraps. The homes also attracted pedophiles. Many children – the exact proportion is unknown – have said they were sexually abused. Others have described miserable, lonely lives, during which birthdays and festivals went unmarked, and they never received any affection.

Today, Australia has closed all its orphanages. There is not a single one left. There are no “orphans” in the country — only children placed in foster care and then adopted domestically.

We at Terre des hommes are sorry for tragedy of childhoods lost in Nepal. We look up to countries like Australia, which in a few decades have completely reversed the situation from a child protection crisis to the establishment of safe children’s services. We trust that one day the suffering of children in institutions will be recognised officially.

³ Australia's Rudd apologizes to forced child migrants, the Christian Science Monitor, By Kathy Marks, Correspondent / November 16, 2009 <http://www.csmonitor.com/World/Asia-Pacific/2009/1116/p06s10-woap.html>

De-institutionalisation has begun

Less than a year ago, there was almost no recognition of the risks inherent to institutionalisation of children. The 2005-2015 National Plan of Action for Children was openly “promoting children’s homes” and recommending an “increase in the number of orphanages”. In this day and age, we don’t know of many other countries in which the official policy is to promote institutionalisation. If it was the policy, this is no longer the case and these countries have now taken drastic steps to remove children from institutional care.

It is probably as easy to carry out de-institutionalisation as it is to pronounce the 22-letter word. All those engaged in the process will know that it is an arduous and time-consuming process. But the concept is straight forward. In our context it means opening the boxes and releasing children from orphanages. It means support to other forms of care and the establishment of a gate-keeping mechanism. It means investing in competent and compassionate staff that will leave no stone unturned to provide family-based care to the children.

There have already been de-institutionalisation efforts carried out by Hope of Himalayan Kids, Next Generation Nepal, The Himalayan Innovative Society and a new initiative by Solhimal and Umbrella Foundation. A major effort happened in 2010 where a group of children returned to their district of origin, Humla and a children’s home run by Next Generation Nepal and The Himalayan Innovative Society was relocated from Kathmandu to Simikot. The adjustment process is still ongoing, however; children have been removed from the negative effects of life within institutions and most adapted relatively quickly to their new environment. For those children who have been reunified with their parents, adjusting to life outside an institution is a difficult process; especially adapting to social behaviors in the family setting.

Today we are encouraged by the inclusion of de-institutionalisation as a topic of discussion with NGOs and the Government, particularly the Central Child Welfare Board and the Ministry of Women, Children and Social Welfare. Several organisations have approached Terre des hommes with requests for assistance and a working group has been formed headed by the Central Child Welfare Board. We are available to continue these efforts and wish to offer our assistance.

A life-long project

De-institutionalisation will not happen overnight and it requires stamina rather than high speed. What is certain is that there is a strong correlation between the country's poverty/GDP and institutional care. In Europe the most affluent countries have drastically reduced their reliance on institutional care. It is more difficult in poorer countries, but some, such as Romania, have managed to cut the number of children in residential care by half.⁴ Today there are 46’000 children in the care of foster parents or guardians whereas there was no such system when I visited in the early 1990s. This process has just started in Nepal: there are 28 foster families at the moment in the four Midwestern districts in which we operate.

Kinship and guardianships are also promising forms of alternative care in Nepal. In our projects we find that relatives of children in need of protection are often one of the most obvious and culturally acceptable alternatives. The challenge is to ensure that this is in the child’s best interest and that child labour is eliminated from this form of care.

In the long run, as Nepal develops and the human development index improves, it will be less and less common for birth parents to give up their children. With a decreased maternal mortality, the need to operate large orphanages will decrease.

Where consciousness goes, energy and resources follow. As this is a complex and resource-intensive process, de-institutionalisation will help bring more resources into the country. It doesn’t mean simply emptying the boxes: it requires a conscious effort to develop modern and effective child care services.

⁴ UNICEF Regional Office for CEE/CIS TransMONEE 2009 DATABASE, released in April 2009, www.unicef.org/ceecis

We wrote earlier about a major child protection crisis. As it crisis needs to be addressed urgently, the purpose of this document is to assist the Government of Nepal, social work practitioners, orphanage staff and others to transform the system. It must be transformed without delay towards promotion of family-based care and avoidance of institutionalisation at all costs.

Acknowledgements

On behalf of Terre des hommes Foundation I would like to gratefully acknowledge the work of the main writer, Deborah McArthur, as well as Aruna Khadka and Chandrika Khatiwada who assisted her. We are also indebted to Babu Kaji Pandey for his assistance in translation as well as his invaluable inputs to this work.

The work of Georgette Mulheir of Hope and Homes for Children and Professor Kevin Browne, School of Psychology, University of Liverpool, UK (authors of the guide titled “De-institutionalising and transforming children’s services, a Guide to Good Practice”), was a major source of inspiration.

Special thanks to our friends and colleagues from Next Generation Nepal and Karya. Their commitment to de-institutionalisation is exemplary. We also look forward to working with colleagues from Solhimal, Umbrella Foundation and other children’s homes to help return more children to their families in the future.

My thoughts also go to my past and present colleagues from the Mala project: Binod Tamang, Elena Giannini, Eliane Scheibler, Himal Gaire, Shankar Malakar and the project’s team leader, Nawjeet Karmacharya. The contributions of CMC Nepal as well as the social workers employed by DWAC, DDS, SEDA and THIS have been exemplary. Their commitment to the cause of family preservation and development of professional children’s services really touches me.



Joseph Aguetant
Country Representative
Terre des hommes Foundation

Poverty, disease, disability, conflict, disaster and discrimination are among the most discussed factors that have caused the separation of children from their families and placed in orphanages and/or child care homes. Providing institutional care to children is still happening in many countries and in Nepal, despite the negative impact on children as indicated by several studies conducted in many countries. Moreover, many institutions have alarming records of abuse and neglect against children.

The myth is that children are placed in an orphanage because they have no parents. This is not the case for all children who are living in an orphanage or in child care homes. The majority of children in Nepal are living there simply because their parents can't afford to feed them, provide clothes and educate them. Evidence clearly reveals that institutional environments often fail to meet children's physical, emotional, and social needs. In general, many institutions are under-funded, understaffed, and overcrowded. Children living in the institutions are more vulnerable to harm, exploitation, abuse, and neglect. Adopting the Right of the Child, a report by Tdh and UNICEF published in 2008 states that "...of all the 1,706 children residing in child centers across the 3 study locations, only 15 per cent were double orphans. Twenty-three per cent were single orphans (12 per cent had lost their mother and 11 percent their father). The remaining 62 per cent of children still had both parents. Of all children, 33 per cent had been declared abandoned, according to child centre staff."


Placing children in institutions is often seen as the most straightforward solution to any problem that children and/or his or her family face. This practice encourages parents to send their children to child care homes and consequently provide a means to make easy money by some ill-motivated people with their unscrupulous and unregulated institutions.

With the appropriate kinds of support, most families would be able to keep their children with them. Furthermore when it's just not possible for a child to live with his or her parents, there are other forms of family and community based alternative care options to protect and care for children. The Guidelines for the Alternative Care for Children points out in Article 14 that "Financial and material poverty, or conditions directly and uniquely imputable to such poverty, should never be the only justification for the removal of a child from parental care, for receiving a child into alternative care, or for preventing his/her reintegration, but should be seen as a signal for the need to provide appropriate support to the family."

In practice, supporting families and communities to look after their children themselves might seem more complicated in the short term. But, in the longer term, it pays enormous dividends. It is not only beneficial to the individual child as they are given the opportunity to flourish to his or her potential, but also these children are more likely to contribute to their communities and to their country's development as they grow into adults. Currently, on a global level, based on the evidence of this research, efforts have been made to work with families and community to provide alternative care to children in need by working with local government bodies and local organisations.

In this context, de-institutionalisation is a way to transform children's service to the appropriate alternatives care models that are mostly based in family and community. The provision of Article 24 of The Guidelines for the Alternative Care for Children emphasis that "While recognising that residential care facilities and family-based care complement each other in meeting the needs of children, where large residential care facilities (institutions) remain, alternatives should be developed in the context of an overall de-institutionalisation strategy, with precise goals and objectives, which will allow for their progressive elimination."

The 10 Steps Forward to De-institutionalisation manual will inspire, motivate and guide those working in the field of child protection. It will assist Government, national and international donors, non-government organisations, faith-based groups and others to create positive efforts to stop unnecessary and harmful use of institutional care for children and provide support in building a **Child Friendly** welfare system within their organisational mandate. Guided by the information, organisations may develop alternatives models for caring and protecting children in need by enabling families and communities to offer every child the opportunity to thrive to his or her potential. Family and community based care models respect the notion of the best interests of the child and allow the child to live in a family environment and grow as an adult within their community. Let us all respect the rights of these children and give each child the opportunity to thrive in a loving family environment.



Mr. Gupta Prashad Sharma
Chairperson
Hope for Himalayan Kids, Nepal



10 Steps Forward
to Deinstitutionalisation

Introduction

With the commencement of the Convention on the Rights of the Child (CRC) in 1989 and the adoption of the Guidelines for the Appropriate Use and Conditions of Alternative Care of Children 2009 (GACC), there has been a significant international movement to de-institutionalise children and to provide children who do not currently enjoy the same rights as others, family based care, appropriate services and the attention that all children need to develop to their fullest potential.

The Guidelines for the Appropriate Use and Conditions of Alternative Care of Children 2009 (GACC) in para 2.3 states that “the family being the fundamental group of society and the natural environment for the growth, well being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members. The State should ensure that families have access to forms of support in the care-giving role”.

Many countries have social problems that have a negative impact on the welfare of its citizens. Whether these issues stem from the internal environment or initiated by external forces, the common ground for all countries which are suffering from poverty, unemployment, lack of educational, health and other social services is the overwhelming number of children who are abandoned, trafficked or orphaned.

Countries past and present, have met their responsibilities for the welfare of the children by housing abandoned and orphaned children in institutions funded by either the State, local government or foreign aid. Research now describes that this model of service is harmful to the development and health of children.

Studies of children who have resided in institutions, particularly those who have been placed from birth to 3 years old have shown that they are at greater risk of experiencing significant delays in their brain development. The contributing factors to these delays in a child's development are the lack of a primary carer to provide regular interaction and stimulation, access to good nutrition and the neglect of health needs. The extensive research on children's development all suggests that the best environment for a child to develop to their fullest potential is in a loving home environment.

De-institutionalisation is the process of transforming the institutional model of service within an organisation, to a model of family based care services that meets the best interests of the child. This model of service adopts organisational standards and mechanisms that will safeguard the rights of the child, be inclusive of the child's decision making capacity, seek family based care options as the first response if suitable for the child, promote relationships with family members, friends and other important stakeholders associated with the child and support staff through training and employment.

The following have been identified as priority areas of the de- institutionalisation process that require appropriate action;⁵

- Taking preventative measures against the placement of children in child institutions and reduce gradually the number of children in institutions on the basis of poverty reduction and improvement of social and economic conditions in the country
- Transforming child institutions into family based support and care
- Create a system of alternative services (community and family based services, guardianship, trusteeship, fostering and adoption)
- Implement mechanisms of expanding and stimulating the opportunities of giving children to families (biological or alternative)
- Create the system of re orientation of the child institution staff and training of social workers

⁵ United Aid for Azerbaijan Report February. (2007). *Trialing Gate-Keeping Systems in Azerbaijan*. Zardabi Internat, Guba <http://www.uafa.org.uk>

The process of de-institutionalisation is complex and can be more harmful to children's psychological and physical state if the process has not been considered carefully and managed by staff that has a firm and positive attitude to the rights and welfare of children. Monitoring the process at all times is essential and the best and most accurate indicator is a happy child who is developing to his or her full potential.

How to use the manual and the templates

The purpose of this manual is to provide your organisation with guidelines and templates to assist you transform your model of practice from an institutional care facility for children to a children's services organisation that provides alternative quality care and advocates preventative action for abandoned, orphaned or abused children.

There is much documented international best practice and research written about the de-institutionalisation of orphaned and abandoned children. This manual will refer to this research for your organisation to review whilst also providing your organisation with an overview of the best and practical processes that have been recommended from this research and practice. This will assist your organisation implement the findings of the research in a systematic manner and help with the initial process of change.

Whilst the step by step process has been designed to aid your organisation with the development of the organisation it will also ensure that during all stages in the process of change, the most important single aim during any of these changes is about the quality of care for the children and endeavor to provide steps to meet the welfare needs of the staff.

Your organisation may well be advanced in some of the stages therefore the **STEPS** that are outlined in this manual may become a guideline only to guarantee that your organisation is providing services in line with international best practices for all of your staff and children's needs. However these **STEPS** should be reviewed before moving onto the next **STEP**.

Each **STEP** has a key message and by understanding the key messages this will not only help your organisation identify what your organisation has already achieved, it may also prompt a fresh examination of how your organisation is planning to care for the rights, health and well being of your children and staff in the future.

Within each **STEP**, goals have been identified to assist your organisation to develop a clear understanding of what is meant by the key message. These goals are to initiate discussion and there may be many more goals within each of the **STEPS** that your organisation wants to reach or is already working towards.

Where necessary each **STEP** is also equipped with templates, however these again are guidelines only and may not suit the needs of your organisation. The templates can be adapted to the programmes and processes of your organisation or help you to develop your own.

Most organisations share the common complaint of the lack of staff and other resources, including funding, and therefore this manual attempts to provide your organisation with information that will have the greatest impact to create change and follows the principles of de-institutionalisation that has been practiced and experienced on an international basis. However, the manual is only a condensed guide of these practices and therefore your organisation is encouraged to explore the research and possibilities of your organisation's own processes.

What is important is to monitor and discuss the welfare and progress of each child and where necessary modify your organisation's plan if an activity is causing distress or does not promote the children's rights as expressed in the Convention on the Rights of the Child, 1989 (CRC).

Step 1

Building community awareness



- What is happening internationally
- What is happening nationally
- Where are we at in our community (locally)
- Do we have a plan to raise awareness with our children about their rights
- Do we have a plan to raise awareness in our community
- Who belongs to our community of practice

1

Step 1: Building the communities' awareness

Our aim is to develop our communities' knowledge about the status of children's rights



What is happening on an international level?

Our goal is to gather and gain knowledge about what is currently happening around the world for children who have been abandoned or orphaned.

To understand the intention of this manual your organisation has to firstly understand a rights based approach for children and what international instruments (conventions, protocols and guidelines etc) are in place for children that entitle them to their full human rights. The 1989 Convention on the Rights of the Child (CRC) adopted by the United Nations was the first comprehensive instrument designed to protect and promote the rights of people under 18 years old. The CRC sets out rights that children enjoy as human beings and also identifies special rights and protection measures they require during this vulnerable phase of their lives.

The rights in the CRC are predicated on the principles of universality, non discrimination, best interest of the child and accountability. This means that they apply to all children without considering where they are living and with who they are living. The CRC is legally binding to the states that have ratified or acceded the convention and obliges them to ensure that all efforts would be made to protect and promote children's right, and it creates a moral imperative to all those who aim to assist children fulfilling their rights.

Every child has an equal right to enjoy their childhood and protection from all types of harm in line with the broader principles of the CRC and the rights that it sets out, this includes, children who may be disadvantaged by poverty, family circumstances, disability, race, caste, gender, isolation or other reasons.

There are 54 articles in the Convention on the Rights of the Child (CRC) and these can be clustered into broader categories including, general measures of implementation, definition of a child, general principles, civil rights and freedoms, family environment and alternative care, basic health and welfare, education, leisure and cultural activities, and special protection measures Each one of the rights include minimum standards for children's health care, education, access to legal, civil and social services that are essential to human dignity and to the well adjustment of every child.

When a country ratifies or accedes to the CRC, this commits the Government to embedding these rights into the national policy, legislation and systems of their country and it is accountable to this commitment. Accordingly, the State party is required to submit reports to the UN Committee on the Rights of the Child on the measures adopted which give effect to the rights recognised in the convention and thus hold a legal obligation before the international community.⁶ The State party has to take measures to ensure effective realisations of all rights set in the convention to ALL children in the country.

To support the concepts of the CRC, the Guidelines for the Appropriate Use and Conditions of Alternative Child Care 2009 (GACC) provide a framework for addressing the harms of institutional care. The key message of these Guidelines is that the best environment for a child is in a safe environment with their family or family members. The guiding principles recommend that children should not be placed in alternative care (care that is not with their families) unnecessarily. Efforts should be directed at enabling children to remain in or return to the care of their parents or where necessary with other close family members. The specific provisions of the CRC which are relevant to

⁶ The State Party is required to submit its initial report within two years after acceding to the CRC and thereafter in every five years.

de-institutionalisation, family care and family based alternative care the Guidelines on Alternative Care for Children have been provided in more detail in Step 2.

Besides the presented legal sources for de-institutionalisation there has been much written on the concept and practice of de- institutionalisation advocating that the institutionalisation of children is detrimental to a child's physical and mental development. Factors that are generally associated with institutional care are the lack of affection, anonymity of collective life, lack of nutrition, safety at risk, violence, poor education, lack of access to general medical attention and so on. Whilst children are exposed to any of these factors they are at risk of poor development.

During a study on intercountry adoption and its influence on child protection conducted by Tdh and UNICEF researchers found that an alarming 7% of the children interviewed reported being physically abused and a further 15% reported verbal and other abuse.⁷ Staff innocently reported that "hitting children, isolating children and locking them inside the toilet" was a sanctioned disciplinary measure for misbehaving children. The researchers went further to report two cases of abuse and harm to the CCWB and heard from the staff at one centre that children who were taken on an excursion by foreigners had all been sexually abused. Whilst most cases of child abuse and child sexual exploitation go unreported and undocumented by the authorities the qualitative data indicates that there is a high prevalence of child abuse within institutions in Nepal.

The message of child protection and child development research is clear and it is that providing a child with a safe and a loving family based care is the critical element in giving children the best opportunity to develop to their fullest potential.

The concept of de-institutionalisation is not new and historically has been a term that referred to the process of moving people with a disability from institutional care to community housing options. Traditionally, many people with a neurological disability, physical disability or mental health issue were typically incarcerated in large institutions where evidence now shows that mostly people's human rights there were nonexistent.

Many countries which lack the provision of state operated health and social services function on the institutional model for the care and protection of children who are abandoned or orphaned as the only alternative option for providing children with a level of care. However, as already mentioned above, the evidence now shows that under this model, long term institutional care is harmful to a child's development and may hinder them from developing to their full potential.

Research on de-institutionalisation also reports that child protection and services via institutional care contributes to the cycle of poverty as rarely the children are skilled and educated once they leave this type of care to cope with the external world.⁸ Through the lack of appropriate child care services, these children are likely to grow to be poor and vulnerable adults, continuing the cycle of poverty.

Countless people have contributed to this model of practice, through either employment within children's homes or large institutions, volunteering or by supporting the practice through the community. They have done so with the best intentions for the children who have had no alternative care options. Many good intentioned people are financially supporting institutions for the care of children across South East Asia, through volunteer aid, donor sponsorship or funding new orphanages for children's care. This goodwill unfortunately continues to sustain the same practices to care for abandoned children. This generosity can be redirected into services and practices that assist children out of the cycle of poverty, through recognising children's rights to family based care and protection their practical assistance can provide children with the basis to develop to their potential.

⁷ Terre des hommes & UNICEF. (2008). *Adopting the Rights of the Child: A Study on Intercountry Adoption and its Influence on Child Protection in Nepal*, p.12-13 information accessed December 2010, Tdh www.tdh.ch, www.tdhnepal.org, www.childtrafficking.com <http://www.unicef.org/infobycountry/nepal.html>

⁸ European Commission Daphne Programme Directorate-General Justice and Home Affairs in collaboration with WHO Regional Office for Europe & The University of Birmingham, UK. (2007). *De-Institutionalising and transforming children's services- A guide to good practice*. University of Birmingham (WHO Collaborating Centre for Child Care and Protection) Birmingham, United Kingdom.

It is also a common factor that the institutions which are mostly reliant on fundraising and foreign aid are often not sustainable. Funding on a donor basis is not always consistent relying on economic factors and human kindness and therefore the level of care for children may not always be of the same standard throughout a child's term within the institution, depending on the funding that is received.

Funds redirected to support families to care for their children in the home environment or an alternative home care environment, providing education and advocacy about children's rights will not only assist the children that are presently orphaned or victims of abandonment through poverty however will start to break the cycle that presently exists. On a long term basis through building an organisation that works towards the realisation of the principles and provisions of the CRC for children, the organisation and its donors are investing in the development and future of the community by supporting children who will grow to become competent and capable adults.

The systems required for the protection and rights of children are complicated and should be introduced as an initiative at a national level that will facilitate gate keeping systems and management of the practice of the child care that is delivered. However, by advocating and demonstrating a system of care for children within your organisation you will increase the rights of these children in the future and help enhance the establishment of a care system at the national level.

“Over fifty years of research demonstrates that children in institutions will not develop in the same way as children living in families. Normal child development requires frequent one-to-one interactions with a parent. While a socially-rich family environment promotes infant brain growth, an impoverished environment has the opposite effect and will suppress brain development. The child's lack of opportunity to form a specific attachment to a parent figure is a typical feature of residential care.

Research has demonstrated that young children who are institutionalised during the first 6 months of their lives suffer long-term developmental delay, leading to a greater probability of antisocial behaviour and mental health problems. Moreover, young children who have experienced residential care after the age of 6 months, as an emergency measure, have been found to be more likely to recover once they have been placed in a caring family environment.

This is why it is recommended that no child under the age of three years should be placed in a residential care institution. Child placement, in any kind of institution, should be a last resort and for the shortest time possible” UNICEF, 2010



What is happening nationally?

Our goal is to gather the information that exists at a National level which impact on child welfare in our country.

According to a study by the Central Child Welfare Board (CCWB) there are 440 registered child care homes in 37 districts of Nepal (The States of Children of Nepal, CCWB, 2010). A total 11,137 children (4,904 girls and 6,233 boys) aged between 0-18 years who are classified as orphans are living in these child care homes. It is very difficult to classify who are real orphans and who are not as there is no real information available to date.⁹ A UNICEF-Tdh study in 2008 showed that a high proportion of children in residential care (62%) could have been raised by their parents or immediate family members.¹⁰

⁹ Better Care Network. (2009). *Global Facts about Orphanages*. Better Care Network Secretariat, August 2009

¹⁰ Terre des hommes /UNICEF, *Adopting the Rights of the Child: A Study on Intercountry Adoption and its Influence on Child Protection in Nepal*, 2008, p. 12-13

It has been identified that Nepal is one of the least developed countries in Asia and due to over a decade of internal conflict and the impact that this has had on Nepal's economy, the number of families living below the national poverty line has increased. This has created a negative context for caring for children and the number of children suffering the cost of poverty.

The issues that surround the consequences of poverty in Nepal are complex however the physical impact is demonstrated by people's lack of access to food, safe drinking water, education, sanitation, accommodation and medical care. Often parents and extended families are unable to care for their children due to some or all of these issues. Children are particularly at risk of malnutrition, disease, physical or psychiatric disability, child and infant mortality, and illiteracy. Families unable to support their children's welfare are more likely to place their children in welfare institutions alongside the "real orphans".

It is estimated that approximately 11% Nepal's population have a disability however every country defines disability differently and without a database of registered people with a disability this figure is only an estimated statistic. Without a cohesive strategy to deploy specialised support services within the education system or private and community life for people with a disability, these children who are the future adults of Nepal, may not develop the skills they will require to participate fully in the community.

The Government's strategy to children's welfare at a national level has been to improve the standards of institutions as opposed to taking steps to close them down and initiating a more complex social services response. The National Plan of Action for Children 2004-2015 (NPA) is one of the policy documents that re-affirm this response. The national "top-level plan", to quote its own statement has four themes and these are promoting healthy lives, quality education, protecting child rights and child participation. The action in response to abandoned and orphaned children's needs is to enable more registered children's homes to operate and to grade these orphanages in the endeavour to meet a minimum standard of living environment for these children.¹¹

These measures are a step in the right direction however what this strategy does not address is the number of children being abandoned or orphaned and their exposure to an environment that is harmful to their growth and potential. Whilst the NPA intends to raise the standards of institutions, the risks that have been identified as environmental norms within orphanages will still exist to some degree. The indication is to date that the orphanages in

Nepal has exposed children to some degree or devastating disadvantage and whilst superficially caring for the direct needs of the children are not addressing the long term solution for children's welfare.

Some of the challenges the government faced in meeting the goals of the previous plan were the lack of human resources, the lack of ownership, abuse and discrimination of children, high prevalence of poverty, low importance of child rights, lack of legal provisions to address exploitation and accountability of key stakeholders. The challenge for the vision of the 2004-2015 National Plan of Action for Children may well be the same as the system presently endeavors to create institutions that meet just the minimum standards in all institutions.

¹¹ This was at the time of writing- currently the 2010 revision of the ten-year National Plan of Action for Children 2004/5-2014/5, the CCWB 2011 Strategic Plan and Budget, the MWCSW Activity Plan and Budget July 2011-June 2012 and the Three-Year National Plan Chapter on Children now contain provisions and a budget for the implementation of family –based alternative care. There is also advocacy underway for the inclusion of family based alternative care in the Revised Children's Act.



What is happening in our community?

Our goal is to develop our knowledge about the services available in our community, what systems are already in place, and who we can share and network with to discuss the practice of de-institutionalisation.

De-institutionalisation is currently being practiced worldwide however it is important that your organisation has knowledge about regional or local experiences if these are currently in operation. It would be beneficial to your organisation to collect as much information as possible about existing de-institutionalisation projects that have been piloted within the country or in the South Asia region, and it is important that your organisation makes contact with other organisations that have managed a de-institutionalisation process to discuss what works and what didn't.

Currently many new services in Nepal are being piloted and trialed to provide alternative care to the children who are deprived of parental care or at risk of losing parental care. For example peer group homes, independent living arrangements, foster care, kinship care, child headed household, day care centres, night shelter for street children etc have been successfully trialed and continue to gather momentum in Nepal (refer to *case study* in Step 4 for more information).

These services are run independently, many are funded and managed through foreign aid and the organisations providing services adopt their own policies and practices. Whilst organisations and the people who staff them mostly have the best intentions for the children that they have responsibility for without a formal system this can also result in no formal employment processes, no formal screening of volunteers, employees working without formal supervision, support or training.

As mandated bodies of the government, the CCWB at the central level and the DCWBs at the district level have initiated a process to annually monitor and report on existing children care services which is generally the monitoring of the institutions (orphanages and child care homes). Many children's homes in Nepal are run with no regard to child rights or even the minimum standards defined by the Government of Nepal and the CCWB does not have rigorous systems of monitoring these children's homes to keep them to the minimum standards. As this gate keeping system struggles to regulate the monitoring or to provide support and training for the employees and organisations who work with these children, the children who live in these institutions are indirectly left out of a social protection system.

It is for the long term benefit of the children to gain as much information on the process of de-institutionalisation as is possible, and the pre-planning phase of de-institutionalisation is as important as the implementation. Inviting a member of an organisation who has worked through this process would be important to discuss the concept with your staff, committee and the children prior to starting the strategic and operational plans.

As explained in the previous chapter, the existing laws and current response to child care and protection in Nepal still support a model of institutional care.¹² The resources spent on a system which is proven to be detrimental to children's development and their wellbeing could be better allocated to delivering services which have been identified as the best practice for children's development. Resources aimed at training and development of better infrastructure is also required to create this change. Gathering information and sharing skills with the community is essential to developing the overall goal of creating change at a national level.

Following your organisation's pilot project, your organisation will have its own information on de-institutionalisation and skills to share with other organisations that are still at the institutional stage. In doing this your organisation will be

¹² The Three Year Interim Plan 2067-2070 BS (2010-2013) has adopted an action point of promoting alternative models of care for children without parental care and children who are at risk. It is explicitly mentioned in the plan that the Government will formulate policy and integrated law for promoting alternative care models including kinship care, family support schemes, foster care and sponsorship as well as domestic and international adoption and community based care models, however as with the past plan the resources to implement the goals have prevented immediate action. Children are still living in orphanages that do not meet the mandated standards and are increasing not decreasing.

contributing to the process of change towards adopting a system at a National level in which children's welfare is a priority.



Do we have a plan to raise awareness with our children about their rights?

Our goal is to ensure that our children feel safe and are included and informed about what is happening to them and about the life that they are entitled to live.

The primary concern is the happiness and welfare of the children that already live in your organisation's institution. In the process of de-institutionalisation, not all of the programmes that your organisation is planning will be possible to start immediately due to funding and other planning issues. During this phase, once your staff is familiar with the information they can start to create information about the aims and intentions of the CRC and the GACC for ensuring the rights of the children.

Depending on the range of the children's ages, the staff at your organisation could plan an initial workshop to inform the children about children's rights and what this means. Explaining the intention of the CRC and GACC through these workshops or discussions is important so that children are encouraged to think and ask lots of questions about the topic.

In the pre- planning for the workshop for the children, the staff will need to think about the ages of the children and how best to communicate the information of the very complex values of a rights-based approach to their care and how this will translate into the de-institutionalisation project of the institution. Particularly for children whose rights and decision-making capacity has been very limited, as children who have been placed in institutions, this subject is very complex. It is important that the workshop involves activities that are appropriate and fun for children. Drawing, writing, songs, theatre, dancing are all fun ways that children are able to express themselves. If children are under 5 this type of information may be too complex and play activity or story telling could be used to demonstrate family, children, home and other child rights in a simple context. Remember you may need to have a discussion about each child with the staff first and his or her exposure to group activities that raise the topic of change as some children may not cope with the discussions about change.

It may be easier to sit with a child on a one-on-one basis and talk to them about the topic. For other children group activities are fun and there may be child rights training in the local area that the older children can attend so that they are able to share their feelings and meet other children who are talking about child rights.

Planning some activities where the children create their own children's rights resources for your organisation to share with their peers and their community could be a great approach to involve children, for example:

- using a video to create a **“film documentary”** about their life in the institution and what their hopes and dreams for the future are
- creating a **“theatre group”** and delivering a play about children's rights to other groups of children and the community
- creating **“flip books”** for younger children about moving house or being with a family

The first workshop might address what the word “rights” mean to the children and ask them if they have the capacity to decide and make decisions about their lives.

Case study: De-institutionalisation information workshops

While preparing the children in the orphanage for transition, the staff of Hope for Himalayan Kids, Nepal created a workshop to prepare the children for any discussion about future de-institutionalisation plans. Children were asked the following questions for example:

“How do you feel living in an institution? Are you happy here? What is your wish? What do you want to be when you grow up? If you were given the choice then what kind of environment do you want to live in?”

Most of the answers from the children were:

“It’s fine to live inside the institution, the housemother loves us and it’s like a big family however it doesn’t provide a good environment for study, carers aren’t able to look after us properly, and it is overcrowded etc. “

When asked what kind of environment they would like to be living in the unanimous answer was:

“It would be good to live with a family. Just like our friends in school do.”

Following this workshop the staff introduced the concept of de-institutionalisation and what would happen if they were involved in this, so the children could become familiar with the process. The topics were:

What is de-institutionalisation? What is the process associated with it? How does it benefit the children? Why do children come to institutions? What are different types of alternative care?

Further workshops:

Many of the HFHK, Nepal children were encouraged to participate in a local community children’s club to increase their awareness and share information about child rights. The children from this local club were also invited to the children’s home to share their training and knowledge of child rights. Some of the issues that the children raised and discussed were:

- “our rights to survival”,
- “our rights to protection against any violence and abuse”,
- “our rights to our potential development”,
- “our rights to participate in decision-making about our life”,
- “our rights to express our thoughts”.

HFHK, Nepal continued to organise workshops for the children on child protection, how to create protection for themselves, and how to help each other through difficult times. It also ensured that children had access to reading material on children’s rights at age appropriate levels, and the children were encouraged to ask questions and talk about their feelings during all of these workshops

It is important to create workshops, presentations and other activities to assist children in building their trust and knowledge throughout the process of de-institutionalisation.



Do we have a plan to raise awareness in our community?

Our goal is to build our communities' awareness about a child's right to develop to their fullest potential and how the community can assist by advocating for a better system of care.

It is through our community that the most likely advocacy for change will take place, so what can we do to build our communities' awareness?¹³ Your organisation needs to identify the community that you will target. The definition of community is problematic and "community" has many definitions. Establishing what your organisation's definition of community is will assist the organisation to identify what information and resources to develop and how to make this information public.

As your organisation's goal is to create an understanding of the concept of de-institutionalisation and to gather organisations, families, parents and local government to help build this awareness, to start your organisation could identify what are the other organisations in the local area you could work together with. For example, does your organisation already have a network of organisations that they meet with or discuss local issues with?

- Are there any NGOs or INGOs working towards an alternative to institutionalisation of children perhaps through preventative work with children, establishing family-based alternative care or creating small group homes already?
- Who are your local or national government representatives working towards the rights of children?
- What other community groups i.e. children's club, people with a disability rights group, women's groups, human rights groups exist in the local area?

Identifying these people and organisations and sharing the resources and skills of your staff will help support the work that you are about to commence. Everyone in your organisation should be included in bringing about the change in the organisation once they have a clear understanding of what their organisation's goals are and the process of how the change will occur.

The older children may also be included in activities that increase the awareness in the community of your organisation's goal to de-institutionalise the children however this must be managed carefully as all children who have experienced abandonment are vulnerable. Whilst the older children may appear to be happy and settled in their present environment, the introduction of any changes, for example talk of changing care givers or environment will also have an impact on their psychological state. The children must have an understanding of what child rights are and the positive effects that any future changes of environment may bring to their lives. Many children may already be involved in activities with other children through school and community groups for example:

Participation at a local community event

Hope for Himalayan Kids, Nepal held a drawing competition amongst all the children to select the 10 best artists. The children were asked to draw a number of pictures of things that best represented their life and from those drawings the best 15 pictures were selected and made into greeting cards. The greeting cards were unveiled for the first time at the Pokhara Street Festival at a stall donated to HFHK, Nepal. During the Pokhara Street Festival the children accompanied by the staff distributed information fact sheets about alternative care and de-institutionalisation to foreign tourists and the general community.

¹³ Save the Children UK. (2009). *Keeping Children out of Harmful Institutions- Why we should be investing in family –based care*. Save the Children: London. pp 21-22.

Advocacy for children's rights through the local radio station

Supported by Hope for Himalayan Kids, Nepal, a number of children attended a nine-day journalism training course organised by a local social organisation. As a direct result of that training, three of the children were part of a group of children who prepared and ran a half-hour weekly segment called "Ujyaloko Khoji" (In Search of Light) on their local radio station. The segment was recorded every Saturday afternoon and aired every Monday at 7pm. The segment covered topics such as child rights and child labour, as well as airing songs and radio dramas which have been written by the children.

Children's network clubs

The Communication's Children's Club in Pokhara conducted a program organised by Children's Home Network (CNET), where children from various orphanages in Pokhara meet to discuss the role of children's clubs in child protection and child rights.

Distributing information

Fact sheets can also be created to distribute throughout the community. The type of information that is shared may need to be specific for different types of groups in the community. The organisation's goal is to inform the Nepali population about the risk and harm to children who are kept in institutionalised care. Therefore the information contained in the fact sheet should be written in clear and simple language so that the concept of de-institutionalisation is clear and concise and is not confused by too much detail.



Who belongs to our community of practice?

Our goal is to gather as many organisations with the same values to talk about how we can work together and share resources to change the present system of children's services.

At the time your organisation starts to research the information about de-institutionalisation, if there are any likeminded organisations that also want to start the process of de-institutionalisation, this is an opportunity to share resources. The meeting of these organisations to discuss de-institutionalisation is called a community of practice. A community of practice shares the same goals and can work together to achieve an outcome. For example, your organisation could use the skills and advise of the professional representatives in your Steering Committee with other organisations, share the benefits of a workshop to discuss the concept of de-institutionalisation with the staff from each organisation, share the costs for workshop venues or plan the information for the children with the staff from other institutions.

If resources are limited sharing this pre-planning stage with your community of practice, may be of great benefit to your organisation. However, this is not only a chance to share costs and resources it is the opportunity to build the communities' awareness of de-institutionalisation through gathering other organisations to create a community of practice. To start your community of practice, what organisations are you already sharing information and discussing children's rights with or services that are assisting your organisation with the welfare of your children?

- Central Child Welfare Board (CCWB) and District Child Welfare Boards (DCWB)
- National level and regional level network of organisations who are also working towards the rights of the child in other areas

(our contacts are _____)

- Child rights based organisations

(our contacts are _____)

- Community based grassroots organisations working on prevention of the institutionalisation of children

(our contacts are _____)

- Child-led organisations and networks

(for example: Child clubs and their networks at Village Development Committee-VDC and District level networks)

- Networks of children's homes

(our contacts are _____)

- Children's homes

(our contacts are _____)

- Women's groups

(our contacts are _____)

- Disability rights groups

(our contacts are _____)

- Ethnic minority rights groups

(our contacts are _____)

Checklist for Step 1

What is happening internationally

What is happening nationally

What is happening in our community

Do we have a plan to raise awareness with our children about their rights

Do we have a plan to raise awareness in our community

Who belongs to our community of practice

NOTES:

DE-INSTITUTIONALISATION WHAT IS IT?

Creating better child care services to protect our children

What can we do?

- Advocate for Government services to support families in crisis
- Build the capacity of child protection practitioners and agencies
- Educate the community about the benefits of alternative care for children
- Help dispel the myths and misconceptions about providing child protection through institutions
- Listen to children and spread the word about child rights
- Build community services to support families to care for their children
- STOP orphanage proliferation

TO FIND OUT MORE:

Primary Business Address

Your Address Line 2

Your Address Line 3

Your Address Line 4

Phone: 555-555-5555

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What is de institutionalisation?

Deinstitutionalisation is an internationally recognised method of ensuring child protection.

It is the process of transforming an institutionalised system of care for children to a family and community based care model.

De-insitutionalisation focuses on the prevention of unnecessary admissions of children into state or other care through prevention services and finding alternative care for those already residing in orphanages or children's homes.

The focus is on continuing to support these children and their families in the community.

Deinstitutionalisation provides a wide range of alternative care services however focuses on re-uniting children with families or providing alternative family based care where children will receive the attention and care that they need to develop to their full potential

Myths & Facts

- Most children living in orphanages are in fact not orphans
- Children do not develop to their full potential in institutional care
- Institutional care is the only option to provide protective services for children in need
- Donors will only fund orphanages where they can see and play with all the children
- Children will gain a good education in an orphanage or children's home

Step 2

What is happening around us



- International legal instruments
- Regional legal instruments
- National legislation and policy
- What are our responsibilities



Step 2: What is happening around us

Our aim is to increase our knowledge base and practice on children's rights



International legal instruments

Our goal is to ensure that we are aware of what International legal instruments are in place to assist our organisation to understand the rights of the child and to have an understanding of the best practices for the welfare of a child who is without parental care.

Convention on the Rights of the Child (1989)

As previously mentioned in Step 1, Nepal has ratified the Convention on the Rights of the Child (CRC) on 14 September 1990. Nepal has also ratified to the two Optional Protocols to the CRC- i) on the Sale of Children, Child Prostitutions and Child Pornography 2000 on 20 January 2006 and ii) on the Involvement of Children in Armed Conflict 2000 on 03 January 2007. By doing this, it has also assumed various obligations in the context of de-institutionalisation, family care and family-based alternative care.

First of all, the CRC recognises that children should grow up in a family environment. It is stated in the preamble of the convention that "... the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding."

Other articles reiterate the centrality of the family in the upbringing of the child, except when the child's best interests dictate that alternative arrangements be made. The state holds obligation to provide support to the families in caring for their children.

Article 9 states the rights of a child to maintain at family contact in cases where children are separated from their families; article 37(b) asserts that "the arrest, detention and imprisonment of a child shall be used only as a measure of last resort, and for the shortest appropriate period of time."

Secondly, the CRC requires State Parties to provide special protection to children who are temporarily or permanently deprived of a family environment or in whose best interest it is not to remain in that family environment (articles 20). Alternative care for these children could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. Article 21 sets out safeguards in the case of adoption, and states that inter-country adoption may only be considered if a child cannot in any suitable manner be cared for in the child's country of origin.

Article 19 states that "States Parties shall take all appropriate legislative, administrative and other measures to protect a child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person...". Thus it is an obligation to take effective measures to protect children in care or detention from violence. Because of the increased risk of violence against children in institutions, from this provision a state's obligation to reduce significantly the number of children who are institutionalised and detained can be derived.

The provision of Article 40 ensures the rights of children in conflict with the law and asserts that children should be treated "in a manner consistent with the child's sense of dignity and worth... and which takes into account the child's age and the desirability of promoting the child's reintegration." These provisions make clear that alternatives to institutional care which support the children's development and allow them to remain at home and at school are far preferable to formal judicial procedures as well.

The CRC specifically addresses the rights of boys and girls with disabilities, recognizing “that a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community” (Article 23). Segregation and institutionalisation can never be justified for providing care and protection of children with disability. Children with disabilities are often put in institutionalized services and the dangers of such placements are well known, thus the CRC requires child care which does not involve social isolation or exclusion of the child in any circumstances. In addition, article 25 entails that all children who have been placed in institutional care to have a periodic review of all aspects of their placement by a competent authority.

Guidelines for the Alternative Care of Children (2009)

On 2009 November 20th, on the occasion of the 20th anniversary of the Convention on the Rights of the Child (CRC), the United Nations developed and provided the Guidelines for the Alternative Care of Children to ensure the protection of children deprived of parental care or who are at risk of being so.

The Guidelines for the Alternative Care of Children outline the need for relevant policy and practice with respect to two basic principles: *necessity* and *appropriateness*.

At the heart of the *necessity* principle we find the desire to support children to remain with, and be cared for by, their family. Removing any child from his/her family should be a measure of last resort, and before any such decision is taken, a rigorous participatory assessment is required.

Concerning *appropriateness*, the Guidelines for the Alternative Care of Children define a range of suitable alternative care options. Each child in need of alternative care has specific requirements with respect to, for example, short or long-term care or keeping siblings together. The care option chosen has to be tailored to individual needs. The suitability of the placement should be regularly reviewed to assess the continued necessity of providing alternative care, and the viability of potential reunification with the family.

Article 22 of the Alternative Care of Children Guidelines states;

“ While recognising that residential care facilities and family-based care complement each other in meeting the needs of children, where large residential care facilities (institutions) remain, alternatives should be developed in the context of an overall deinstitutionalisation strategy, with precise goals and objectives, which will allow for their progressive elimination. To this end, States should establish care standards to ensure the quality and conditions that are conducive to the child’s development, such as individualised and small-group care, and should evaluate existing facilities against these standards. Decisions regarding the establishment of, or permission to establish, new residential care facilities, whether public or private, should take full account of this de-institutionalisation objective and strategy.”

United Nations Standards on Juvenile Justice

In addition to the CRC, specific United Nations Standards have been adopted for handling cases of children in conflict with the law. These include the Standard Minimum Rules for the Administration of Juvenile Justice, known as ‘the Beijing Rules’, adopted in 1985, which offer guidance on the administration of justice in such a way as to provide for the protection of children’s rights and respect for their developmental needs.

Two other standards adopted in 1990 – the UN Guidelines for the Prevention of Juvenile Delinquency (the Riyadh Guidelines) and the UN Rules for the Protection of Juveniles Deprived of their Liberty (the JDL Rules) – complete the framework of prevention, case management, and social rehabilitation of children.

Many children who have been abandoned or placed in residential care, including children with disabilities, could live with their families if provided with adequate social, financial or medical support (at the family level). By ratifying the CRC, States have committed themselves to providing such support to the maximum extent of their resources (Article 18.2). When living with the biological family is not in the child's best interests, a range of family-based alternatives should be put in place to provide safer and more beneficial care than large-scale institutions (Article 20). Similarly, stronger care and protection systems, including support for families, could reduce the number of children who come into contact with the law. The vast majority of offences committed by children are petty and non-violent ones. Community-based alternatives to detention provide not only a safer environment for children, but much more effective means of rehabilitation. When institutionalisation or detention is absolutely necessary, a safe environment for children must be provided, with adequate trained staff, programmes and services. Children should have clear, accessible and safe opportunities to complain about the way they are treated, and Governments must ensure effective monitoring, investigation, and accountability mechanisms to address violence when it occurs and to hold the perpetrators responsible.



Regional legal instruments

Our goal is to ensure that we are informed of the regional legal instruments as well as the regional initiatives and movement for the advocacy of children rights.

SAARC Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia 2002

The SAARC Convention on the Regional Arrangements for the Promotion of Child Welfare in South Asia 2002 has stated in its preamble that

"parents or legal guardians, as the case may be, have the primary responsibility for the upbringing the development of the child" and

"... that the family, as the fundamental unit of society and also as the ideal nurturing environment for the growth and well-being of children, should be afforded the necessary protection and assistance so that it can fully assume and fulfill responsibility for its children and community."

The Convention has reinforced that the State Parties uphold the following Guiding principles (Article 3):

- 'the best interests of the child' as a principle of paramount importance and shall adhere to the said principle in all actions concerning children.
- while recognising that the primary responsibility of looking after the well-being of the child rests with the parents and family, shall uphold the principle that the State has the right and authority to ensure the protection of the best interests of the child.
- shall consider this Convention as a guiding force for all national laws and bilateral or multilateral agreements that are entered into in the field of child welfare.

The Convention states that "State parties shall encourage and support bilateral and multilateral agreements and cooperation that would have positive impact on regional and national efforts in facilitating, fulfilling and protecting the rights and well being of the child" (Article 6). The provisions of the Convention persuade the State Parties to adopt legislative and other measures in accordance with their respective Constitutions, to ensure the implementation of the Convention (Article 7).



National legislation and policy

Our goal is to ensure that we are aware of what our legislative commitments are and the policies that are in place to ensure that our organisation is meeting these responsibilities.

Developing the organisation's knowledge base and awareness of the State systems and the reporting processes that may be associated with these systems will help the organisation to meet your legal requirements under the current legislation in Nepal.

The following legislation and policy related documents have been identified as the key resources in Nepal for your organisation to become familiar with:

Interim Constitution of Nepal 2063 (2007)
Children's Act 2048 (1992)
Regulation of Children's Act 2051 (1995)
Child Labor (Prohibition and Regulation) Act 2056 (2000)
Children (Development and Rehabilitation) Fund Rules, 2053 (1996)
Juvenile Justice (Procedural) Rules 2063 (2007)
Muluki Ain (Civil Code) (1963)
**Comprehensive Minimum Standards for Operation and Management of Child Care Homes
(in process of receiving formal approval by the Cabinet)**
National Plan of Action for Children 2005-2015
The Three Year Interim Plan 2067-2070 BS (2010-2013)

Interim Constitution of Nepal 2063 (2007)

The Interim Constitution of Nepal 2063 (2007) (hereafter called 'interim constitution') Part 3, ensures fundamental rights and freedoms for all, including and equally applicable to, the children of Nepal. More explicitly, Article 22 of the Interim Constitution describes the following rights of the child as fundamental rights. The provisions below ensure the protection of the children.

- (1) Every child shall have the right to his/her own identity and name.
- (2) Every child shall have the right to get nurtured, basic health and social security.
- (3) Every child shall have the right against physical, mental or any other form of exploitation. Any such an act of exploitation shall be punishable by law and the child so treated shall be compensated in a manner as determined by law.
- (4) Helpless, orphan, mentally retarded, conflict victims, displaced, vulnerable and street children shall have the right to get special privileges from the State to their secured future.
- (5) No minor shall be employed in factories, mines or in any other such hazardous work or shall be used in army, police or in conflicts.

In addition, the following provisions of Part-4 of the Interim Constitution are significant:

Article 33 describing the responsibility of the state, sub-article (c) explains that Nepal will adopt a political system which fully abides by, inter alia, the fundamental human rights, rule of law, social justice and equality.

Furthermore under the same section, Article 34 sub-article 5 asserts that the State's social objective will be to abolish all the financial and social inequality and establish mutual understanding and harmony with different cast, creed, language, community and religions and to establish and develop healthy social life which will be based on justice and morality. Article 35, sub-article-9 explains that the state will embrace a special policy to provide social protection for single women, orphan, children, helpless, elder citizen, disabled and at risk tribal groups.

Under 'Directive Principles', Article 34 sub-article 5 states that "The social objective of the State shall be to establish and develop, on the foundation of justice and morality, a healthy social life, by eliminating all types of economic and social inequalities and by establishing harmony amongst the diverse castes, tribes, religions, languages, races, groups and communities".

Article 35, sub-article-9 states that "The State shall pursue a policy of making special provisions of social security for the protection and welfare of single women, orphans, children, helpless, the aged, disabled, incapacitated persons and the disguising tribes".

Children's Act 2048 (1992)

The Children's Act 2048 (1992) was introduced to ensure the legal rights of Nepali children and to support their right to physical, emotional, intellectual and social development.

In general, the Children's Act 1992 recognises different types of welfare services based on the needs of children:

- **Guardianship:** This service of care is recognised by the Children's Act 1992. The Act explains the process of appointment of the guardianship for the protection of the rights of the child who will go through this type of care (see below). However, this type of care isn't in practice in Nepal.
- **Children's Welfare Home:** Child Welfare Homes are also recognised by the Children's Act 1992 to provide care and protection of the children who are abandoned and/or who are deprived of family care for various reasons. This care service is widely practiced in Nepal to provide the care services for children who are abandoned, orphaned or in need for other reasons. In Nepal, Children's Welfare Homes a small number have been established and funded by Government and many through non-government/community organisations.
- **Orphanage or centre for children with a disability:** As per the provision of Children's Act 1992 this type of care centre offers care and protection of orphans and children with a disability.
- **Juvenile Reforms Homes:** This type of service is also recognised by the Children's Act 1992 for children who are in conflict with the law. The Act has mentioned that the following category of children should be kept on Juvenile Reform Homes:
 - (a) A Child accused of any offence and to be imprisoned pursuant to existing law for investigation or adjudication,
 - (b) A Child to be imprisoned having been punished with imprisonment punished to existing law,
 - (c) A Child addicted to narcotic drugs,
 - (d) A Child who is used to run away from father, mother or the family.
 - (e) A Child who has company with persons involved in immoral or untoward activities or takes part in the activities of such persons or depends upon their earnings.
 - (f) Children of the category prescribed by the Government of Nepal.

Above categories of care service are identified to respond to the needs of the children who are orphaned, abandoned or are at-risk. The guardianship and institutional care stated above are among the alternatives care options for children that have a legal base within the provisions of the Children's' Act 1992.

The Children's Act 1992, chapter 3, Section 21, has made provision for the protection of child and appointment of guardian. According to this Section, as a first step, for the purpose of handing over the guardianship of the child and his/ her property close kin or relatives should be identified or contacted. If there does not exist such relative, the child along with his/her property should be entrusted to institutions or persons interested in child's upbringing. If no such arrangement can be made the child must be handed over to the nearest Child Welfare Home.

Roles and functions of a Guardian, his/her retirement and re-appointment of another Guardian of a Child:

Section 22 states that in cases where a child is deprived of his/her family for reasons of parent/s' death and the absence of adult relative of the family, or even if they are living but are incapable of caring for the child for reasons of physical or mental incapacity or family feud, any person may, for the purpose of being a guardian of the child can submit application to Child Welfare Officer (CWO). On receipt of such application the CWO, after necessary inquiry has to appoint a guardian for the child who is then liable to protect the child and has a further responsibility for the welfare, education, medical care with the income that they have received through any of the child's property.

Section 23 of the Children's Act 1992, states that the main duty of the Guardian shall be to protect the interests of the child. Likewise, the Guardian shall initiate necessary proceedings to safeguard the property of the child.

As per the provision of Section 24 of the Act, the Guardian may, to bear the expenses necessary for the maintenance, education or health care of the Child, give any property of the Child to any person for earning more property or rent.

Whereas Section 25 mentions that the Guardian shall not engage in the following activities

- (a) To engage the child in work that requires more labor than his physical capacity can bear,
- (b) To engage the child in any work which may hurt in his religious or cultural traditions or to use his property on such work, or,
- (c) To sell the child's property to others with an intention of retaining it by himself.

Section 28 of the Act states that 'the Children's Welfare Officer may remove the Guardian, in case it is proved that he has done any work in contravention to Sections 23, 24 or 35 of the Act or gives a false statement while submitting the report'. As per Section 29 of the Act, another Guardian is to be appointed in case any Guardian dies or the Guardian cannot be retained due to prevalence of any situation.

Section 30 makes the provision that if the income received from the child's property is insufficient or has no income at all; the Guardian has to make arrangement in sending the child to a Child Care Home by informing the Chief District Officer's Office. The responsibility of the guardian ends once the child is handed over to Children's Home.

The Act is specific in placing the child in institutional care such as Child Welfare Homes as the only alternative if the child has no parents, close relatives or Guardian. The Act is silent regarding the arrangements of other forms of alternative care. The relevant Sections of the Act only make provision for guardianship if the child has property and income. If the child does not they are placed in institutional care. There are no provisions or obligation of the State to provide any form of alternative care.

Chapter 4 of the Children's Act 1992 contains welfare provisions for the protection of children who are in need of special protection services including those without family and parents. The following paragraphs describe these provisions of the Act.

- **Central Child Welfare Board and District Child Welfare Board:**

Section 32 explains the formation process of the Central Child Welfare Board (CCWB) (at the central level) and the District Child Welfare Board (DCWB) in all the 75 districts. It is stated that 'Nepal Government shall constitute a Central Child Welfare Board consisting of twenty one members at the maximum including members from amongst the social workers, woman social workers, medical practitioners, child psychologists and teachers'.

The Board shall work subject to the policy and directives of Nepal Government. Likewise, a DCWB shall be constituted in each district under the convener ship of the Chief District Officer (CDO). In the DCWB, there shall be the persons, *inter alia*, as appointed by the CDO specifically from amongst the following persons - (a) Persons involved in social service, (b) Social workers involved in works relating to rights and interests of children, (c) Women social workers, (d) Medical practitioners, (e) Child psychologists, (f) Teachers.

Each DCWB shall have to submit an annual report relating to children welfare activities conducted at the district level to the CCWB within the month of *Baisakh* (April 15-May 15). The CCWB shall prepare a nation-wide report relating to the Children on the basis of the annual reports received from the DCWB and submit it to Nepal Government in each year within the month of *Ashad* (June 15-July 15).

- **Establishment and operation of Children's Welfare Home:**

Section 34 of the Act contains provisions regarding establishment and operation of Children's Welfare Homes. Nepal Government shall establish Children's Welfare Home in the various regions of the Nepal as may be necessary. Nepal Government may utilise the Children's Welfare Home, orphanage or center operated by any other person or organisation until the establishment of Children's Welfare Home by the Government.

Section 35 of the Act mentions that the CWO and Police personnel shall handover an abandoned child they have found or handed over to them by any person, to the nearest Children's Welfare Home for care and protection. Abandoned children residing in the Children Welfare Home shall be kept separately on the ground of sex. The CWO, Police Officer or Chief of the concerned Children Welfare Home may, for the purpose of tracing the father, mother, relatives or Guardian of the Abandoned Child, cause to publish a notice stating the description and photograph of such Child in any paper or cause to transmit through any other medium of communication.

Duration- As per the provision of Section 36, an abandoned child shall, normally, be kept in the Children's Welfare Home until he attains the age of sixteen years. But if it seems that the child of such age released from the Children Welfare Home may have to face the problem of livelihood, he may be kept in the Children Welfare Home until he attains the age of eighteen years. However, the age bar to live in the Children's Welfare Home does not apply in case of blind, disabled or mentally retarded Abandoned Child, until they are sent to the Children Welfare Home established for their living (sub-section 2). If the father, mother or the Guardian of the abandoned child desires to take the child with them, the Chief of the Children Welfare Home shall allow taking the child at any time and preparing a document for such hand over of the child (sub-section 3).

Assistance to provide Vocational Training or job- Section 37 states that 'the abandoned children residing in the Children Welfare Home shall be involved in vocational training or teaching and learning on the basis of their interest and knowledge. Nepal Government shall provide assistance to engage an abandoned Child who has already obtained any knowledge or skill in any vocational jobs suitable to his knowledge or skill.

Expenses may be realised handing over the Child to his father, mother etc- In case it is known that the father, mother or a member of the family of any child has enrolled him to a Children Welfare Home, orphanage or such other center giving a false statement that he is an abandoned child or an orphan, the Chief of the Children Welfare Home shall have to hand over such child to his father, mother or a member of the family whoever comes into contact (**Section 40(1)**).

Chief of the Children Welfare Home to keep records and to report (Section 41 of Children's Act 1992)

-The Chief of the Children Welfare Home shall have to prepare personal records of all the Children residing in the Home in prescribed forms. The records maintained shall be maintained confidential and such records shall not be shown or given to any person other than the Children Welfare Board or Children Welfare Officer or the person or office having permission from such Board or Officials. Likewise, the Chief of the Children Welfare Home shall send reports in the prescribed form stating all the activities carried out by the Children Welfare Home in the last year, to the DCWB and CWO in each year within the month of *Baisakh* (April 15 to May 15).

- **Establishment and operation of Juvenile Reform Home:**

As per the provision of **Section 42** of Children's Act 1992, Nepal Government shall establish a Juvenile Reform Home as required to keep;

- (a) A child accused of any offence and to be imprisoned pursuant to existing law for investigation or adjudication,
- (b) A child to be imprisoned having been punished with imprisonment punished to existing law,
- (c) A Child addicted to narcotic drugs, (d) A child who is used to run away from father, mother or the family,

(e) A child who has company with persons involved in immoral or untoward activities or takes part in the activities of such persons or depends upon their earnings,

(f) Children of the categories prescribed by the Government.

Nepal Government may utilise the private Children's Welfare Home, orphanage or centre operated by any person or body in the form of Juvenile Reform Home temporarily by obtaining permission of such person or body until the Juvenile Reform Home is established. The operation of the Juvenile Reform Home and the facilities, training and education to be provided for the children residing therein as well as the terms and conditions to be followed by the children shall be as prescribed.

- **Establishment and operation of orphanage and centre for mentally retarded children:**

Section 43 of the Act has stated provisions regarding the establishment and operation of an orphanage or centres for children with a disability. 'The Nepal Government shall establish orphanage and centres for mentally retarded children as required for the maintenance and dwelling of orphans, disabled or mentally retarded children having no parents. The Government shall provide necessary education for the children residing in the orphanage or centres for children with a mental health issue. The Government may, under an agreement, utilise the orphanage or centres for mentally retarded children operated by any other person or organisation, for the purpose of this Act'.

- **Inspection of Children Welfare Home, Juvenile Reform Home, Orphanage etc-**

The CCWB may inspect or cause to inspect all Children Welfare Home/ Orphanages or centers established within the country at any time and the DCWB or CWO may inspect or cause to inspect the Children Welfare Homes, orphanages or centers within their own area at any time (**Section 44**). The CWO shall inspect the Children Welfare Homes, orphanages or centers at least twice a year within his area and while carrying out such inspection, in case it is found that any act to be done pursuant to this Act and the Rules made there under is not done or any act is committed in contravention to the existing law, s/he shall have to send its report to the DCWB.

Regulation of Children's Act 2051 (1995)

Chapter-2 and 3 of the Regulation of Children's Act 1995 explains the duty, responsibility and accountability of the Central Child Welfare Board (CCWB) and District Child Welfare Board (DCWB).

Chapter-2, Rule -3 sub- rule (f) explains that the CCWB has a responsibility to collect the data and to keep records of capacity and facilities of any 'Children Welfare Homes, Juvenile Reform Homes, Orphanages or centres for children with mental health issues'.

Similarly sub-rule (g) explains that CCWB should encourage and help individuals and organisations to open 'Children Welfare Homes, Orphanages and Homes for children with mental health issues'.

Chapter-4 describes the duty, responsibility and accountability of the Child Welfare Officer.

Chapter-5 describes the system to form the Management Committee of a Children Welfare Home, Juvenile Reform Home and Center for children with mental health issues' which are to be established according to the provision of the Children's Act 1992 by the Government of Nepal.

Chapter-6 describes the system for administration of 'Children Welfare Homes'. It also discusses the duty, responsibilities and accountability of the 'Manager of a Child Welfare Home'.

Chapter-7 describes the system of child welfare provisions including education, training, facility etc for the children residing in a 'Children's Welfare Home'.

Child Rights Protection and Promotion (Implementation) Guidelines 2065

'Child Rights Protection and Promotion Program (Implementation) Guideline 2065 BS' was introduced by Ministry of Women, Children and Social Welfare on behalf of the Government of Nepal to offer necessary guidelines and regulation to the programmes for ensuring survival, protection, participation and development of children to be implemented in collaboration between and among the Government agencies, Non-governmental development partners. The Guidelines has assigned the 'District Child Protection and Promotion Sub-Committee' with the following roles (that are relevant in regards to children who are in need of especial care and protection):

- Collect and update of data and information of children in the district on the basis of child right index form; and disseminate them as required,
- Assess children who needs especial care and protection as well as to ensure interim/transitional protection of children
- Raise awareness for promotion and protection of children's rights,
- Coordinate with the development partners and agencies at district level and to encourage them to work for promotion and protection of children's rights
- Acquire information of the cases of violation of rights of children and support the child for legal process
- Establish cordial relation with the concerned agencies/institutions that are working in monitoring of Children Welfare Homes, Emergency support facilities, legal assistance, and interim/transitional care of children
- Prepare a list of persons or agencies and organisation that are providing services related to Child Reform Homes as directed by the Juvenile Justice (Procedural) Rules 2007
- Prepare yearly plan based on the overall plan of District Child Welfare Board and submit it to the Center Child Welfare Board and submit progress report of program implementation on an annual basis.

Child Labor (Prohibition and Regulation) Act 2056 (1999)

The Child Labour (Prohibiting and Regularising) Act in 1999 is concerned with child labour in the formal sector and has defined "hazardous work" - activities in which the employment of children under the age of 16 is prohibited.

This law has created a 'Welfare Fund' to undertake educational and entertainment programmes and library facilities for the children of working parents and established an advisory body, the Child Labour Eradication Committee.

Children (Development and Rehabilitation) Fund Rules, 2053 (1996)

This Rule regulates the planning and implementation of programmes related to the rehabilitation and development of children. The Rules particularly describe procedures regarding the establishment of funds, collection of funds, and the use and management of the fund. The Rules also include guidelines for the members of the Management Committee who will use/*mobilise* the funds and the responsibility, accountability and authority of the committee.

Juvenile Justice (Procedural) Rules 2063 (2007)

The Juvenile Justice (Procedures) Rules 2006 (2063 BS) is enacted as per the authority given in Section 58 of Children's Act 1992. The Juvenile Justice (Procedures) Rules 2006 defines the processes and provisions for effective implementation of the Juvenile Justice system and functioning of the Juvenile Court or Juvenile Bench. Some of the major provisions of the Rules can be highlighted as –

- (i) Assigning a separate unit with specialised police personnel in police office to investigate juvenile cases (in which a child is accused of),
- (ii) defining investigation and prosecution procedures,
- (iii) defining procedure of formation of Juvenile Bench,
- (iv) informing the child through his or her parents or guardians,
- (v) defining qualification and selection criteria of Social Worker and Child Psychologist to work in panel with the Judge while hearing and deciding juvenile cases,
- (vi) procedure of hearing of juvenile cases in the court,
- (vii) process of collecting and verification of proofs,

(ix) process of verification of age of the child, and
(x) preparation of roster of service providing organizations. The Rules also provides for the formation of Juvenile Justice Coordination Committee at the central level for giving advice and making recommendation to the government on laws and policies to strengthen Juvenile Justice System in Nepal. (Source: CRC.C.OPSC.NPL.1)

Muluki Ain (Country Code) 1963

Children without parental care are addressed as, impoverished and indigent or pauper. The provisions in the Country Code (*Muluki Ain*) are more concerned with the property and income status rather than the emotional and psychosocial development of the child. The duty of the local administrator and authorities towards the child without a family is limited to arranging institutional care, providing assistance from State trust or in providing daily rations from charity.

The Country Code (*Muluki Ain*) does not speak about efforts in providing family-based care. The provision in the Country Code (*Muluki Ain*) cannot be taken in the best interests of the child that does not consider alternative care as a Principle of Priority and thus, requires amendment.

Adoption - The provision made for adoption in the Country Code (*Muluki Ain*) appears to be an attempt in providing family-based care to children without parents and guardians. Initially, adoption was limited within the country. Such adoption is required to be registered with Land Revenue office and the adoptive parent/s should treat the adopted child equal to his/her own child with right to inheritance parental property of the adoptive parent/s. These provisions indicate for the well-being of the child. However, the provision made in the Country Code (*Muluki Ain*) for the adoption of child requires the adoptive parent to give first priority in adopting child from close relatives. Only those who have no children of their own can adopt both boy and girl but a person who has got a son can only adopt a daughter and person having a daughter can adopt son. There are too many restrictions and no provision for home assessments.

The following legislation and documents also have provisions relevant to children who are in need of alternative care:

- Comprehensive Minimum Standards for Operation and Management of Child Care Homes (under the process of formal approval by the Cabinet),
- Minimum Standards of Operation for Residential Child Care Homes 2060 (2003)
- National Plan of Action for Children 2005-2015 (and the report of the review made in 2010 of the ten-year National Plan of Action for Children),
- Three-Year National Plan Chapter on Children 2010-2012.



What are our organisation's current responsibilities?

Our goal is to ensure that we have knowledge of the current systems which our organisation is operating in to enable us to negotiate between the existing laws and any changes to the processes that we will need to make to develop our de-institutionalisation activities.

Your organisation must have knowledge about the existing processes within Government to be equipped to advocate for any of the changes that your organisation may create for the better care services for children. To create a sustainable system of care for children in Nepal your organisation needs to work in partnership with the State to develop a national strategy. Therefore, it is important that the projects delivered through your organisations aim at building the capacity of the State in order to hand over the responsibility for family preservation, an alternative care system and de-institutionalisation in the future.

An excellent example of working with the governmental bodies on a local and district as well as national level, to build their capacity inter alia, is demonstrated by the Terre des hommes and partner's "Mala (family preservation) Project" in the four districts; Salyan, Rolpa, Jumla and Humla of mid-western Nepal.¹⁴

Case study: Terre des hommes Mala Project 2010, Nepal

This project worked towards the creation and capacity of the child protection systems at the ward, village and district levels. In four districts, two District Child Protection Committees (Rolpa and Salyan), 15 Village Child Protection Sub Committees and 19 child clubs were successfully formed. All were formed with participation of the District Child Welfare Board, local political parties, forestry user groups, health workers, teachers, school management committee members, community workers and other local authorities.

Child clubs were registered in District Child Welfare Board. Village Child Protection Sub- Committees received registration certificates from DCWB and the remaining ones are in process. The local child clubs and VCPCs were also mobilized for their active participation in child protection so that we could help raise issues and bring about substantial changes. The VCPC and child clubs are also working for awareness-raising purposes. VCPCs and child clubs also helped with monitoring the school kits so that they would be used in a proper way by the families and children. Different schools in the district were sensitized about child protection and the teachers were requested to monitor the use of school kits by the children.

In Humla and Jumla, the partners received the commitment of officials from District Development Committees and Village Development Committees that government resource would be allocated to alternative care. This was made possible through effective coordination with government and non-government agencies. District administration and other stakeholders provided positive feedback towards the project activities. They requested to expand the program in all villages of the district and, understandably, to provide more support in hardware such education infrastructure and drinking water. In Salyan and Rolpa, networking with government and non-government agencies was also initiated.

Regular coordination was ensured in all districts with DCWB, VDC secretaries, local NGOs, local people, schools, and teachers. The coordination of the project was successful with all stakeholders working towards achieving the goals of the programme. Social Workers coordinated with VDC secretaries and other groups so that illegal departure of children and trafficking would be stopped at the VDC level through VCPCs.

Whilst this manual does not advocate the existence of institutionalised care for children, the following is the procedure to register an organisation to provide a child care service (presently operating as Children's Homes in Nepal). The registration of any Non Government Organisation (NGO) is governed by the Organisation Registration Act 2034 (1977).

- The organisation should have the facility to shelter at least 10 children to run as a Children's Home.
- The aim of running the Children's Home, Orphanage or any type of service for children in need should be clearly mentioned in the by-laws (*Bidhan*) of the organisation.
- The organisation has to abide by the Minimum Standard for Establishing and Management of Child Care Homes 2060 (2005). The organisation should inform the DCWB of the respective district on the type of service that will be available /provided by the organisation for children.
- The Minimum Standard for Establishing and Management of Child Care Homes 2005 provides guidance to the service provider to manage the Children's Home. It clearly states the staff ratio (in- home) the organisation must provide, that the organisation provide a non-abusive and child-friendly environment, the use of national and international volunteers, that the organisation must have a code of conduct etc.
- Minimum facilities for children as mentioned in the Minimum Standard for Establishing and Management of Child Care Homes 2005 should be in place.

¹⁴ Protection of Children Temporarily or Permanently Deprived of Parental Care: Terre des homes Mala Project Annual Report January – December 2010 Submitted to: Terre des hommes Foundation Lausanne, Switzerland

- The process of admitting a child into the system is explained in the entry and/or an admission process in the Minimum Standard for Establishing and Management of Child Care Homes 2005.

If a child is unable to be reunited with their family or relative a children must be admitted to an institution with the following documentation.

- Referral letter from District Administration Office or local police office. If parents are deceased, a death certificate is required, copy of citizenship of the person who admitted the child and if possible child's birth certificate.
- After admitting the child on the basis of above documentation, the Children's Home should keep all the copies of the documents related to child's property and send the written documents to the District Administration office, DCWB and other relevant officers in the district for the protection of the property of the child.
- After the child is admitted to the Home, information should be provided to referring agencies and to the DCWB of the district where the Children's Home is located.
- After admission of the child into the Children's Home, all the documentation should be kept in the children's individual files with a photograph (by the Manager of the Children's Homes).
- If the child can speak, there should be a written record kept of the testimony of the child admitted into the Home.
- If the child doesn't have a birth certificate during the time of admission, the Children's Home must register his/her birth with a related office within seven days of the admission of the child.
- As referred in the Children's Act 1992, if a children's home finds any child abandoned or the child has reached a Children's Home themselves, the Home should provide information to the nearby police office and within seven days must prepare the documentation and admit the child into the home. They must also provide the information to the concerned DCWB.
- On verification of the documentation, a Children's Home should admit the child as soon as they have capacity to take the child in. However if there is any doubt around the authenticity of the documentation the Child Home should request an investigation of the documents and the child status by the referral organisation (or other).
- The Minimum Standards for Establishing and Management of Child Care Homes 2005 also entail provisions on taking care of children's health, food and nutrition, the regulation of education, care, recreation, monitoring and evaluation or children's wellbeing, socialisation of the children after having entered into the system, rehabilitation and discharge.
- Regarding the discharge of the child, the Minimum Standards for Establishing and Management of Child Care Homes 2005 make the following provisions:
 1. The Children's Home can discharge those children who are above eighteen years or who have completed their intermediate level of education.
 2. While discharging the child, the Home must try to reintegrate the child into the community as far as possible. If the child has been discharged, the Children's Home should provide details of the discharged child to the related District Child Welfare Board.
 3. The organisation should engage in regular monitoring of the welfare and progress of children who have been discharged (up to three years following their discharge).

The chapter on the financial management details the processes of handling the finances of the care service provider organisation and also explains clearly that during the approval to conduct a Children's Home there must be a minimum reliable resource to operate a Children's Home for three years. Furthermore, it states that the Children's Home must prepare and implement a transparent financial policy which doesn't go against the provisions of existing law. It also emphasises that there should be a permanent fund to sustain a children's home. (see Step 9)

Checklist for Step 2

International legal instruments

Regional legal instruments

National legislation and policy

What are our current responsibilities

NOTES: _____

Step 3

Managing our goals



- Have we created a steering committee
- Do we have a strategic plan that focuses on children's rights
- Do we have an operational plan
- What are our existing programs and prevention strategies
- Do we have a strategic plan to develop our staff's capability
- What skills can we share
- Development of an evaluation tool to monitor progress

3



Step 3: Managing our goals

Our aim is to prepare our organisation's systems to provide the best care for our children



Have we created a community steering committee?

Our goal is to create a Steering Committee that involves members of the community who will be able to assist our organisation with the de-institutionalisation processes involved with our children.

It is important that your organisation has a Steering Committee to oversee the management of the de-institutionalisation process. The members of this Steering Committee should contain professional social workers, a medical expert or therapist, a child protection specialist, a professional with financial expertise and community members with an understanding of the concept of de-institutionalisation. The Steering Committee members are recruited for these positions to guide and mentor the management of your organisation through the process and will report to your organisation's Board Members.

The Steering Committee members are not usually a paid committee and therefore the time and commitment of the people on this committee should be negotiated. A formal agreement should be prepared when forming the committee which all members sign. This is important so that anyone involved has an understanding about the time frame of the project and the commitment this will require, i.e. the meetings that will be held, any documents to be prepared, assistance to employ staff or meet with the Board Members and the role of each of the Steering Committee members for the period of this project.

The Board Members and the management of your organisation also have to agree to respect the decisions of the Steering Committee, so that there is no reason for conflict when decisions are being made around the de-institutionalisation project.

It may be possible that some of the members of the Strategic Planning Committee are suitable for this Steering Committee however there should be a separation of Board Members and operational staff from the Steering Committee so that there are clear mechanisms for decision making which supports the rights of the child, a committee that oversees any conflict with your organisation's goals, and a process which supports your organisation's transparency to their governing funding bodies or donors.



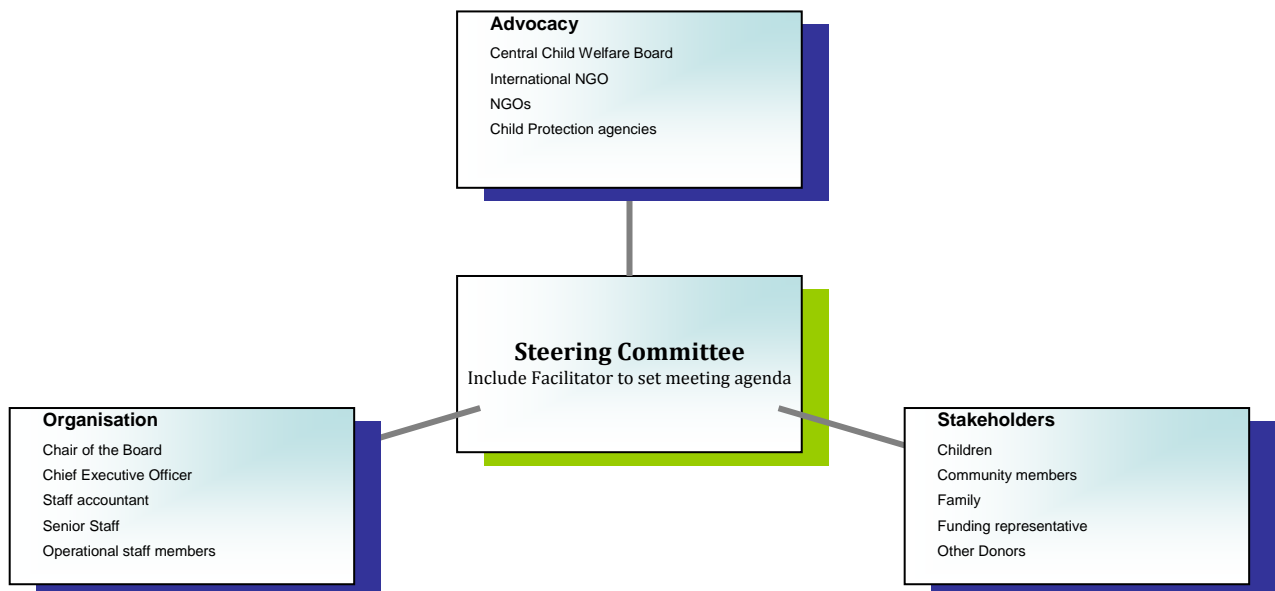
Do we have a strategic plan that focuses on the rights of our children?

Our goal is to have a strategic plan for our organisation that identifies what our goals and visions are for the rights of our children.

One of the most challenging first steps of making any changes to an organisation is the processes involved to make that change. By re-visiting or stating your organisation's vision and goals in a strategic plan will help identify what it is that your organisation wants to do, the timelines your organisation has set itself and how your organisation plans to action these goals.

Communication is the preliminary first step in developing your strategic plan, by sharing the process of the changes within your organisation from the first stages will ensure that any changes are aligned with the needs of the children, the staff and other important stakeholders, such as family members, funding representatives and board members.

Through the process of creating your organisation's strategic plan, your organisation's members will be able to discuss any issues that may arise or to manage any resistance from the stakeholders; this includes staff, board members, the community, and the children. There should be a planning committee to create or re visit the strategic plan. The planning committee should include;



Once your organisation has identified the people who will be included in creating the strategic plan, your organisation needs to arrange what facilities and materials or other resources that would be required to create the plan. The draft strategic plan may take several weeks to formulate and as the strategic plan is crucial in steering your organisation to achieve its aims, the allocation of time to formulate it is important.

Engaging a trained facilitator to lead the committee and to explain the processes of creating a strategic plan will also be helpful. This facilitator will discuss items to consider prior to the drafting of the document, for example:

- ✓ How will the committee incorporate stakeholders in all consultations?
- ✓ Do all committee members have a clear understanding of the principles and provisions of the CRC and the Guidelines for the Alternative Care of Children, 2009 (GACC) * **see STEP 2.**
- ✓ What is the committee's schedule for developing the strategic plan?
- ✓ Who will have authority to make final decisions?
- ✓ What terms or titles will you use in the strategic plan?
- ✓ What content should the strategic plan focus on?
- ✓ How does the committee ensure that the strategic plan will embed the CRC into the goals?
- ✓ Who has authority to change or amend the approved strategic plan?
- ✓ How and when will there be a process of revision required to establish continuous improvement of your organisation?
- ✓ How are stakeholders informed or included in the amended version of the plan?
- ✓ Who will be primarily responsible for implementing the strategic plan?
- ✓ Does the committee/ organisation need approval from the state authority (Ministry of Women, Children and Social Welfare or Local (Central Child Welfare Board) before the plan is finalised?

Described below are ten identified phases to assist with the creation of a strategic plan:¹⁵

Phase 1: identifies that the committee's first discussion is to make **an analysis** of your organisation. The committee is asked to identify what are the;

<p>✓ Key strengths</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>❖ Key weaknesses</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>❖ Key threats</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>✓ Key opportunities</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

From this the group can then explore the following;

Phase 2:

Your organisation's **Vision**

- What will the service look like in 3-4 years?
- This statement should be written in future tense
- If there was a visitor what would be seen and sensed?
- This statement should be a maximum of 150 words

¹⁵ See Carter McNamara's 10 phases to Strategic Planning viewed December 2010
http://www.managementhelp.org/plan_dec/str_plan/str_plan.htm

Phase 3:

Your organisation's **Mission Statement**

- What will / are the services really going to do?
- What activities will the service perform?
- How is the service going to do this and where?
- This statement should be written in the present tense
- This statement should be a maximum of 150 words

Phase 4:

Your organisation's **Values**

- Describe the values and standards governing the services and its relationship with all the stakeholders
- This statement should be a maximum of 150 words

Phase 5:

Organisation's **Objective**

- Highlight the achievement and progress to be met by 3-4 years
- Do not enter specific goals as these come later in your operational plan or action plan
- This statement should be a maximum of 150 words

Phase 6:

Key **Strategies**

- The rules and guidelines by which the objectives can be achieved

Phase 7:

Further **Analysis**

- A further analysis of your organisations plans. For example; are the time frames realistic and possible, do you have the resources, will the children have had preparation time, is there time to train possible foster care families if required etc.?

*The goal is to create a safe and healthy environment for the children so your organisation may need to review the plan if the resources are not available at the present time.

Phase 8:

Review of the Strategic Plan

- At this point the committee members should be able to make decisions on what your organisation can achieve, what resources are required to transition the children to alternative care and begin to discuss the next stages of how the transition of the children is going to be achieved.

Phase 9:

Describe **Major Goals**

- What is achievable in the 3-4 years ahead?

Phase 10:

Strategic **Action**

- Describe 6 major actions in order of importance



Do we have an operational plan?

Our goal is to develop an operational plan that details the timelines, the actions and the achievement indicators that will complete our strategic goals.

An operational plan is the working document that will action our organisation's strategic plan. The operational plan maps out how we intend to manage the processes to meet the strategic goals of our organisation.

Many organisations manage their operations without documenting or formalising what they do. Small organisations and particularly a human services organisation such as an institution for children, typically rely on informal systems.

An informal system is a system in which staff makes decisions and take action based on what they have decided is best. These actions or decisions may be based on the long history that they have had with a child or their involvement with your organisation. However the actions that they take may be in conflict with your organisation's goals of de-institutionalisation, the actions may have an effect on the other staff's work load or your organisation's funding, amongst other things.

The disadvantage of this informal system is also the lack of sustainability. By using an informal system, your organisation is highly dependent on the knowledge of key individuals within your organisation and this places your organisation in an unsustainable position. Should any of these key people leave your organisation, your organisation's consistency of services becomes de-stabilised as the information, practices and working knowledge of the children are with these staff members. This presents not only a significant risk to the children and their well being but also the well being of the staff who continue to work or are employed within your organisation.

If there are staff changes or changes to the management of your organisation, having the strategic goals of your organisation that are well embedded into the processes of your organisation's services will assist staff to keep on track with the objectives of the strategic plan.

While identifying the goals of your organisation in an operational plan it is also helpful to plan the roles and the duties that are required of the staff members. The following case study is an example of how important it is for staff to have a good understanding of the strategic plan, the operational plan and a clear definition of how their role and duties fit within your organisation's plans.

“During our organisation’s de-institutionalisation process, a new single parent family were referred that were in urgent need of assistance. Among other issues, the family had no suitable accommodation to live in. The case worker and manager who interviewed the family promised the family that the organisation would support them to find accommodation and when no accommodation could be found in the local area, offered to build a new house. They made this offer without consulting with the senior management of our organisation. Whilst we understood that this was a real issue for the family the organisation had not identified building new houses as an alternative care option in our operational plan or budget.

Credit to these staff members as they were able to coordinate the building of the house for the family and create a good outcome for the family at risk. However to coordinate the building of the house there were many meetings and overseeing of the construction work. The time spent by the senior staff members to work on this project meant that they had less time to manage the junior staff, their administrative duties for other projects and their operational duties involved with the de-institutionalisation process of the children already in care.

Other staff members were directly disadvantaged due to the lack of time these staff members were able to spend on our immediate projects, ultimately the children already in our care would be disadvantaged by the lack of supervision that these experienced and senior staff could spend mentoring the juniors and resolving immediate issues.

Further to this these staff members became frustrated with the management as they felt that there was a lack of support for the huge effort that they had made to make this project successful. This created some tension for all staff members, if they had spoken to management first or considered the operational plan (and budget) we would not have had the problems that resulted from their promises to this family”.

The challenge of the operational plan is to turn the idea, goals and good intent of the strategic plan into practice. This is not an easy task for any organisation as during the day-to-day challenges and issues that arise it is common to lose sight of the organisation’s overall aims. The operational plan has to compliment the strategic plan therefore translating the words of the strategic plan into action and results for the children.

Good leadership which manages the daily operations of the staff and is guided by the operational plan can assist your organisation to carry out these aims. This stage of the planning in your organisation’s move to the de-institutionalisation process is a difficult task and requires much thought and input from all staff members involved. Designing the operational plan should include input from staff as one of the most important tasks is to have all staff working with a good understanding of the aims of the strategic plan and carrying out the activities of the operational plan with a clear idea of how their actions are integral to the aims of your organisation. Creating the individual staff plan which has flowed from the strategic plan will help this process.

Remember that moving children from institutional care to family-based care requires careful planning and should be introduced in a phased approach. It is not going to be helpful to tell children that they are moving back to live with family members if the families are not ready to receive them or the staff has not been trained to manage this process.

Start the draft of the Operational Plan with an anticipated timeline and ask yourself the following questions:

✓ **Intent**

What does the strategic plan intend to accomplish?

What does the organisational plan have to contain in order to accomplish these goals?

✓ **Action Plan**

What do we need to create, refine and accomplish to meet our organisation’s objectives?

When will we know we have achieved success and how will it be measured?

✓ Detailed Plan

How will each project be led and resourced?
Who will be responsible for each task?
Are individual work plans aligned?
What is the review process?

Managers should make sure that staff are involved in the development of the discussion for the programs and ensure that they have:

1. Communicated the strategic intent to the staff
2. Aligned the staff roles to the aims of your organisation
3. Set individual targets and work projects in the operational plan designed to meet the strategic plan
4. Set performance management interviews and,
5. Consistently measure progress and assess performance

Linking the performance factors of the activities with strategic initiatives and designing the individual staff member's activities to meet the goals of each of the programs will keep your organisation moving towards your strategic aims. You always have the strategic goals to guide your operational plan and need only to come back to this if you feel that you are confused about what the goals are for each of the programmes.¹⁶



What are our existing programmes and prevention strategies?

Our goal is to identify what our current programmes and prevention strategies are and build on these if they complement the goals of our organisation's new strategic plan.

The United Aid for Azerbaijan's de-institutionalisation project report stated that "de-institutionalisation strategies must not be generalised and each institution should look at their environment individually".¹⁸ What this means is that each institution has its own geographical location, staff, resources, including funding, number of children and cultural considerations. Therefore each situation or planning for the de-institutionalisation process is unique to your organisation's environment.

It is important for your organisation to identify any existing programmes and prevention strategies that your organisation already has in operation. The strategic planning committee can then identify what works, what doesn't fit with the new concept, and what can your organisation build on to incorporate into the new strategic plan.

The processes and concept of "de-institutionalisation" may be a completely unfamiliar term to your organisation's normal operations however your organisation's staff may already be working on elements of de-institutionalisation and alternative care. It would be beneficial to your organisation to identify the elements of your existing programmes against the plans for the transition of the children or your plans for a new programme.

Within your existing programmes you may find that some of the activities that you are already carrying out will be continued in the future. For example, your organisation's programmes may include re-integrating the children with family, finding relatives to care for the children or perhaps the children are in contact with the family for festival periods. These types of activities, if they are formalised in the strategic plan and systems are created around these, should be continued.

¹⁶ View Bilson, A., & Harwin, J. (2003). *Gate keeping Services for Vulnerable Children and Families Toolkit*. Developed as part of the joint UNICEF – World Bank project: *Changing Minds, Policies and Lives (CMPL): Improving Protection of Children in Eastern Europe and Central Asia*.

¹⁸ United Aid for Azerbaijan Report February. (2007). *Trialing Gate-Keeping Systems in Azerbaijan*. Zardabi Internat, Guba <http://www.uafa.org.uk>



Do we have a plan to develop our staff's capability?

Our goal is to develop a human resource plan which outlines the types of skills and capabilities we need and how we will equip and empower our staff, (through information, training and resources etc) to lead the de-institutionalisation process with our children.

Why do we need a plan for our staff and to develop their capacity? This is a critical discussion for your organisation as your staff and their skills are important to managing the children and the aims of the organisation. An assessment of the current skills of the staff and your staff needs for the future will assist the committee with the strategic and operational plans.

What type of information should we include in our human resource plan?

- the mix of qualifications, skills and capabilities we need to achieve our strategic plan
- the types of training and resources we need to bring our staff up to this level
- details of how and when training and the resources we will need will be funded and sourced
- what processes will be put in place to guarantee that staff are continuously improving the way they work (a continuous improvement plan (see Step 3 & Step 7).

Each staff member should have the opportunity to talk with his/her manager about the process of de-institutionalisation. This is also an opportunity to discuss their fears and concerns about any of the changes. Staff members could feel that they are going to lose their job and be obstructive to any changes. Having a team that understands the principles of de-institutionalisation will benefit the children, the emotional state of the staff and your organisation's aim to care for the children in a better way. The staff will need to understand that they can be employed with the right skills, to carry on the work of your organisation's plans.

This is also the time to assess what skills existing staff members could use during the transition, for example, perhaps the staff will need to attend some additional training however have the skills to work in a different role. From these discussions the managers will be able to assess what skills your organisation has within its own team, what training the present staff may need and what other staff the organisation may need to employ.

Including staff members in the development of your organisation's plans will benefit the outcomes of the project. The organisation needs a team of staff members that feel positive and excited to assist with the de-institutionalisation project and have the right skills for their jobs. Feeling excluded or fearful of losing their income or position in the organisation will create resistance from the staff to the de-institutionalisation of the children. This in turn may also create fear within the community to the project as employees' families may feel that they will be affected by the changes too.

These interviews should be conducted in the first stages of the discussions of the de-institutionalisation process as existing staff members are an important resource to your organisation at this stage. The children will have already formed relationships with some of the staff and therefore if transitioning the children back to their families or moving children to small group accommodation, having familiar faces and someone they know to share their feelings with, may be important to the children. Your staff members may also have information about the children's characters or their history. This will assist the case management team for planning the future of the children's care.

Reporting this information back to the Director and the committee is important for the discussions around operational planning and may also affect the strategic plan.



What skills can we share?

Our goal is to have the staff with the skills that we will need to commence the de-institutionalisation process.

Assessment of children's health, psychological state, education levels and family-based care needs is complicated. Your organisation may have people within your organisation already that are able to perform these tasks with great skill or will be able to perform these tasks with training. However it is important in the initial stages of the de-institutionalisation planning and the assessment of the children's needs to have some skilled practitioners working with your organisation.

Teachers, professional social workers, psychologists and medical practitioners should be approached to assist your organisation in the initial stages of planning the de-institutionalisation process. Your current staff can be trained to assist these professionals and to manage the case plans for the children. However the skills required eliciting sensitive information from families and children by a rights-based and non-discriminatory approach are acquired through professional academic training.

This is a particularly important issue when assessing children who have a disability. Only a skilled professional who is trained in the medical field or educational field can make an assessment about the care needs of a child with a disability. A rights-based approach to working with children and to developing the care plan of a child with a disability is extremely important as children with a disability can be overlooked as too hard to re-integrate into the community or re-unite with family members.

Basic knowledge of typical child development and how to identify issues in reaching developmental milestones can be acquired by the present staff to create care plans. However bringing in a professional to train staff may not be possible in the first instance and an assessment for a care plan would not be possible without this information.

The assessment of a child's psychological state or of harmful and abusive parenting environments for a child, is again something that should be approached by a trained professional social worker or mental health worker as this is a very sensitive issue to negotiate and can cause more harm to the family or child if assessed incorrectly.

Your organisation should seek out people with the skills in your local community that will assist your organisation through the pre-planning, implementation and post-services phase of your de-institutionalisation project. A good place to start is with other organisations for example Centre for Mental Health (CMC) Nepal, a national NGO, to provide training on psychosocial support or Kadambari College, Nepal School of Social Work. They could be valuable partners for your project.

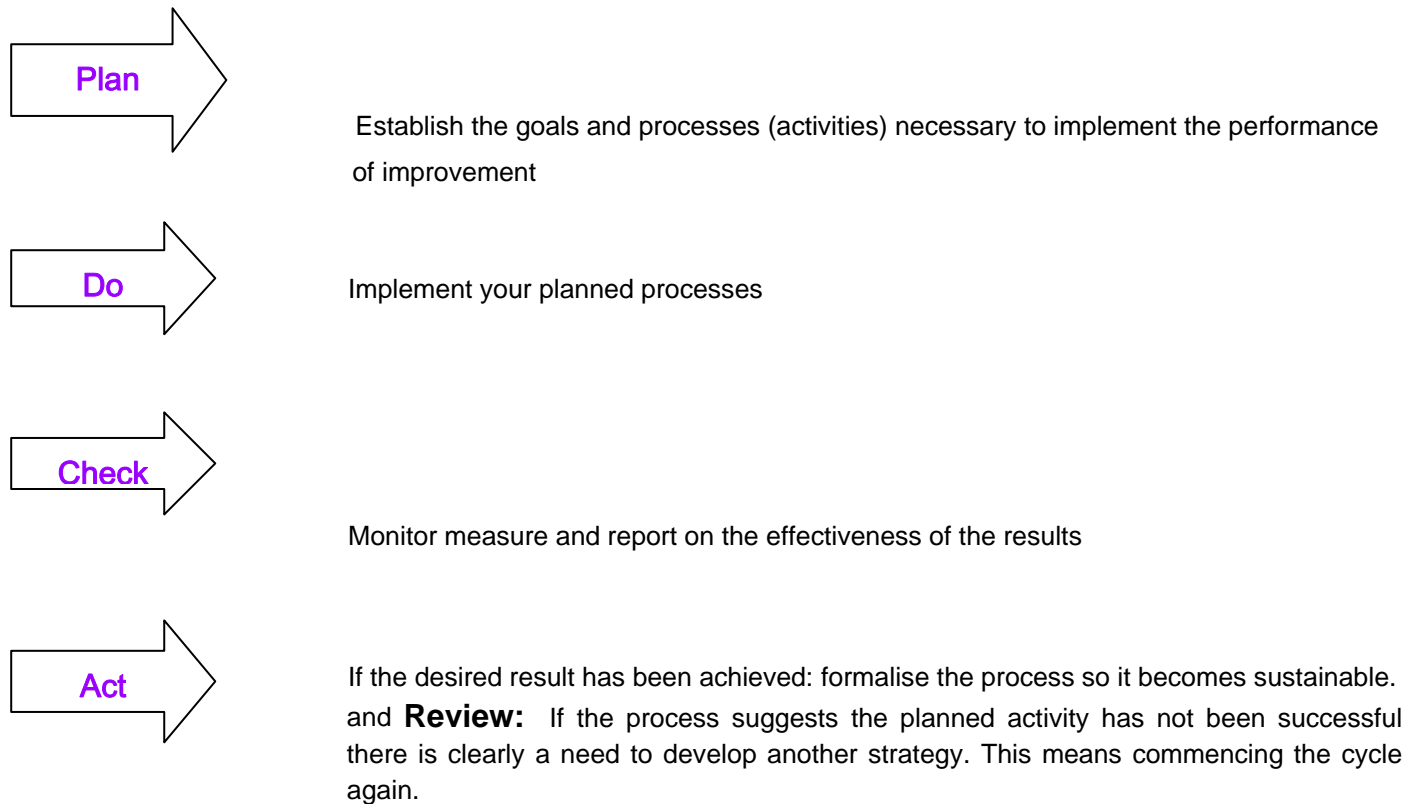


Have we developed a monitoring and evaluation system of our organisation's progress?

Our goal is to create a system to monitor the impact of our programmes and to reflect on any changes that may be necessary to these programmes to meet the needs of our children if necessary.

Continuous improvement is necessary for any organisation. The important goal is to develop the best possible outcomes for the children's welfare. Therefore the strategies that your organisation develops in the first instance may need to be adjusted to suit the social welfare of the children, the environment of the child's family or guardian, the skills of the staff and volunteers or the available resources if the first activity does not benefit all these stakeholders.

The regular monitoring and review of the programmes will give your organisation the information that you will need to decide if an activity is benefiting the child's situation or decreasing the child's welfare. In the Deming Cycle or PDCA of continuous improvement there are four interrelated phases in the continuous improvement cycle.¹⁷



"Monitoring provides an early warning system" (CBM, 2007).¹⁸ Your organisation's goal is to develop a consistent system to check the progress of the child's welfare. Therefore your organisation will need to make decisions about how it will monitor the services provided to children and their families, to your foster families or your own staff. Your organisation may plan initially to have regular staff meetings so that staff members have the opportunity to discuss any issues that arise at an organisational level. This is a vital form of communication to assist with the overall achievements of your organisation. Whatever your organisation decides, everything must be documented so that processes, issues or potential activities are identified.

It will be also extremely important for senior staff members or managers to schedule individual supervision and case management meetings with each of your Social Service Practitioners to discuss the welfare and progress of the child and their family if necessary. Identified issues arising from these meetings can then be discussed with the Steering Committee and the Committee will make the decision if changes are made to the child's welfare plan. These changes may also have an impact on the Operational Plan and the Strategic Goals of your organisation so it will be important to keep these meetings regular.

¹⁷ Deming, E.J. (2009). The Deming Cycle: The Wheel of Continuous Improvement. viewed December 2010 <http://totalqualitymanagement.wordpress.com/2009/02/25/deming-cycle-the-wheel-of-continuous-improvement/>

¹⁸ CBM. (2007). *The CBM Project Cycle Management Handbook*. CBM: Victoria. CBM's Vision is to improve the quality of life of persons with disability and those at risk of disability in the most underserved areas of the world. At the same time, CBM envisages - together with the partner organisations - to reach out to a significantly higher number of beneficiaries with high quality services.

Checklist for Step 3

Have we created a community Steering Committee

Do we have a strategic plan

Do we have an operational plan

What are our programmes and prevention strategies

Do we have a plan to develop our staff's capability

What skills can we share

Have we developed monitoring and evaluation methods of our progress

NOTES:



Step 4

What do our programmes look like



- Prevention
- Family re-unification
- Kinship care
- Foster care
- Child care centres
- Alternative Care

4



Step 4: What do our programmes look like

Our aim is to offer our children the best environment for their ongoing welfare



Prevention or “family preservation”

Our goal is to prevent children from being separated from their families.

Kris Kang reported that “it is important to note that over 80 percent of children living in institutions have a living parent”.¹⁹ Whilst the current information shows us that placing children in institutional care is harmful it is still the reality that many parents and families in Nepal see no option but to place their children in institutional care due to their circumstances. Parents often feel that they are giving their children a better opportunity in life by placing their children in institutional care, relying on the institution to provide access to health services, food and education.

As mentioned in other chapters, placing a child in an institution cannot guarantee that the child will be provided with the individual attention that all children need to develop to their full potential. We know that children living within an institution are often overlooked due to the numbers of children and their health, nutritional needs and education can be poorly provided and less than what the family may have been able to give. It is also widely recognised that children living in institutions are subject to much more abuse and harmful situations. All of which will have a lasting effect on a child’s life.

Parents provide a vital element to the growth and development of a child if the relationship is healthy and strong. Removing a child from his or her family or parents can have a lasting effect on the child’s psychological development as he or she loses a sense of trust and security and has difficulty developing relationships through losing important role models which would have also provided cultural traditions and religious guidance.

Presently there are few alternative options for parents who feel that they are no longer able to support their children. As outlined above, the response from the government has been to improve the conditions of the institutions however this does not address the issues that the family is experiencing. Often families are quick to place children in orphanages as there are no alternatives to assist them to provide for their children’s welfare. Despite being an easy solution at the time for the family, this will not address the problems of why the family has had to place the child in an institution, will have a devastating effect on the child’s future development and the issues may continue for any other children that they may have.

To prevent families from making the decision to abandon or give their child up, a family may just need some brief intervention with counseling, access to other types of service or some short term funding to assist them until a solution to their issue can be found.

Other preventative measures to assist families stay together can be through providing education and training to parents to gain skills for employment or parenting education to help parents understand their children’s needs. Further preventative measures may include assisting families with income generating support for example by providing a farming family with another animal, purchasing equipment to assist with farming or other small household business such as a sewing machine etc. Your organisation may want to discuss the type of “package” that a family could receive especially if this will involve any funding to assist the family in the short term.

Your organisation does not have to be the sole provider of prevention or family preservation services however your organisation is in the prime position of knowing what is happening in communities, and providing a contact point or someone to talk to can offer families the support that they need.

A trained Social Worker (or if a Social Worker is not available a Social Services Practitioner) within your organisation who has been trained to work in a prevention approach can work with families and their communities to consider all

¹⁹ Kang.K.(2008).*What you can do about alternative care in South East Asia*. United Nations Children’s Fund. Regional Office for South Asia. Kathmandu, Nepal. <http://www.unicef.org>

options in keeping the family together. Families that are in crisis may also need access to other professionals and your trained case worker in family preservation can assist families to access these other services.

Your organisation could also develop a network group with members of these other services. As needed the group could decide to meet on a regular basis to discuss potential issues for individual families. If an issue has been identified which places families at risk of separation, once the support issues have been identified, the nominated service provider with the expertise to resolve this issue would be given the responsibility of managing the assistance for the family.

Sharing the support and services, by referring families to other organisations creates not only a community-based response for the family in crisis however also assists to develop a more sustainable service for your organisation and others through the sharing of the support services to families in crisis. Unless your organisation has the expertise and funding to assist with particular issues your organisation becomes a referral point only however does not turn families away but is able to refer to another organisation and maintain contact through the network group.

Short term crisis services which provide care and protection for children until the issues within the family or alternative care have been resolved will always need to be provided. Children with a disability may also need to have specialist services and parents receive a break while living in respite care for short term periods. However this should all be provided in the form of institutionalisation only as a last resort, only if there is no another form of alternative care available. Institutional care, whilst providing an immediate response to the problem, is not the best solution.

Whilst your organisation is currently in the process of de-institutionalising the children that you presently have in your care it is important to look at the wider problems of why the children and their families were separated in the first instance. Whilst your organisation cannot prevent every crisis that may arise in your community, it can provide a service which assist families and children to access the intervention and counselling, information or services that they may need.

Your organisation cannot be wholly responsible for changing the system of care in Nepal however your organisation can advocate for change and address the issues within your community. Without contributing to the issues with a preventative or "family preservation" programme within your community, the children that are being re-integrated with their families or other children within the community may become the next group of abandoned children who need to be housed and cared for.

Case study: SOS Children's Village family preservation pilot

Children who have lost parental care and those who are at the risk of losing parental care belong to the target group of children for SOS Children's Village Nepal. The organisation strongly believes that the best place for children to grow up is with their biological families

The reasons for the risk of family breakdown in Nepal are poverty, ignorance, domestic violence, disease or disability (of the children or caregiver), natural disasters, armed conflict or ethnic discrimination, death/abandonment of one parent and often also subsequent remarriage of the remaining parent. Children who are at the risk of losing the care of their families, especially when their basic material, emotional, medical and educational needs are neglected; SOS Children's Village Nepal supports the development of these children through its Family Strengthening Programme (FSP). The aim of FSP is to empower families to better protect and care for their children.

When developing such a programme, SOS Social Centers combine their efforts with like-minded partners and those who provide complementary services and resources to have a greater impact on the lives of the children. Establishment of community safety nets is a central part of family strengthening programme. With the implementation of this programme families develop capabilities to take care of their children that will ultimately contribute to the prevention of abandonment of children so that these children do not end up in institutional care.

The FSP is an outreach community-based programme of SOS Children's Villages Nepal. It is a right-based programme that addresses the root causes of child abandonment in Nepal by empowering families and communities to properly care for their children. The families are supported to preserve the natural family environment and to avoid the need for residential care which is taken as the last resort.

With the help of the community leaders, other NGOs and Governmental organisations vulnerable families in a specific location are identified. Detailed studies of the family and child's needs are carried out to decide on the type of intervention.

Once the needs and the type of intervention are identified, efforts are made to look for partners for the programme which could be any CBO, NGO or GO. The duration of the intervention is normally 3-5 years within which period the family should be capable of taking care of its own children.

There are mainly three types of interventions: direct essential services for children which consist of education, health and hygiene, day care, food assistance, counselling and referrals to specialised institutions. The second intervention, capacity building of caregivers, includes vocational training, family counselling, social leadership training, sensitization and dissemination of information, psychological services, parental care training and referrals to other NGOs. The third intervention is advocacy, which is carried out in cooperation with other partners to bring about positive changes in the lives of the target group of children. The advocacy is mainly focused on the realisation of the rights of the child.

Not all families and children have the same needs and accordingly the types of support also differ. In a family where parents are alcoholic, family counselling could be useful whereas vocational training may support another care-giver who has no vocational skill. For children whose right to education is violated, the provision of education could be a suitable intervention, and where his/ her right to identity is not realized, advocacy could do the work. As a child development organisation, SOS Children's village tries to ensure that holistic development of the child takes place with support from direct essential services to the child and capacity building of the caregiver.

Under this programme, the child normally is supported for his/her schooling, food, medical treatment and improvement in the family's living conditions. The caregiver is supported in receiving vocational training, parenting skills, access to services provided by the government, family counselling and literacy. The caregivers in the community form a group who then gradually takes over the responsibility of running this programme themselves. They are treated as important programme partners rather than recipients. Not all services are necessarily provided by SOS organization. Other partners and existing service providers in the community are contacted and made important partners in service delivery.

For every 150 children in the programme, one FSP co-worker is employed. S/he assesses the gaps in the family and recommends the support needed. For every family, there is a family development plan that is formulated together with the main care giver of the family and its members. Similarly, for every child there is child development plan which is also formulated in cooperation with the caregiver and the concerned child. The progress of the family and the child is monitored on a regular basis by the FSP co-worker who then decides what further support is required for the family and the child so that by the end of 3-5 years. Over 4,000 children are presently supported under this programme. If they were not supported they most probably would have ended up in institutional care. The cost of supporting one child in an average is Rs.700. - per month whereas the cost of keeping a child in an SOS family is around Rs. 8,000. per month.



Family re-unification

Our goal is to reunite children with their birth family if it is safe and appropriate to do so.

Family re-unification is the process of returning a child in temporary out of home care to their families of origin. This is a considered and carefully planned process that involves both child and parent/s in all steps to re-unite the family, and both child and parent/s are willing and enthusiastic about the goal of re-unification.

Trained staff from your organisation will help facilitate the process and some basic conditions should be assessed before attempting the process or introducing the child to the concept of returning home to their birth family. The

statements below have been determined by the Daphne Project as essential factors to consider before introducing the idea of re-unification with parent/s to the child in your organisation.²⁰

- Reintegration should not be attempted if there is a high risk of placing the child in danger of abuse – protecting the child must be the first priority of any placement plan. Sometimes this may mean that work is needed to reduce the risk to an acceptable level. Therefore if the situation changes over time, initial danger should not always rule eventual reintegration. Reintegration must not proceed if a significant, current danger exists.
- If a child has been placed in care as part of a voluntary arrangement and the parent requests the child to be returned home, the competent authority responsible for making placement decisions must have good reasons not to allow the return of the child – such as risk of severe abuse. (Each country should have legal requirements to ensure that a decision is made which is separate from the initial decision to admit the child to care)
- Although it is not appropriate to reintegrate children into physical conditions which are so poor that they would put the child's health and well-being at risk, at the same time, under the UNCRC, the state cannot allow poverty alone to be a reason for separating children from their families. (As such it is the responsibility of the state to find means to assist a reintegration. Therefore, in circumstances where the only motive for institutionalisation is poverty, the authorities must develop a reintegration plan that also addresses the family's economic circumstances and living conditions).
- Reintegration must be planned carefully and children and their families must be prepared for this process
- Reintegration cases should be supported and monitored following the child's move home, in order to ensure that the package of care developed to support the child within the family is sufficient and adaptation of this package will take place if circumstances change.

The aim of family reunification is to build a sustainable environment in all the aspects of the family and child's welfare needs to enable the family to remain together in the future. Your organisation may identify some of these factors in which the organisation may be able to build into the child's welfare plan for example assistance with school fees and other educational needs until there is a growth in the family's income.

The plan that is created for the reunification of the family and the child should incorporate a goal to increase the family's capacity to become self sustaining. This means that there should be an end date to the support that the organisation provides. However all factors must be reflected on in this planning, as the financial support or educational support (and other) that was needed to reunite the family must continue until the family is able to take on this responsibility themselves. This cannot be done without detailed planning on how to assist the family with their long term welfare needs. Returning a child to his/ her family without considering the long term plan to build the capability of the family could be devastating for the family.

For example, in the initial planning of the reunification of the family it is important to consider how the financial capacity of the family can be increased if this has been identified as the reason that the child was separated from the family. This could include vocational training for one or both parents if necessary (and possible) or referrals to other NGOs. If the family has experienced dysfunctional relationships and this was an element for the separation of the family, family counselling, psychological services or parental care training may be necessary.

²⁰European Commission Daphne Programme Directorate-General Justice and Home Affairs in collaboration with WHO Regional Office for Europe & The University of Birmingham, UK.. (2007). *De-Institutionalising and transforming children's services- A guide to good practice*. University of Birmingham (WHO Collaborating Centre for Child Care and Protection) Birmingham, United Kingdom.

Again the emphasis is on considering all the factors of the initial family break down and together with the family, Social Services Practitioner and others, discussion about the long term goals of the family, the welfare of the child and the assistance that they will need to help them to achieve these goals is required.

Case study: Tdh “Mala” family re-unification pilot

The project known as “Mala” funded and supported by Terre des hommes in partnership with the Centre for Mental Health and Counselling (CMC), Nepal, the Dalit Development Society (DDS), Salyan, the Dalit Women Awareness Centre (DWAC) Nepal, Rolpa, the Sustainable and Equitable Development Academy (SEDA), Jumla and the The Himalayan Innovative Society (THIS), Humla, supported unprecedented efforts to keep hundreds of children within, or return them to, their family of origin and, where this was not possible or not in the best interests of the child, to identify and provide the most suitable forms of alternative care under conditions that promote the child’s full and harmonious development and as part of national, district and community child protection systems.

Most project targets were achieved or overachieved. One example is educational and material support in which they supported 1’288 children instead of the planned 480. This project reached a higher number of children than originally planned in all areas. Notably, the project supported family preservation and helped single mothers to keep their children with them instead of sending them out to relatives or to orphanages.

Social workers received extensive training and were supported through supervision visits and various learning events. Turnover of social workers was minimal and their commitment remained strong throughout the project period. At the end of the first year it can therefore be said that strong professional resources have been built and that “trained social workers” are recognised by many as one of the most impressive achievement of this project.

It should be noted that after 11 months implementation, a four-person evaluation team organised by Nepal Government’s Social Welfare Council concluded that this project was “very effective” and that it should be replicated to other parts of the country. The report concluded that the provision of alternative care in rural districts, such as kinship, foster care and domestic adoption, could discourage trafficking, illegal inter-country adoptions and city-centred institutionalization of children. The team was impressed with families they met in Humla and Jumla districts, some of the poorest and most isolated areas of Nepal. According to the evaluators, the families “proved themselves so great to accept, protect, adopt additional child who is orphan or needy”. Such a positive assessment suggests that the project is poised to grow and expand to other areas of Nepal, within the limits of funding capacity.

Children are always vulnerable to the home environment becoming unstable again which can put them at risk of being unsafe. When re- uniting children with parents or their extended families, Social Work Practitioners need to think about how they can create a safe place for the child or children to go to if something at home becomes difficult for them.

When planning to return the child or children to their home or village, Social Services Practitioners can also start the process of engaging local community members who may want to volunteer as a “Safety Friend” or provide a “Safe House” for the child or children if the need arises. This safe environment is where children will be welcomed and cared for if they have any concerns about their home environment becoming unstable or unsafe for them again.

If there is a significant person in the village or surrounding environment they may be identified as a potential volunteer for this role and approached by the organisation. This role is not to replace the responsibility of the Social Service Practitioner and your organisation in managing the welfare and care of the child and their family. However this person can watch over the safety and welfare of the child and raise any potential issues with the organisation if necessary. Community members volunteering for this role, like the Foster Carers should be provided with training in Child Rights and have the opportunity to discuss child protection as this will assess their suitability for the role.

The volunteer “Safe House” or “Safe Friend” must be able to contact the organisation directly if an issue arises and the organisation should respond appropriately so that the volunteer does not feel unsupported. The organisation does not want to risk the alienation of these volunteers from their village or other community members through disputes

with the child's or children's family. During the planning of the re-unification of the child with their parents or into Kinship Care, careful community consultation should take place about the role of this volunteer and their relationship to the child, the family and the organisation. This role should be seen as a friend to the family and as someone who can assist the family to talk to your organisation or other welfare services to resolve further issues that may arise in caring for their child or children.

Our goal is to minimise the risk of children returning to an Institution or to live on the streets. Through creating a safe place where children feel that they can talk and will be cared for until the Social Services Practitioner has the opportunity to investigate the issues, may assist in keeping the child from returning to the streets and commencing the cycle again. (see template 4.1 to assist with the re-unification process)



Kinship care

Our goal is to maintain where possible the child's relationship with immediate family members and relatives and if safe and free from harm, to provide support to those family members so that the child continues to develop in his or her natural environment.

Relative care (Kinship Care) is regarded as the second option following re-unification with parents, when placing a child in out-of-home care. Kinship care provides children with a continued sense of belonging and although without parental care a child can continue a healthy development in his or her natural environment.

Kinship Care can be overlooked as requiring support and/or any formal plan, as it is often the natural response of the extended family to integrate an abandoned or orphaned young family member into the extended family without formality. However, it is also in this environment that the extended family may be caused further hardship by caring for an additional child or if the case, several.

Keeping children with their natural family members is always the optimal situation yet if the extended family is suffering this will also put the child into an unsafe environment, perhaps at the risk of child labour, causing further trauma and mental stress to a child who has already suffered abandonment by his or her parent/ s.

If an organisation is considering re-integrating a child back to the extended family, an in-depth assessment of the relatives' financial situation, social health and attitude towards the child needs to be considered.

The process of re-integrating a child back into a family is probably the most complex as it would be assumed that the child was abandoned for a very valid reason. Some of the circumstances that may have caused the initial abandonment are likely to be poverty, health, disability, alcohol or drug addiction, and re-marriage for example. The issues that applied to the child's parents therefore may apply to the extended family. The child's parent/s may also be still living with the extended family and therefore it is extremely important to create an assessment and an analysis of risk of the family's ability to care for the child prior to any re-integration processes commencing.

Using the assessment information will be helpful to your organisation to assess the extended family's (Kinship Carers) financial and physical ability to care for the child. However your organisation may also need to prepare an assessment of the emotional ability of the family to care for the child and prepare a case plan to identify how the family (Kinship Carers) will be supported to do this.

Each child is an individual and all circumstances are different so what may work with one family and their child may not work with another child and his or her family. The aim is to create a healthy and supportive environment for the child and families may require the support to do this. Creating a happy and healthy environment for one child may also result in a healthy and happy environment for other children in the family.

Your organisation may need to incorporate some of the funding into the operational plan to sponsor a family to establish a sustainable income. Perhaps this is to purchase plants for a crop, purchasing equipment, creating some training through your organisation or volunteers in a vocational skill. The aim is to improve the living conditions for the family so that the child is not at risk of further abandonment or abuse in the future.

Your organisation may also need to assist Kinship Carers to develop other relationships in the village or community to assist the Kinship Carers with respite, so that if the Kinship Carers need to also have a break in the same way that the Foster Carers will have a planned break from the children in their care (see following chapter on Foster Care). This is also important to assess other community members who the child can form a special relationship with in the event that there are any issues within the Kinship Care arrangements. Promoting these other relationships in the community or village will provide another adult for the child to talk to if necessary.

The Social Services Practitioner can assist the family and the community to support the child by inviting identified members of the community, i.e. teachers, elders, another relative, or other significant friends to the child to discuss the case plan for the child and to invite these other significant stakeholders to voluntarily take a role in supporting the child. Developing a community that supports the child will not only benefit the child directly however will support the Kinship Carers indirectly by providing guidance and support to the child when they are in need of this.



Foster care

Our goal is to provide safe and caring homes for children who cannot be re-settled with their families or relatives in the short- or long-term future.

Foster Carers are people with the willingness and capacity to care for other children and who, after a period of training and assessment, are approved as suitable carers.

Foster Carers provide safe and caring homes in a family setting for children and young people who have been abandoned or orphaned or for whom the re-integration with family or relatives is not an immediate option. Foster care may be for short or long periods of time while in cases where biological families exist, they are assisted to work through the issues that placed their children at risk. Whenever possible, children and young people should return home to live with their own families when it is safe for them to do so or arrangements have been made to support the family or relatives to care for the child.

The planning of a system of Foster Care services requires time as there are many factors to consider. Foster programmes in your organisation will need staff to recruit, assess, train and support foster carers. An agreement between your organisation and your employee (the Foster Carer), should describe what duties the carer has to the child and your organisation. This agreement should also arrange for the support and training of the foster carer. A copy of this agreement should also be provided with the case plan for the child to the legal guardian of the child, the Central Child Welfare Board.

Foster Carers' training is extremely important to the success of a child's placement. In the first instance the training will include information about what Foster Care is, the concept of de-institutionalisation and child rights, good parenting skills, hygiene and nutrition for children, child development theory etc.

If the child has been placed in their care for a long term period, Foster Carers will require further training as the development of the child progresses. The support needs of the Foster Carer will change as they will be affected by the economic conditions, the environment and their own family needs.

Social Service Practitioners recruited and trained by your organisation will manage and arrange placements, implement care plans and support foster carers in meeting the emotional, behavioural and other needs of the children in their care. Foster Carers receive an allowance to assist with the cost of looking after the child that has been placed under the foster care arrangement. Therefore your organisation needs to plan what this allowance would be and how this allowance is paid to the Foster Carer.

Your organisation may consider an additional staff member to review the management of the care plan with the Foster Carers and/ or your organisation's accountant manages the payment of the Foster Carer so that there is transparency around any financial or activity expectations. This will relieve the Social worker of dealing with any financial or key duty issues that could be a source of conflict and therefore maintain good relationships with firstly the child and the Foster Carer/s.

A relationship with other agencies that provide advice and support to children and young people in foster care should also be developed. This includes working with the Central Child Welfare Board who have overall legal responsibility for Foster Carers and children and with other professionals who provide assessment and specialist advice for children and young people, their families and carers. Contact with other organisations can also assist the Foster Carer with advice and support that they may need to parent a child that is in their care.

Your organisation needs to recruit Foster Carers from a range of backgrounds reflecting the diversity of children and young people requiring placement. People with a range of life experiences are needed so that the complex needs of children in care can be appropriately matched. In an ideal situation having a diverse group of trained and culturally appropriate Foster Carers that are available in the right environment to your organisation is best practice.

While many countries have Foster Care services currently operating, it is well known that this is not always possible as being a Foster Carer is a very complex job and the people available to take on these roles are always limited. However, matching is a vital aspect to the success of a placement in a Foster Care arrangement.

It is through the pre-placement phase when the child is introduced to the potential Foster Carer and the following meetings that the Case worker will be able to identify if the Foster Carer and the child is a good "match". When appointing the Foster Carer it's very important to match the children with the potential foster carer. It is essential to consider the child's family background, their age, caste, religion etc and the characteristics of the potential Foster Carer including the ages of any natural children within the family. This will assist in the relationship building between the child going into placement, the Foster Carer and their children. The process should be very natural and willing as it is important that the Foster Carer and the child feel that they are able to form caring bonds with each other.²¹

Foster Carers should be able to access respite for a planned period of time each year. This means that for a period of time each year the child spends time with their family members, community or other arrangements that are made to give the Foster Carers a break from their responsibilities.

This planned respite is to prevent stress and to assist with the support of the Foster Carer, and should not be based on the Foster Carer's requesting or the availability of the respite. The child and the Foster Carer should have full details of when this break will occur so that there is no tension around the break for everyone.

The most obvious choice of time to plan for this break is during Deshain and Tihar when it would be appropriate for the child to spend time with his/her own community, whether this is with family members or others. It also provides the opportunity for the Foster Carer to spend time with their own family particularly if they have their own children.

There are some important benefits to making these arrangements, firstly this time gives the Foster Carer the chance to have some important individual family time or a holiday from parenting, the child in care is also encouraged (if this is possible) to form relationships with his/her community. This will also help the child to create an important sense of self especially if they have been removed from their ethnic background. Sometimes it may not be possible to have contact with their birth place however it will be important for children to have information and contact with their ethnicity as it is the basis of who they are and where they have come from and it may assist the children to make choices in their future.

If it is not safe for the child to return to the family for a short period your organisation should provide short term accommodation for the child to enable this respite for the Foster Carer as it extremely important for the long term benefit of the relationship.

²¹ Gibson, C. (2004). *Developing a model of out of home care to meet the needs of individual children through participatory research which includes children and young people.* viewed December 2010 at www.childsafety.qld.gov.au/practice

As employees of your organisation, Foster Carers are entitled to holidays and your organisation has a duty of care to ensure that their needs as employees are also met. Foster Carers are employees and therefore not obliged to care for the child for the full period of their childhood. For many reasons (especially if the organisation is not attending to the issues and concerns of the Foster Carer as an employee), the relationship between the Foster Carer and the child may dissolve and your organisation will need to re-home the child with another Foster Carer. This could be due to employment issues, sickness, family circumstances or other reasons.

Whilst it is important for children to have the stability and to be provided with long term care (and it is hoped that there are no reasons for the Foster Care placement to dissolve) the reality is that the foster care needs to be identified as a flexible arrangement. This will be an essential requirement of the information and preparation that your organisation provides for the child before being placed to assist with the expectation of the relationships that the child will develop with his or her Foster Carer.

Foster care is identified as one of the reliable community-based alternative care forms for children without parental care by many international research and practice.

Case study: HFHK, Nepal Foster Care pilot

The following is a case study from the organisation Hope for Himalayan Kids, Nepal which illustrates why it's important to discuss the "match" between the children and their potential foster family.

Through the Family Group pilot programme at HFHK, Nepal in Pokhara, the aim was to research and explore how successful the concept of foster parenting could be managed in Nepal. HFHK, Nepal chose a young couple with a baby to become the foster parents of 6 of the children living in the institution. The group consisted of 2 sets of siblings and they were asked to choose 2 friends. The age groups of the children were from 6 year to 13 year old.

During the pre-trial period everyone was excited and for the first couple of months everyone appeared happy however after the newness of it, all settled down and routines were developed. The issues that arose for HFHK, Nepal were a great insight into the importance of the matching process when choosing potential foster carers and their future children to care for.

The couple that had been chosen was young and in their second year of marriage with their first baby who was then 9 month old. The couple was at a stage of building their own relationship and developing as parents with their own very young baby. It was very exciting for them to become new parents; therefore most of their attention naturally was given to their own baby.

In the initial stages, it seemed that the younger children of the group were not receiving the attention they required. As these children had been abandoned during their younger years and had not received full time care, there should be some opportunity for these children to have the love and attention they required in their new arrangement. Whilst excellent parents to their own baby, due to the demands of the young baby it diminished the time that the foster carers gave to the other children. Therefore the young children missed the opportunity to experience a close relationship with the foster parents.

Despite these circumstances, the young children adjusted well with the foster parents once they had settled in. Positive signs were that the youngest child developed a close bond with the young baby of foster carer, behavior issues that had developed whilst living in institution became less of a problem. The younger children appeared to progress very well in their behavior. HFHK, Nepal identified through the younger children's positive responses that they felt a sense of belonging in the small Family Group, something which could not be provided through the life in the institution.

Whilst the younger children settled into their new life, it seemed so much more difficult to develop the relationship between the adolescent children and the foster parents. As the children were older and had been living independently in the institution; they were used to having their peers to support them. Building new relationships with the foster parents and the adjustment was difficult for them. Further to this HFHK, Nepal found that the young foster parents were not equipped to deal with the issues that arose with adolescence children. They didn't have any experience with

parenting adolescent children. The training and orientation of raising children and the adjustments that they would have to make did not consider the issues that would arise with this age group of children.

The older children felt lonely and the communication between all failed. It was observed by HFHK, Nepal that the responsibility of caring for two different age groups of children was overwhelming to the young couple. The lesson learnt from this trial was that it was extremely important to consider the matching and the processes including the training of Foster Parents before placing children with potential carers.



Child care centres

Our goal is to provide day time care for children under school age to enable parents to work and provide for their families.

The most common cause of child abandonment is poverty. If parents are unable to work this is going to impact on the families' ability to support and feed their children. Single parents are most at risk of being vulnerable to this situation as it is difficult to work to support your family and be at home to care for young children. As a result we see families sending their children to institutions as they feel that the children will have access to better food, education and health services as they are unable to provide these essentials themselves.

It is important for your organisation to prevent the risk of families returning to their previous state of poverty if you are negotiating to return a child to their primary family or kinship family members. Increasing the family's economic capacity can include access to day care services to allow parents or carers to work.

Whilst your organisation may not have the capacity to establish a child day care centre on your own, it may be a worthwhile community exercise to investigate the possibility of a collective village day care centre for babies and young children to enable parents to leave their children in care and be able to go to work.

Other options for establishing child care for working parents in the village could be through forming a community women's group to rotate the responsibility of caring for babies or young children for working parents.

Your organisation could also network with other organisations to combine resources to establish a day care centre for working parents in the region. Child care centres have the potential to also become the source of a small income for trained community members as they may collect an established fee from the families who leave their children for the day in care.

Child care centres can also operate as a meeting place for mothers in crisis to access information and support or even short term accommodation whilst workers assist the mother to develop some strategies to independent living. The child care centre can also provide a meeting place for pregnant or new mothers who have health or other welfare issues, and through other parents and the child care workers may be able to find the support and advice that they need to help them through these issues.

The following information is a description of an established child care centre for working parents in the Kaski district of Nepal that has provided the above example of community support to both children and their parents. This centre offers the community a greater service than only the provision of day care for children. It is a good example of how a community service such as this can become a meeting place for the community providing support for all its members.

Case study: GONESA Children's day care centre pilot

The non-government organisation Good Neighborhood Service Association (GONESA) in Pokhara has been developing information and programmes on early childhood development since its establishment and has been operating 25 early childhood development centres in the Kaski district of Nepal since 2002. The organisation provides early childhood development services to children aged between 2.5 to 6yrs. Most of the centers are located in the poorer areas of Pokhara and the target groups of this programme are the poor, vulnerable and at-risk children who live in the slum areas.

Before commencing their programmes, GONESA studied the possibility of establishing an early childhood development centre by conducting a household survey to identify the social and economic condition of households. GONESA then conducted an analysis of the age group of children in the region. This created a discussion with the community to identify the need of an early childhood development centre. GONESA then formed a committee and asked the local community to contribute to the infrastructure. GONESA involved the community throughout the creation of the childhood centres, asked it to select the children that will attend the centres and to assist in the running of the centre. The facilitators of the care for children are all trained in pre-primary education.

The objectives of GONESA's strategic plan are:

***Creative Education**

Children can choose their subject or playing material according to their interest. The facilitator motivates them to learn by doing and experiencing activities. There is also discussion, participation, puzzle games, indoor and outdoor games, educational expeditions and observations. The children also have playtime and sessions in singing and dancing.

***Improving malnourishment**

Nutritional food is provided to children free of cost once a day. The food is always prepared freshly. For example, children are given dhal, rice, curry, milk, eggs etc.

***Providing medical treatment**

Yearly medical treatments are organised to check the children's health. If children are sick then free medicines are delivered through the organisation's dispensary. In case of emergency GONESA refers children to the local hospital.

***Sharing information with staff**

GONESA regularly organises monthly gatherings of facilitators, so they can share their experiences and new ideas with each other.

***Raising community awareness**

GONESA arranges meetings with the parents of children and community on a regular basis. They talk about how to improve the welfare habits of children, their health and other daily activities. They inform parents of the importance of pre-primary education for human development and child rights. Facilitators also discuss the role of parents, community people, teachers and other organisations to assist with the raising of children. The parents and community are also asked for their suggestions and feedback to assist in the improvement of the service.

The direct and indirect benefits of the services to the family and their children to date have been:

- Development of the habits of children to attend school regularly
- Providing the opportunity for socialisation and working collectively
- Children learn to read, write and gain knowledge
- Children learn about being clean and tidy from an early age
- Children learn to be confident and to express themselves in a group
- Parents are free to work and improve their daily income
- Balanced meals help children in their physical development

To date around 500 children from Kaski district have benefitted from the centre. A great achievement and outcome of this programme was that during the first check-up of children 65% were found to be malnourished and underweight, and a further check-up two years later reported that they found only 5% were in that statistic.



Other Alternative care arrangements

Our goal is to respond to the diverse needs of children and to provide the best alternative care service appropriate to the individual child.

Placing a child into alternative care environment is a key intervention strategy in child protection, to offer orphaned or abandoned children a suitable living environment or prevent further child abuse or harm. It is based on the expectation that it will progress the child's development, and therefore it is assumed that when the state places a child into an out-of-home situation it will enhance the child's wellbeing. Ensuring that a child is placed into an environment that supports this is the priority of your organisation. Family re- unification, Kinship Care or Foster Care is not always possible and therefore your organisation may need to create other alternative care arrangements for the children in your care based on their needs.

Each organisation's strategies for their de-institutionalisation projects are going to be different based on the children in their care, the environment that they are in, their resources and the willingness of their staff to commit to the new aims of the organisation.

Planning for the transition of children is crucial and time should be taken in all the steps before commencing any of the transitions of the children to all forms of alternative care. Training for staff will also be a key to the success of the transition of your children to alternative care as the staff must recognise the value of their involvement in the organisation's new aims for the service. (see Step 6 for transition information)

It will be essential for staff to understand their role as Social Services Practitioners in your organisation as they will be the staff that will need to observe the well-being of the children and have knowledge of the factors that influence the development of children. Training for staff will be necessary if they are to assess whether a child's needs are being met in a certain alternative care arrangement. (see Step 7)

Case study: HFHK, Nepal Alternative Care

HFHK, Nepal has piloted two models of alternative care for the children living in orphanages sponsored by the organisation whose re-integration with their family or Foster Care was not possible. These programmes were titled the Supported Accommodation and Peer Group programmes. These two models of alternative care are briefly discussed below:

Peer group units

After commencing the above alternative care model, HFHK, Nepal felt confident to trial another concept of alternative care. This model of alternative care was introduced to provide care and support for five adolescent girls who did not have any siblings in the institution however had formed very strong relationships with their peers.

The five girls were aged 10 to 15 years old. This group of girls required a mentor however unlike the supported accommodation trial the children in this group had already developed better independent life skills, therefore a female mentor was only employed to ensure that the girls had adult supervision for their safety and were provided with welfare support only when necessary.

Although providing a strong and positive role model for the girls, the mentor also modeled further independent living skills through participating with the cooking, cleaning, washing, talking with the girls about managing their household affairs, their study time, shopping, monthly budgeting and generally be available as someone to discuss any issues related to their age group.

The girls became much more self-reliant and demonstrated a great sense of belonging to their small group of “housemates”. This type of environment and care gave the girls the opportunity to interact with the wider community and provided them with a further opportunity to develop their leadership skills. HFHK, Nepal found that the children’s study habits improved significantly and most of the girls developed a very clear sense of their future careers and their education goals.

HFHK, Nepal chose a mentor with a strong work, family and study ethic and in doing this provided the right type of mentor for these adolescent girls. By employing the “right person” for this role, the mentor for a group can provide a significant element to the success of this type of alternative care.

Operating several types of alternative care requires a strong system to manage the care requirements of all the children and staff. Your organisation needs to develop a method to report on all activities of staff and children to have a clear and well developed understanding of what is happening within your services.

The Social Service Practitioners need to interact and talk to the children placed in any alternative care environment on a regular basis and have direct contact with the children during times when the children are eating, playing, studying and interacting with any of their direct mentors. This enables the case worker to build a relationship with each of the children and to observe the informal behavior of the children whilst in their home environment.

The Social Service Practitioner should also have regular supervision with their Managers and report immediately on any complicated or difficult issues that they have observed.

These environments if managed correctly can provide children with a normal and healthy environment to develop. As an alternative to living in an institution with a large number of children the models discussed above have provided children with the opportunity to enjoy life whilst learning life-long skills for their adult life.



Supported accommodation

This type of alternative care model was designed to support the older boys living in the orphanage for who other alternative care model were decided to be unsuitable. The boys were in the 16-17 year old age group and had been living in the institution for more than 3 years. All the boys had finished their education to class 10 and were commencing their year 11.

The key aims of the piloting of this model of alternative care were:

- To provide an independent living arrangement for the older aged boys
- To provide an environment for the boys where they could learn basic skills to live independently
- To provide a better environment for their study
- To prepare the boys to live within the mainstream community

In this type of alternative care model the four boys were provided with a rented flat, and they participated in all the preparations including the purchasing of the necessary equipment i.e. bedding, kitchen utensils, school equipment, food etc.

The organisation also employed an appropriate mentor whose main responsibility was to guide the boys with their day-to-day living activities, such as cooking, cleaning, washing, shopping, preparing the monthly budget, arranging the time for study, counselling to cope with their issues related to their ages, and participating in their local community.

The staff of HFHK, Nepal made regular visits to support the boys to settle in and to support the mentor to fulfill his roles.

The boys lived for two years in this environment, supported by HFHK, Nepal. On evaluation at the end of the programme the organisation felt that this model of care for the boys was a great success as all the boys were able to live and work independently at the end of the trial. Each of the boys passed their 12th grade of education and currently all of the boys are studying at a Bachelor level and working full time in the community.

Checklist for Step 4

Prevention

Family re-unification

Foster care

Kinship care

Day care centres

Other forms of alternative care

NOTES:

Family Re-unification Programme - Child Assessment

Date	Action	Assessment Notes	Action	Date completed
	Attached Assessment (Child Bio Data /photo attached)			
	Attached Individual Care Plan			
	Has the child's previous history with the family been checked?			
	Is it known that there is no previous history of abuse of the child or other children in the family?			
	Have the police records of the family members been checked?			
	Do the physical and material conditions of the family home correspond with the minimum physical needs of the child?			
	Does the family wish to take the child home?			
	Has an individual care plan been developed for the child?			
	Has a package of care been developed for the child and family which correspond with the individual care plan?			
	Do the parents have a healthy relationship with the child			
	Has this relationship been monitored /observed?			
	Has a process of preparation for reintegration been undertaken?			
	Are the professionals who have undertaken the preparation process sure that both child and family are ready for the reintegration?			

Family Re-unification Programme - Child Assessment

	Has the child had at least three visits home (including overnight stays) before final placement? (NB not necessary if the separation has been of a short duration).			
	Is a monitoring system in place once the reintegration has taken place?			
	Have the parents and rest of the family been prepared adequately?			
	Dependent upon age and individual understanding, has the reintegration been explained to the child and is he/she aware of what is going to happen, how and when?			
	Has the child's agreement been obtained? (where age and understanding allow)			
	Have arrangements been made to maintain contact, at least for a period of time, with the child's current placement (be that foster, family placement or institutional)?			
	If the child has special needs or disabilities, have arrangements been made to ensure that any therapeutic support he or she currently receives will continue to be provided?			
	If the child requires special education, have arrangements been made, in cooperation with the education authority, to ensure that a special educational placement is available?			

Family Re-unification Programme - Child Assessment

	If the reintegration requires a significant geographical move and the child must change schools, has an appropriate alternative school place been made available?			
	Have the child and family been registered with a local medical clinic?			
	If the child has any ongoing medical needs, have provisions been made to ensure that the child continues to have access to medical treatment and medication as required			
	Has a community member been identified as a "safe house" if the child becomes unsafe?			

Notes:

Kinship Programme - Child Assessment

Date	Action	Assessment Notes	Action	Date completed
	Attached Assessment (Child Bio Data /photo attached)			
	Attached Child Care Plan			
	Has the child's previous history with the family been checked?			
	Is it known that there is no previous history of abuse of the child or other children in the family?			
	Do the child's parent/ s live with the family or live close by?			
	What assessment has been made of the family situation if the child has been removed from the parent for abuse or other?			
	Have the police records of the family members been checked?			
	Do the physical and material conditions of the family home correspond with the minimum physical needs of the child?			
	Does the family wish to take the child home?			
	Has a package of care been developed for the child and family which correspond with the individual care plan?			
	Does the family have a healthy relationship with the child or a significant family member?			
	Has this relationship been monitored /observed?			
	Has a process of preparation for reintegration been undertaken?			
	Has the child had at least three visits home (including overnight stays) before final placement?			

Kinship Programme - Child Assessment

	Is a monitoring system in place once the reintegration has taken place?			
	Dependent upon age and individual understanding, has the reintegration been explained to the child and is he/she aware of what is going to happen, how and when?			
	Has the child's agreement been obtained? (where age and understanding allow)			
	Have arrangements been made to maintain contact, at least for a period of time, with the child's current placement (be that foster, or institutional)?	Have the parents and rest of the family been prepared adequately?		
	If the child has special needs or disabilities, have arrangements been made to ensure that any therapeutic support he or she currently receives will continue to be provided?			
	If the child requires special education, have arrangements been made, in cooperation with the education authority, to ensure that a special educational placement is available?			
	If the reintegration requires a significant geographical move and the child must change schools, has an appropriate alternative school place been made available?			
	Have the child and family been registered with a local medical clinic?			

Kinship Programme - Child Assessment

	If the child has any ongoing medical needs, have provisions been made to ensure that the child continues to have access to medical treatment and medication as required.			
	Has a community member been identified as a "safe house" if the child becomes unsafe?			

Notes:

Foster Carer Agreement

[insert File or Agreement Number]

[Date]

[insert Family Name]

[Address]

[Other Contact Details]

[insert your Organisation's details]

[Programme Manager or Organisation's Director]

This is an agreement between [your Organisation's details] and [name of Foster Carer/s] for the provision of foster care services to children placed in their care.

The [your Organisation] agrees:

1. To provide the Foster Carer/s with a written and verbal explanation of the [your Organisation's] Minimum Care Standards and Child Protection policy and regulations.
2. To provide Foster Carers with:
 - a. Medical consent authorising routine medical and dental treatment.
 - b. Written procedures for obtaining medical and dental care, including emergency procedures.
3. To pay the agreed payments to provide for the care of child/children stated in writing to the Foster Carer/s, and to assure that such payments are made regularly as long as all parties are meeting their obligations.
4. To provide or otherwise obtain those medical and dental services required by the child and to meet the special clothing needs of each child upon initial placement in Foster Care. Thereafter the authority for making necessary appointments and purchases shall be with the Foster Carer/s parents in agreement with the organisation.
5. To obtain necessary written permission for surgery from the child's parent, guardian or other.
6. To share with the Foster Carer/s such information about the child, and the child's family including background, placement planning and visitation rights of the natural family that will help the Foster Carer/s to meet the child's needs.
7. Not to require the Foster Carer/s to accept a child, if, in their opinion, it would not be in the best interests of the child.
8. To determine if a child has had a physical examination within 12 months prior to placement in foster care, or if not, to ensure that one is obtained within 30 days after placement.

Foster Carer Agreement

9. To provide regular services — including a first contact within 5 working days after placement, to provide at least monthly contact with the foster child and Foster Carer/s, to assist the Foster Carer/s in providing for the child's physical and emotional needs; and to give the foster parents a 24 hour phone number through which they can contact [your Organisation].
10. To provide an explanation for removing a child from the foster home and to provide an opportunity for the Foster Carer/s to help prepare the child for this separation; and to provide at least 3 days notice before removing any child who has been in the foster home for more than one month, unless the removal is required through an emergency; to notify the foster parent/kinship caregiver of the intended change of placement.
11. To maintain the quality of the Foster Care program through an active and regular routine training of Foster Carer/s and evaluation of foster homes to assure the compliance with the organisation's standard of care.
12. To provide the Foster Carer/s a copy of the report and review of all decisions to move a child who has been in placement for more than six months to another foster care placement when the foster parent objects to the change.

The Foster Carer/s agree:

1. That their home shall be in accordance with the [your Organisation's] Minimum Care Standards.
2. To immediately notify [your Organisation] of changes in the composition of the household. To inform the [your Organisation] about plans to move and/or out-of-state travel plans, four weeks in advance.
3. To immediately notify the department of any illness, hospitalisation, or accident of a foster child, or a member of the foster home family that may have a significant impact on the physical or emotional condition of any family member.
4. To keep specific financial, school, immunization and other records including all necessary receipts as requested by [your Organisation].
5. To have a plan acceptable to [your Organisation] for the provision of care and supervision of the child by a competent person whenever the foster parent is absent from the home.
6. To keep information concerning the child's (or his/her family's) physical, mental and social background, or the child's past and present problems confidential, and to share this information only with appropriate persons specifically authorized by the [your Organisation] including the child's counsellor, treating or emergency medical staff, teachers, school administrators or temporary caretakers as needed; other appropriate person as specifically authorised by the [your Organisation].

Foster Carer Agreement

7. To admit representatives of the [your Organisation] into the home upon request and to cooperate with the [your Organisation's] monitoring program for the maintenance of foster home quality.
8. To accept the [your Organisation's] final responsibility for decisions regarding the foster child's health and welfare.
9. To notify the [your Organisation] at least two weeks in advance of any condition which requires termination of the care of a particular child unless an emergency situation arises within the family or home so that physical or emotional care for the child can no longer be provided.
10. To cooperate with the [your Organisation] in the plan of care for each child and to share all information about the child which might be significant to continued case planning.
11. To cooperate in planned visits or placement with the child's natural parents, or with other persons important in the child's life.
12. To attend Foster Care, Child Protection, Parenting and other essential training when requested to do so by the [your Organisation].
13. To hold the [your Organisation] harmless for property loss or damage caused by a foster child or that child's biological family.
14. Not to accept a child into care without the prior permission of the [your Organisation].
15. To provide care for the foster children of all ethnic and caste backgrounds.

This is a [regular / restricted] agreement between [your Organisation] and [Foster Carer/s] of (Address, Phone No.)

Specify Restrictions, if any: _____

Effective Date: / / Expiration Date: / /

Foster Carer (1)

Signature: _____ Date: / /

Foster Carer (2)

Signature: _____ Date: / /

Social Service Practitioner

Signature: _____ Date: / /

Director

Signature: _____ Date: / /

Step 5

Our children



- Identification tools
- Assessment tools
- Development of a care plan
- Reporting processes

5



Step 5: Supporting children during the de- institutionalisation process

Our aim is to provide children with quality services during the de-institutionalisation process through the information that we collect



Identification tool

Our goal is to create a template to collect the information that we will need to identify a child is in need of services.

Your organisation's services and budget will need to allow for prospective children who are not currently living within the institution but have been identified by the CCWB or the DCWB, police or a local community group, as needing intervention and at risk of being abandoned, have been abandoned or are assessed by these community members as at risk of being harmed.

As your organisation has effectively a plan to de- institutionalise the children that are already in care, your organisation needs to identify what level of risk the prospective child is in and conduct an assessment of risk before your organisation can proceed with care services for any new children.

Your organisation is primarily an organisation to protect and care for children however by taking in new children on an emergency basis; your organisation is diminishing the organisation's ability to care for the welfare needs of the children in your present care. Your organisation's first priority is to lay the foundation for better social services for children in the future. Taking on more children at this stage may prevent your organisation from effectively de-institutionalising the children in care due to your financial and human resources

To manage these requests your organisation should discuss what criteria the organisation will take in new children on an emergency basis.

Phase 1:

What would be your organisation's criteria to determine that the child is in danger?

- Child is severely malnourished or has illness associated with this
- Child is severely neglected and has illness associated with this
- Child is already living on the street and has no known primary guardian to be re-integrated with
- Primary family member has severe alcohol and / or drug issues
- Child is being beaten or is in danger of
- Child is in immediate risk of being trafficked
- Child is being used for labour
- Child has been or is currently sexually abused by current care provider

If any of the above is applicable your organisation may want to proceed to the next stage:

Phase 2:

What sort of information do we need to collect about the child?

- The child's bio details (including ethnicity, language, religion)
- Where is the child's home or village
- Who is the child's immediate guardian? (if a parent is recognised go to ***Step 4** for information on supporting family)
- Are there any immediate family members available to care for the child (if family members are available, go to ***Step 4** for information on supporting family members)
- Statement about what is the level of risk to the child
- Identify if your organisation was contacted by another child welfare organisation, family member, community member, referral by CCWB or other, police, volunteer/ tourist
- Child's emotional health, physical health
- Information on disability or an indication of disability to indicate a further assessment is required or and to assist with the understanding if there are any communication issues related to that disability

Phase 3:

Placing child into the de-institutionalisation programme

- Register child with authority
- Create a detailed assessment of the child's present situation (see below followed by care management plan)
- Additional to the information required in the assessment and care management plans also document explanation and reason for decision to take child in
- Assign Social Service Practitioner and carer (if an option at this stage with staff resources)
- Place child into the best care environment option for this stage (remembering child is still vulnerable and may have additional emotional issues)
- Adjust any operational plans if required
- Adjust budget plan if required
- Adjust staff or carer plan if required



Assessment tool

Our goal is to create a template to ascertain the level of risk to the child and to plan the type of intervention services required by the child.

De-institutionalisation is about providing better care for children, so it is very important that children's needs and rights are well understood before they leave residential care. Knowing the age of a child, his or her level of physical, emotional and social development, behaviour, health and educational needs and family connections can help the team:

- To decide the type of care that is best for them
- To develop a plan to meet their needs.

When assessing the needs of child, the following factors are important in making decisions about the best care options for a child:

- Behaviour – is the child functioning and behaving at an appropriate level for his or her age?
- Emotional Stability – is the child able to cope with unexpected or difficult events?
- Alcohol and Drug Use – does the child use alcohol and/or drugs? If so, does this have a minor or major impact on their functioning?
- Family of Origin Relationships – does the child have nurturing relationships or conflict relationships with family members?
- Social Relationships (Non-Family) – does the child have well developed social skills that are appropriate for his or her age?
- Cultural Identity – is the child connected to his or her culture? Is this a source of strength or conflict?
- Physical Health – does the child have health issues which impact on his or her functioning?
- Child Development and Intellectual Ability – does the child meet the average physical development and average intellectual functioning for their age?
- Education – is the child attending school? Is his or her performance at a satisfactory level?
- Life skills (for children aged 14 years and over) – does the child have basic living skills to live semi-independently?

Based on the team's assessment, staff may begin to identify particular needs that have to be met for that child through a placement. Staff will also need to collect information about the strengths and needs of the child's parents and/or potential carers to decide which placement is best for the child.

For example:

- a child who is successfully attending school will need to be placed with a family that can support ongoing school attendance, a child that has health issues will need a carer that can transport them to the hospital or specialist staff for appointments
- a child who has a talent for art should ideally be placed with a carer who is willing and able to value and nurture that talent



When considering placement options, keep in mind the following:

- ✓ For most children, the best place for them to live is with their own family and community. Whether they can transition home depends on the willingness and ability of their family and community to care for them
- ✓ For children who cannot transition home, family-based care with a loving family is generally the best option
- ✓ For older children (14 years and over) semi-independent living in a small group home with adult supervision may be the best option
- ✓ It is important to ask the child where he or she would like to live and take into account his or her view in decision making.

The 2010 UNICEF report on the Millennium Development Goals reported that “nearly half the population of the world’s 49 least developed countries is under the age of 18, in this sense they are the richest in children however they are the poorest in terms of child survival and development”. Nepal showed no progress in the child mortality statistics within the time period of this report. Goal 1 of the Millennium Development Goals is to eradicate extreme poverty and hunger across a number of developing countries.²² However the statistics of Nepal reported that there was no progress at all between the period of 1990 and 2008 on the improvement of the nutritional standards of children.

Good health underpinned by good nutrition is important for the emotional and physical welfare of a child as he or she is continually developing. Without a nutritious diet children can develop physical delays and attribute to psychological delays. This in turn can affect a children’s behaviour, their educational development and mental state. Children who have been abandoned are especially vulnerable to poor nutrition as this is a common factor that forced the separation from their families. It is common for children to be lacking the essential vitamins and minerals they need to develop by normal child development standards.

Further to this children who are within the institutional system of care have often experienced homelessness and a life on the streets, perhaps kept for trafficking purposes and exposed to extreme conditions, may have used drugs and alcohol at a young age and health needs may have been neglected causing further deterioration of their original health condition.

All of these factors will contribute to the physical and mental state of the child and it is important in the preparation of the children for their future development to establish what this state of health is. Health assessments should be done on each child by a professional. A medical practitioner can assess the child both physically and emotionally however it may be of more value to the child’s future success to also bring in a trained psychologist who has a specialty in working with children. If the resources are scarce then this should be focused on children who are displaying anti-social behaviours including non-verbal behaviours and for children with a disability.²³

By performing these specific health assessments, the information can be used to create the case plan for the children. This will be especially important for the children who have just been described. Any movement and transition of children who have a disability may need their Social Service Practitioner to be especially sensitive and they will have to have information so that they are fully prepared to deal with any issues that arise.

A child with a sensory disability, deaf or blind, may have underlying health issues that are further deteriorating the child’s inner ear or eyes for example. Assessing children for untreated medical issues can assist with the planning for each of the children.

²² UNICEF. (2010). *Progress for Children Achieving the MDGs with Equity*. Number 9, September 2010. www.unicef.org/publications

²³ European Commission Daphne Programme Directorate-General Justice and Home Affairs in collaboration with WHO Regional Office for Europe & The University of Birmingham, UK.. (2007). *De-Institutionalising and transforming children’s services- A guide to good practice*. University of Birmingham (WHO Collaborating Centre for Child Care and Protection) Birmingham, United Kingdom.p.58

A consistent information collection system within your organisation is important to document the progress of the child's welfare and the progress of your organisation towards the goals of de-institutionalisation.

Creating an assessment tool to collect the information that your organisation will need to make decisions about the care plan for a child will help the staff to collect relevant and consistent information that can be tracked and assessed to make further decisions on the welfare and the progress of the child.

Essential information for the Assessment:

- Child's bio data
- Family (primary) data
- Significant other family relationships (for example: grandparents, aunt, uncle) data
- Information about other siblings
- Family (secondary) and other relations data
- Identify cultural, religious and ethnic needs
- Identify language that is native to the child (identify whether an interpreter will be required)
- Identify care stakeholders (CCWB representative, DCWB representative, Social Service Practitioner or team leader and other relevant staff)
- Health assessment of child
- Assessment of child with disability (or indication of)
- Education status
- Emotional and social status (behavioural issues, ability to interact with other children etc)
- Child's skills and interests
- External factors that are affecting (drugs, alcohol) or contributing to the child's welfare
- History of family status and analysis of risk and needs
- Reason for action (statement from person making the request if child is not already associated with your organisation)
- Urgent action required and timeline (state reason for urgency)
- Legal action required (state dates, contact and circumstances)
- Statement of assessment and analysis of risk and needs of child
- Recommendations for further action and timeline

Develop the key goals for the child's case plan, for example:

- To return to the biological family (re-unification) or
- To live with relatives (kinship care) or
- To live in a small group home (alternative care) or
- To live with foster parents (alternative care)

and actions could include, for example:

- Assess relationship with primary family member
- Assessment of ongoing health issue and create a plan for health care
- Assessment of educational needs, including any disability support requirements

Timeline for actions:

- What achievements in the timeline would confirm that goals are being met? For example progress of behaviour, settlement into school, sleeping through the night, stable relationship with primary carer
- Explore other services' options if the solution for the issue does not fit into the goals of your organisation.
- Assessment and key goals to be signed off by all parties, this includes child, family members if appropriate, Social Service Practitioner, authority (government representative), and any other relative stakeholder. If signatures cannot be obtained, state reason why in the assessment plan.



Development of a care plan

Our goal is to develop the child's care plan which details how our service will work in partnership with the child, family, carer(s) and other stakeholders to meet the goals of the transition process.

To further develop a care plan there will be some fundamental stages and information that your organisation will require before signing off on the key goals as this may not have been apparent in the initial assessment stage, for example:

- Have any further health issues been identified during initial care that will need to be addressed?
- Have any educational issues been identified during the development of the care plan following the assessment?
- Has the staff identified any unknown disabilities that were not obvious in the initial assessment that should be taken into account for future planning or need an assessment?
- Have the child's interests changed since being in care?
- Have the child's strengths and skills emerged since being in care?
- Has the child developed new goals he/she has been given child rights training and information about de-institutionalisation?

The goals of the care plan will need to be identified in 3 phases during the child's de-institutionalisation plan or transition plan: the pre-placement phase, the placement and support phase and the post-placement phase. Each of the key goals in these phases of the child's care plan may be different however it is suggested that within each phase there should be clear processes that aim to:

- Maintain a focus on the child's needs and connections
- Facilitate a "matching" between the child and a care environment
- Work with the child's immediate family or relatives
- Include the child in decision-making and
- Re-assess and re-evaluate the case plan regularly for each child²⁴

When we develop a care plan for a child, each phase in the development of the care plan is important as all the information collected, the child's participation and how we manage the plan will be significant factors towards making decisions about what support to provide next (if any).

How we manage this information and the actions we take will have not only an impact on the child's (or families') life but this will also have a flow on effect on your organisation's funding arrangements, staff resources and planning.

The necessity for a case plan for each child in your organisation's care is to address the protection and care needs of the child and to document how this is progressing. The care plan should assist your organisation to collect consistent information about the child and provide your organisation with information that is able to show progress towards your organisation's goals for the care of children.

Documenting the care activities that have been planned for each child and what impact the implementation of these activities has on a child's social and emotional well-being, will provide your organisation with information that can be monitored and inform your organisation that it is providing care relevant to the child's needs.

²⁴ Queensland Government Department of Child Safety. (2009). *Placing children in out of home care-principles and guidelines for improving outcomes*. Practice Paper, Stage 3 version 1.0 September 2005. viewed December 2010 <http://childdisafety.qld.gov.au>

What should your organisation keep in mind when developing a template for the children's care plan? The file should contain the child's information from the assessment records as some of this information is important to understand the child's welfare status for the Social Service Practitioner and the out-of-home carer however the case plan does not require the full assessment details.

The details to include (for example) is the information about the family's financial status or the information about the family's position in relation to any child protection issues. This information is extremely important however should be viewed by senior staff only who are assigned to review the case plans to maintain the family's privacy. The template for the children's case plan should further contain:

- the child's bio data (name, date of birth, sex)
- Provide information about the child's family or other relationships, siblings
- Provide a clear statement about why the child is in need of care (so that new carers are aware of any emotional issues or other factors)
- Identify cultural, religious and ethnic needs
- Identify language that is native to the child (identify whether an interpreter will be required)
- Assess the child's strengths and needs
- Identify whether the child has any neurological or physical disabilities to assist the carer with the communication with the child
- Identify any significant relationships that the child has established with community members, Social Service Practitioner, relatives, etc.
- Identify the key goals as identified in the assessment
- Determine the intervention required i.e. what actions (within the identified programme from the assessment plan) will be suitable to gain the best outcomes for the child
- Identify the roles and responsibilities of all stakeholders (what is the child's role, what is the carer's or Social Service Practitioner's role, the one of family members or of any of the stakeholders)
- State the proposed timeline for each action, for example state the date for proposed timelines for the child to be integrated into the new physical environment
- Demonstrate inclusive participation of the child and other stakeholders in the determination of the goals (this could be signed off by the management in the monitoring or assessment record)
- Review process must have a consistent and clear date in keeping with your organisation's policy
- Exploration of other services options if the solution for the issue does not fit into the goals of your organisation must be approved by all stakeholders, and signed off in the care plan, this must be recorded in the monitoring or assessment record)



Reporting processes

Our goal is to document the growth and development of each child to assess the progress of his or her welfare and the quality of care that is being provided.

Reporting and monitoring is an important element of any organisation's strategic and operational plans. Monitoring the progress of the children's welfare with indicators when goals have been met assists your organisation and the staff to discuss the successes and/or failures of the actions that they are taking. By having timelines to meet goals and indicators to know when those goals have been met, your organisation can work towards the goals of the organisation successfully.

The case plans for each child should contain the details of the activities, when those activities were performed, how successful those activities were and recommendations for changes. This is all at an operational level and the Social Service Practitioner is responsible for managing the case plan and its activities.

However at a higher level, the success and failures of the case plans and the welfare of the child must be discussed and “case management meetings” should be held to discuss the achievements or review any changes to these case plans. The most important factor is the child’s welfare, and without a mechanism to monitor this, the child could continue to live in an environment that has unacceptable conditions or is emotionally harmful to his or her development.

These review meetings will also help your organisation to keep on track with the strategic plan’s goals and with any funding that has been committed to these goals. It will also assist your organisation with its plans for the future as the case management team will be able to report to the Steering Committee on the progress of the de-institutionalisation project and any further developments for the future service.

Informal talking with children is appropriate as formal interviews and meetings may not encourage a child to discuss his or her feelings or questions however the staff must know what they are looking for in these conversations. Social Service Practitioners should spend time with the children to find appropriate situations to talk informally to the children; this could be when playing games or eating for example. During these informal moments, staff may find out important information about how a child is feeling or what he or she is thinking or if he or she has any major concerns. This may be important information that can be documented on the progress of the welfare of the child.

The management and the staff need to prepare the structure of reporting and the information that is to be monitored. Staff will then need to decide how to structure the information that is gathered to be reported up to management.

Indicators about the progression on the welfare of a child would be for example:

- Health information- have any health issues emerged or existing health issues decreased or healed, is the child continuing to show signs of improvement if prior nutrition deficit was a significant problem?
- Report on any behavioral issues that have increased or decreased, for example- is the child crying a lot, does the child appear happier; does the child appear quiet and moody?
- Have any issues occurred within the child’s significant relationships (carer, relative, best friend), is the child making new friends?
- Has there been any progress in a child’s education or decline of the child’s education progress?
- Does the child ask to be removed or has any concerns about his or her placement (with his or her own family or out-of home- care)

Monitoring and reporting:

- To ensure that each goal is met within the expected timeline is documented; a template should be developed to report on the progress of each child’s situation at regular intervals.
- This type of reporting occurs at a higher level and does not require the details of the care plan.
- A selected group of senior Social Service Practitioners and the case worker should assess if the goals established for each child are being met and are of benefit to the child’s welfare. Any changes to the action or these goals should be signed off by this group
- Any conflict with your organisation’s goals or identified improvements can be recognised and recorded back into your organisation’s continuous improvement plan.

An example of the type of report to present to the case management team could include:

What were the goals for a 3 month timeframe, date this was to be actioned by, what activity occurred, indicators that the goals were met, any comments, and on what date this was reviewed?

Child's Name	Type of care	Contact Details	Social Services Practitioner	Family Contact Details	Date:
Goal	Date of action	Action	Indicators of goal met	Comment	3 month review
Integrate into Foster care	20/10/2011	Child placed into "Y" family following 8 week period of preparation	Child established bond with family during preparation period and was moved to family by expected date	Child appears settled with "Y" carers, follow-up assessment within 3 months timeframe	<i>Signature of staff member who was responsible for this activity</i> <i>Date</i>
Assessment for hearing impairment	30/12/2011	Appointment made with hearing specialist	Assessment and report completed. Ear cleaned and will trial a course of antibiotics	Further appointment made to provide a 3 month period to trial antibiotics and improvement of ear infection	<i>Signature</i> <i>Date</i>
Integrate into new school	1/11/2011	Introduced child to teacher and new class	Child has settled into classroom well	Teacher is happy with child's behaviour and performance to date	<i>Signature</i> <i>Date</i>
Maintain relationship with elder in child's community	20/ 11 / 2011	Day visit to village with case worker	Child spent time with village elder who has significant relationship with child	Child was excited to discuss news about new foster family and new school. Case worker reported on ear infection also	<i>Signature</i> <i>Date</i>
Example					

Checklist for Step 5

- Identification tool
- Assessment tool
- Development of a case plan
- Reporting processes

NOTES:

Initial Child Assessment for Emergency Care

CHILD DATA (All fields are mandatory)						
Date of assessment:			Photo attached: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name:						
Child consent has been completed: Yes <input type="checkbox"/> No <input type="checkbox"/> (reason below)			Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>			
Comment:						
Date of Birth:			No Record of Birth: <input type="checkbox"/>			
Address (if known):		Region:		Need for a translator:		
				Yes <input type="checkbox"/>		
				No <input type="checkbox"/>		
Religion:			Ethnic origin:			
Referral officer contact details (i.e. DCWB, police officer, community member):						
Telephone or Mobile:			Email:			
Family member contact (if known):			Relationships:			
DISABILITY INFORMATION						
<input type="checkbox"/> physical impairment		<input type="checkbox"/> sensory impairment (e.g. hearing, vision)				
<input type="checkbox"/> psychiatric condition		<input type="checkbox"/> intellectual impairment				
<input type="checkbox"/> medical condition		<input type="checkbox"/> neurological condition (e.g. acquired brain injury or learning impairment)				
OTHER RELEVANT INFORMATION (note any drug or alcohol abuse)						
Comment:						
MEDICAL INFORMATION (medication or equipment identified)						
Comment:						
RISK ASSESSMENT (indicate risk for each condition)						
Condition of child	Severe	Major	Moderate	Minor	Insignificant	At Risk
Malnourished						
Has an illness						
Abused/ beaten						
Sexually abused						
Used for Labour						

Initial Child Assessment for Emergency Care

Risk of being trafficked						
Primary family member has severe alcohol and/ or drug issues						
Living on street						

STATEMENT OF RISK ANALYSIS	DATE & SIGNATURE

CHILD'S PSYCO- SOCIAL WELFARE		
	Information:	Action:
Emotional:		
Behaviour:		
Physical Health:		
Medical Issues:		
Other Relevant Observations:		

[insert your organisation's name and logo here]

Initial Child Assessment for Emergency Care

RELEVANT ORGANISATIONS TO REGISTER CHILD & OTHER (i.e. DCWB, CCWB, specialist medical professional, school, other service provider)

Name:	Contact Details:	Date of contact and other information:

ANALYSIS OF RISK AND CARE REQUIREMENTS	COMMENT	
<input type="checkbox"/> Urgent Action Required for child protection		
<input type="checkbox"/> Urgent Specialist Medical Care required		
<input type="checkbox"/> Placement with Emergency Accommodation		
<input type="checkbox"/> Placement with Foster Family		
<input type="checkbox"/> Investigate Family Re-unification		
<input type="checkbox"/> Investigate Kinship Assessment		
<input type="checkbox"/> Investigate Foster Placement		
<input type="checkbox"/> Alternative Care		
<input type="checkbox"/> Other		
NEXT ACTION REQUIRED	DATE OF ACTION REQUIRED	STAFF MEMBER TO ACTION
Is the next action URGENT <input type="checkbox"/>		

CONSENT TO RELEASE INFORMATION

I, _____ give permission for [your organisation] to discuss information relating to my welfare: (Please specify any restrictions)

Yes I agree (tick only if unable to sign)

Child Signature:

Date: / /

[insert date & file]

Child Assessment

CHILD DATA (All fields are mandatory)						
Date of assessment:			Photo attached: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name:						
Child consent has been completed: Yes <input type="checkbox"/> No <input type="checkbox"/> (reason below)			Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>			
Date of Birth:			No Record of Birth <input type="checkbox"/>			
Address:		Region:		Need for a translator:		
				Yes <input type="checkbox"/>		
				No <input type="checkbox"/>		
Religion:			Ethnic origin:			
Below contact details if available:						
Telephone:						
or Mobile:			Email:			
Other Contacts (i.e. DCWB officer) :			Relationships:			
Date of identification assessment:						
Review date of assessment:						
Date of first action to commence (see below for information):						
DISABILITY INFORMATION						
Does Child require Professional Assessment? : Yes <input type="checkbox"/> No <input type="checkbox"/>						
If the child has been assessed please indicate disability type;						
<input type="checkbox"/> physical impairment		<input type="checkbox"/> sensory impairment (e.g. hearing, vision)				
<input type="checkbox"/> psychiatric condition		<input type="checkbox"/> intellectual impairment				
<input type="checkbox"/> medical condition		<input type="checkbox"/> neurological condition (e.g. acquired brain injury or learning impairment)				
Other relevant information (note any drug or alcohol abuse):						
MEDICAL INFORMATION (i.e. medication or equipment required)						
FAMILY INFORMATION (i.e. other children in family, parents or relative if known)						
Name	Date of Birth	Relationship to child	Ethnic Origin	Language	Has contact with child	Family assessment check

[insert your organisation's name and logo here]

Child Assessment

REASON FOR ASSESSMENT (brief comment from identification assessment):		Date completed:
RELEVANT ORGANISATIONS (i.e. specialist medical professional, police, school, child welfare officer)		
Name:	Contact Details:	Date of contact and other information:
CHILD DEVELOPMENT (1)		
	Information:	Action:
Health:		
Education:		
Community Participation:		
Other Relevant Observations:		
CHILD DEVELOPMENT (2)		
	Information:	Action:
Emotional:		
Behaviour:		
Social Interaction:		
Daily Living Skills:		
Likes and Dislikes:		
Other Relevant Observations:		

[insert date & file]

Child Assessment

FAMILY HISTORY	Comments: (for reunification create Family Assessment for further analysis and attach to Assessment Record)	
Current Position:		
Home Environment:		
Occupation:		
Finances:	(note any difficulties)	
Social Resources:		
Community Resources:		
History of any child abuse: (including self-abuse such as narcotics and drug abuse with family members)		
Other relevant information:		
ANALYSIS OF RISK AND CARE REQUIREMENTS	Comments:	
<input type="checkbox"/> Urgent Legal Action Required for child protection <input type="checkbox"/> Urgent Specialist Medical Care required	(state reasons for urgency)	
<input type="checkbox"/> Investigate Reunification Family Assessment Required <input type="checkbox"/> Family Reunification not possible (attach reason)		
<input type="checkbox"/> Investigate Kinship Assessment <input type="checkbox"/> Kinship Care not possible (attach reason)		
<input type="checkbox"/> Investigate Foster Placement <input type="checkbox"/> Alternative Care <input type="checkbox"/> Other		
NEXT ACTION REQUIRED	DATE OF ACTION REQUIRED (add to data above)	STAFF MEMBER TO ACTION
Is the next action URGENT <input type="checkbox"/>		
<input type="checkbox"/> LEGAL APPOINTMENT <input type="checkbox"/> APPOINTMENT (MEDICAL) <input type="checkbox"/> FURTHER INFORMATION REQUIRED <input type="checkbox"/> TEAM ASSESSMENT FOR CARE <input type="checkbox"/> MEETING (state where and when)		

[insert your organisation's name and logo here]

Child Assessment

PRIVACY STATEMENT:

[insert your organisation's child protection statement here]

CONSENT TO RELEASE INFORMATION

I, _____ give permission for [your organisation] to discuss information relating to my welfare: (Please specify any restrictions)

Yes I agree (tick only if unable to sign)

Child Signature:

--

Date: / /

[insert date & file]

Child Care Plan

CHILD DETAILS (All fields are mandatory)

Name :

Child Assessment completed: / / 20

Attached photo:

Date of Birth:

Current address of care/ institution:

Date of initial placement:

Initial referral details:

Please describe any medical or disability history that requires attention (see Child Assessment for full details):

GOAL FOR CHILD CARE

To return to biological family (Family Re-unification)

To live with relatives (Kinship Programme)

To live in Foster Care

To live in alternative accommodation

Adoption

Specialised Care (for example hospital, respite for child with a disability etc).

Other

Alternative plan if above cannot be realised?

Please describe reasons for choosing above:

Child Care Plan

STAFF ALLOCATED	
Please indicate the principle persons to implement the Care Plan:	Signature and contact details for all participants:
<input type="checkbox"/> Organisation's Staff (Case Manager)	
<input type="checkbox"/> Medical Specialist	
<input type="checkbox"/> Teacher	
<input type="checkbox"/> Psychologist	
<input type="checkbox"/> Legal representative	
<input type="checkbox"/> Child welfare representative (DCWB etc)	
<input type="checkbox"/> Organisational Staff (Social Service Practitioner)	
<input type="checkbox"/> Care Provider (parent, family, Foster Carer, house mother/ father)	
<input type="checkbox"/> Other significant family member	
<input type="checkbox"/> Mentor	
<input type="checkbox"/> Community Member (safe house)	
<input type="checkbox"/> Other	
Comments:	Date:

Child Care Plan

CARE NEEDS	
Describe goal and principle person to implement and manage the overall activity towards this:	Assessment or Activity
Medical Issues: Principle Person Name: _____	Goal to be met by / / Completed <input type="checkbox"/> Not completed <input type="checkbox"/> Reason _____ _____ _____
Disability (including mental health issues): Principle Person Name: _____	Gaol to be met by / / Completed <input type="checkbox"/> Not completed <input type="checkbox"/> Reason _____ _____ _____

Child Care Plan

<p>Education & Training:</p> <p>Principle Person Name: _____</p>	<p>Goal to be met by / /</p> <p>Completed <input type="checkbox"/></p> <p>Not completed <input type="checkbox"/></p> <p>Reason _____ _____ _____</p>
<p>Relationships (with parents & kinship carers):</p> <p>Principle Person Name: _____</p>	<p>Goal to be met by / /</p> <p>Completed <input type="checkbox"/></p> <p>Not completed <input type="checkbox"/></p> <p>Reason _____ _____ _____</p>
<p>Relationships (with Foster Carer or Alternative Care supervisor):</p> <p>Principle Person Name: _____</p>	<p>Goal to be met by / /</p> <p>Completed <input type="checkbox"/></p> <p>Not completed <input type="checkbox"/></p> <p>Reason _____ _____ _____</p>

Child Care Plan

<p>Transition to new environment:</p> <p>Principle Person Name: _____</p>	<p>Goal to be met by</p> <p> / /</p> <p>Completed <input type="checkbox"/></p> <p>Not completed <input type="checkbox"/></p> <p>Reason</p> <p>_____ _____ _____</p>
<p>Transition to a respite centre or hospital environment:</p> <p>Principle Person Name: _____</p>	<p>Goal to be met by</p> <p> / /</p> <p>Completed <input type="checkbox"/></p> <p>Not completed <input type="checkbox"/></p> <p>Reason</p> <p>_____ _____ _____</p>

Child Care Plan

<p>Building Relationships with the community (including relationship with safe house provider):</p> <p>Principle Person Name: _____</p> <p>Principle Person Name: _____</p>	<p>Goal to be met by / /</p> <p>Completed <input type="checkbox"/></p> <p>Not completed <input type="checkbox"/></p> <p>Reason _____ _____ _____</p>
<p>Adoption:</p> <p>Organisation</p> <p>Principle Person Name: _____</p> <p>Child Welfare</p> <p>Principle Person Name: _____</p> <p>Care Provider</p> <p>Principle Person Name: _____</p>	<p>Goal to be met by / /</p> <p>Completed <input type="checkbox"/></p> <p>Not completed <input type="checkbox"/></p> <p>Reason _____ _____ _____</p>

[insert your organisations title and logo here]

Child Care Plan

Individual timeline to complete significant goals (please add to Operational Plan)

Activity	Jan	Feb	Mar ch	Apri l	Ma y	Jun e	Jul y	Augus t	Septe mber	Octobe r	Novemb er	Dec
Medical												
Disability												
Education												
Relationship												
Relationship												
Transition												
Transition												
Community												
Other												
Adoption												

Describe any issues or concerns which may delay or increase activity due date:

[insert date and file name]

Child Care Plan

Photocopy template for case notes as necessary:

CASE NOTES (describe all developments)	
Personnel:	Describe activity:
	Date:
<input type="checkbox"/> Met planned timeline	
<input type="checkbox"/> Child Health	
<input type="checkbox"/> Child Disability	
<input type="checkbox"/> Child Education	
<input type="checkbox"/> Transition	
<input type="checkbox"/> Child Social Welfare	
<input type="checkbox"/> Other	

Social Service Practitioner

Signature _____

Child

Signature _____

Supervisor

Signature _____

CASE NOTES (describe all developments)	
Personnel:	Describe activity:
	Date:
<input type="checkbox"/> Met planned timeline	
<input type="checkbox"/> Child Health	
<input type="checkbox"/> Child Disability	
<input type="checkbox"/> Child Education	
<input type="checkbox"/> Transition	
<input type="checkbox"/> Child Social Welfare	
<input type="checkbox"/> Other	

Social Service Practitioner

Signature _____

Child

Signature _____

Supervisor

Signature _____

Child Care Plan

CASE NOTES (describe all developments)	
Personnel:	Describe activity: Date:
<input type="checkbox"/> Met planned timeline <input type="checkbox"/> Child Health <input type="checkbox"/> Child Disability <input type="checkbox"/> Child Education <input type="checkbox"/> Transition <input type="checkbox"/> Child Social Welfare <input type="checkbox"/> Other	

Social Service Practitioner
Signature _____
Child
Signature _____
Supervisor
Signature _____

CASE NOTES (describe all developments)	
Personnel:	Describe activity: Date:
<input type="checkbox"/> Met planned timeline <input type="checkbox"/> Child Health <input type="checkbox"/> Child Disability <input type="checkbox"/> Child Education <input type="checkbox"/> Transition <input type="checkbox"/> Child Social Welfare <input type="checkbox"/> Other	

Social Service Practitioner
Signature _____
Child
Signature _____
Supervisor
Signature _____

Child Care Plan

CASE NOTES (describe all developments)

Personnel:

Describe activity:

Date:

- Met planned timeline
- Child Health
- Child Disability
- Child Education
- Transition
- Child Social Welfare
- Other

Social Service Practitioner

Signature _____

Child

Signature _____

Supervisor

Signature _____

CASE NOTES (describe all developments)

Personnel:

Describe activity:

Date:

- Met planned timeline
- Child Health
- Child Disability
- Child Education
- Transition
- Child Social Welfare
- Other

Social Service Practitioner

Signature _____

Child

Signature _____

Supervisor

Signature _____

Child Care Plan

CASE NOTES (describe all developments)	
Personnel:	Describe activity: Date:
<input type="checkbox"/> Met planned timeline <input type="checkbox"/> Child Health <input type="checkbox"/> Child Disability <input type="checkbox"/> Child Education <input type="checkbox"/> Transition <input type="checkbox"/> Child Social Welfare <input type="checkbox"/> Other	

Social Service Practitioner
Signature _____
Child
Signature _____
Supervisor
Signature _____

CASE NOTES (describe all developments)	
Personnel:	Describe activity: Date:
<input type="checkbox"/> Met planned timeline <input type="checkbox"/> Child Health <input type="checkbox"/> Child Disability <input type="checkbox"/> Child Education <input type="checkbox"/> Transition <input type="checkbox"/> Child Social Welfare <input type="checkbox"/> Other	

Social Service Practitioner
Signature _____
Child
Signature _____
Supervisor
Signature _____

Child Care Plan

CASE NOTES (describe all developments)	
Personnel:	Describe activity: Date:
<input type="checkbox"/> Met planned timeline <input type="checkbox"/> Child Health <input type="checkbox"/> Child Disability <input type="checkbox"/> Child Education <input type="checkbox"/> Transition <input type="checkbox"/> Child Social Welfare <input type="checkbox"/> Other	

Social Service Practitioner

Signature_____

Child

Signature_____

Supervisor

Signature_____

Child Care Plan

AGREEMENT AND CONSENT

I, _____ have fully understood and participated in making the decisions made above for the progress and protection of my welfare and I give permission for [your organisation] to discuss information relating to my welfare with other organisations or persons as necessary and to act on my behalf : (Please specify any restrictions).

Tick box if unable to write name:

Child
Signature: _____

Mother

Name _____

Father

Name _____

Significant person who has responsibility

Name _____

Social Service Practitioner and Organisation's Staff as necessary

Name _____

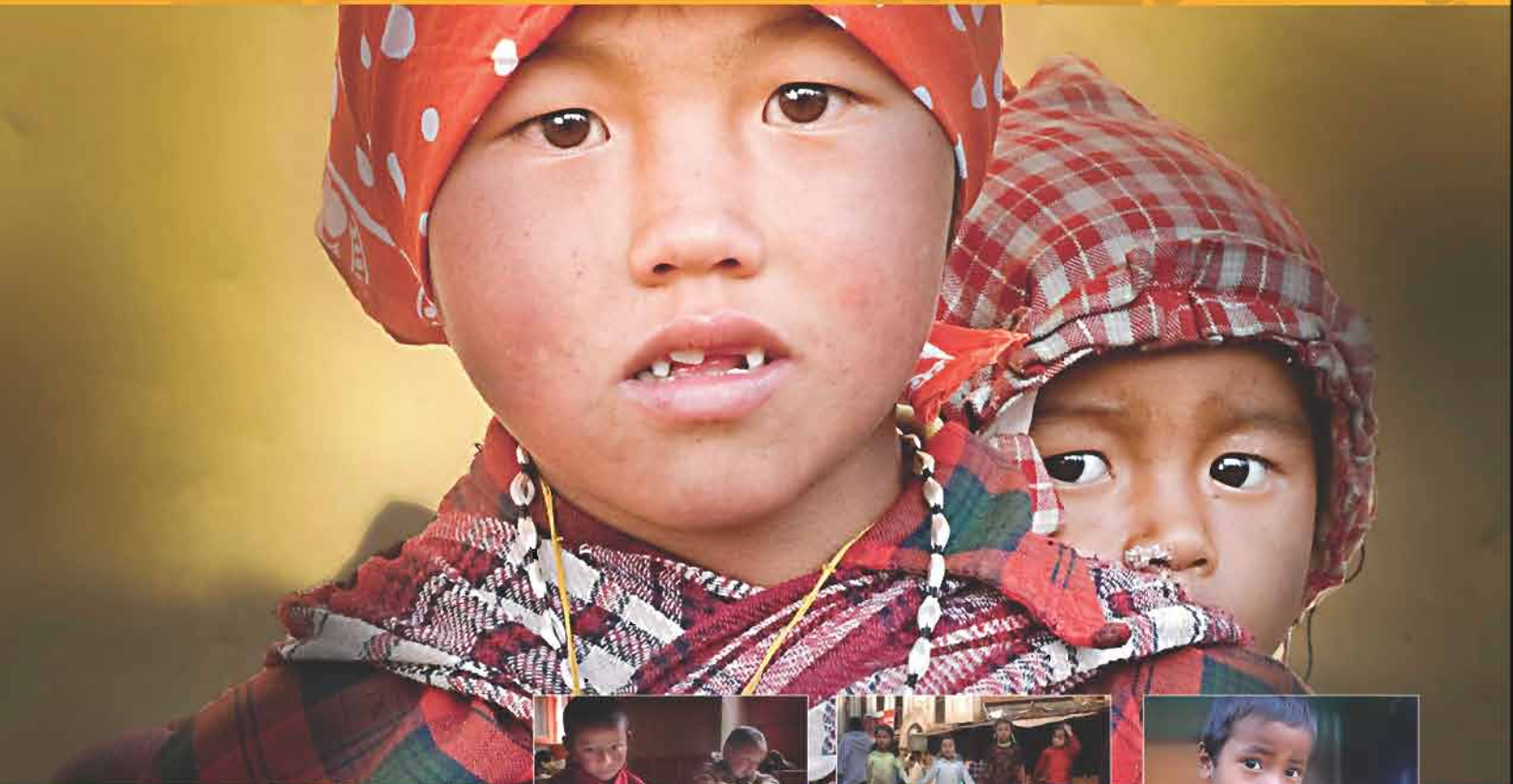
Other members of service provision as necessary

Name _____

Date: / /20

Step 6

Transitioning our children



- Evidence of children's participation
- Organisation of the children's transition to alternative care
- Transition preparation programme for children

6

Step 6: Transitioning our children

Our aim is to value and recognise the needs of all of our children and their families during the process of change



Organisation of the children's transition to alternative care

Our goal is to make any further changes to the life of each child safe and free of harm.

Moving children out of the institution into a new environment - whether the child is able to go back to his or her family or will be moving to an alternative care arrangement - may take many months to prepare the child and his or her new environment before the final transition takes place. Each child has already experienced a certain amount of trauma and stress prior to coming to the institution and perhaps whilst in the institution. Any further changes can create more anxiety and stress for a child. Extreme care needs to surround the moving of children again, particularly if they have been victims of abuse and violence, have a disability or are emotionally vulnerable to new environments and change.

As each child will be assessed on his or her individual circumstances and therefore the future changes will be unique to him or her, staff working with individual children will need to adequately prepare each child individually for the future ahead. This should not be rushed to meet the timeline of the organisation's goals.

In planning for the transition of children whilst the emotional and physical status of each child is the primary concern, other factors will need to be taken into consideration for the transition of children in the future.

Careful planning will be required if the decision has been made to re-integrate individual children with their families. This may require many visits to regional areas by staff assigned to this programme therefore leaving your staff numbers low while they are out on these visits. Staff will also need to take children on some of the visits to prepare them for the move back to their community however this will take the child away from the daily routine of the institution and may also have an impact on the child's education and welfare.

For children moving to alternative care arrangements, for example foster families or supported accommodation, the physical environments that children are being moved into must be prepared and finished before moving children into their new homes. It is important not to move children into a temporary situation only to move them again. The preparation and the time that it takes to negotiate this will take staff away from the duties with children, and time and planning for these staff absences also need to be taken into consideration by the management.

Children should also be well-prepared before any home visits to families, visits to foster families, group outings and exposure to new staff before these events, so that they feel comfortable and can discuss any of their concerns about the visits.

Time for these visits, discussions with children, preparation of the physical environment and any health or educational appointments, should be identified in the operational plan, so that both staff and children have time to negotiate any issues that may arise making certain that the time is considered in these plans for children to simply adjust to the upcoming new living arrangements.



Evidence of child's participation

Our goal is to involve children in making decisions that affect their lives.

Research shows that people are happier and healthier when they have a sense of control over their lives, and children are no exception. Children who have been in institutional care have often had little say over their lives, and this can negatively impact on their sense of safety and self-esteem. The process of de-institutionalisation is a good chance to change the practices of your organisation to enable children to participate in decisions that affect them.

The United Nations Convention on the Rights of the Child (CRC) (Article 12) states; *“States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child”.*

It is important to involve the child, their family and their carers (current and/or future) in the process of developing the transition goals in the case plan. The case plan should be reviewed with all stakeholders on a regular basis (at least once every three months) to check the progress and make sure that the needs, goals, actions and timeframes are all still relevant and realistic.

Talking to the child and reporting on the child's understanding and feelings towards the transition goals is essential to the success of the transition. The Social Service Practitioners assigned to the children are responsible for recording information within the case plan and files for the child and this information should be recorded on a regular basis.

Key decisions that should involve the child:

- actions necessary to ensure a child's protection
- key goals in the development of a child's case plan
- removal of a child from parental care
- placement of the child in out-of-home care
- the ongoing review of the child's case plan
- decisions about a child's contact with family and friends
- transition planning from institutional care

The level of children's participation will depend on the type of decision, their willingness to be involved and their age and developmental stage. Levels of participation include:

- **Consultation:** the child or young person's views are taken into account by the adults making the decision, however, they are not involved in implementing the decisions.
- **Supported:** the child or young person makes decisions and carries out actions with the support of adults.
- **Deciding together:** the child or young person and adults discuss their views, identify options and make decisions together. The adults in the process hold ultimate responsibility, but the child or young person steers the decision.
- **Acting together:** the child or young person and adults share power and responsibility for decision-making, both deciding and taking action to implement the decisions together. Once the team has assessed the child's needs and strengths, the team will need to develop the key goals for transition in the case plan which will clearly document how the child's need will be met and by who.

The goals for transition within the case plan should be focused on meeting immediate goals for the child, such as ensuring they get an education and have their health needs met. However the case plan should also specify the medium- to long-term transition goal(s) for the child, such as:

- returning to live with their family/village (if appropriate) by an expected date
- living independently (if older) by an expected date
- living in long-term foster care or small group home care by an expected date



Transition preparation programme for children

Our goal is to clearly communicate information and involve our children so that they are prepared for the changes that the de-institutionalisation process will bring.

Any change process can be frightening and confusing, especially for children who have previously experienced many changes in their lives. While as adults we might view change in a rational way, children are likely to see it as a threat to their sense of safety, trust and belonging. The most important thing that staff can communicate to the children is that they will be safe, cared for and will be able to continue important relationships.

Your organisation may wish to consider developing a basic factsheet and/or presentation which staff can give to the children, explaining the process of de-institutionalisation. Holding a series of workshops with the children may also benefit the children and provide the opportunity to discuss any concerns they have and provide them with the opportunity to provide some ideas about what they would like to see happen through the process.

Preparing children for any future changes is essential to the success of the de-institutionalisation process. Children who have not been prepared for changes may become anxious and experience further trauma. The success of the transition for the child will depend on the information they are provided with, the time that they have to accept any changes and the ability to participate in these changes in their lives.²⁵

It is particularly important to prepare a child who may have certain behaviours as a result of a disability or who has experienced extreme trauma prior to being institutionalised or has become traumatised as a result of the separation from his/ her parents.

For example, a child with autism whose behaviour that is associated with the disability is focused on having a routine and surroundings that are familiar, will have particular difficulty with any changes that occur. The child may need to be slowly introduced to any new environments or people several times more than other children before they are comfortable and are able to relax. If this isn't done the child may become highly anxious and delay the success of any further transitions.

Case study: Transition preparation workshops for children

To prepare the children for the HHFK, Nepal alternative care trials, the children living in the orphanage attended initial workshops on child rights and de-institutionalisation over a period of time before the idea of moving into supported accommodation arrangements was introduced to them.

Each group was interviewed to determine the most appropriate group to trial these types of care. Children who had no potential of being reintegrated with a family were then given the opportunity to select their own family groups however they must do this with any siblings presently living in the orphanage.

These discussions also gave the staff the opportunity to ensure that the children were prepared for the transition to live independently. Each child was consulted and provided with many opportunities to discuss their new care arrangements with full details of the pilots and the expectations of these. An explanation of what the supported accommodation trial was and the main emphasis made was that the supported accommodation was for a short term (2 years only) and did not provide ongoing benefits in terms of family.

A group containing the older boys chosen for a trial, and needed to increase their independence, it was decided that that they would be better guided by a male peer or mentor, rather than have a "housemother" to care for them. It was felt that in current exiting care system, a "housemother" would be more likely to simply shop, cook, clean and wash for the boys than actually teach them how to do these things for themselves. Therefore, the attributes and duties of a Mentor were described and the resultant Duty Statement for the Supported Accommodation pilot.

²⁵ European Commission Daphne Programme Directorate-General Justice and Home Affairs in collaboration with WHO Regional Office for Europe & The University of Birmingham, UK., (2007). *De-Institutionalising and transforming children's services- A guide to good practice*. University of Birmingham (WHO Collaborating Centre for Child Care and Protection) Birmingham, United Kingdom. p.63

An older male college graduate was known to the HFHK, Nepal team as he had for some time provided tuition to Children's Home children. He was considered a good candidate for the position of Mentor. He had proven he was able to live self-reliantly and independently, renting his own room, budgeting, shopping, cooking, cleaning, studying and working along his own initiative – all things HFHK, Nepal required the older boys to learn.

The most important aspects of the implementation stage of the pilots were the workshops to describe the intentions of each of the trials. For the boys and the mentor, topics at this workshop were:

Induction and trial objectives, the role of the boys and the role of the mentor, living arrangements, work division, preparation of food, washing dishes, home sanitation, washing clothes, study time, behavior, uses of materials, recording and reporting, budgeting, meetings.

The children were given the opportunity to participate in the search and choosing of the flat where they would be living and to choose and buy the necessary items for their new home e.g. cooking utensils, furniture, bedding, mattress, curtain etc. They were encouraged to feel that this was their real home, and that their suggestions were important. It also gave everyone time to become familiar with each other which assisted to build the relationship that was necessary to develop as a family unit. The children were regularly asked by the support staff at HFHK, Nepal about their feelings during this process.

It was also decided at the beginning of the pilot to conduct another workshop at the end of the 12-month-period to assist with the overall evaluation process. The objectives of this workshop were:

1. To assess the success or otherwise of the pilot itself;
2. To assess what HFHK, Nepal learned about this particular form of alternative care through the 12 months;
3. To assist in determining the viability of having the children to continue living in this type of alternative care
4. To assist in determining the viability of undertaking further supported accommodation arrangements for other children.

A full-day workshop was therefore held, for which a number of topics were identified to facilitate relevant discussion and ensure appropriate information was gathered for evaluation. The topics were as follows:

1. Processes during the implementation of the programme
2. Visits and opportunities for feedback
3. Relationships
4. What worked well throughout the pilot
5. What didn't work well throughout the pilot
6. What we would change / do differently
7. Challenges for the future
8. How do our living standards compare to the rest of Nepal
9. Recommendations for future

Checklist for Step 6

Assessment of children's needs to transition from the orphanage

Development of case plans

Evidence of child's participation

NOTES:

Step 7

Building staff capability



- Staff transitioning
- New staff
- Training for all staff
- Volunteer program

7



Step 7: Building staff capability

Our aim is to consider our existing staffs need's through the process of change



Staff transitioning

Our goal is to plan ahead for the transition of our existing staff.

Preparation of staff is crucial to the success of the de-institutionalisation process as mentioned in Step 1. Resistance to change can be strong and this resistance can extend to the local community as employees discuss the changes with their family and friends. The preparation of information both within the organisation and externally (community information) should be developed prior to any discussion with staff or the community so the concept of the de-institutionalisation and its aims are clear to the staff before your organisation begins any of the changes.

Your organisation needs to convey to your staff and the community that any changes are for the benefit of the children and that staff will be required during the process of changes and with training the future staff will be required to manage the ongoing services and systems of the organisation.

How do we plan ahead?

Your organisation's Steering Committee should discuss the human resources plan and review the type of skills that your organisation has identified to carry out the actions of your operational plan. Below are further questions that you may need to consider before making any decisions about the existing staff and their employment;

- how many staff will we need for transitioning children
- will we need staff to stay within the institution until all children are moved to alternative care
- are we creating any new roles for people with specific skills and do any of the existing staff have the potential to be employed in these new roles with some training
- can an existing staff member take on a coordinator's role through these changes
- do any of the existing staff have the skills or potential skills to manage the employment of the new staff
- are there staff members who can be re-trained to manage or case work the new programmes
- will you need to employ some of the existing staff on a short term contract to manage the housekeeping and other daily tasks of the institution whilst children are being prepared to move their new environments?

Your organisation might also discuss:

- Do existing staff members already have a clear understanding about children's rights and demonstrate this understanding through their interaction with children?
- Would we recommend that individual staff members stay on for the project, for example are these staff good for our project or have they been identified as abusive care providers?
- Are there any special relationships formed with the children that will significantly assist with the de-institutionalisation process and are these skills/ relationships required to ease the transition process of the child?
- How should we monitor the staff and how they are fitting in with our organisation's new goals?
- what our organisation can do to provide the existing staff with the information that they will need

Your organisation's goal is to prepare your staff so they are equipped to take on new roles and are dedicated advocates for de-institutionalisation. Whilst the end result of de-institutionalisation will be more beneficial for the health and welfare of each child it is important to remember that more change and un-organised and confused staff members who do not really know what the purpose of their jobs are, can lead to more harm to children both physically and psychologically.

If staff are unprepared, not fully aware of their new roles or don't really have an understanding of the concept of de-institutionalisation they will not feel confident of working with the families and children. Each phase should be considered carefully and in consideration of the number of the staff working with a group of children. Each case worker or manager should not be overburdened with a "case load" of children. If staff members have been assigned to visit families through a re-integration placement, time should be taken into consideration for the travel to and from the institute and the villages.

Whilst the single focus of the organisation should be about the welfare of the children, it is important to plan carefully for existing staff members and their future employment, as staff members are also parents and your organisation does not want to create families that are without an income and to contribute to the cycle of institutionalisation. Training of existing staff members can be done in tandem with creating training for children for example, the training and preparation of the environment for the new family-based care workers (foster families) will take time following the recruitment period.

The actions of the operational plan should not be rushed. If the children are not suffering in a physical and psychological sense within the institution they are protected and safe for the moment. If children are rushed out of the institution as a result of the lack of training of a case worker it may be more time-consuming and definitely more harmful for the child. For example, if the child is taken back to a family who is unable to feed them or doesn't want to care for them, the child is at risk of further harm and will more than likely end up in another institution or back in yours for the cycle to start again.



New Staff

Our goal is to identify what new staff will be needed for our organisation so that we are ready to begin our programmes.

New staff will be required and this will be a good opportunity for your organisation to acquire staff with the right skills that the organisation will need to implement the de-institutionalisation process. New roles for staff will be identified through the Steering Committee when they are developing the operational plan. Your organisation will also need to factor in time for the difficulties with recruiting, the training and preparation of any new environments for any new staff members.

The funding will also be identified for these new roles and state whether they will be a temporary position within the organisation or a permanent position. Temporary positions could be identified to assist with the initial stages of the de-institutionalisation project. Temporary positions should have a stated timeline in the individual contract so the staff members are aware that once they have completed a certain part of the project that they will not be further employed (unless more work is available).

A skill set or role description should be developed for each of the new roles that have been identified through the Steering Committee and the existing staff or community members applying for these roles must have the experience or the capacity to develop these skills. The employment of the new staff should be open to existing staff however your organisation should discuss with them how this information will be advertised publically so that all community members have the opportunity to apply.

Employment of new staff should follow a process and at a minimum should at least have an interview process with members of the Steering Committee involved. Whilst this may present an opportunity for employment especially if out-

of-home-care is going to be set up in a remote community, this is not an opportunity for the Director or existing staff to employ friends and family.

Existing staff may have the potential to develop new skills and this capacity may be identified by the Director or existing managers however these staff members must be interviewed and show potential to develop the right skills for the new role.

It is important that your organisation support the existing staff through the transition process and equally important to support any new staff to develop an awareness of your organisation's aims and intent through the de-institutionalisation process therefore all staff (existing and new) must have a minimum of training as identified below.



Training for all staff

Our goal is to provide the support and training that our existing and new staff will need to transition through the de- institutionalisation process.

Your staff members are valuable and have a great deal of knowledge to share with your organisation about the children that are in your organisations care. However sometimes the staff members have been employed with no formal training or have not been given the training that they need to care for children during the time they have been employed. It is especially important as your organisation moves to a rights-based approach to child care that the staff acquires the skills and language that is required to work in your organisation's de-institutionalisation project.

The process of de-institutionalisation is also a very new concept to Nepal. Whilst many NGOs are trialing various programmes that are in effect part of the de-institutionalisation process, the term de-institutionalisation and a rights-based approach to children's needs in Nepal are still widely unknown. In parallel with the assessment and case management plans being developed for the children, plans should be made to undertake some training for the staff members if they are to continue to participate in the de-institutionalisation process of your organisation and are employed in future services of the organisation.

Essential to the delivery of services that will assess and determine the placement of abandoned and orphaned children would be information and training on determining the best interest of the child as expressed by the UNHCR Guidelines on Determining the Best Interests of the Child.²⁶

Training for staff may be required in the current child care practices as throughout the world child care experts are now exploring theories about what is best for children who are living in out-of-home care arrangements. For example one theory places emphasises the relationship of a child's identity and self-esteem and on the importance of the relationships to the child's birth environment: "While knowing what milestones need to be achieved at different stages of a child's life is crucial, in recent times, developmental theorists and researchers have begun to explore the impact of relationships between a child and their immediate families, communities and culture."²⁷ Whilst other research shows that children are better served by a perceived sense of emotional security and belongingness and that strengthening a child's resiliency and connectedness is more important than securing a stable "placement".

Giving your staff the opportunity to think about the ideas behind a modern rights-based child care is extremely important to your organisation's growth and delivery of services which will be in the best interest of the child.

²⁶ UN High Commissioner for Refugees, *UNHCR Guidelines on Determining the Best Interests of the Child*, May 2008, available at: <http://www.unhcr.org/refworld/docid/48480c342.html> [accessed 8 May 2011]

²⁷ Queensland Government Department of Child Safety. (2009). *Placing children in out of home care-principles and guidelines for improving outcomes*. Practice Paper, Stage 3 version 1.0 September 2005. <http://childsafety.qld.gov.au> [accessed 15th December 2010]

Below is a list of training that may be required by your staff. This includes:

- Information and workshops about de-institutionalisation → alternative care types, what do these programmes look like, what is important for your staff to know about alternative care
- Information and workshops on child rights → change the culture of ownership of children to their rights
- Information and workshops on best interest determination → extremely important for all Social Service Practitioner in making assessments of the children's needs
- Information and workshops on child development theories → train staff to understand the latest theories on the factors that influence the development of children so they can further train families and the community
- Information and workshops for Foster Carers and their families' → people who volunteer for these roles may not have had any experience with raising children and it will be important that they develop a rights-based approach and a loving and caring environment. You should demonstrate that you will be there to support these new "parents". This will help to prevent the children returning to the institution or going back to the streets.
- Information and workshops for relatives (Kinship Care) → kinship carers will need as much training and support to care for children as your foster care families.
- Information and workshops for Social Service Practitioner → will be essential for the staff if they are to assess whether a child's needs are being met in an alternative care arrangement.



Volunteers

Our goal is to understand the purpose, planning and effectiveness of volunteers within our organisation.

The first question your organisation will ask itself is, "what is the purpose of involving volunteers in our organisation?" Your organisation should have a very clear aim for involving volunteers in the organisation (or not) so that the organisation, the staff and the children are fully aware of the how, when and why volunteers are entering the working life of the staff and the private lives of the children.

Volunteering is an extremely popular activity for people travelling or fulfilling educational and training placements and these volunteers can make an extremely valuable contribution to your organisation. However if the organisation isn't clear about the reasons why the volunteers are involved within the life of the organisation this can also be harmful to the welfare of the children and staff and ultimately to the organisation's goals.

Planning for volunteers is an important process of creating a culture within your organisation of acceptance of volunteers, respect for the work of the volunteers and the demonstration to them that this is a reciprocal arrangement. Relationships play a vital role in an organisation and can impact on how decisions are made, how people work together and how volunteers will fit in with the organisation. A discussion with staff will decide if your organisation will benefit from a volunteers program.

For example, will staff members value fresh ideas, the input of foreigners or members of the community, and will they welcome constant newcomers? What time should the volunteers spend at your organisation, should it be a minimum of 1 month, 2 months etc? Will the organisation ask the volunteers to donate funds to the organisation in return for the placement in your organisation?

These are important questions to ask your organisation as it can be beneficial to your organisation in gaining skills and ideas from the volunteers; it can also be harmful if your organisation does not create clear and adhered to boundaries to both the organisation and to the volunteer.

Firstly a check list of the roles within the organisation can identify where there are activities that a volunteer could manage. For example your checklist could look like this:

What sort of activities or skills would increase the capability of your organisation?	Your organisation's answers may be for example:
What needs does your organisation have that are currently not being met?	<i>For example: our staff need the time to develop the new programmes however also have time to observe and work with the children</i>
What programs would benefit if you had the right skill set?	
What else would your organisation do if you had the time and resources?	
How can the core functions of your organisation be improved?	<i>For example: our organisation could be improved through developing a data base to upload all case files and notes about the activities of each child and family</i>
Can you improve the quality of service to the children and families?	
Can you improve the communication (activities and information) to the community about de-institutionalisation?	
What skills or new approaches would your staff and the organisation benefit from?	
Are there any additional services that your organisation needs to organise to further your de-institutionalisation process?	
Are there any periods during the year that the children would benefit from being involved in activities with volunteers?	<i>For example: respite periods for the foster families during school holiday breaks</i>

Once your organisation has decided that it could benefit from the skills and expertise of visiting volunteers or the ongoing skills and expertise of voluntary community members, your organisation will need to identify who will manage the volunteers as this depends on how many volunteers you decide to take on and how many at a time can impact on the work of the other staff. Your organisation can decide whether the role for volunteers is to work alongside the staff in a complimentary role or to work independently and be supervised through the volunteer coordinator.

Volunteers will require a certain amount of additional resources to be effective. These may include: phone and fax, photocopies, printing, postage, stationary, computer supplies and equipment, access to the internet and email, travel expenses if accompanying staff on service visits, a workspace, storage space, access to toilets and water, perhaps accommodation, training materials and role specific resources.

Your organisation should also identify what expectations you will have of volunteers financially and this expectation should be discussed before volunteers commence their time with you. Does your organisation expect that volunteers will be responsible for the expenses incurred while working with your organisation? Has your organisation included some funding to provide for the additional expenses of volunteers? Does your Steering Committee and budget plan have a process for recognising the financial contributions or expenses covered by volunteers?

Your organisation will be more effective if the process for involving volunteers in your organisation is clear and consistent. A role description which is flexible enough to allow for volunteers to identify their specific skill areas and projects however sets the expectations of your organisation quite clearly is important. This will be time-effective for staff and volunteers and also creates a preventative approach to any misunderstandings that may occur.

A brief role description should identify why volunteers are required and identify what volunteers will achieve in the time they spend at the organisation. A reporting process will also help your organisation to use the efforts and skills of the volunteers effectively. In creating these two documents, volunteers are more likely to feel supported and to simply know what is expected of them.

For example,

A volunteer may assist the organisation to create a paper based filing system to manage the children's case files, train the staff to use this system and leave the organisation. Another volunteer with the same skills may arrive the following month and create a new paper based filing system for these case files which is different however no more effective than the previous filing system.

Staff members are therefore introduced to a second filing system and change their processes for a second time that year. The result is the same and is detrimental to the running of the organisation. However, if a volunteer had identified a faster or easier filing system for example, had created an electronic filing system for staff to use, the organisation would benefit from the volunteer's contribution.

Managing the type of volunteer roles and skills required, identifying what the organisations' projects will be and documenting and managing the outcomes of these will help the organisation move forward and gain the maximum benefit from the volunteers' time spent working for your organisation.

The volunteer spectrum is broad and volunteers involved in one organisation may be a paid position in another organisation. A small organisation may be based on the efforts of workers who are mostly voluntary compared to a large organisation which is a well-resourced international development and volunteer-sending organisation. Typical children's homes may have originated with one or two paid staff and survived on the efforts of volunteers, therefore it is important to respect the efforts and time involvement of your volunteers as you would do towards your employed staff. In doing this your organisation will be creating a culture of respect that is shared by both staff and volunteers.²⁸

Checklist for Step 7

Staff transitioning
New staff
Training for all staff
Volunteer programme

NOTES:

²⁸ For more information on guidelines for volunteers see Volunteering Australia <http://www.volunteeringaustralia.org> or Volunteering Options <http://www.volunteeringoptions.org/>

Staff Training Plan

Name:	Role of Employee:	Supervisor:	Date:
Planned Results (What outcomes do you want to achieve?)	Actions (What will you need to do to achieve your planned results, does this include training?)	Evidence & date (What evidence will demonstrate the achievement of your planned results?)	Alignment to Strategic Plan (What goals in the strategic/ operational plan does your result support?)
		date	

[insert your organisation's name and logo date and file name]

Staff Training Plan

Comments:

[insert your organisation's name and logo date and file name]

[insert your organisation's title and logo here]

Volunteer's Agreement

VOLUNTEER'S DETAILS (All fields are mandatory)		
Name:		
Passport Number:		
Address:		
State:	Postcode:	Country:
Telephone:	Mobile:	
Email:		
Address in country:		Contact details:
University or Institution (for interns):		
Purpose of Volunteering:		
<input type="checkbox"/> Internship		
<input type="checkbox"/> Research		
<input type="checkbox"/> Professional expertise		
<input type="checkbox"/> Staff Training		
<input type="checkbox"/> Working Holiday (must identify minimum length of stay)		
<input type="checkbox"/> Other		
Comments:		
Criminal History Check (if required in country of origin) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Visa Expires:	Date CV Supplied:	
Starting Date:	Expected Completion Date:	
PLANNED ACTIVITY FOR VOLUNTEER PLACEMENT (please attach your action plan)		
VOLUNTEER PLACEMENT OUTCOMES		
<input type="checkbox"/> Aligned to Strategic Plan	Please describe:	
<input type="checkbox"/> Aligned to Operational Plan		
What resources will you require to perform the project you have identified?	Comments:	

[insert date and file name]

[insert your organisation's title and logo here]

Volunteer's Agreement

INDUCTION PROCEDURE (OFFICE USE ONLY)

Are all Induction Procedures completed for Volunteer?	Completion Date and Comment:
<input type="checkbox"/> Volunteer's Agreement <input type="checkbox"/> Staff Code of Conduct <input type="checkbox"/> Volunteer ID Card <input type="checkbox"/> Orientation to programmes <input type="checkbox"/> Orientation to office procedures <input type="checkbox"/> Introduction to staff as necessary <input type="checkbox"/> Meeting with supervisor completed <input type="checkbox"/> Equipment and other resourced <input type="checkbox"/> Handover date organised	

VOLUNTEER'S DECLARATION

I, _____ will

- abide by the [insert your organisation]'s Code of Conduct for Staff
- abide by the international and local law in relation to Child Protection and Welfare
- not undertake any actions or behaviours that will negatively impact on the staff or children supported by [insert your organisation]
- have read and understood the [insert your organisation]'s Child Protection Guidelines
- have read and understood the [insert your organisation]'s Strategic Plan
- understand that [insert your organisation] has the right to terminate my volunteer placement at its discretion
- I understand that I am responsible for my in-country personal expenses and care

Volunteer's Signature:

----- Date: / /

Witnessed by (staff member):

----- Date: / /

Step 8

Logistics



- Time line
- Children
- New services
- New resources
- New infrastructure

8



Step 8: Logistics

Our aim is to plan ahead so that we have a time line to action our de-institutionalisation process



Time line

Our goal is to map out a timeline that includes the preparation time which will guide our organisation and will give us a clear indication of our progress towards our goals.

In the process of developing the operational plan your organisation will be discussing the “time” that it will take to prepare the staff, find funding if necessary, prepare families for reintegration, prepare children for any movements, plan health assessment visits etc. Your organisation should start your time line by listing all of the actions that have been discussed in the operational plan.

The next step is to place those, if you can, in an order of priority. List these over the months that you have estimated each phase will take your organisation to prepare action and finalise.

(The content of the operational plan should determine the actions on the time line).

Below is an example of a timeline;

Activity	Jan	Feb	March	April	May	June	July	August	September	October	November	December
Create steering committee	✓											
Prepare staff	✓	✓										
Strategic Plan finalised				✓								
Present training for all staff			✓	✓								
Present information session to children			✓									
Create role description for new staff					✓							
<i>Example</i>									✓			
<i>Example</i>												
<i>Transition first group of children</i>												✓



New resources

Our goal is to identify what new resources our organisation may need to begin the de-institutionalisation process.

As your organisation changes the need for new resources for the staff or volunteers may arise, especially if you are creating positions for new roles within the organisation which may have a need for more administrative resources.

Before any new staff members are employed or any projects commence the organisation's Steering Committee should audit the current equipment and resources within the organisation. The Steering Committee will then refer to the operational plan to discuss what resources may be required to enable current and new staff to do their jobs efficiently.

Your organisation may purchase new resources for your staff. For example, the following questions may arise:

- Will the staff need access to a computer to develop case notes and other files on children and their families?
- Will the staff need access to the internet to enable them to develop resources?
- Does the organisation need to plan for better administrative equipment i.e. photocopier, telephones, stationary, filing cabinets, desks, chairs?
- Does the office need a generator or other supplies to enable the office to operate efficiently?
- Does the organisation need to think about the new resources that developing accommodation for families and children will create the need for, for example blankets, cooking utensils, beds, chairs?

Not all of these new resources will have an associated cost. For example, does your organisation need to develop information and fact sheets for your staff, volunteers and the community? A new resource for staff and children could be developed by a volunteer or a staff member. This cost will be included in your stationary and other administration budget. However, if you are planning a big event to advocate for de-institutionalisation the costs associated with developing a leaflet or other information for the community could be more substantial than your costs for your daily stationary supply and administrative processes.



New services

Our goal is to design new services that are equipped with the right staff and the funding to sustain these which will give each child an environment to grow to their fullest potential.

Each new programme, for example the organisation's family re-unification, foster care, kinship care, other types of alternative care or day care programmes will require careful planning with a timeline of its own. These time lines should always refer to the operational plan and the overall timelines within the plan, which is guided by the intended aims of your organisation's strategic plan.

However, the overall time line for your organisation's de-institutionalisation plan should allow your organisation plenty of time to consider how the staff should action their activities and most importantly the individual needs of each of the children.

It is important not to create too many programmes, if you don't have the resources and staff to action these or staff does not have access to training so that they are skilled enough to carry out the tasks of the programmes. It is better for the children to learn about their rights, be cared for by staff that they know and be familiar with their surroundings than to be fostered to strangers, placed back in families that do not have the skills or ability to care for their child or moved to unfamiliar surroundings just to close the institution down.

Ensure that your organisation incorporates time for evaluations of each of the programmes at crucial points of times within this time line so that your organisation and Steering Committee can discuss reports and discuss how your goals are being achieved. This may influence the operational plan and so time must be allowed to review it and make any changes as necessary.

Each programme is new so the planning of each of these should be approached as an own mini-project within your operational plan. It is important to “scope” the project. This means that before any timelines are created or there is any activity the staff should gather the information first. Using the steps from the operational plan will help.

Once you have discussed what the aim of the programme is and have agreed that this aligns with the strategic aims of your organisation, it is important to know what resources you will need, for example:

- How many children will be involved, how will they be prepared for the programme?
- Will you need to involve their families?
- How many staff will your organisation need to assign to this programme? Can you use some staff to set up the programme and others to monitor the programme?
- What funding will be required? Is it ongoing or funding for the initial set up expenses?
- How many children will need an additional specialised professional assessment first?
- Will the staff need any equipment? Do they need to travel?
- Do you need to recruit staff to assist with the programme?
- Will you need to find new accommodation for the programme?
- Do you need to find foster families and commence training?
- How will you assess that the programme is working?
- How will staff make contact in the future with the children to know that they are being cared for well?



Projected infrastructure

Our goal is to develop and maintain infrastructure to support our organisation’s work.

Infrastructure is the physical structures that enable your organisation to deliver a high quality service. As you move to de-institutionalise, your organisation’s infrastructure needs will change, perhaps with less need for residential accommodation and more need for office and meeting space.

Closing a large institution and converting the empty space to potential office space, day care centre, community centre or a professional centre can prevent new tenants moving in and opening another orphanage. However the old building may not work for your organisation’s future services.

Creating a welcoming and cheerful physical environment for staff, children and carers is important. The Steering Committee will need to consider whether your organisation wants to rent new office space, stay in the existing building and convert this or pay to build your own facility. This decision will be based on what your organisation can afford and what rental options exist. While building a new office can be more costly, it can sometimes be easier to attract new donor funding for a visible project such as a new building.

Purchases of new buildings are treated differently for accounting purposes than money spent on rent. As well as the initial outlay of funds, it is a good idea to put aside some money each year to reflect the declining value of the building due to wear and tear (‘depreciation’). This money can then be used to replace the building in the future.

Below is an example only:

Projected need (for example)	Questions to ask your team	No	Yes	If we have decided that our organisation needs this when would we need this by?	What funding do we have to do this?	What staff will manage this project?
New office	Do the present facilities adequately accommodate our staff?	✓		In 12 months	Use funding from present rental of large institution	Office Manager and Accountant with Administration Assistant
Emergency accommodation for children	Will our organisation provide emergency accommodation for new children throughout the de-institutionalisation process?	✓	<i>If this was answered Yes, you would need to answer the following boxes</i>			
New accommodation environments for the families	Will our organisation invest <u>partially</u> in new accommodation for our families?		✓	2-3 months	Shift some funding from large institution to alternative care	Accountant & Office Manager
Example?	<i>Your example</i>					
Example?	<i>Your example</i>					

Checklist for Step 8

Transition time line
 New resources
 New services
 New infrastructure

NOTES:

Step 9

Our funding



- Understand the current budget
- Develop a new budget
- Transfer on funds to alternative care arrangements
- Ongoing funding and sustainability
- Who are our donors

9



Step 9: Our Finances

Our aim is to create an organisation that will be able to care for our children and their future needs



Understand the current budget

Our goal is to understand, document and communicate the current financial situation of our organisation.

To prepare for de-institutionalisation, it is important to have financial statements which show:

- budgeted and actual **expenditure** for the past financial year (e.g. to wages, supplies, maintenance, rent, buildings, depreciation etc).
- sources of **income** (e.g. donors, government)
- sources of **revenue** (e.g. fees charged for services)
- **Liabilities** (e.g. money owing on loans or wages owed to employees)
- Value of any **assets** owned (e.g. land, buildings, expensive equipment).

This information is important so that your organisation can understand your current cost structure, cover any outstanding liabilities and ensure that potential funding bodies (e.g. donors, government) are confident in the financial standing and processes of your organisation. Your organisation may already have a professional accountant employed to manage your budget; if not it is important to the whole project to employ an accountant to prepare a report of the past expenditure, work with the Steering Committee to prepare a transition budget and assist your organisation in managing the future budget.



Develop a new budget

Our goal is to redistribute our funds to support the new services of our organisation.

As your organisation changes, so your budget will need to change to reflect a new way of doing business. Moving from providing institutional care to providing support for children and carers will probably mean spending less on things like buildings and supplies (food, clothing etc.) and more on things like wages and carer allowances.

Initially, it may be best to **plan an annual budget** that is flexible so that your organisation can adjust to the new model of care. This budget should capture the expected expenditure and income for the financial year. Your organisation can estimate the income for next year by looking at what was received last year and deciding if this is likely to increase or decrease and by what amount.

Major expenditure items will usually include salaries and wages, rent, phone, electricity/gas, stationery, postage, insurance, photocopying and other expenses. It is also a good idea to put aside a small amount of money to cover unexpected expenses. Your organisation may also develop a three-year-budget which factors in expected growth, such as more foster carers commencing.

After your organisation has developed the budget and it has been approved, you will need to ensure that your expenditure does not exceed your income. Your organisation might have unexpected costs or earn less income than planned. To avoid financial difficulties, it is important to monitor the budget regularly to make sure that it is still accurate.



Transfer of funds to alternative care arrangements

Our goal is to establish processes for funding alternative care arrangements.

As your organisation moves to de-institutionalise, financial assistance will be needed to support new models of care, such as family-based care and small group home care.

The most common form of financial assistance for carers is a carer allowance. **Carer allowances** are a payment provided to Foster Carers and to the Kinship Carers to help cover the costs of raising children. While they can help ease the burden of being a carer, they are not generally intended as a wage. In deciding the amount of a carer allowance, it is useful to consider:

- What costs are involved in raising an 'average' child in Nepal? (e.g. food, clothing, schooling)
- What additional costs, such as special medical care, may be involved in raising a child in care?
- Are costs the same across the country, or higher in major cities? If costs are different, you may need to vary the rate of allowance for carers in different locations.
- How can we ensure that the carer allowance keeps pace with the cost of living? (for example: by indexing the allowance to the Consumer Price Index each year)

Your organisation should develop a formal policy and procedure regarding carer allowances which specify the purpose of the payment, the amount to be paid and the process and timing of payments. It is important that this information is understood by staff and carers²⁹.



Ongoing funding and sustainability

Our goal is to source ongoing funding to deliver our services.

Your organisation will need to be sustainable in the long term to meet the needs of people who rely on your services and your employees. Sustainability can be difficult for a non-profit organisation, as organisations usually rely on donations and grants from government and/or donors to meet the funding needs. Having a clear understanding of your organisation's funding needs and sources, along with a fundraising plan (see 'who are our donors') can make things easier.

Once your organisation has developed the new budget, you will have a good idea of where the funding is currently coming from and what your organisation's future funding requirements are likely to be. This is a good opportunity to consider the following issues:

- Is our current funding short- or long-term? Is it secure?
- What is the timing of existing funding payments and does this meet our need to pay staff wages and carer allowances?
- Do we need / want additional funding?
- Should we approach existing donors or look for new sources?
- What are we doing to keep existing donors updated on how their money is being spent and what our organisation is achieving?
- How can we attract new donors?

Your organisation may include information on these issues in your fund raising plan (see next chapter).

²⁹ Richardson, P. (2010). *Understanding your budget for Non Government Organisations*. unpublished paper during Australian Youth Ambassador Development Program Fiji. philricho@gmail.com



Who are our donors?

Our goals are to establish who our sponsors are and demonstrate our organisation's intent by providing clear and timely communication to them.

It is important for your organisation to document what funding sources exist and what funding sources there will be in the future. Organisations that are currently operating as an orphanage may have long term sponsors or existing government grants that are for the sole purpose of caring for the children within the institutional model of service. It is therefore important for the Steering Committee to establish the funding sources and communicate the plans for the de-institutionalisation project to these sources.

The majority of institutions are traditionally funded through sponsor donations. Whether these are local donors or foreign donors, it is important that before any de-institutionalisation process begins, the funding needs for this project and the ongoing care for the children in alternative care or family support is identified and communicated to these donors. The project should not proceed if the funding for the ongoing support of family-based care or alternative accommodation for children cannot be met.

Your organisation needs to create an analysis of the expected budget for example:

- Ongoing costs of the children's needs; school, food, clothing, health etc. (these funds can be continued to fund the new arrangements however if children are being re-integrated with their family these funds may be transferred to a new arrangement to assist the (primary) family, Kinship Carers or Foster Carer)
- Continued wages for existing staff (again these funds can be transferred to new arrangements once the institution is closed down and new roles have been identified)
- Existing infrastructure costs until the de-institutionalisation project is completed (these funds will then be shifted to fund the new arrangements)
- The potential costs for new infrastructure (for the period of time where there will be two models of service (1) institution & (2) family-based care)
- The potential costs for health assessments and other services for children

Your organisation also needs to identify if there are any additional funds that will be required for the transition period of the children for example;

- Resources for Steering Committee to plan the project
- Training costs for staff, new staff and any awareness-raising activities for the community and children
- Additional new staff to commence the project, for example a professional medical specialist to assess the health status of each child
- Travel & other allowance costs for staff & children to re-engage with family

Your organisation may need to attract alternative sponsors as a result of the additional project costs. However there is much evidence from international de-institutionalisation projects that have been successful that the closure of the institution and the transfer of these funds to the family-based care will cost no more than the old model.

It is important that any planning and discussions in the pre-planning phase include a representative of these funding sources. If there are a number of sponsors for your organisation you may plan to invite comment and support for the de-institutionalisation project through your regular channels of communication:

- ✓ Does your organisation regularly provide your sponsors with an update on your financial records and a report on your activities?
- ✓ Does your organisation communicate with your sponsors, for example does the organisation have a newsletter or a website?

Checklist for Step 9

Current budget

Develop a new budget

Transfer of funds to alternative care arrangements

Ongoing funding and sustainability

Fundraising

Who are our donors

NOTES:

Step 10

Evidence of our work (Reporting)



- Who do we need to report to
- How do we report

10



Step 10: Reporting structures

Our aim is to create children's care services that meet international best practice standards



Who do we need to report to?

Our goal is to gather the information and data about who we need to report to and create a process for our organisation that will ensure that the information and data is collected and managed following an appropriate system.

A reporting system is vital to keep a record of the process as well as the progress of any program implemented.³⁰ Reporting systems aim to ensure recording every activity of a programme and to assess the process and progress over the period of execution of the planned programme. The reporting system records any changes that have happened and also provides a clear understanding to everybody involved to ascertain that the action taken over a certain time period is achieving the desired goals of the programme.

Recording and reporting on a programme also provides an understanding of what's working well and what is not working well. The information in the reports will assist in the re-design of activities as required, so the staff involved in the project execution process can make decisions to ensure the well-being and best interest of the children and staff going through the process.

Following are the elements of good reporting processes that your organisation should incorporate into the progress of your de-institutionalisation project:

- **Funding sources**

The funding sources are a very important component in a reporting process. There might be individual people or an organisation that is providing funding to achieve the goals of a programme. This requires the organisation to communicate with the funder and seek feedback on the process of the execution of the project activities to assist your organisation towards achieving your project goals. A formal reporting system is the medium to communicate with the donors and the programme on a regular basis.

- **Relevant Government Organisations**

As an independent organisation, it's important to update the relevant government body about the activities within your organisation. It is important to report to the appropriate government bodies about what the organisation is doing as well as to show organisational transparency of this work to the government bodies. In relation to the de-institutionalisation of your organisation and the children in your care, the relevant government bodies could be e.g. District Child Welfare Board (DCWB), Central Child Welfare Board (CCWB), District Development Committee (DDC), District Administration Office (DAO), District Women and Children Office (DWCO) etc.

- **Steering Committee**

A Steering Committee is a very important component of the internal governance of an organisation and therefore, the project requires communication with the Committee on a regular basis following a consistent reporting process. This Steering Committee should be composed of a group of people who have specialisation in the fields related to social affairs and children's rights. These people will contribute to achieve the goals of the organisation as well as the project through providing feedback. Therefore, it is important to provide the Steering Committee with the full details of all the

³⁰ View Bilson, A., & Harwin, J. (2003). Gate keeping Services for Vulnerable Children and Families Toolkit. developed as part of the joint UNICEF – World Bank project: Changing Minds, Policies and Lives (CMPL) Improving Protection of Children in Eastern Europe and Central Asia

project processes. Social Service Practitioners on the ground level will report back to their managers so that the general activities or any issues can be discussed by the Steering Committee on a regular basis. The Steering Committee should also have access to the Social Service Practitioners' files to review if they require more details on a particular issue, as the daily activities of the staff and children will contribute to any decisions that these professionals make about the children and their progress.

- **Management Committee**

The next level within the governance of an organisation for reporting processes is to the Management Committee. The Management Committee is generally composed of staff that is facilitating the project processes on a day-to-day basis.

This team of senior staff will usually discuss the daily issues with the Social Service Practitioner and make decisions about these activities, ensuring the organisation is working towards its goals. The members of the Management Committee will also be responsible for reporting back at a higher level to provide feedback. The Management Committee will work closely with the Steering Committee and prepare reports based on the findings of the Social Service Practitioner for the Steering Committee.

The Management Committee which includes your Accountant is the team of staff who will prepare the reports on the activities of the organisation and financial reporting for the Board of Directors and other funding organisations including your organisation's donors.

- **Board of Directors**

The next component within the governance of an organisation for reporting processes is the Board of Directors. These elected members will oversee the decision-making of the organisation. Therefore, they require information about what's happening in the project processes at the ground level (as well as at organisational level) to be equipped to make decisions about the project. Your organisation needs to provide reports about the project on a regular basis so that the members of the Board have all the information that would be required to make decisions. The Board has the responsibility to ensure that the organisation is working towards the aims of its Strategic Plan.



How do we report?

Our goal is to create a process for our organisation that will make it easy for us to have all the information that we need to report to these organisations and systems. In doing this we will collect only the necessary and appropriate information about the children that are in our care.

Communication between your staff, managers, and children is essential to ensure that the processes and activities within your organisation are constantly evaluated. Each activity by the organisation is relevant to a child's progress and your organisation's goal to improve his or her health, education and general welfare. Every report whether it is a verbal or written report should assist the organisation towards achieving the child's goals or assist staff to recognise if an activity is not successful.

Below are two types of reporting to clearly communicate to all the stakeholders internally and externally involved with your organisation's de-institutionalisation project.

- **Verbal Reporting**

Verbal reporting is an easy way of communicating within an organisation. Verbal reports include; one on one staff discussions or supervision with managers, or larger meetings with the staff, management, boards and funding partners etc. Before any meetings take place an agenda should be provided to all the staff involved and staff should

be asked to add any items that they would like raised in the meeting. This written agenda provides a clear understanding on what topics are going to be discussed. Minutes should be taken of the discussed items on the agenda, including all of the feedback, suggestions and actions decided on during these meetings.

It's important to set a regular time to provide verbal reports. Staff should schedule weekly, fortnightly, monthly, bi-monthly or quarterly reporting, as required by your programme. If these meetings or supervision meetings are set to a regular basis, staff can prepare the information about the children and the programmes to bring to these meetings. Discussions that are set at a formal time, for example, while passing by someone's desk or walking home from work, can result in activities not being followed through or words misinterpreted.

Discussion and regular meetings are an essential communication opportunity with Social Service Practitioners and Programme Coordinators of the organisation. It's especially beneficial for updating the process as well as the progress of a project to the members of the Management Committee. This is a good opportunity for all staff to discuss the work they are carrying out and receive advice and feedback from their respective supervisor.

- **Written Reporting**

Written reports are also important for the organisation to record the work of an individual staff member as well as the collective one as a team. It will not only create organisational professionalism by the staff however also provide the staff with the opportunity to reflect on their expertise.

Written reports to the Steering Committee and the Board of Directors are necessary to inform and create an understanding about the value of the work that the organisation is taking on. The written report will enable all parties to review activities and to provide feedback to the programme and the project processes.

Reporting also creates an environment of confidence for the funding agency and/or the individual donor about the activities in the field as well as updates them about their investments. A written report can be prepared and shared either on a monthly basis or quarterly basis. As per the experience of Hope for Himalayan Kids, Nepal it was beneficial to provide a quarterly report followed by an annual report covering both the content of the programmes as well as the financial report to all stakeholders

Your organisation could also publish Newsletters to provide updates and general information to the stakeholders in a less formal way. The staff can contribute to this and write about any successes that they have had with children or families.

A written reporting system motivates the staff to take responsibility for their work. They may also feel valued as their contribution towards achieving the goal of a programme and of the organisation is formally recognised.

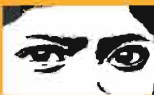
A written reporting system generally ensures that the programmes are moving in the right direction, as they provide staff with the opportunity to review their activities and receive supervision in a regular manner. The preparation of these reports should be scheduled into a staff member's timetable and presented to the management or the Steering Committee on a regular basis as agreed by the management of your organisation.

Checklist for Step 10

Who do we need to report to

How do we report

NOTES:



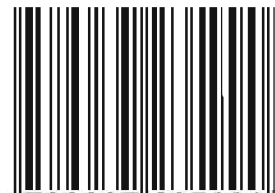
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ISBN 978-9937-2-3599-0



9 789937 235990