

# Lessons Learnt During De-institutionalisation 2007/8



## INTRO

Internationally, UNICEF advocates for alternative remedies for children whose homes don't or can't provide adequate care and support, or whose parents are desperate to provide their children with opportunities they themselves simply can't provide. The preferred solution – given that the best possible environment for children is generally with their families - **is to try to prevent children being separated from their families** in the first place. As experience shows, simple and cost-effective support provided in a timely fashion to households reduces the institutionalization of children. In cases where families are simply not capable of taking proper care of children for financial reason, then Governments and NGO's should assist families to stay together with strategies such as LEAP rather than institutionalizing the children. If the children are in need of care and protection because of feared or proven abuse, networks of foster families, themselves provided with additional support from the state, can form the backbone of an alternative care system for children, which is the next-best-thing to family care. Adoption process too need to be clarified and streamlined and made perfectly transparent .

## Working Paper for the Government of Ghana OVC committee 10<sup>th</sup> April 2008

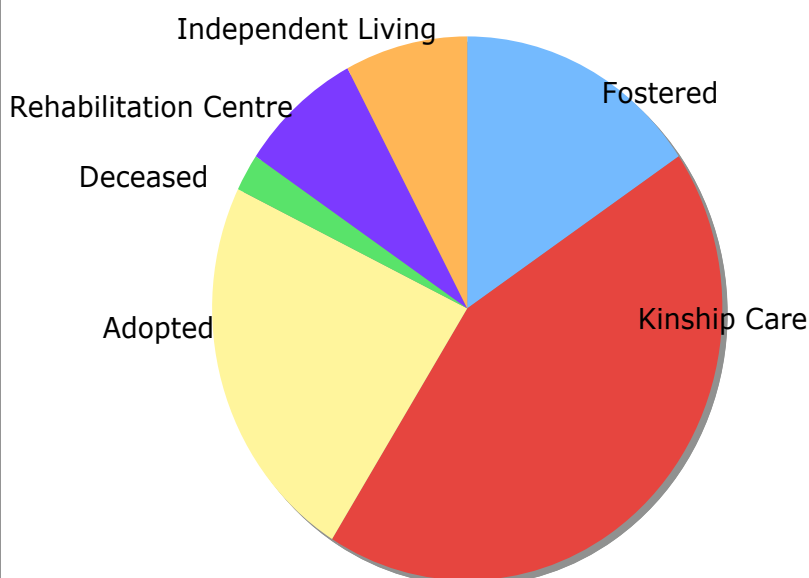
Government of Ghana

### Care Reform Initiative

#### Intended Project Results:

- Ghana will use **institutionalization as a last resort for OVC preferring the use of social support systems such as cash transfers to promote in-family care.**
- The public will be sensitized as to the need for family community care.
- The social workers will be adequately paid and motivated to keep an ovc database and community
- 
- 
- counseling systems set up during the project functioning.
- The remaining three government orphanages, and the five or six aggregated private orphanages will be reformed to a very high standard, and standards and best practices adhered to.
- The vast majority of children in orphanages will be resettled in a family care context.
- Fostering and Adoption rates will increase both on a national and international level.

### Distribution of the Children Previously at Orphanage Africa



# How?

## Suggested Methodology

### Before reaching the site

**Create a team** for the de-institutionalization exercise. Ideally this should be composed of 2 local social workers, and two private experts. Always visit together and work in mixed groups of 2 (SW and private expert) so that the client (the orphanage) does not feel any possible personal motivation. **The team should meet and brief before they start the exercise.** **Compensation of team should be made clear before work starts and take the form of a letter of agreement outlining what expenses will be covered in some detail.** We believe it to be helpful if during the initial visit to the orphanage, the team lodges together

### The first week on site

**Meet with stakeholders and explain the motivation for de-institutionalization.** Change is difficult, and people's reaction can be of fear and misunderstanding. The residential institutions often perceive themselves as the best welfare and protection option for children; the result of this understandable position is that not much is done to facilitate the reunification of children with their families, and reintegration with the community. It is necessary to **change hearts and minds.** To move children from institutions to a family and community-based alternatives, is always in the best interest of children. That is why the mentality of the stakeholders has to be changed. Closing an institution should never be a cost-cutting exercise. It should always be about improving the quality of care for all the children concerned

**Identify those who have most to lose**, proprietors, managers, staff etc and make sure that you take time to map out their futures: an alternative source of income, living quarters etc for them, first. If they are happy about what the changes mean for them, they will communicate that confidence to the children. Pay special attention to the fate of assets held by the orphanage, and also to vested interests in long term donors, and "child sponsorship" programmes that tie aid to the number of children in an institution

**Do the same for the staff. Personnel needs to be redeployed.** Personnel are often more institutionalized than the children. Most of them deserve the opportunity to care differently for children and change their work practices.

**Examples** : run a day care centre; run a school; be a foster parent; early retirement; care for disabled children; train as a social worker, teachers, nurses... train as another profession, set up a shelter for mother and babies.

---

**Designing alternative services for the children** must be based upon strategic planning and evaluation of need at the local level. Services must be sustainable and should not duplicate the ones that already exist. You must be confident that there is the financial capacity and human resources necessary to sustain the new services once the de/institutionalization project has finished. **Staff and resources can also be deployed in prevention strategies.** Moving away from a institutional care necessitates changes in legislation, policies and practices to give priority to preventing the separation of children from their birth families. De-institutionalization may involve a dramatic diversification of services designed to meet the different needs of each child.

---

**Examine each child's file with the manager and for each child map out a tentative Care Plan that includes the closure of the institution. Always privilege the solution that will give permanent long term care and affection for life.** Short term transitional solutions should be discouraged. Families have rights. Children are not isolated individuals. They are a part of a family and a community system and even children who have not seen their families for long time may benefit from contact being re-established. Even where children cannot be reunited with their parents, all possible efforts should be made to reunite siblings

---

**Consult with the children individually on what they would like, and adapt their care plans accordingly. Children need choice.** Children need the opportunity to choose, to assert themselves and to develop their creativity. It is important that the children be reassured that the process is in their best interest. **Timescales must be realistic.** They must also be flexible, since any problems can occur. Children should not be moved until all concerned are sure that the time is right. It is important that they should not be told about the process as an abstract concept but talked to individually about how it will help them.

---

**T h e  
rest of  
t h e  
process**

**The social workers will work on tracing and reunification, birth certificates, NHIL, counseling. Moves are traumatic for children.** This trauma can be reduced by ensuring that the move is a positive one and that children are fully and properly prepared. This is one of the most important facets of the programme. Children should not be moved until they are ready. The process is there to serve the needs of the children, and not further traumatize them. Notice must be taken of their attachment to friends and staff in the home and how that can be maintained.

# Resources that should be made available to teams involved in the deinstitutionalization process

**For the staff .**

- ◆ Counseling
- ◆ Start up capital
- ◆ Retraining
- ◆ Micro-credit

**For the children and their families:**

- ◆ LEAP and other empowerment grants
- ◆ NHIL
- ◆ Birth Certificate
- ◆ Free schooling
- ◆ Scholarships to further education
- ◆ Social worker follow up
- ◆ Budgets for tracing and reunification
- ◆ Grants for living quarters, start up capital

**Main challenges**

***The longer the institutionalization, and the less contact with the family, the more challenging the process of reintegration is for the child (but not necessarily for the parent.)***

Older children who have been institutionalized all their lives may have a lot of resentment against family members and prefer to live in a child headed household, or in group homes with their peers.

In Ghana at this time it is still very difficult to resettle children with disabilities

Children should not change schools mid term or mid course, and care should be taken ensure that they can keep in touch with their friends from the Home in the future.

**Lessons learnt during our experience :What is most successful**

The importance of getting the staff to own the process cannot be emphasized enough.

The more training and counseling on the positive benefits of the process for children that is done at the beginning with staff and families ..., the easier the process will be

Some children can only re-integrate very gradually – a few hours, then an over night stay , then a weekend... they need time.

Once resettled, some children request to return to the institution for a short time, and then settle more easily on the second attempt

The children need to have easy and cost effective telephone access to their case worker at all times, and often need a lot of reassurance.

Parents accepting children into their home should undergo counseling , and positive parenting training

Children should be allowed to take as many of their things back home with them as possible, especially photos, life books, toys , clothes and objects.

An upbeat individual goodbye ceremony when the child is acknowledges as an important part of everyone’s lives, can be appropriate

<b>January 2007</b> At the commencement of the process: 51 inmates, 16 staff	<b>Director of the exercise: Awo Boatema Aboagye Dankwa</b>
<b>Feb 1, 2007</b>	Training with top level staff
<b>March 2007 – March 2008</b>	Training with the mothers Consulting with the children Psychosocial counseling for staff and children.
<b>Mar 1, 2008</b>	Staff: 7 maintained at the Rehabilitation Centre which provides physiotherapy , special education and nutritional therapy, 5 became foster parents, 4 redeployed within the NGO.
	Children: 8 adopted, 22 kinship care , 12 non kinship fostered, 4 to independent living, 1 deceased, 4 children with disabilities housed in an OrphanAid Africa Rehabilitation Centre