THE LANCET Child & Adolescent Health

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Goldman PS, Bakermans-Kranenburg MJ, Bradford B, et al. Institutionalisation and deinstitutionalisation of children 2: policy and practice recommendations for global, national, and local actors. *Lancet Child Adolesc Health* 2020; published online June 23. https://doi.org/10.1016/S2352-4642(20)30060-2.

NATIONAL SECTION: IMPLEMENTATION RESOURCES

Better Care Network: Toolkit for Delivering Better Care for Children https://bettercarenetwork.org/toolkit/toolkit-guide

Better Care Network: Social Welfare Systems (resources) https://bettercarenetwork.org/library/social-welfare-systems

UNICEF: Comprehensive Toolkit to Map and Assess Child Protection Systems
https://www.unicef.org/protection/Comprehensive Global toolkit to Map and Assess Child Protection Systems November 2011.xlsx

Global Social Service Workforce Alliance: Resource Database http://www.socialserviceworkforce.org/resources

Lumos: Our Approach to Keeping Families Together https://www.wearelumos.org/what-we-do/approach/

Africa Network of Care-Leaving Researchers: About ANCR https://careleaving.ocm/

European Expert Group on the Transition from Institutional to Community-Based Care www.deinstitutionalisation.com

International Foster Care Association http://www.ifco.info

Keeping Children Safe (safeguarding) https://www.keepingchildrensafe.org.uk

RISE Learning Network (recovery and reintegration) www.Riselearningnetwork.org

GLOBAL SECTION: IMPLEMENTATION RESOURCES

UN General Assemble Resolution on Children Without Parental Care https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/2019-unga-resolution-on-the-rights-of-the-child

NGO Key Recommendations on the above resolution

https://bettercarenetwork.org/library/social-welfare-systems/child-care-and-protection-policies/key-recommendations-for-the-2019-unga-resolution-on-the-rights-of-the-child-with-a-focus-on-children

U.N. Guidelines on the Alternative Care of Children https://bettercarenetwork.org/toolkit/developing-an-informed-national-care-strategy

Better Care Network

https://bettercarenetwork.org/library/library-of-documents

Faith to Action Network

https://www.faithtoaction.org/start-here/

Global Social Services Workforce Alliance http://www.socialserviceworkforce.org/

ReThink Orphanages. Resources for Travel and Volunteering Organisations. https://rethinkorphanages.org/resources

USAID, World Learning, and Partnerships for Every Child. Family Care for Children With Disabilities: Practical Guidance for Frontline Workers in Low- and Middle-Income Contexts. https://bettercarenetwork.org/sites/default/files/FamilyCareGuidance 508.pdf

Maestral International. Resources. https://maestral.org/resources/

Eurochild. Policy: Children in Alternative Care. https://www.eurochild.org/policy/children-in-alternative-care/

Family for Every Child. Knowledge Centre. https://familyforeverychild.org/knowledge-centre/

Friends International. Think Before Visiting. http://www.thinkchildsafe.org/thinkbeforevisiting/

Orphans and Vulnerable Children Support.Net. www.ovcsupport.net

LOCAL SECTION: IMPLEMENTATION RESOURCES

Better Care Network. The Continuum of Care (resources). https://bettercarenetwork.org/library/the-continuum-of-care

Faith to Action Network. Transitioning to Family Care for Children Tool Kit. https://www.faithtoaction.org/family-care-toolkit/

World Without Orphans. Road Map. https://wworoadmap.org/

Hope and Homes for Children. Catalysing Change. https://www.hopeandhomes.org/professional/

Global Child Protection Working Group (2014). Interagency Guidelines for Case Management and Child Protection: The Role of Case Management in the Protection of Children, A Guide for Policy and Program Managers and Case Workers.

Resources on standards and policies for quality alternative care: https://bettercarenetwork.org/toolkit/standards-and-policies-for-quality-alternative-care

Global Social Service Workforce Alliance: Case Management Compendium http://www.socialserviceworkforce.org/resources/compendiu

MEASURE Evaluation Child Status Index information, tools and training: https://www.measureevaluation.org/resources/tools/ovc/child-status-index

Appendix Panel 1: Catholic Sisters strengthening families in Kenya

The Association of Sisters of Kenya (AOSK) has taken measures to shift from institutional care to family-based care. The 'Catholic Care for Children Kenya' initiative seeks to advocate for the importance of family strengthening and preservation as a way of progressively reducing institutionalisation of children in Kenya. A baseline survey conducted by AOSK across 21 Catholic dioceses found that a total of 3,804 children were housed in 113 Catholic-funded institutions. Another 6,395 children were being supported by AOSK member congregations in family-like settings. There are 219 Sisters who are involved in running 71 institutions. The average number of Sisters per institution is 2 for every 62 children (AOSK, 2019). This survey informed AOSK about the insufficient quality of care in their institutions. AOSK has subsequently designed a care reform initiative that will see transition from institutional care to family-based services across its congregation members and Dioceses. As part of this transformational process, AOSK has designed a care reform course in conjunction with Catholic University of Eastern Africa targeting the administrators of the Catholic managed charitable children's institutions.

Appendix panel 2: New US government strategy for international assistance

The U.S. Government has issued a new strategy for international assistance: Advancing Protection and Care for Children in Adversity (U.S. Government, 2019). The Strategy seeks to coordinate the work of USAID, the Centers for Disease Control and Prevention, the Bureau of International Labor Affairs, the Office of the U.S. Global AIDS Coordinator and Health Diplomacy, and the Peace Corps to support countries to "sustainably finance, manage and deliver services that lead to stable, resilient, and prosperous families and communities." The Strategy is built around three objectives: (i) building strong beginnings, largely through early child development programming; (ii) putting family first; and (iii) protecting children from violence. The second objective – putting family first – supports "those most vulnerable children who are, or are at risk of, living outside of family care by promoting, funding, and supporting nurturing, loving, protective, and permanent family care." The Strategy highlights the U.S. Government's approach to this objective, including the transition from residential to family-based care, family tracing, reunification and reintegration of children living outside of family care, the promotion of alternative care, the development of community-based programs that support family economic strengthening and cohesion, inclusive education and health, parenting programs, programs for children with disabilities, strengthened child protection systems and social service workforces, and related areas.

The Strategy notes that U.S. Government programming should be tailored to age, developmental stage, disability status, gender and environment. It focuses on the need for generating and using a stronger evidence base in all three objective areas. It further promotes the need for strategic partnerships, including with faith and community organisations and the private sector. The Strategy will be used to inform the programming of the USAID Vulnerable Children Account and other U.S. Government funding sources. Some child welfare advocates and scientific societies have, however, expressed serious concerns about the detention of migrant children at the U.S. border, which presents institutionalisation risks to children and which is not consistent with the objectives of the new Strategy.

Appendix panel 3: Effective advocacy in Indonesia

The momentum for change towards family and community-based services for vulnerable children in Indonesia has been influenced by the availability of evidence for advocacy and development of comprehensive approach towards child welfare and protection. These conditions have provided a strong foundation that can reduce the reliance on institutionbased care as families and communities are more able to respond directly to different risks of family separation. The 2006 'Someone that Matters' research that was conducted by the Ministry of Social Affairs, Save the Children, and UNICEF to comprehensively understand the situation of institution-based care in Indonesia provided strong evidence for advocating policy changes related to institution-based care for children (Save the Children Indonesia Country Office, 2013). The involvement of the Ministry within the research process also signaled support towards changes from the Government. More rigorous research projects have been conducted to understand the impact of social assistance on child wellbeing. To sustain the movement to strengthen the family-based care, the government should also consider the effects of social assistance programs on family separation. The provision of humanitarian aid for the affected children and families due to the tsunami in Aceh paved the way towards the development of a system of care for vulnerable children and families (UNICEF, 2009). The Government and international agencies initiated the development of family and community based services for children and families that became the foundation of a system-based approach to a child protection framework for the country. In 2010, child welfare and protection was identified as the national development strategy to reduce poverty. This signaled a national comprehensive approach to enhance children wellbeing. At that time, the Government of Indonesia also expanded the coverage of social protection programs. The introduction of a comprehensive social protection policy lead into provision of welfare benefits directly to vulnerable families. The policy focus on poverty reduction will continue, as it has been stated in the next 2020-204 national development plan.

Appendix panel 4: Financing implementation in China and Georgia

China - It was due to the development of market economy that the government prioritised appropriation for economic growth rather than for social welfare beneficiaries (Shang, 2002). The government child welfare institutions could no longer provide care for the increasing number of children with disabilities. In 2001, China enacted a foster care regulation that gave international and national NGOs the opportunity to provide familybased care for children with disabilities (Shang, 2012). International and national NGOs were able to innovate their services when they could no longer rely on government funding. There are few models of collective foster care for children with disabilities that are now implemented in China. These models give children with disabilities the permanency and experience to live in a family-like environment. Foster care providers collaborate to share specialised services for children with disabilities that are individually tailored to the needs of the children (Shang, 2012). This case study highlights that a shift in budgeting priorities can result in unintended positive consequences. Local-level organisations were able to pilot different types of foster care to enhance the quality of care for children with disabilities, when government-managed organisations were no longer able to provide the services. Georgia - The deinstitutionalisation process in Georgia has been cited as one of the most successful case of deinstitutionalisation (Cantwell, Davidson, Elsley, Miligan, & Quinn, 2012; Greenberg & Partskhaladze, 2014). Funding from EU, Swedish International Development Agency, and USAID has sped up the deinstitutionalisation process through programs to strengthen social work and local service providers, refurbishment of state-owned institutions, and development of small group homes. International agencies, namely UNICEF and Save the Children, facilitated the government and donors for the on the ground implementation of the agreements (Greenberg & Partskhaladze, 2014). The case of Georgia highlighted that countries can benefit from international funding for transforming care through effectively developing sustainable resources such as capacity of social workers and other care professions.

Appendix panel 5: Alternative care monitoring by children in Moldova

In Moldova, Family for Every Child worked with local authorities and Advisory Boards of Children (ABC) to introduce alternative care service monitoring by and for children. The organization found that children in alternative care were more likely to report problems and suggest improvements if they worked with other children. The ABC, made up of children age 12-18 years including children in and having left care, were trained in the national standards of care and service evaluation tools, which included interviewing caregivers, interviewing children in care, visiting services, observation skills and report writing. Child protection authorities reflected that the practice of including children in monitoring of services helped to make child participation more accepted and led to service improvements. (Family for Every Child, 2014)

Appendix references:

Association of Sisterhoods of Kenya. Catholic care for children in Kenya, field study report. January 2019.

Bennett J, Reid Austin J. 2009 Indonesia, Sri-Lanka, and the Maldives: children and the 2004 Indian Ocean Tsunami: evaluation of UNICEF's response in Indonesia, Sri Lanka and the Maldives (2005–2008) overall synthesis report.

https://www.unicef.org/evaldatabase/index 55230.html

Cantwell N, Davidson J, Elsley S, Milligan I, Quinn N. Moving forward: implementing the "Guidelines for the alternative care of children." Glasgow: Centre for Excellence for Looked After Children in Scotland (CELCIS), 2012.

Family for Every Child. Protecting children in Moldova from family separation, violence, abuse, neglect and exploitation: final evaluation report. 2014.

Greenberg AL, Partskhaladze N. How the Republic of Georgia has nearly eliminated the use of institutional care for children. *Infant Ment Health J* 2014; **35:** 185–91.

Save the Children. Changing the paradigm: Save the Children's work to strengthen the child protection system in Indonesia 2005–2012. Jakarta Selatan: Save the Children Indonesia Country Office, 2013.

Shang X. Looking for a better way to care for children: cooperation between the state and civil society in China. *Soc Serv Rev* 2002; **76:** 203–28.

Shang X. Looking for best practice in caring for disabled children: a case of socialized foster care in China. *Asia Pac J Soc Work* 2012; **22:** 127–38.

US Government. Advancing protection and care for children in adversity: US Government strategy for international assistance, 2019–2023.

https://www.childreninadversity.gov/home (accessed July 24, 2019).